

## Governing Body Meeting in Public Agenda

Date: Thursday 24<sup>th</sup> November 2016, 13:00 to 15:35 hrs  
Venue: Boardroom, 3<sup>rd</sup> Floor, Merton House, Bootle, L20 3DL

**PLEASE NOTE: we are committed to using our resources effectively, with as much as possible spent on patient care so sandwiches will no longer be provided at CCG meetings.**

- 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
Matthew Ashton	Director of Public Health <i>(co-opted member)</i>	MA
Lin Bennett	Practice Manager & Governing Body Member	LB
Mr Graham Bayliss	Lay Member, Patient & Public Involvement	GB
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
Dr Sunil Sapre	GP Clinical Director & Governing Body Member	SS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director & Governing Body Member	JW

### In Attendance

Debbie Fairclough	Chief Operating Officer	DFair
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcc
Andrew Woods	Senior Governance Manager	AW
Judy Graves	<i>(Minute taker)</i>	JG

**Quorum: Majority of voting members.**

**“Sustainability & Transformation Plans” presentation by Fiona Taylor**

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
<b>General</b>					<b>13:30hrs</b>
GB16/180	Apologies for Absence	Chair	Verbal	R	3 mins
GB16/181	Declarations of Interest	Chair	Verbal	R	2 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB16/182	Minutes of Previous Meeting	Chair	Report	A	5 mins
GB16/183	Action Points from Previous Meeting	Chair	Report	A	5 mins
GB16/184	Business Update	Chair	Verbal	R	5 mins
GB16/185	Chief Officer Report	FLT	Report	R	10 mins
<b>Finance and Quality Performance</b>					
GB16/186	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB16/187	Integrated Performance Report	KMcC/ MMcD/DCF	To Follow	R	10 mins
GB16/188	Looked After Children: Annual Report 2015/16	DCF	Report	A	10 mins
GB16/189	Mental Capacity Act/Deprivation of Liberty Safeguards Annual Report 2015/16	DCF	Report	A	10 mins
GB16/190	Southport & Formby CCG Community Services Procurement: Notification of Contract Award	FLT	Report	To Note	10 mins
<b>Governance</b>					
GB16/191	Corporate Risk Register & Governing Body Assurance Framework Update	DFair	Report	A	5 mins
GB16/192	Appointment of External Auditor 2017/18: Update	GM	Verbal	R	5 mins
GB16/193	Disinvestment Policy and Procedure (Cessation and significant reduction of services) and prioritisation principles.	TJ/AW	Report	A	10 mins
<b>Service Improvement/Strategic Delivery</b>					
GB16/194	North Mersey Local Delivery System Plan	FLT	Report	R	10 mins
<b>For Information</b>					
GB16/195	Key Issues Reports: a) Finance & Resource (F&R) Committee b) Quality Committee c) Audit Committee	Chair	Report	R	5 mins
GB16/196	F&R Committee Minutes - July and September 2016		Report	R	5 mins
GB16/197	Quality Committee Minutes - July and September 2016		Report	R	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB16/198	Audit Committee - July 2016		Report	R	
GB16/199	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB16/200	Date of Next Meeting Thursday 26 <sup>th</sup> January 2017, at 13:00 hrs in the Boardroom, 3 <sup>rd</sup> Floor, Merton House.				-
Estimated meeting close					<b>15:35 hrs</b>

**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 29<sup>th</sup> September 2016, 13:00 to 15:35 hrs  
Venue: Boardroom, 3<sup>rd</sup> 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
Matthew Ashton	Director of Public Health <i>(co-opted member)</i>	MA
Lin Bennett	Practice Manager & Governing Body Member	LB
Mr Graham Bayliss	Lay Member, Patient & Public Involvement	GB
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
Dr Sunil Sapre	GP Clinical Director & Governing Body Member	SS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director & Governing Body Member	JW

### In Attendance

Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Peter Wong	Children's Commissioner	PW
Tony Wilding	Chief Operating Officer, Liverpool Heart & Chest NHS Foundation Trust	TW
Judy Graves	<i>(Minute taker)</i>	JG

**‘Strategic Review of Liverpool Heart & Chest NHS Foundation Trust’** *presentation by Tony Wilding*  
**‘Goddard Inquiry’** *presentation by Debbie Fagan*

No	Item	Action
Public	<b>Questions from the Public</b>  None received.	
Presentation	<b>Strategic Review of Liverpool Heart &amp; Chest NHS Foundation Trust (LHCH)</b>  Tony Wilding was welcomed to the meeting.  TW explained that the presentation was sectioned into three parts: overview, strategic options in relation to Healthy Liverpool and where the trust is currently.  <u>Overview</u> The coverage showed that the area had high levels of deprivation as well as a high number of providers.  TW provided some background on the areas of work that LHCH covered which included the number of patients involved within the current year. Reference was	

No	Item	Action
	<p>made to the current 2200 cardiac surgery procedures which had a lot of urgent demand. TW explained that LHCH was in the process of increasing capacity as they were already planning for the following years with an expected increase of 100 cases year on year for 2017 and 2018. Also highlighted was the 29,000 patients in the community which was run with three other partners; 700 cystic fibrosis/respiratory spells, the service for which was delivered over two sites as LHCH dealt with two different streams of cystic fibrosis.</p> <p>LHCH's approach to ensuring quality services was also discussed in their model for achieving their vision. Most important to note being the change in the last 15 months of the leadership model what had now been split into three divisions, namely surgery, medical and clinical services.</p> <p><u>Strategic Options Appraisal</u></p> <p>TW took the members and public through the bottom up approach that LHCH had taken to look at the strategic options moving forward. With a number of areas looked at and researched. There were a number of example options provided including Cardiology, Cancer and Community Services. For Cardiology considerations had included high profitability, revised tariff, benefits of being stand alone, benefits of moving to the Royal Liverpool University Hospital (RLUH) including the links to other cardiology services, the benefits of being on campus and close to other services.</p> <p>When considering community services, one of the main themes that came through was that the service valued the access and interaction with the clinicians at the hospital. However, the strongest theme was about feeling part of a team and having the team support, this of which can be difficult when based within the community.</p> <p>LHCH had also looked at the landscape in relation to the new hospitals and the changing health economy.</p> <p>There were some areas of work that still needed to be looked at and considered including single service cardiology, sustainability and Broadgreen Hospital.</p> <p>From the data gained, a number of recommendations had been presented to the LHCH Trust Board. However, further work was needed as part of the Hospital Reconfiguration Group.</p> <p><u>Moving Forward and STP Planning</u></p> <p>TW presented the STP portfolio for change for LHCH and referred to the North Mersey LDS that LHCH were part of. TW highlighted the eight main work streams as CVD, for which Jane Tomkinson, Chief Executive of LHCH, was leading. Reference was also made to the proposed governance structure. TW asked it to be noted that the structure was still work in progress, with the Programme Board having only just been held.</p> <p>FLT thanked TW for the presentation and for putting it all into context. FLT explained to the members and public that the presentation had been given at the LDS and FLT had considered it would be beneficial for all to understand the impact of the strategic discussions.</p> <p>KMcC highlighted his interest in the STP and requested TW and KMcC make contact outside of the meeting.</p> <p>PC highlighted the analysis regarding the option to move Cardiology to the RLUH. PC considered it a sound plan when fragmented. However, raised the possible impact on flow when the RLUH were losing beds. TW explained that an informal</p>	

No	Item	Action
	<p>working group are working with all Trusts of Mersey and discussing options with clinical colleagues. In relation to beds, LHCH were looking at high activity beds, step down beds and step down recovery.</p> <p>GB requested clarification on how much public and patient involvement there had been and how engaged they would be in the future? TW explained that the work on the strategic options was internal, with the vision being part of the Healthy Liverpool programme. The method used had also enabled staff to feed into the process. LHCH's intention was to map out the high level strategic options paper and then, guided by that, do a full piece to support. The public engagement stage would then follow as part of the programme. TW highlighted that a patient representative was on the STP Board.</p> <p>TW was thanked.</p>	
<b>Presentation</b>	<p><b>Independent Inquiry into Child Sexual Abuses (IICSA)</b></p> <p>DCF briefed the members and public on the IICSA inquiry as per the presentation with the intention of ensuring the Governing Body were aware of the expectations on the CCG and to highlight actions undertaken to date.</p> <p>DCF informed members and the public that the IICSA, previously known as the "Goddard Inquiry", had been carried out in order to investigate whether public bodies and other non-statutory institutes had taken seriously their duty of care to protect children from sexual abuse in England and Wales</p> <p>Currently the inquiry team had been established with the Terms of Reference agreed. Directions have been received that patient records, irrespective of guidance, should be subject to a risk assessment and determined locally whether or no to be kept. Should any of the Chief Officer's be called in as part of an investigation, there was an expectation that they should have access and be able to provide all the relevant records and evidence.</p> <p>DCF highlighted that one of the key areas within the inquiry is ensuring that victims and survivors of sexual abuse are listened to. To assist this, Truth Pilots were set-up, with one situated in Liverpool. More were now to be established nationally.</p> <p>There were a number of issues that organisations needed to consider and included the level of the investigations, whether satisfactory, access to evidence and lessons learnt.</p> <p>DCF updated on the CCG actions to date and highlighted:</p> <ul style="list-style-type: none"> <li>• The assurance needed from providers and the inclusion within contracts with expected roll out from Q2</li> <li>• The updates to policies including the Whistleblowing policy</li> <li>• What needs to be looked at regards training, including escalation</li> </ul> <p>DMcD requested clarification on what records would be required. DCF confirmed it would be all case records. SS requested clarification on the 13 incidents and whether (a) any local to Merseyside and (b) what areas the investigations were taking place.</p> <p>DCF was thanked for her presentation.</p>	DCF
GB16/140	<p><b>Apologies for Absence</b></p> <p>Apologies were received from Dr Ritesh Sinha and Maureen Kelly.</p> <p>Dwayne Johnson and Mathew Aston were not in attendance.</p>	

No	Item	Action
GB16/141	<p><b>Declarations of Interest</b></p> <p>Those holding dual roles across both South Sefton CCG and Southport &amp; Formby CCG declared their interest; Fiona Taylor, Debbie Fagan and Martin McDowell. It was noted that these interests did not create a conflict with any items on the agenda.</p> <p>Dr Sunil Sapre, Dr Craig Gillespie and Lin Bennett declared an interest in relation to the QIPP and Integrated Performance Report with regards being providers of local services; some of the discussions and decisions could affect their businesses.</p>	<p>Col</p> <p>Col</p>
GB16/142	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the previous meeting were accepted as a true and accurate record subject to the following amendments:</p> <p>GB16/105: Dr Craig Gillespie also declared an interest in relation to QIPP and Integrated Performance Report.</p> <p>GB16/109: Safeguarding Children's Board and Safeguarding Adults Board Chair spelling is Paula St Aubyn.</p>	<p>JG</p>
GB16/143	<p><b>Action Points from Previous Meeting</b></p> <p><u>Presentation: Liverpool Women's Hospital and Neonatal Review</u></p> <p><b>Engagement Process Planned Activities</b></p> <p>Scheduled dates and activities had been organised as part of the engagement process for the Liverpool Women's Hospital and Neonatal Review. Scheduled information on events to be circulated to the Governing Body as available.</p> <p><i>Update:</i></p> <p>TJ advised that updated information had been received from Liverpool CCG. Was currently being reviewed before being put on website.</p> <p><b>Consultation</b></p> <p>Timetable for ongoing consultation and an update to the Governing Body would be shared as available.</p> <p><i>Update:</i></p> <p>TJ advised that updated information had been received from Liverpool CCG. Was currently being reviewed before being put on website.</p> <p><b>Video Presentation</b></p> <p>YouTube video presented to the Governing Body is to be placed on the CCG website.</p> <p><i>Update:</i></p> <p>Link is available via the Governing Body minutes. However, also needs to be added as a separate item.</p>	<p>TJ/LC</p> <p>TJ/LC</p> <p>LC</p>

No	Item	Action
	<p><u>GB 16/14 Shaping Sefton Update</u></p> <p>People had not been familiar with the acute visiting scheme when raised at a Locality meeting. The Chair (CG had Chaired the meeting) offered to pick-up with PC outside of the meeting.</p> <p><i>Update:</i></p> <p>CG advised that data was available to show that all practices used or were aware of the Acute Visiting Scheme.</p>	Closed
	<p><u>GB16/50 Transforming Care for People with Learning Disabilities: Implementation of National Plan</u></p> <p>Report to be submitted to the Health &amp; Wellbeing Board - DCF had followed up with NHSE and was awaiting a response.</p> <p><i>Update:</i></p> <p>DCF confirmed it had been presented to the Health &amp; Wellbeing Board</p>	Closed
	<p><u>GB16/83 Shaping Sefton: Plans on a Page</u></p> <p>Quarterly update to be scheduled to the Governing Body and final report format to be developed at a Development Session.</p> <p><i>Update:</i></p> <p>Priorities had moved on with QIPP since the action was originally requested. Meetings now in process to review "Shaping Sefton" and focus on a revised methodology for transformational plans (Shaping Sefton) and QIPP, and redefining priorities for QIPP and STP. Revised methodology will be presented to the Clinical QIPP Committee.</p>	Closed
	<p><u>GB16/86 Integrated Performance Report:</u></p> <p><b><i>Delayed Transfers of Care:</i></b></p> <p>KMcC to investigate the claims of additional pressure at the end of the week to delayed transfers of care. The delays of which resulted in longer stays for some individuals.</p> <p><i>Update:</i></p> <p>KMcC confirmed that it was not due to additional pressure. There was an increase in discharge on a Thursday/Friday patients then admitted on a Friday morning. Problem appears to be due to Social Services and a delay in reviewing discharges. Information has been relayed accordingly.</p> <p><b><i>Impact on Schemes</i></b></p> <p>CG clarified the query in relation to the impact on schemes and the performance of NWS. CG to raise with PC outside of the meeting.</p> <p><i>Update:</i></p> <p>Query was in two parts (1) Any evidence regarding crews spending time on site, of which there is no definitive data; and (2) whether such was impacting on any of our or other schemes (schemes likely to improve turnaround times)? PC briefed</p>	Closed



No	Item	Action
	<p>members on the 15 minute waiting time. However, waits outside A&amp;E could reach 40 minutes. This resulted in ambulances being off road and therefore impacted on achieving the 8 minute target.</p> <p><b>Constitutional Standards:</b></p> <p>CG reminded members of the discussion regarding North West Ambulance Service and whether the time being spent by paramedics on site was impacting the delivery of their constitutional standards. FLT informed members that she would be spending a day with the Ambulance Service and would use the opportunity to raise the question.</p> <p><i>Update:</i></p> <p>FLT updated members and the public on her time spent at the call centre, including the diverse range of calls received. For instance a call was received in from a bi-lateral amputee who had fallen on the floor and was unable to get up. Other regions have support services that deal with this type of incident. There are other types of services that the CCG could be supporting to carryout this type if incident.</p> <p><u>GB 16/109: Chief Officer Report</u></p> <p><b>Legal Directions</b></p> <p>Last sentence regarding legal directions is not applicable to South Sefton CCG. Record to be amended to reflect such.</p> <p><i>Update:</i></p>	Closed
	<p>Removed and updated on website.</p> <p><b>Co-commissioning of Primary Care</b></p> <p>The draft terms of reference for the Joint Commissioning (primary care) Group were submitted to NHSE. Some changes were proposed and it was also recommended that some changes are made to the CCG's Constitution to describe the role of that group as well as some minor changes. The updated constitution will be circulated to members for comment.</p> <p><i>Update:</i></p>	Closed
	<p>Wider members were asked if they were prepared to go forward with to which they responded yes. Constitution has missed the deadline with the Local Medical Council. Deadline moved to January 2017. Wider membership being asked to review.</p> <p><u>GB16/111 CCG Annual Assurance Assessment 2015/16</u></p> <p>Copy of assurance letter and report to be sent to Dr Mark Hughes as a result of a query he had raised.</p> <p><i>Update:</i></p> <p>Sent (25/8/16).</p>	Closed

No	Item	Action
	<p><u>GB16/112 Integrated Performance Report</u></p> <p><b>Stroke Performance</b> Update to be given to the September 2016 Governing Body following increased concerns regarding performance and issues highlighted to the providers.</p> <p><i>Update:</i></p> <p>Stroke performance at AUHT has been reviewed through the CCF and most recent contract review meeting. The quality concerns related to the proportion of patients spending 90% of their time in a stroke bed remains and has been escalated to the Quality Committee to investigate and tackle through the CQPG. The Quality Committee will link back with the CCF and contract review meeting following further investigation and development of an appropriate action plan.</p> <p><b>Reserves Analysis: Cost Improvement Programmes</b></p> <p>More dialogue needed with Mersey Care in order to ascertain the potential impact on quality of referrals as a result of the cost improvement programmes received from Mersey Care.</p> <p><i>Update:</i></p> <p>Meeting postponed. Another date to be arranged.</p> <p><b>Referral Management Scheme</b></p> <p>More data was needed in order to understand the differing referral paths i.e. GP referrals and Consultant to Consultant, with the Referral Management Scheme to go through the Clinical QIPP Committee.</p> <p><i>Update:</i></p> <p>Ongoing and being picked up through QIPP.</p> <p><b>Long Waiters</b></p> <p>40 week comparison to be included within future Integrated Performance Reports.</p> <p><i>Update:</i></p> <p>Now included with IPR report.</p>	<p>Closed</p> <p>DCF</p> <p>Closed</p> <p>Closed</p>
	<p><u>GB16/113 &amp; 114 Corporate Risk Register and Governing Body Assurance Framework Update</u></p> <p>Following a discussion regarding scoring and clarity regarding risk mitigation, members requested future reports clarify scoring and impact on risks in relation to the process of the mitigating actions i.e. (a) identified (b) in process (c) completed.</p> <p><i>Update:</i></p> <p>Updated and on agenda.</p> <p><u>GB16/115 CCG Committee Terms of Reference: Remunerations Committee</u></p> <p>Terms of Reference to be updated following the agreement of a Patient and Public Involvement (PPI) Governing Body representative to be added to the membership.</p>	<p>Closed</p>

No	Item	Action
	<p><i>Update:</i></p> <p>Updated.</p>	Closed
GB16/144	<p><b>Business Update</b></p> <p>AM updated the members and public. It was a busy time for the CCG especially in relation to QIPP. Meeting in public had been held in Maghull and been well received. The schemes from that meeting were now progressing. AM had also attended a Health and Wellbeing Board with the Local Authority.</p>	
GB16/145	<p><b>Chief Officer Report</b></p> <p>FLT presented the Chief Officer Report and highlighted the following:</p> <p><b>QIPP</b></p> <p>The CCG continues to increase its focus on QIPP. The main key focus of recent weeks has been in relation to discretionary and other spend.</p> <p>FLT reminded members of the delegated authority permitted to the Leadership Team in August 2016 (PTII Governing Body meeting) to implement any QIPP related decisions so as to enable pace of decision making between QIPP Committee meetings. FLT highlighted the proposal to jointly fund an Estate Implementation Officer who would lead on a strategic programme of work to ensure best utilisation of estates across 3 CCGs. The cost for the South Sefton CCG proposal being £6,000, with an anticipated financial benefit of at least £100,000.</p> <p><b>Bariatric Working Group</b></p> <p>Is being managed by Billie Dodds, Head of Commissioning.</p> <p><b>Quality</b></p> <p><i>Nursing Home Bed Capacity &amp; Current Status:</i></p> <p>A total of three nursing homes have closed during the period from August 2015 to August 2016 which has equated to a loss of 93 nursing home beds. A new 70 bed home had opened in Southport however, it is not yet clear what market they are aiming at or whether the homes will sign-up to the North West Framework contract.</p> <p><i>HSJ:</i></p> <p>FLT congratulated the Quality Team on being shortlisted in the National HSJ Awards for the work led by the CCG Practice Nurse, supported by the Deputy Chief Nurse, for the Health and Social Care Apprenticeship Programme.</p> <p><b>Conflicts of Interest: third lay member proposal</b></p> <p>GM requested it be noted that South Sefton CCG should refer to Southport &amp; Formby CCG in this instance.</p> <p>In June 2016 NHSE issued new and comprehensive guidance for CCGs in respect of the management of conflicts of interest and the treatment of gifts and hospitality.</p>	JG

No	Item	Action
	<p>One of the guidance recommendations was the proposal for CCGs to secure additional lay membership to support and service on the Governing Body. Following due consideration it is proposed that the CCG does not appoint a third lay member, but will seek support from the Southport &amp; Formby Audit Committee Chair should the need arise. The Audit Committee Chairs and Senior Leadership Team support this proposal and recommend this as a course of action to the Governing Body. That requirement will be reflected in the respective CCGs constitution and notified to NHSE following confirmation of that approach by the CCG.</p> <p><b><i>In-hospital &amp; Community Model of Care</i></b> FLT confirmed that the model was on target to achieve an implementation date to deliver for 1<sup>st</sup> April 2017.</p> <p><b>RESOLUTION</b> <b>The Governing Body formally received the report and:</b></p> <ul style="list-style-type: none"> <li>• <b>ratified the decision in relation to jointly funding an Estates Implementation Officer</b></li> <li>• <b>supported the proposal and recommendation to not secure an additional lay membership to support and service the Governing body but to utilise the support from the Southport &amp; Formby Audit Committee Chair</b></li> </ul>	DFair FLT
GB16/146	<p><b>Emergency Preparedness, Resilience and Response Assurance</b></p> <p>TJ explained that the CCG is required to provide NHSE with assurance in relation to its emergency preparedness, resilience and response plans (EPRR). At its meeting in August 2016, the Governing Body delegated approval of these plans to the Chief Officer, due to the urgent timescale required by NHSE. The Chief Officer has subsequently signed the compliance statement and improvement plan on behalf of the Governing Body.</p> <p>TJ referred to page 32 of the meeting pack and highlighted this as the CCGs Statement of Compliance and briefed on the work that had been undertaken to complete the statement. Following a self-assessment against the NHS England core standards, the CCG declared itself as demonstrating “substantial”. TJ explained that in 2015 the CCG had demonstrated “full compliance” with similar data however the EPRR standards had changed for 2016-17.</p> <p><b>RESOLUTION</b> <b>The Governing Body ratified the decision of the Chief Executive to sign the compliance statement and improvement plan on behalf of the Governing Body and as per the delegated authority granted at the PTII August 2016 Governing Body meeting.</b></p>	
GB16/147	<p><b>Quality, Innovation, Productivity and Prevention (QIPP) Plan &amp; Progress Report</b></p> <p>MMcD presented the members and the public with the QIPP report which provided the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.</p> <p>MMcD highlighted the following:</p> <p>The CCG had achieved a year to date saving of £3.4m against a year to date plan</p>	

No	Item	Action
	<p>of £4.8m. A significant challenge in respect of QIPP delivery was in respect of Urgent Care schemes as the impact on reducing activity was difficult to validate.</p> <p>Clarity was given in respect of the Amber assessed schemes which covered the majority area. It was noted that a lot of concentration was needed on the amber assessed schemes in order to turn green. Reference was made to the detailed schemes on pages 38, 39 and 40. Page 37 was highlighted in relation to the position as at “July” 2016, should read “August”.</p> <p>Members were informed of the concerns raised by NHS England regarding the gap of £1.3m and the questions they have asked in relation to the CCGs position and NHS England expectations. Further discussion is needed in the localities with the wider members.</p> <p><b>RESOLUTION</b>  <b>The Governing Body received the report and noted the update.</b></p>	MMcD/ JG
GB16/148	<p><b>Integrated Performance Report (IPR)</b></p> <p>Members and the public were presented with the IPR which provided summary information on the activity and quality performance and provided more integrated and triangulated information in relation to performance.</p> <p>KMcC highlighted:</p> <p><u>Planned Care</u>  Current indications on the latest contract position with Aintree is showing an 89.7% against a 92% target. Indications for the quarter are that Aintree will not meet the RTT target and, as a result, not receive funding against the RTT plan.</p> <p>Overall planned activity performance (page 67, item 3.4) is down 1% overall. Most significant underperformance is at Southport &amp; Ormskirk with 11%.</p> <p><u>Unplanned Care</u>  Stroke continues to be challenging. Latest SSNAP classification has shifted from B to C. The CCG requested a full performance report from the Trust regarding Stroke underperformance. This report has been submitted and discussed at the CQPG in September and will continue to be reviewed. From a commissioning perspective the CCG were not assured in the rationale regarding the downturn.</p> <p>KMcC reminded the Governing Body members of the request for an in-depth view of Ophthalmology waiters at the August (PTII) meeting and referred to Item 3.3.1 page 61. Ophthalmology performance began to deteriorate in April 2016, particularly at Aintree and Royal Liverpool Hospitals, with the number of patients waiting increasing each month. Some progress had been made regarding demand management and a new Cataract policy. Team will continue to monitor progress.</p> <p>A&amp;E 4 hour target continues to be challenging, latest results showing a failure and remained outside the STP target.</p> <p><u>Delayed Transfers of Care</u>  Reference was made to page 76 item 4.5 where the table depicts the national returns on delayed transfers of care and showed the monthly increase in delays. Members discussed in relation to the information submitted by the Trust and the social care figures.</p>	

No	Item	Action
	<p><u>Mental Health</u> Mental Health continues to struggle to achieve targets, including IAPT, with GP referrals at the lowest since April 2015. Recovery rates are at 41% for July which are below the minimum standard of 50%.</p> <p>A plan is in place to improve the South Sefton Dementia Diagnosis rate which is currently 10% below target at 57.1%.</p> <p>DCF highlighted:</p> <p><u>A&amp;E</u> Members were informed of the recent press piece regarding the outcome of Aintree's CQC unannounced visit. They had received a rating of "requires improvement". However, this will not impact on their overall rating of "good".</p> <p><u>Septicaemia Management</u> DCF highlighted the good work of the Trust in relation to the sepsis pathway. GP Clinical Leads had carried out a walk around. Provisional score of 10/10. This will be monitored through CQPG.</p> <p><u>MRSA</u> There had been a recent case of MRSA recorded at Aintree Hospitals. A review meeting was due to be held on 3<sup>rd</sup> October 2016. Outcome from such will determine if the case sits with the CCG or Aintree Hospitals.</p> <p><u>Rapid Access Chest Pain Clinic</u> The CCG had provided narrative for the action plan and timeline. Improvements were now being seen.</p> <p>FLT highlighted a number of issues:</p> <p>IAPT: FLT referred to item 5.2 page 81, and requested comments from the Governing Body on whether or not they considered that everything possible was being done in relation to supporting access to the IAPT services.</p> <p>AM highlighted his concern. For each of the last five patients he had referred to the service, each had been given a 16 week wait. FLT informed members that Dr Rob Caudwell, Chair of Southport &amp; Formby CCG Governing Body, had reiterated the same.</p> <p>FLT requested that the issues regarding access and waiting times be escalated to the Chief Executive of the provider; provider had now been in place for 18 months. CCG needed to be clear on why there were difficulties and what was being done to resolve such.</p> <p>A&amp;E: Members noted that the trajectory was below expected, notwithstanding the 18 week pathway. Further details will be required in update meetings with KMCC</p> <p>Stroke: Concerns were raised regarding Stroke in relation to:</p> <ul style="list-style-type: none"> <li>• Patients admitted who died within 24 hours</li> <li>• De-escalation of patients from a stroke ward to a general ward</li> </ul> <p>FLT highlighted the need to understand the breaches on a regular basis and requested that the lead, Nigel Taylor, through KMCC, with Jenny Kristiansen and the team, provide the necessary detail and it be presented to the Quality Committee.</p>	<p>KMcC</p> <p>KMcC</p> <p>KMcC</p>

No	Item	Action
	<p>An in-depth discussion took place regarding the issues highlighted and in relation to patients being stepped down, staffing issues and the difficulty recruiting, the number of consultants needed to sustain rotas, conflicting information, the need to establish the actual underlying issues by way of a “deep dive” report. KMcC highlighted the two given arguments and the need to contest where appropriate:</p> <ol style="list-style-type: none"> <li>1. Attendance is higher: Where are referrals coming from?</li> <li>2. Delayed transfers of care: How can we improve?</li> </ol> <p>MMcD referred to item 2, page 51 and highlighted:</p> <p><b>QIPP</b> Last month had predicted a £1.6m deficit against a £2.4m surplus. Plan to get back 1% non-recurrent reserve and move along QIPP. MMcD highlighted the need to ensure that the CCG escalates the QIPP plans further in order to help the CCG deliver the level of services needed.</p> <p>This month’s position is likely to be breakeven which leaves £2.4m adrift.</p> <p>The members discussed in relation to the 1% non-recurrent reserve being held by NHS England and the need for the CCG to not plan on the condition of such being returned, this would necessitate the CCG needing to realise a further £2.4m.</p> <p>The identified QIPP plan for 2016/17 is £10.4m and has been phased across the year on a scheme by scheme basis (item 2.4, page 53). The current forecast financial position is that the CCG will likely breakeven, in line with statutory duty, but not NHS England.</p> <p>Members had an in-depth discussion regarding the importance of having QIPP conversations within the localities and for suggestions on savings in order for the CCG to ensure financial sustainability, quality and safety.</p> <p><b>RESOLUTION</b> <b>The Governing Body received the report.</b></p>	
GB16/149	<p><b>Corporate Risk Register &amp; Governing Body Assurance Framework Update</b></p> <p>TJ presented members and the public with the CRR and GBAF update report for September 2016, both of which had been reviewed and updated by members of the leadership team.</p> <p>TJ updated on the recent benchmarking exercise carried out on the risk registers. TJ was pleased to report that they complied with best practice.</p> <p>FLT referred to previous discussions and requested they be actioned accordingly on the risk register:</p> <ul style="list-style-type: none"> <li>• IAPT: needs to be escalated</li> <li>• 1% surplus: additional challenge</li> </ul> <p>In addition, SS008 will need updating in light of the agreement by the Governing Body on the discretionary spend. Further discussion was had in relation to the scoring. GM considered the scoring for this risk will increase as time goes on. Members agreed and requested consideration to be given to the risk score and an increase in the likelihood to 4x5.</p> <p>The members referred to page 102 and the format of the report. AM requested risks be presented in risk order, with the largest to smallest, with all reds then being pulled into the main report.</p> <p><b>RESOLUTION</b> <b>Following review, the Governing Body approved the updates.</b></p>	<p>KMcC/DL MMcD</p> <p>MMcD/ DL</p> <p>DL</p>

No	Item	Action
GB16/150	<p><b>Joint Children &amp; Young People’s Emotional Health and Wellbeing Strategy 2016-17</b></p> <p>PW presented the Children &amp; Young People’s Emotional Health and Wellbeing Strategy which was developed via Sefton’s Children &amp; Young People’s Emotional Health and Wellbeing Steering Group during 2014/2015. Due to issues with the Health &amp; Wellbeing Sub Group Structure this never progressed through to the full Health &amp; Wellbeing Board.</p> <p>Earlier in 2016 a decision was made to revisit this strategy, consult more widely and progress through the appropriate governance structures.</p> <p>The Strategy underpins Local CAMHS Transformation Plan which is a key feature of NHS planning and assurance processes.</p> <p>PW explained that the report provided a background to the strategy and the work that had been done in order to pull the strategy together (Appendix B) and provided an opportunity for the Governing Body to comment before it is finalised.</p> <p>DCF thanked PW on behalf of the CCG for the work that had been done to pull the document together. DCF highlighted that PW had worked with the local authority and the work carried out to underpin the document had demonstrated excellent consultation work. AM seconded the thanks. AM had been impressed with the presentation given to the Health &amp; Well Being Board. FLT added that the work had demonstrated the excellent work and involvement of the youth. DMcD added his congratulations to the youth involved on their brilliant work. DMcD added that he was surprised that only a little was mentioned in the way of “bullying”. PW explained that it could be due to the youth not necessarily seeing it as part of “Health and Well Being”.</p> <p>FLT emphasised the importance of gaining a good standard of local knowledge in order to enable the CCG to work for its community. AM added that the CCG needed to know what the youth think, not what the CCG think they think.</p> <p>PW updated on the discussion with the providers which had highlighted differing issues. Historically schools had not been involved however, discussions had been underway and issues of confidentiality had been raised.</p> <p><b>RESOLUTION</b>  <b>The Governing Body received the report and agreed to feedback direct to PW with any comments as soon as possible.</b></p>	ALL
GB16/151	<p><b>Safeguarding Annual Report 2015/16</b></p> <p>Helen Smith presented the third annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body and highlighted the following:</p> <p>The purpose of the report is to assure the Governing Body and members of the public that the NHS South Sefton Clinical Commissioning Group is fulfilling its statutory duties in relation to safeguarding children and adults at risk in the Borough.</p> <p>The CCGs annual report takes account of national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity.</p> <p>DCF confirmed that the report had been submitted and considered by the Quality Committee. DCF asked for it to be noted that the Quality Committee had</p>	



No	Item	Action
	<p>commended the team on the level of work undertaken in ensuring the CCG fulfilled its statutory duties.</p> <p>Specific reference was made to:</p> <ul style="list-style-type: none"> <li>• item 2.2, page 191: DCF explained that the outcome of the NHSE process in relation to Safeguarding would feature in the next annual report for 2016/17. Section 6, page 206: Learning and Development. The members discussed in relation to the figures provided for the percentage take up of Governing Body training and were made aware that it was a total Sefton figure. FLT explained that the GPs and Practice Managers undertake practice training. As such it was expected that the figures would be transferred accordingly. FLT requested the figures be checked and detail of what, if anything, is due. AM requested Level 2 and 3 is also featured in the information and highlighted his unease at the figure presented.</li> <li>• FLT congratulated the team on the “green” rated risks however requested clarification on the position of those that were “amber” rated. Progress report to be presented to the Quality Committee</li> <li>• Protected Learning Time (PLT) events regularly held and normally well attended. DCF offered to ensure that any attendance by Governing Body members were recorded and mentioned accordingly.</li> <li>• 4.3, Looked After Children, page 202: Separate Annual Report will be presented to the Quality Committee and following Governing Body Committee in November 2016.</li> </ul> <p><b>RESOLUTION</b>  <b>The Governing Body approved the report.</b></p>	<p>TF/JG</p> <p>HS/DCF</p> <p>DCF</p> <p>DCF/HS</p>
GB16/152	<p><b>Integration Report including Better Care Fund: Progress Report</b></p> <p>TJ presented members with the report which updated the Governing Body on the progress on integration and the latest Better Care Fund submission.</p> <p>TJ highlighted:</p> <p>The CCG continues to work closely with Sefton Council to further the integration of health and social care to improve health and wellbeing of local people. All parties have recently signalled the need to move with more pace and a “route map” for integration is being developed by the end of October 2016 to facilitate this.</p> <p>The paper presented highlighted the new governance arrangements, the agreed integration areas which will form the basis of the plan and an update on the recent Better Care Fund (BCF) submission.</p> <p>TJ referred to item 2 page 222, and updated the members and public on the three key areas for integration:</p> <ul style="list-style-type: none"> <li>• Integrated Commissioning: group now established</li> <li>• Multi-Disciplinary Working</li> <li>• Pooled budgets</li> </ul> <p>TJ added that significant development was expected in these areas by the end of October.</p> <p>FLT updated on the touchstone meetings attended with Margaret Jones, Cllr Cummins and Cllr Moncur. Continues to be a journey of transition together.</p> <p><b>RESOLUTION</b>  <b>The Governing Body received the report.</b></p>	

No	Item	Action
GB16/153	<p><b>Key Issues Reports</b></p> <p>a) Finance &amp; Resource (F&amp;R) Committee  b) Quality Committee  c) Audit Committee  d) Locality Meetings</p> <p><b>RESOLUTION</b>  <b>The Governing Body received the key issues reports</b></p>	
GB16/154	<p><b>F&amp;R Committee Minutes Approved Minutes</b>  - June 2016</p> <p><b>RESOLUTION</b>  <b>The Governing Body received the approved F&amp;R Committee minutes.</b></p>	
GB16/155	<p><b>Quality Committee Minutes Approved Minutes</b>  - April 2016  - May 2016</p> <p><b>RESOLUTION</b>  <b>The Governing Body received the approved Quality Committee minutes.</b></p>	
GB16/119	<p><b>Audit Committee Approved Minutes</b>  - No approved minutes</p>	
GB16/120	<p><b>Any Other Business</b>  None.</p>	
GB16/121	<p><b>Date of Next Meeting</b>  Thursday 24<sup>th</sup> November 2016 at 13:00 hrs in the Boardroom, 3<sup>rd</sup> Floor, Merton House.</p>	
<b>Meeting concluded</b>		15:40hrs

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 Actions from meeting held 29<sup>th</sup> September 2016

No	Item	Action
	<b>Independent Inquiry into Child Sexual Abuses (IICSA)</b>  DCF briefed the members and public on the IICSA inquiry as per the presentation with the intention of ensuring the Governing Body were aware of the expectations on the CCG and to highlight actions undertaken to date. Reference was made to the 13 incidents and whether (a) any local to Merseyside and (b) what areas the investigations were taking place.	DCF
GB16/142	<b>Minutes of Previous Meeting</b>  The minutes of the previous meeting were accepted as a true and accurate record subject to the following amendments:  GB16/105: Dr Craig Gillespie also declared an interest in relation to QIPP and Integrated Performance Report. GB16/109: Safeguarding Children's Board and Safeguarding Adults Board Chair name spelling is Paula St Aubyn.	JG
GB16/143	<b>Action Points from Previous Meeting</b>  <u>Presentation: Liverpool Women's Hospital and Neonatal Review</u>  Engagement Process Planned Activities Scheduled dates and activities had been organised as part of the engagement process for the Liverpool Women's Hospital and Neonatal Review. Scheduled information on events to be circulated to the Governing Body as available. <u>Update:</u> TJ advised that updated information had been received from Liverpool CCG. Was currently being reviewed before being put on website.	TJ/LC
	Consultation Timetable for ongoing consultation and an update to the Governing Body would be shared as available. <u>Update:</u> TJ advised that updated information had been received from Liverpool CCG. Was currently being reviewed before being put on website.	TJ/LC
	Video Presentation YouTube video presented to the Governing Body is to be placed on the CCG website. <u>Update:</u> Link is available via the Governing Body minutes. However, also needs to be added as a separate item.	LC
	<u>GB16/112 Integrated Performance Report</u>  Reserves Analysis: Cost Improvement Programmes More dialogue needed with Mersey Care in order to ascertain the potential impact on quality of referrals as a result of the cost improvement programmes received from Mersey Care. <u>Update:</u> Meeting postponed. Another date to be arranged.	DCF

No	Item	Action
GB16/145	<p><b>Chief Officer Report</b></p> <p><u>Conflicts of Interest: third lay member proposal</u> GM requested it be noted that South Sefton CCG should refer to Southport &amp; Formby CCG in this instance.</p> <p>In June 2016 NHSE issued new and comprehensive guidance for CCGs in respect of the management of conflicts of interest and the treatment of gifts and hospitality. One of the guidance recommendations was the proposal for CCGs to secure additional lay membership to support and service on the Governing Body. Following due consideration it is proposed that the CCG does not appoint a third lay member, but will seek support from the Southport &amp; Formby Audit Committee Chair should the need arise. The Audit Committee Chairs and Senior Leadership Team support this proposal and recommend this as a course of action to the Governing Body. That requirement will be reflected in the respective CCGs constitution and notified to NHSE following confirmation of that approach by the CCG.</p> <p><u>In-hospital &amp; Community Model of Care</u> FLT confirmed that the model was on target to achieve an implementation date to deliver for 1<sup>st</sup> April 2017.</p>	<p>JG</p> <p>DFair FLT</p>
GB16/147	<p><b>Quality, Innovation, Productivity and Prevention (QIPP) Plan &amp; Progress Report</b></p> <p>Page 37 was highlighted in relation to the position as at “July” 2016, should read “August”.</p>	MMcD/ JG
GB16/148	<p><b>Integrated Performance Report</b></p> <p>IAPT: Concern was raised in relation to the excessive waiting times. FLT requested that the issues regarding access and waiting times be escalated to the Chief Executive of the provider; provider had now been in place for 18 months. CCG needed to be clear on why there were difficulties and what was being done to resolve such.</p> <p>A&amp;E: Trajectory was below, not with-standing the 18 week pathway. Detail required in update meetings with KMcC.</p> <p>Stroke: Concerns were raised regarding Stroke in relation to:</p> <ul style="list-style-type: none"> <li>• Patients admitted who died within 24 hours</li> <li>• De-escalation of patients from a stroke ward to a general ward</li> </ul> <p>FLT highlighted the need to understand the breaches on a regular basis and requested that the lead, Nigel Taylor, through KMcC, with Jenny Kristiansen and the team, provide the necessary detail and it be presented to the Quality Committee.</p>	<p>KMcC</p> <p>KMcC</p> <p>KMcC</p>
GB16/149	<p><b>Corporate Risk Register &amp; Governing Body Assurance Framework Update</b></p> <p>FLT referred to previous discussions (GB16/148) and requested they be actioned accordingly on the risk register:</p> <ul style="list-style-type: none"> <li>• IAPT: needs to be escalated</li> <li>• 1% surplus: additional challenge</li> </ul> <p>In addition, SS008 will need updating in light of the agreement by the Governing Body on the discretionary spend. Further discussion was had in relation to the scoring. GM considered the scoring for this risk will increase as time goes on.</p>	KMcC/DL MMcD

No	Item	Action
	<p>Members agreed and requested consideration to be given to the risk score and an increase in the likelihood to 4x5.</p> <p>The members referred to page 102 and the format of the report. AM requested risks be presented in risk order, with the largest to smallest, with all reds then being pulled into the main report.</p>	<p>MMcD/ DL</p> <p>DL</p>
GB16/150	<p><b>Joint Children &amp; Young People’s Emotional Health and Wellbeing Strategy 2016-17</b></p> <p>Governing Body to feedback any comments on the strategy direct to PW.</p>	ALL
GB16/151	<p><b>Safeguarding Annual Report 2015/16</b></p> <p>Section 6, page 206: Learning and Development. The members discussed in relation to the figures provided for the percentage take up of Governing Body training and were made aware that it was a total Sefton figure. FLT explained that the GPs and Practice Managers undertake practice training. As such it was expected that the figures would be transferred accordingly. FLT requested the figures be checked and detail of what, if anything, is due. AM requested Level 2 and 3 is also featured in the information.</p> <ul style="list-style-type: none"> <li>• FLT congratulated the team on the “green” rated risks however requested clarification on the position of those that were “amber” rated. Progress report to be presented to the Quality Committee</li> <li>• Protected Learning Time (PLT) events regularly held and normally well attended. DCF offered to ensure that any attendance by Governing Body members were recorded and mentioned accordingly.</li> <li>• 4.3, Looked After Children, page 202: Separate Annual Report will be presented to the Quality Committee and following Governing Body Committee in November 2016.</li> </ul>	<p>TF/JG</p> <p>HS/DCF</p> <p>DCF</p> <p>DCF/HS</p>

## MEETING OF THE GOVERNING BODY NOVEMBER 2016

<b>Agenda Item:</b> 16/185	<b>Author of the Paper:</b> Fiona Taylor Chief Officer
<b>Report date:</b> November 2016	Email: <a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> Tel: 0151 247 7069
<b>Title:</b> Chief Officer Report	
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's monthly update.	
<b>Recommendation</b>  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.
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.

# South Sefton Clinical Commissioning Group

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**  
**November 2016**

**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. QIPP Progress**

During October and November the CCG has made good progress implementing its QIPP priorities and staff and clinical leads continue to focus on these. The Clinical QIPP Advisory Group and Joint QIPP Committee continue work well together ensuring there is robust and thorough scrutiny of all QIPP related activity as well as the evaluation of clinical schemes. The assessment of those schemes enables the CCG to test whether or not the schemes are achieving the anticipated objectives and provides a framework for identifying any risks to scheme delivery at an early stage.

Leads are continuing to look across all areas of spend to ensure that every opportunity to make efficiencies is being explored. During November leads will work with localities to align their objectives to that of the CCGs QIPP objectives so that key schemes have a robust clinical focus.

A key activity during October was the development of the Disinvestment Policy that sets out, in an open and transparent way, the approach the CCG will take to any disinvestments in 2017/18. The policy is on the agenda today for approval.

**2. Repeat Prescription Ordering System (RPOS)**

The repeat prescription ordering system (RPOS) pilot started on 1<sup>st</sup> September 2016. South Sefton CCG currently has 9 of its 30 GP practices taking part in the pilot. Initial GP clinical system data shows a positive response with regard to a reduction in medicines prescribed, however further analysis of prescribing data once it is available needs to be undertaken. Feedback from all stakeholders and ongoing engagement continue to happen. An initial evaluation will be produced by the end of November 2016.

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

**3. Strengthening Commissioning for the Future**

The Governing Body, with counterparts from Southport and Formby CCG and NHS Liverpool CCG, has agreed that Accountable Officers, Fiona Taylor and Katherine Sheerin, work together to explore options for more formal joint working arrangements between the organisations in the future.

It should be stressed that whilst this exercise will examine a range of options for future working arrangements, we are a long way from any firm proposal that could lead to a change to our current and separate statutory organisational forms.

There would be many considerations and steps involved in such a move. Normal governance processes will be followed throughout the process, in line with the CCG Constitution, placing the



CCG membership at the centre of any proposal for change, which would also be informed by the views of all relevant stakeholders.

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.

#### **4. Cheshire & Merseyside Sustainability and Transformation Plan (STP)**

The Governing Body will recall that the CCG is part of the North Mersey Local Delivery System plan (LDS), which is a component part of the Cheshire & Merseyside STP.

The Cheshire & Merseyside STP was submitted to NHS England on 21 October 2016. It is currently being reviewed and until that process has been completed and feedback received, NHS England will publish the plans on 16<sup>th</sup> November 2016. However, it has been possible to share the three local delivery system plans which represent the majority of the content of the STP.

The North Mersey LDS Plan identifies five priorities:

1. Demand Management
2. Hospital Service Reconfiguration
3. Population Health
4. Digital Innovation
5. Acting as One System

The Governing Body will also recall that the 'do nothing' affordability gap within Cheshire and Merseyside is forecast at £908million by 2020/21, with the North Mersey share of this gap standing at £346 million. The drivers of this affordability gap are the low rate of NHS budget growth over the next 5 years set alongside increasing demand for services from an ageing population and an increasing proportion of people living with poor health.

As part of the STP, financial plans were submitted showing how the LDS aims to achieve financial balance within the available resources from 2017/18 through to 2021. As part of this, the NHS Operational Planning and Contracting Guidance for 2017 to 2019 stated that NHS England would consider proposals to manage health system finances in a joined up way, encouraging collaboration and shared ownership of financial risks and opportunities. To support this system-wide planning and transformation, a financial system control total is sought for the STP, in the first instance, derived from individual control totals for CCGs and provider organisations in that geography. However, it is worth noting that requests will also be considered for system control totals at an LDS level, by agreement with NHS England and NHS Improvement, for system partners to adjust organisational control totals (both for providers and for CCGs), provided the overall system control total is not breached.

The North Mersey system has therefore submitted an application to work to a North Mersey system control total for North Mersey CCGs, local authorities and adult community and acute providers.

Having a system financial strategy would enable a new value-based approach to commissioning. This, together with payment reform, will facilitate a transition from funding individual organisations to funding patients and patient pathways across the system and across organisational boundaries. This will ultimately lead to the dual benefits of:

- improving population and patient outcomes through an emphasis on prevention and a shift in care to the most appropriate setting, while also;
- maximising the effectiveness of total expenditure across the system.

The proposal for a single control total for North Mersey LDS supports the delivery of STP programme priorities at a local level. It also builds on the already established partnerships that are in place in the form of Healthy Liverpool and Shaping Sefton in driving national priorities at a local level.

The North Mersey LDS members (of which the CCG is one) recognise their important role in delivering the wider STP, both in terms of their contribution to cross-cutting priorities and the implementation of the local priorities set out in this document.

A control total at LDS level would allow greater flexibility to adapt pathways, and funding flows, so that the local system can be more responsive to the specific needs of the North Mersey population, who live shorter lives and spend a greater proportion of their life living with disability and poor health.

#### *Public and patient engagement*

The North Mersey LDS plan for the transformation of the local health and care system incorporates the work of Shaping Sefton to date. The CCG has involved a range of partners throughout the development of Shaping Sefton – from residents to partners and wider stakeholders.

Therefore, the component proposals contained in the North Mersey LDS plan have been and will continue to be subject to engagement, and in some cases, formal public consultation if required. Specific proposals contained within the North Mersey LDS plan will also be subject to the Public Sector Equality Duty.

It should be noted that many of the proposals contained in the plan are at this stage both broad and formative. Public conversations that have taken place on developing specific proposals plans through Shaping Sefton and Healthy Liverpool will continue using our established involvement processes, networks and systems as we begin to progress this work.

The North Mersey LDS Plan has a clear vision and there is a strong commitment from partners to work as one to deliver this compelling plan, which will address the wellbeing, quality and financial gap for the local health and care system.

## **5. A&E Delivery Board**

The A&E Delivery Board on 7<sup>th</sup> October 2016 considered an update from the recent Delayed Transfers of Care event:

- Home First progress
- Community Bed Base development
- Patient Choice and Discharge
- Increased Capacity at LHCH

## 6. Improved Access to Psychological Therapies (IAPT)

On 18<sup>th</sup> October 2016, the Chief Officer gave the local authority's Overview & Scrutiny Committee (Adult & Social Care check) an update on the Access Sefton IAPT Service, covering current performance and what we are doing to improve IAPT performance.

An action plan is now in place, the key points from the action plan through which the longest waiters will be "ring fenced" and targeted for interventions which are:

- Extra step 2 Psychology Wellbeing Practitioner (PWP) staff member (extra 20 sessions per week) and three agency PWP staff have recently commenced providing (90 extra sessions per week);
- The service is planning from 31/10/2016 to introduce group work/workshops as an alternative to one to one work. This will provide interventions to those already assessed as having step 3 therapy to reduce internal waits. New member of staff has been recruited who has experience of similar work in other CWP IAPT site in Cheshire;
- One step 3 counsellor has recently commenced (11 sessions per week);
- A step 3 CBT and a further step 2 PWP are currently being recruited to (the latter having being offered employment contract);
- Additional PWP step 2 sessions (12 sessions per week) are being made available from reconfiguring the existing resource along with increased telephone interventions across the wider service;
- A single appointment booking system has been established within the admin function of the service; previously practitioners had undertaken their own appointments which had resulted in variation in practice;
- Robust clinical management and individual performance of practitioners is being put in place to mitigate against long waiters;
- Any individual who is referred into the service and, after assessment is considered appropriate for low level CBT based interventions, will be offered an appointment within 28 days;
- National IAPT Support Team will be also working with the Access Sefton to improve their processes and performance with review scheduled to take place on 21/10/2016;
- Ongoing Monitoring by commissioners.

## 7. Contract Agreement for 2017/19

Further to previous Governing Body reports on processes established for the 2017-19 contract negotiation round, this is an updated position to note progress towards agreeing two year contracts in accordance with national timescales.

Contract offers were issued on 4th November to providers where the CCGs are Co-ordinating Commissioner; notably Aintree, Southport & Ormskirk, Renacres and ISIGHT. A contract offer was issued to Mersey Care NHS Trust in conjunction with Liverpool CCG. Neighbouring CCGs have issued contracts where the Sefton CCGs are associate and the CCGs have been involved or copied into the correspondence. These offers are first reasonable offers, largely financially based and providers have until Friday 11<sup>th</sup> November 2016 to respond. Separate arrangements for making an offer are in place for LCH, recognising that it is subject to a formal acquisition process.

The next few weeks will involve intense contract negotiation in order to reach agreement. The national deadline for signing of contracts is Friday 23<sup>rd</sup> December 2016. If there is a risk that agreement will not be reached CCGs will need to agree with providers to go to Mediation on

## South Sefton Clinical Commissioning Group

Monday 5<sup>th</sup> December 2016. If contracts are not signed by 23<sup>rd</sup> December, the parties will be required “to present themselves” to NHSI and NHSE. The arbitration process is automatically triggered in early January.

There is a robust detailed timetable in place to achieve contract sign off with our major providers and to avoid arbitration. This is supported by cross functional teams with identified Executive Leads. In addition the CCG is putting in place Executive to Executive discussions with providers at key points in the next few weeks to address escalated issues and reach agreement on the contract value and a 2 year Finance and Activity Plan.

Neighbouring CCGs will be undertaking their own processes and from 21<sup>st</sup> November all CCGs are required to submit contract position to NHSE on contract status for contract values over £5million. The Sefton CCGs will be liaising closely with Liverpool CCG on submission of the tracker.

The national 2017-19 contract requires detailed change to key schedules including Quality, Information and Service Development Improvement Plans alongside general governance arrangements. While there is a significant workload involved, there are processes across the CCG in place and agreement to these is not deemed to be at risk. Key risks will be agreement of Finance and Activity Plan.

### 2017/18 contract dispute resolution process milestones

Milestone	Description	Date
Milestone 1	Local decision whether or not to enter mediation, and communication of this: <ul style="list-style-type: none"> <li>• to NHS England and NHS Improvement;</li> <li>• to boards / governing bodies as appropriate, as per section 4</li> </ul>	By close of business on 5 <sup>th</sup> December 2016
Milestone 2	National deadline for signing of contracts	23 <sup>rd</sup> December 2016
Milestone 3	Parties to present themselves to the Chief Executives of NHS Improvement and NHS England (or their representatives)	3 <sup>rd</sup> - 6 <sup>th</sup> January 2017
Milestone 4	Submission of appropriate documentation (see sections 2.3 and 2.4 of Dispute Resolution Guidance)	9 <sup>th</sup> January 2017
Milestone 5	Arbitration Panel and/or hearing	10 <sup>th</sup> - 25 <sup>th</sup> January 2017
Milestone 6	Written arbitration findings issued to both parties	By 2 working days after panel date
Milestone 7	Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	By 31 <sup>st</sup> January 2017

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

#### 8. Southport & Ormskirk NHS Trust (S&O) Executive Improvement Board

The Executive Improvement Board met on 25<sup>th</sup> October 2016. In attendance at the meeting was Margaret Kitching, Director of Nursing for NHSE (North Region) in order for it to also fulfil the function of the Interim Risk Summit Review. It was agreed that the Trust was to remain at the Risk Summit level of **surveillance** and that the Quality Risk Profile Tool will be reviewed in January 2017. At the time of writing this report the outcome of the CQC inspection is still awaited.

#### 9. Care Homes

In October 2016 the Governing Body considered an options appraisal regarding nursing home and domiciliary care fees. The Governing Body revised the previous CCG decision and approved the option to provide an uplift commensurate with those of the Local Authority with effect from 1<sup>st</sup> November 2016 for appropriate packages of care. CSU colleagues have been asked to notify relevant providers of this decision.

#### 10. Local Area Inspection for Meeting the Needs of Children with Special Education Needs and / or Disabilities

On 14<sup>th</sup> November 2016, the Local Authority and CCG were notified that an inspection would be taking place by OfSTED and the CQC week commencing 21<sup>st</sup> November 2016 of the effectiveness in identifying and meeting the needs of children and young people who have special education Needs and / or Disabilities. The Chief Nurse is leading the CCG input into this inspection supported by appropriate team members. The outcome of the inspection will be reported to the Governing Body.

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.

#### 11. Primary Care Support Services

The shadow Joint Commissioning Committee received an update on issues being experienced by GP practices since the contract for Primary Care Support Services was awarded to Capita in September 2015. Since then practices have experienced many issues relating to medical records transfer, payments and customer support. NHSE have been using contractual mechanisms to manage performance and Capita have been working to deliver against an Operational Improvement Plan. The committee was asked to note the measures put in place by NHSE to resolve the issues.

#### 12. GP Forward View

The CCG has been working with NHSE and other Local CCGs to implement the GP Forward View programme. This transformation programme has elements covering workforce, workload, infrastructure and care redesign. Work is underway around training for front line staff, practice resilience and estates.

To advance integration of in-hospital and community services in support of the CCG locality model of care.

### **13. New Community Services Provider for Southport & Formby CCG**

On 8<sup>th</sup> November 2016 Southport and Formby CCG announced that from May 2017 Lancashire Care NHS Foundation Trust will be the new provider of community services for its residents.

The new NHS provider was selected through a rigorous re-procurement process, where it demonstrated higher levels of quality and value compared to the other bidders in the process.

Over the next six months Lancashire Care will be working with Southport & Ormskirk Hospital NHS Trust to ensure the change in management of community services - often known as the 'mobilisation' period - happens as smoothly as possible.

### **14. Locality Development**

The role of localities and the engagement of member practices remains central to the success of the CCG and following feedback from locality leads, they will continue to meet monthly. Angela Curran was recently delighted to be appointed to the role of commissioning manager with responsibility for all four localities in South Sefton – a role that will enable her to focus on ensuring that localities can further influence commissioning decisions and make best use of local health resources. At a recent informal meeting, governing body members discussed ideas for locality development, including key areas of work in which they would like localities to participate. Angela will be exploring these further with locality lead GPs. In particular, it has been suggested that Angela work closely with our business intelligence team and data facilitators, supported by Lin Bennett, our Governing Body Practice Manager member, to assist localities better use the "Aristotle" system. This system provides local practices with user-friendly information on current health service usage, providing an excellent basis for peer discussion in localities and the development of plans for improving services.

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

### **15. Integration of Health & Social Care**

Since the last Governing Body meeting, progress has been made in relation integrating key areas of work with Sefton Council. The Integrated Commissioning Group has met to develop an overarching strategy and clear priorities for integrated working. Priority pathway areas include obesity, hypertension, COPD, stroke, falls prevention, mental health and learning disabilities. In addition there also a focus on working together on intermediate care, reablement, domiciliary and residential care homes. There has also been further progress in relation to the development of plans for pooled budgets and developing multi-disciplinary teams. Our joint intermediate care strategy is moving further towards implementation through the development of a jointly agreed, cross sector model, which aims to be in place from April 2017. Partnership working, in relation to Well Sefton and other local "prototypes" has been progressing well and plans for wider collaborative working across the public sector as a whole in Sefton, through a small strategic leadership group are in early development but offer great potential.

## **16. Imagine Sefton 2030**

Sefton Council is leading on developing a new and exciting vision for the future of the borough and wants anyone who lives, works or visits Sefton to be involved. Working closely with partners, businesses, private sector organisations, the voluntary, community and faith sector and the wider Sefton community, the aim is to focus on what is important and to be ambitious for the borough and its communities in the future.

Imagine Sefton 2030 engaged the public, local businesses and potential investors in creating a vision that will collectively promote shared prosperity, coordinated public investment, and a healthy environment and population.

Having considered this feedback we have worked with the Council and other partners to develop the Vision and Outcomes Framework which will guide long term planning - helping to collectively stimulate growth, prosperity, set new expectation levels and to help focus on what is important for Sefton. The Council will consider the Framework on 17<sup>th</sup> November 2016. Please click the link below for a copy of the consultation report:

<http://www.imaginesefton2030.co.uk/wp-content/uploads/2016/09/Vision-2030-Annex-B.pdf>

A particular success in this process has been far greater degree of partnership working in terms of communications activity, over the coming months we intend to build on this to help on the pledges agreed by partners in the framework.

## **17. Recommendation**

The Governing Body is asked to formally receive this report.

**Fiona Taylor  
Chief Officer  
November 2016**

## MEETING OF THE GOVERNING BODY NOVEMBER 2016

<b>Agenda Item:</b> 16/186	<b>Author of the Paper:</b> Martin McDowell Chief Finance Officer Email: <a href="mailto:martin.mcdowell@southseftonccg.nhs.uk">martin.mcdowell@southseftonccg.nhs.uk</a> Tel: 0151 247 7071
<b>Report date:</b> November 2016	
<b>Title:</b> Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
<b>Summary/Key Issues:</b>  The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.  Attached with this report are the QIPP performance dashboard (Appendix 1) and the QIPP Plan (Appendix 2).	
<b>Recommendation</b>	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive the report and note the update.	

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.
X	To ensure that the CCG maintains and manages performance and 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 ( <i>x those that apply</i> )
Patient and Public Engagement	Y			Relevant QIPP schemes have been developed following engagement with the public.
Clinical Engagement	Y			The Clinical QIPP Advisory Group and the Joint QIPP Committee provide forums for clinical engagement and scrutiny. Key schemes have identified clinical leads
Equality Impact Assessment	Y			All relevant schemes in the QIPP plans have been subject to EIA
Legal Advice Sought				
Resource Implications Considered	Y			The Joint QIPP Committee considers the resource implications of all schemes
Locality Engagement	Y			The Chief Integration Officer is working with localities to ensure that key existing and new QIPP schemes are aligned to locality work programmes.
Presented to other Committees	Y			The performance dashboard was presented to the Joint QIPP Committee at its meeting on 12 <sup>th</sup> September 2016.

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** **November 2016**

### **1. Executive Summary**

The Joint QIPP Committee continues to monitor performance against the QIPP plan objectives and is supported by the Clinical QIPP Advisory Group that reviews all cases for change and clinical schemes ensuring robust clinical input at every level.

### **2. Key Issues**

The QIPP plan comprises five strategic domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care and within each domain there are number of schemes or actions that all have savings identified against them.

The QIPP plan is under regular review and as new opportunities are identified they are reflected in the plan. The plan was reviewed at the beginning of November and some changes were made, these are summarised below in the report.

The QIPP dashboard and the QIPP plan were received at a meeting of the Joint QIPP Committee on 8<sup>th</sup> November.

### **3. Recommendations**

The Governing Body is asked to receive the report and note the update.

### **Appendices**

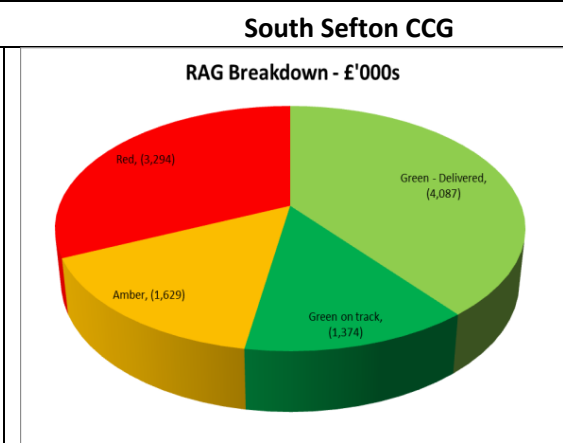
Appendix 1 – NHS South Sefton CCG Month 7 QIPP Performance Dashboard

Appendix 2 – NHS South Sefton CCG Month 7 QIPP Plan

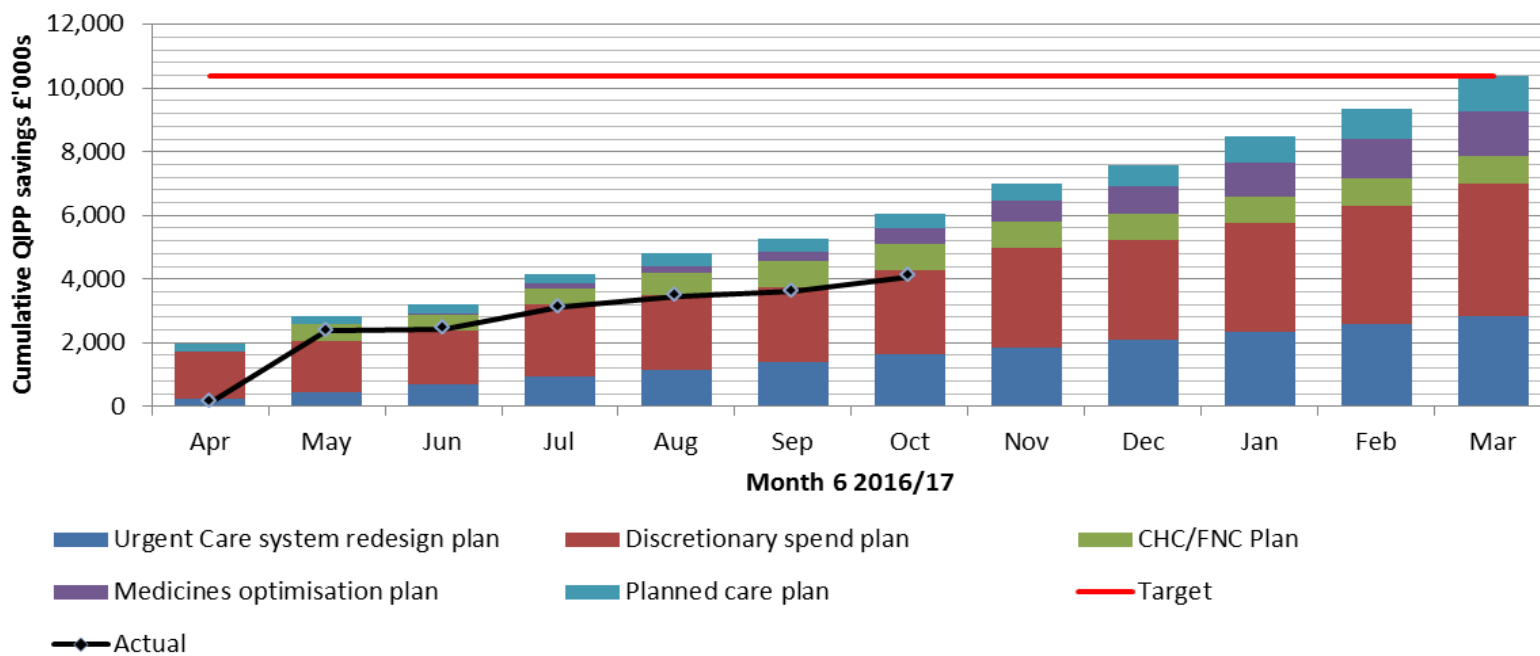
**Martin McDowell**  
**Chief Finance Officer**  
**November 2016**

**QIPP DASHBOARD – SUMMARY SSCCG AT MONTH 7 November 2016**

£'000s As at August 2016				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	1,107	481	388	(93)
Medicines optimisation plan	1,429	468	210	(258)
CHC/FNC Plan	870	840	840	0
Discretionary spend plan	4,161	2,643	2,638	(5)
Urgent Care system redesign	2,817	1,631	11	(1,620)
<b>Total</b>	<b>10,384</b>	<b>6,062</b>	<b>4,087</b>	<b>(1,975)</b>



**SSCCG : Summary QIPP plan 2016/17**



## QIPP DASHBOARD SSCCG – Detail by scheme – Themes 1 & 2

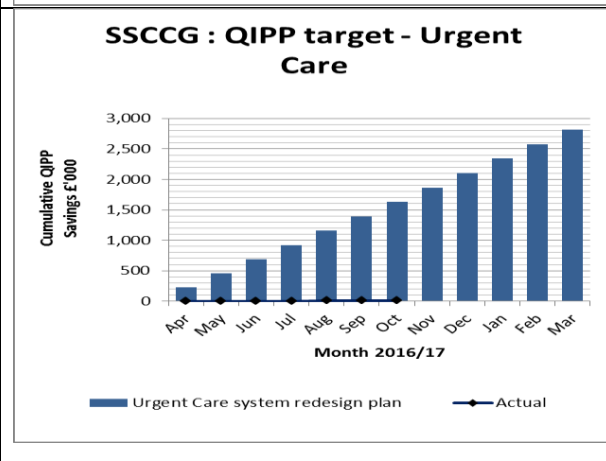
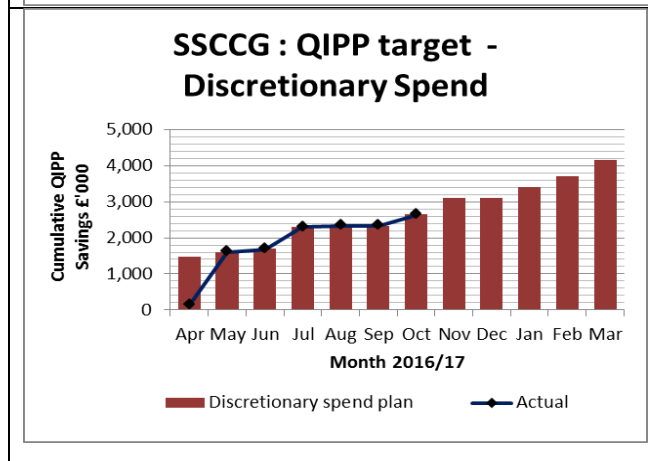
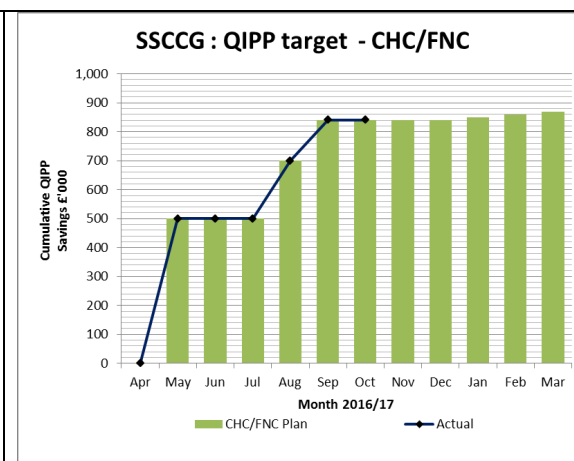
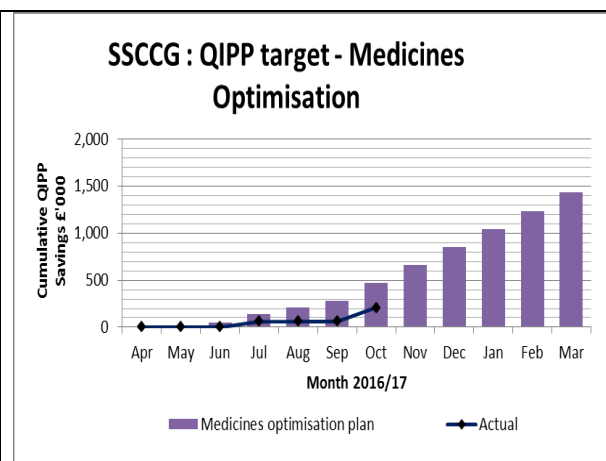
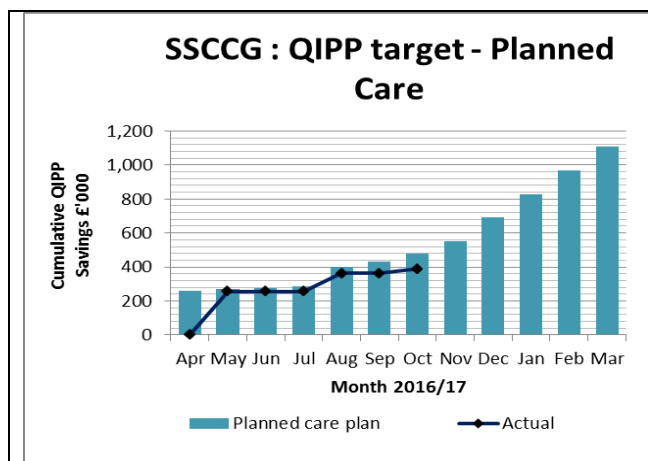
Planned care	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Sub total PLCV procedures (allow 10% to go through - Dec start)	0	0	0	●	0	0	0	●	270	270	0
Review of OPP T&O coding (S&O)	7	0	(7)	●	50	0	(50)	●	85	85	0
MCAS / T&O - S&O MCAS scheme	0	0	0	●	0	0	0	●	0	0	0
Implement cataracts revised threshold (5% reduction only as under national benchmarking)	4	0	(4)	●	4	0	(4)	●	25	25	0
Dermatology - reduce block	0	0	0	●	30	30	0	●	30	30	0
C2C referral Policy - 10% reduction from 1st November (20,373 C2C appointments)	0	0	0	●	0	0	0	●	102	102	0
Critical care @Aintree (rebase between CCGs)	0	0	0	●	225	225	0	●	225	225	0
Reduction of MerseyCare contract for DISH	0	0	0	●	109	109	(0)	●	109	109	0
Review of other expenditure - Reduction of spirometry service Aintree	0	24	24	●	24	24	0	●	24	24	0
Contract Challenges (Phase 1)	34	0	(34)	●	34	0	(34)	●	203	0	(203)
CQUIN - C2C reduction S&O	1	0	(1)	●	1	0	(1)	●	6	6	0
CQUIN - 1st:Fup ratio S&O	4	0	(4)	●	4	0	(4)	●	28	28	0
<b>Total</b>	<b>50</b>	<b>24</b>	<b>(26)</b>		<b>481</b>	<b>388</b>	<b>(93)</b>		<b>1,107</b>	<b>904</b>	<b>(203)</b>
Medicines optimisation	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)	87	0	(87)	●	87	0	(87)	●	519	519	0
Individual patient reviews (Generics / Optomise / Quick Wins)	39	150	111	●	180	180	0	●	375	375	0
Additional rebate schemes	27	0	(27)	●	107	0	(107)	●	240	240	0
Blood Glucose Monitoring strips	13	0	(13)	●	13	0	(13)	●	75	75	0
Apixiban Price Reduction	0	0	0	●	30	30	0	●	30	30	0
High Cost Drugs and Biosimilars	23	0	(23)	●	23	0	(23)	●	140	140	0
Community service - Dermatology	4	0	(4)	●	29	0	(29)	●	50	50	0
Review other expenditure - Cease care at the chemist	0	0	0	●	0	0	0	●	0	0	0
<b>Total</b>	<b>192</b>	<b>150</b>	<b>(42)</b>		<b>468</b>	<b>210</b>	<b>(258)</b>		<b>1,429</b>	<b>1,429</b>	<b>0</b>

## QIPP DASHBOARD SSCCG – Detail by scheme – Themes 3 & 4

Individual packages of care	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance	
CHC reduction - No growth	0	0	0	●	500	500	0	●	500	500	0	
CHC prior year	0	0	0	●	340	340	0	●	340	200	(140)	
Outcome of CSU review work (net savings)	0	0	0	●	0	0	0		0	63	63	
Implementation of ADAM procurement system (net savings)	0	0	0	●	0	0	0		30	40	10	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>840</b>	<b>840</b>	<b>0</b>		<b>870</b>	<b>870</b>	<b>870</b>	
Discretionary spend	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance	
Review other Expenditure - 3rd Sector	0	0	0	●	0	0	0	●	154	154	0	
Review other Expenditure - remaining 50% reduction on schemes	0	0	0	●	0	0	0		0	0		
Suspend CVS investment	0	0	0	●	0	0	0		0	0		
Prior year spend	137	137	0	●	1,487	1,487	0		1,487	1,487		
Reduction in iLinks investment	53	53	0	●	53	53	0	●	53	53	0	
GPIT - Reduction on IM SLA	40	40	0	●	40	40	0	●	40	40	0	
LQC under-performance in 16/17	0	0	0	●	0	0	0	●	600	600	0	
Quality Premium 16/17	0	0	0	●	0	0	0	●	300	300	0	
Primary Care Collaborative Fees budget correction	30	30	0	●	30	30	0	●	30	30	0	
CQUIN Underperformance 16/17	0	0	0	●	0	0	0		400	400	0	
CQUIN Underperformance 15/16 (S&O)	0	0	0	●	42	42	0	●	42	42	0	
Estates	0	0	0	●	0	0	0	●	0	0	0	
Cease LQC scheme 17/18 (Cost less NEL opp)	0	0	0	●	0	0	0	●	0	0	0	
Slippage in Transformation Fund / SRG Funding (In year slippage)	46	46	0	●	937	937	0	●	937	937	0	
Review other Expenditure - Transformation Fund / SRG Funding (Recurrent reduction)	0	0	0	●	0	0	0	●	0	0	0	
Provider Sanctions - Aintree	0	0	0	●	0	0	0	●	41	41	0	
Provider Sanctions - S&O	0	0	0	●	0	0	0	●	3	3	0	
Running Cost Contingency	0	0	0	●	49	49	(0)	●	49	49	0	
Move to bi monthly locality meetings	4	0	(4)	●	4	0	(4)	●	25	0	(25)	
<b>Total</b>	<b>310</b>	<b>306</b>	<b>(4)</b>		<b>2,643</b>	<b>2,638</b>	<b>(5)</b>		<b>4,161</b>	<b>4,136</b>	<b>(25)</b>	

## QIPP DASHBOARD SFCCG – Detail by scheme – Theme 5

Urgent care system redesign	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance		Annual Plan	Forecast out-turn savings	Forecast Variance
Respiratory	123	0	(123)	●	863	0	(863)	●	1,480	0	(1,480)
Telehealth	39	0	(39)	●	270	0	(270)	●	463	0	(463)
AVS	69	0	(69)	●	480	0	(480)	●	823	0	(823)
CQUIN - Zero LoS - S&O	6	0	(6)	●	6	0	(6)	●	40	40	0
Cease GP Hotline	0	0	0	●	11	11	0	●	11	11	0
<b>Total</b>	<b>237</b>	<b>0</b>	<b>(237)</b>		<b>1,631</b>	<b>11</b>	<b>(1,620)</b>		<b>2,817</b>	<b>51</b>	<b>(2,766)</b>





## South Sefton CCG QIPP plan: November 2016 (M7)

## SUMMARY OF CHANGES

South Sefton CCG	Scheme	2016/17 value reported to QIPP		Movement	Risk adjusted movement	Comments
		M5	M7			
Planned Care	PLCV	443	269	- 174	- 174	Reduction to include S&O and Aintree only
Planned Care	Contract Challenges Phase 1	388	204	- 184	-	Estimate of potential contract challenges required
CHC / FNC	CHC reduction prior year	200	340	140	140	2015/16 accrual released - Non Recurrent
CHC / FNC	CSU Review	63	-	- 63	- 32	Latest assessment from the CSU
CHC / FNC	ADAM	40	30	- 10	- 5	Adjustment following LCCG withdrawl
Discretionary Spend	Prior Year Spend	1,350	1,487	137	137	Review of prior year accruals
Discretionary Spend	Reduction in iLinks investment	-	53	53	53	Review of IT spend
Discretionary Spend	GPIT - Reduction on IM SLA	-	40	40	40	Review of IT spend
Discretionary Spend	Primary Care Collaborative Fees budget correction	-	30	30	30	Budget Correction
Discretionary Spend	Slippage Transformation Fund	891	937	46	46	Further Slippage identified
Urgent Care	GP Hotline	26	11	- 15	- 15	Slippage in termination date following challenge by Aintree
		<b>3,401</b>	<b>3,401</b>	-	<b>221</b>	



	QIPP Plans 2016/17 (£000's)					QIPP Plans 2017/18 (£000's)			
South Sefton CCG									
	Recurrent	Non-Rec	Total	Risk		Recurrent	Non-Rec	Total	Risk
<b>May 2016 GB Paper</b>	<b>4,706</b>	<b>5,463</b>	<b>10,169</b>						
Critical Care actioned in May 2016	225	0	225						
West Lancs Health Partnership	(302)		(302)						
<b>Additional budgetary pressures:</b>									
Shared care LQC	58		58						
BCF	234		234						
<b>Revised Target</b>	<b>4,921</b>	<b>5,463</b>	<b>10,384</b>			<b>5,234</b>	<b>3,643</b>	<b>8,877</b>	
<b>SCHEME 1: ELECTIVE CARE PATHWAYS</b>									
<b>Total PLCV procedures - 10% to go through, Dec start date</b>	<b>(269)</b>	<b>0</b>	<b>(269)</b>	<b>G</b>		<b>(538)</b>	<b>0</b>	<b>(538)</b>	<b>G</b>
Review of OPP T&O coding (S&O)	(85)		(85)	A				0	A
MCAS / T&O	0		0	A				0	A
Implement cataracts revised threshold	(25)		(25)	G		(25)		(25)	G
Dermatology - reduce block	(30)		(30)	G				0	G
C2C referral Policy - 10% reduction from 1st November (20,373 C2C a	(102)		(102)	A		(143)		(143)	A
Critical care @Aintree	(225)		(225)	G		(141)		(141)	G
Merseycare DISH patient	(109)		(109)	G		(41)		(41)	G
Review of other expenditure - Reduction of spirometry service Aintree	(24)		(24)	G				0	G
Contract challenges (Phase 1)	(204)		(204)	R		0		0	R
CQUIN - C2C reduction S&O	(6)		(6)	A				0	A
CQUIN - 1st:Fup ratio S&O	(28)		(28)	A				0	A
New ARMD Pathway - Royal				R		(112)		(112)	R
New ARMD Pathway - Aintree				R		(978)		(978)	R
<b>Sub-Total - Scheme 1: ELECTIVE CARE PATHWAYS</b>	<b>(1,107)</b>	<b>0</b>	<b>(1,107)</b>			<b>(1,978)</b>	<b>0</b>	<b>(1,978)</b>	

<b>SCHEME 2: MEDICINES OPTIMISATION</b>									
Focus on reduced waste (repeat prescribing)	(519)		(519)	G		(1,704)		(1,704)	G
Individual patient reviews (Generics / Optomise / Quick Wins)	(375)		(375)	G		(70)		(70)	G
Additional rebate schemes	(240)		(240)	G		(80)		(80)	G
Blood Glucose Monitoring strips	(75)		(75)	G		(25)		(25)	G
Apixiban Price Reduction	(30)		(30)	G				0	G
High Cost Drugs and Biosimilars	(140)		(140)	A		(140)		(140)	A
Community service - Dermatology	(50)		(50)	G				0	G
Review other expenditure - Cease care at the chemist	0		0	A		(373)		(373)	A
Optimise 17/18	0		0	A		(109)		(109)	A
Care Homes 17/18	0		0	A		(31)		(31)	A
Virtual Ward 17/18	0		0	A		(42)		(42)	A
<b>Sub-Total - Scheme 2: MEDICINES OPTIMISATION</b>	<b>(1,429)</b>	<b>0</b>	<b>(1,429)</b>			<b>(2,574)</b>	<b>0</b>	<b>(2,574)</b>	
<b>SCHEME 3: CHC / FNC</b>									
CHC reduction - No growth	(500)		(500)	G		(500)		(500)	G
CHC reduction - Prior year		(340)	(340)	G					G
Outcome of CSU review work (net savings)	0	0	0	A		(149)		(149)	A
Implementation of ADAM procurement system (net savings)	(30)		(30)	A		(132)		(132)	A
<b>Sub-Total - Scheme 3: CHC / FNC</b>	<b>(530)</b>	<b>(340)</b>	<b>(870)</b>			<b>(781)</b>	<b>0</b>	<b>(781)</b>	

<b>SCHEME 4: DISCRETIONARY EXPENDITURE</b>									
Review other Expenditure - 3rd Sector	(154)		(154)	A		(69)		(69)	A
Review other Expenditure - remaining 50% reduction on schemes			0	R		(2,052)		(2,052)	R
Reduction in iLinks investment		(53)	(53)	G					G
GPIT - Reduction on IM SLA	(40)		(40)	G					G
Primary Care Collaborative Fees budget correction	(30)		(30)	G					G
Suspend CVS investment			0	A			(720)	(720)	A
Prior year spend		(1,487)	(1,487)	G				0	G
LQC under-performance in 16/17		(600)	(600)	A				0	A
CQUIN Underperformance 16/17		(400)	(400)	A				0	A
CQUIN Underperformance 15/16 (S&O)		(42)	(42)	G				0	G
Quality Premium 2015/16		(300)	(300)	R			(300)	(300)	A
Estates			0	A		(100)		(100)	A
Cease LQC scheme 17/18			0	A		(2,456)		(2,456)	A
Slippage in Transformation Fund / SRG Funding		(937)	(937)	G		(1,874)		(1,874)	A
Provider Sanctions - Aintree	0	(41)	(41)	A		0	(41)	(41)	A
Provider Sanctions - S&O		(3)	(3)	A			(3)	(3)	A
Running Cost Contingency	(49)		(49)	G		(20)		(20)	G
Move to Bi-monthly locality meetings	(25)		(25)	R		(25)		(25)	R
<b>Sub-Total - Scheme 4: Discretionary Expenditure</b>	<b>(298)</b>	<b>(3,863)</b>	<b>(4,161)</b>			<b>(6,596)</b>	<b>(1,064)</b>	<b>(7,660)</b>	
<b>SCHEME 5: Non Elective/System Opportunities</b>									
Respiratory	(1,480)		(1,480)	R				0	R
Telehealth	(463)		(463)	R				0	R
AVS	(823)		(823)	R				0	R
Cease Aintree @ Home			0	A		(405)		(405)	A
Cease aintree to Home				A		(675)		(675)	A
Cease Acute Frailty Unit				A		(495)		(495)	A
CQUIN - Zero LoS - S&O	(40)		(40)	A				0	A
Cease GP Hotline	(11)		(11)	G		(35)		(35)	G
<b>Sub Total SCHEME 5: Non Elective/System Opportunities</b>	<b>(2,817)</b>	<b>0</b>	<b>(2,817)</b>			<b>(1,610)</b>	<b>0</b>	<b>(1,610)</b>	
<b>Total All Schemes</b>	<b>(6,181)</b>	<b>(4,203)</b>	<b>(10,384)</b>			<b>(13,539)</b>	<b>(1,064)</b>	<b>(14,603)</b>	
<b>Risk Adjusted Schemes</b>									
100% Green	(2,601)	(2,859)	(5,460)			(3,179)	0	(3,179)	
50% Amber	(293)	(522)	(815)			(3,597)	(532)	(4,129)	
0% Red	0	0	0			0	0	0	
<b>Risk Adjusted QIPP schemes</b>	<b>(2,893)</b>	<b>(3,381)</b>	<b>(6,274)</b>			<b>(6,776)</b>	<b>(532)</b>	<b>(7,308)</b>	

<b>MEETING OF THE GOVERNING BODY NOVEMBER 2016</b>	
<b>Agenda Item:</b> 16/187	<b>Author of the Paper:</b> Karl McCluskey Chief Strategy & Outcomes Officer Email: <a href="mailto:karl.mccluskey@southseftonccg.nhs.uk">karl.mccluskey@southseftonccg.nhs.uk</a> Tel: 0151 247 7000
<b>Report date:</b> November 2016	
<b>Title:</b> South Sefton Clinical Commissioning Group Integrated Performance Report	
<b>Summary/Key Issues:</b> 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)	
<b>Recommendation</b>  The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

<b>Links to Corporate Objectives</b> <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 ( <i>x those that apply</i> )
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees			X	

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

# **South Sefton Clinical Commissioning Group**

## Integrated Performance Report

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## 1. Executive Summary

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

### CCG Key Performance Indicators

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

## Key information from this report

### Financial position

The forecast outturn position after the application of reserves is a surplus of £1.250m against a planned surplus of £2.450m. The financial position relating to operational budgets at Month 7 before the application of reserves is £0.043m underspend against plan with a year-end forecast of £0.032m underspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £0.768m overall during the month, this was due to increased expenditure forecasts relating to acute care, independent sector and prescribing. The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.384m. QIPP delivered at the end of Month 7 is £4.087m and the forecast underspend on operational budgets is £0.032m. At this stage, the CCG has identified a further £2.187m worth of savings to be delivered in year (risk adjusted QIPP schemes to be delivered). The result of all these factors means that the CCG is forecasting a deficit of £1.428m. The likely scenario predicts a deficit of £1.428m and further work is required to mitigate cost pressures and deliver the CCG's revised forecast surplus position. The CCG has a challenging QIPP programme in the current year, although progress has been made against the phased QIPP plan at month 7, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in order to achieve the agreed financial plan.

### Planned Care

Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-6 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (1%, 229 referrals). Discussions regarding referral management, prior approval, cataracts and consultant to consultant referrals continue, but a decision is yet to be reached.

Diagnostic wait time performance improved for both the CCG and Aintree in September after failing the previous month.

September saw the CCG fail the 92% target for RTT reaching 91.3%. Out of 10759 patients on the pathway, 939 patients were still waiting to receive treatment after 18 weeks. At specialty level, Thoracic Medicine, Oral Surgery, Ophthalmology, Dermatology and ENT fell below the mandated threshold. The Trust is reviewing long waiting patients and capacity, additional activity is being undertaken to improve the current situation and the RTT Improvement Group meet fortnightly. Internal teams have been encouraged to ensure the Access Policy is followed and patients are booked for treatment to reduce the open pathways. External and an internal Audits were undertaken in July and a draft report from the external audit is still awaited. A recovery plan is anticipated to include specialty level recovery plans to sustainably achieve the National Incomplete Standard.

All cancer indicators performed favourably except Aintree failed the 62 day wait for first treatment following referral from an NHS Screening Service in September, recording 57.1%, year to date 88.52% against the 90% target. Out of 3.5 patients only 2 were treated. The first breach was a bowel screening patient were offered their first outpatient appointment on day 13 following referral which was cancelled by the patient due to holiday, reappointed on day 40, colonoscopy day 48, followed by further investigations, decision to treat was day 60, surgery carried out on day 70. The second half breach was due to patient with complex needs. Actions include raising awareness at the Clinical Quality & Performance Group meeting regarding the need to minimise patient deferral

within the pathway, plus continued engagement with McMillan GP Lead to emphasise the need for adequate preparation of patients prior to referral to the service.

Performance at Month 6 of financial year 2016/17, against planned care elements of the contracts held by the CCG shows an over-performance of £94k, which is a percentage variance of less than 1%.

### Unplanned Care

Aintree failed to meet the Sustainability & Transformation Fund (STF) trajectory of 95% by September 2016 as agreed with NHS Improvement. Many actions are in place including changes to ward rounds, streaming in the A&E department, additional recruitment and staffing reviews. Following a recruitment campaign, one substantive consultant was appointed in September 2016. Support is being used from a recruitment company to further develop the recruitment strategy and recruit to the 4 vacancies. Maternity leave and paternity leave across the remaining Consultant staff is making cover of all shifts challenging. The use of Locum Consultants and GPs is being made to support the rota in the short term.

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

Aintree failed to achieve the Stroke target in September with only 20 out of 33 patients spending at least 90% of their time on a stroke unit. The current capacity pressures and delays to discharge are contributing towards lower than expected compliance against the standards. The Division is developing a refreshed stroke action plan to outline how risks to delivery will be mitigated and when performance will be improved which will be finalised in November. All patients are validated and those failing the standard are audited so lessons can be learned. It is noted that the Trust overall SSNAP score for January 2016 to March 2016 has dropped from B to a C.

In September the CCG and Aintree achieved the target for Mixed Sex Accommodation breaches after failing the previous month for the first time.

The CCG has had 4 new C.difficile cases reported in September, a total of 27 cases year to date against a year to date plan of 27. For Aintree this year there have been 24 patients with Trust apportioned CDT including 5 cases in September. However, 8 cases have been upheld following appeal year to date. The national HCAI data capture system does not reflect appeal decisions taken locally therefore regional and national reporting of cases still includes those which have been successfully appealed. The CCG has reported their first case of MRSA in September; this was a non-trust apportioned case.

An appointment has been made for the CCG Interim Programme Manager – Clinical Quality and Safety. After review, future reporting for serious incidents within the integrated performance report will be in line with CCG reporting schedule, as opposed to a month ahead. As of the end of September 2016 (Month 6) the position on serious incidents for South Sefton CCG includes 33 open Serious Incidents on StEIS for Aintree, Liverpool Community Health NHS Trust have 25 open serious incidents on StEIS which have affected South Sefton CCG patients and MerseyCare NHS Foundation Trust have 37 incidents open on StEIS for either South Sefton or Southport & Formby CCG patients.

Delayed Transfers of Care (DTC's) increased to 33 during September 2016 (3.1%). Patient and/or family choice resulted in 14 delayed transfers (42.4%) and a further 11 were due to delays

incurred whilst awaiting further NHS non acute care (33.3%). Analysis of delays in September 2016 compared to September 2015 illustrates a 43% increase in the number of patients awaiting further NHS non acute care (+4) and 27% increase in delays due to patient or family choice (+3).

The CCG Acute Care Commissioning Lead participates in the weekly system wide teleconference to review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's. This group assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care. Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

The percentage of people that would recommend A&E has recently fallen and is now under the England average. The recent underperformance was due to an unsuccessful pilot for collecting data by text message which impacted on both the number of responses and the performance. Once the poor response was realised the Trust immediately returned to using cards. The trust has provided assurance to the CCG that performance has improved in September although this improvement has not yet reflected in data available. The Trust FFT indicators are monitored monthly at their Patient Experience Executive Led Group. Head of Performance has given assurance that their response rate has now recovered in October.

Performance at Month 6 of financial year 2016/17, against unplanned care elements of the contracts held by the CCG shows an under-performance of circa -£540k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£454k/-3%. Liverpool Heart & Chest Hospital is reporting the largest year to date over performance with a £37k/29% variance.

### **Mental Health**

The Early Intervention in Psychosis (EIP) service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it is anticipated that as staff come on stream that performance will improve. All additional staff will be in place by January 2017.

To mitigate against the risk of 12 hour A&E breaches in Aintree the CCG agreed to maintain the level of ex-SRG funding until the end of March 2017, this will enable A&E liaison to operate on a 24/7 basis.

Psychotherapy Treatment commencing within 18 weeks of referrals - The numbers waiting 18 weeks has risen slightly as has the length of wait. The Trust has recruited 2 new therapists coming into post in the next 6 weeks which will help reduce waits.

The number of patients entering treatment with the Improving Access to Psychological Therapies (IAPT) provider (Cheshire & Wirral Partnership) saw a 10% increase from the previous month. Current activity levels provide a forecast outturn of 13.6% against the 15% access standard.

There were 14% more referrals compared to the previous month; of these 62% were Self-referrals. GP Referrals increased also to the highest number of GP Referrals since February 2016. 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 43.5% in month 6, which does not meet the minimum standard of 50%. A forecast outturn at month 6 gives a year end position of 43.2%, 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 and DNAs from patients saw a decrease in month 6. Cancelled slots are being made available for any assessments/entering therapy appointments.

Support and advice has been received from the National Intensive Support Team. The recommendations made around the IAPT hidden waits and the long waiters have been taken on board. South Sefton CCG is working closely with the Provider to gain more information and analysis around these areas which will aim to bring about improvements.

The dementia diagnosis rate for September of 56.5% has fallen slightly compared to the August rate (56.6%). The informatics team are conducting bespoke searches of clinical systems in practice with the aim of identifying errors in coding and identify patients with memory or associated cognitive difficulties that are not previously identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.

### **Community Health Services**

There is currently a District Nursing systems review taking place across LCH. This is to review processes in relation to manual and electronic requirements.

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17. Provider cancellation rates are static after an improvement in August, with no services reporting red. Total hospital cancellation rate for Sefton is green at 2% this month. A number of actions and policies are in place in the Trust to try and reduce patient cancellations and DNAs.

The Trust has revised their CQC Action Plan and shared with commissioners, the Trust will be supported with progressing actions up until services are transferred to the new providers. Therapies waiting times are being monitored through the CQC Action Plans at the Collaborative Forum and CQPGs.

### **Primary Care**

Two South Sefton practices, 133 Liverpool Road and 30 Kingsway both received their CQC inspection report recently with a grading of "Good".

### **Better Care Fund**

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work has been undertaken to further develop these plans for implementation. In the meantime we have prepared a Quarter 2 performance report to NHSE for submission on 22<sup>nd</sup> November 2016.

## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance for the CCG as at 31 October 2016 (Month 7).

The forecast outturn position after the application of reserves is a surplus of £1.250m against a planned surplus of £2.450m. The forecast position is subject to delivery of the QIPP programme in 2016/17. Delivery of the planned surplus would require release of the 1% uncommitted non recurrent reserve, which is currently held uncommitted as directed by NHS England.

The financial position relating to operational budgets at Month 7 before the application of reserves is £0.043m underspend against plan with a year-end forecast of £0.032m underspend following mitigation of cost pressures with the CCG contingency budget. The forecast position deteriorated by £0.768m overall during the month, this was due to increased expenditure forecasts relating to acute care, independent sector and prescribing.

The QIPP requirement to deliver the planned surplus of £2.450m for the financial year is £10.384m. QIPP delivered at the end of Month 7 is £4.087m and the forecast underspend on operational budgets is £0.032m. At this stage, the CCG has identified a further £2.187m worth of savings to be delivered in year (risk adjusted QIPP schemes to be delivered). The result of all these factors means that the CCG is forecasting a deficit of £1.428m.

The CCG needs to deliver a further £2.751m of further savings in addition to the risk adjusted QIPP plan to deliver the revised surplus of £1.250m. This is before release of the 1% uncommitted reserve.

The high level CCG financial indicators are listed below:

**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)	<b>£1.250m</b>	<b>£1.250m</b>
QIPP	QIPP Plan delivered – <i>(Red if shortfall against planned delivery)</i>	<b>£4.087m</b>	<b>£3.623m</b>
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

### 2.2 Resource Allocation

Additional allocations have been received in Month 7 as follows:

- Litherland Darzi Practice funding - £0.419m (*recurrent*)



- APMS funding - £0.300m (*recurrent*)
- CYP Local Transformation Mental Health - £0.040m (*non-recurrent*)

All allocations are committed with expenditure attached to each.

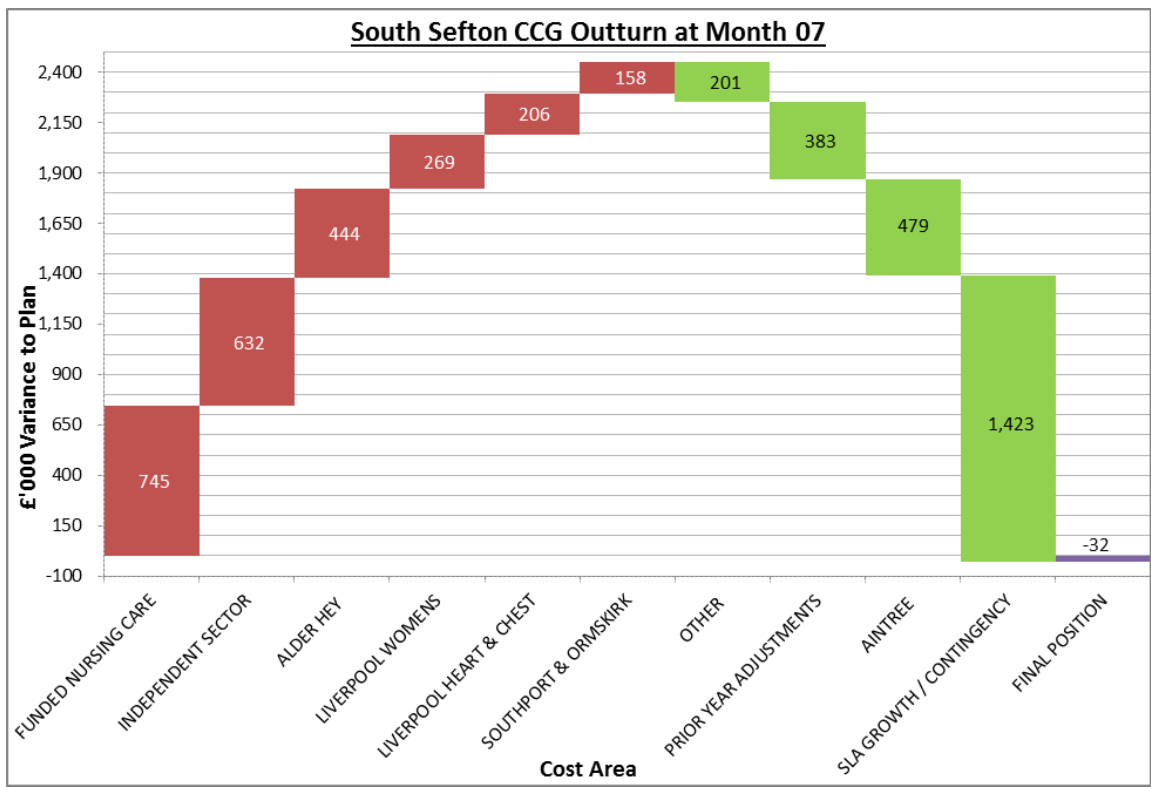
### 2.3 Position to date and forecast

The main financial pressures included within the financial position are shown below in figure 2 which presents the CCGs forecast outturn position for the year.

There are forecast pressures within funded nursing care due to the nationally mandated uplift, and in acute care. Pressures on acute budgets are particularly evident at Alder Hey, Liverpool Heart & Chest and in the Independent Sector, mainly with Ramsay Healthcare.

The overspend is offset by underspends with other acute providers, notably Aintree, and Southport & Ormskirk.

**Figure 2 – Forecast Outturn**



### Prescribing

There is a year-to-date underspend of £0.020m after adjusting for QIPP savings of £0.210m. The year-end forecast is breakeven.



### Continuing Health Care and Funded Nursing Care (Non-NHS Commissioning)

The year to date position for the continuing care and FNC budget is an overspend of £0.508m, which reflects the current number of patients, average package costs, the nationally mandated FNC increase (£0.745m) and an uplift to providers of 1.1% until the end of the financial year which has been communicated to providers.

Year to date QIPP savings have been actioned against this budget to the value of £0.840m, relating to the additional growth budget of 5% included at budget setting and other efficiencies relating to prior year charges. The forecast financial position is taken following this budget reduction, and has been included in the QIPP plan for 2016/17.

The full year forecast is an overspend of £0.850m due mainly to the increased costs, announced in July 2016, in respect to Funded Nursing Care of £0.745m. These costs are included within the CCG forecast position.

## 2.4 QIPP and Transformation Fund

The 2016/17 identified QIPP plan is **£10.384m**. This plan has been phased across the year on a scheme by scheme basis and full detail of progress at scheme level is monitored at the QIPP committee.

Figure 3 shows a summary of the current risk rated QIPP plan approved at the Governing Body in May 2016. This demonstrates that although recurrently there are a significant number of schemes in place, further work is being done to move red and amber rated schemes to green rated schemes. The detailed QIPP plan is projected to deliver £6.274m in total during the year.

**Figure 3 – RAG rated QIPP plan**

2016/17 QIPP Plan	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	(1,107)	0	(1,107)	(682)	(221)	(204)	(1,107)
Medicines optimisation	(1,429)	0	(1,429)	(1,289)	(140)	0	(1,429)
CHC/FNC plan	(530)	(340)	(870)	(840)	(30)	0	(870)
Discretionary spend plan	(298)	(3,863)	(4,161)	(2,638)	(1,198)	(325)	(4,161)
Urgent Care system re	(2,817)	0	(2,817)	(11)	(40)	(2,766)	(2,817)
<b>Total QIPP Plan</b>	<b>(6,181)</b>	<b>(4,203)</b>	<b>(10,384)</b>	<b>(5,460)</b>	<b>(1,629)</b>	<b>(3,295)</b>	<b>(10,384)</b>
<b>Risk rated QIPP plan</b>				<b>(5,460)</b>	<b>(815)</b>	<b>0</b>	<b>(6,274)</b>

As shown in **Figure 4** and **5** below, £4.087m has been actioned at Month 7 against a phased plan of £6.062m.

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

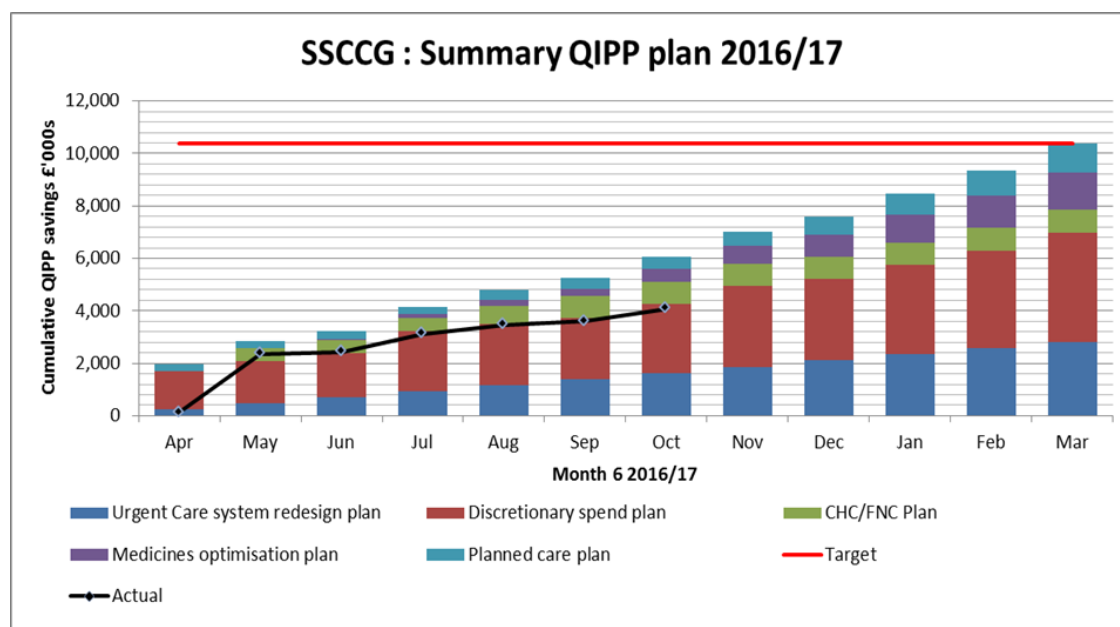


Figure 5 – QIPP performance at month 6

Scheme	In month current month (M7)					
	In month plan	In month actual	Variance	YTD Plan	YTD Actual	Variance
Planned care plan	50	24	(26)	481	388	(93)
Medicines optimisation plan	192	150	(42)	468	210	(258)
CHC/FNC Plan	0	0	0	840	840	0
Discretionary spend plan	310	306	(4)	2,643	2,638	(5)
Urgent Care system redesign plan	237	0	(237)	1,631	11	(1,620)
<b>Total</b>	<b>789</b>	<b>480</b>	<b>(309)</b>	<b>6,062</b>	<b>4,087</b>	<b>(1,975)</b>

QIPP delivery is £1.975m below plan at Month 7, largely due to urgent care. Although Non Elective costs have reduced compared to plan it is difficult to attribute these to specific schemes. There is a significant risk of delivery of the remaining plan with a high proportion of schemes rated red or amber and an increased target over the later months in the financial year. The CCG and scheme leads in particular, must work to provide further assurance regarding the delivery of schemes in order to deliver the agreed financial plan.

## 2.5 CCG Running Costs

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

The current year end outturn position for the running cost budget is an underspend of £0.103m.

## 2.6 CCG Cash Position

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 7 position

Maximum Cash Drawdown (MCD) limit for South Sefton CCG for 2016/17 is £241.032m. Up to Month 7, the actual cash received is £144.313m (59.9% of MCD) against a target of £140.602m (58.3% of MCD).

At Month 7, the forecast financial position is a planned £1.250m surplus. The delivery of this is heavily reliant on QIPP programmes being achieved. If expenditure levels continue, the CCG may 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 £1.250m. If expenditure levels continue and the CCG does not achieve the planned QIPP targets to deliver the planned surplus, the CCG will need to develop plans to manage the additional cash requirement.

A full year cash flow forecast, based on information available at month 7, has been produced. This estimates a cash shortfall of £7.643m. NHS England has been notified of this estimated cash shortfall as part of the month 7 MCD cash submission. This submission requests an additional cash allocation however it 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 this financial year. There are still a significant number of QIPP programmes that are currently rated as 'Red' or 'Amber' and work is underway to provide the required level of assurance to change these schemes to 'Green'.

Failure to do this will mean the CCG will not achieve its required planned surplus. Overall management of the QIPP programme is being monitored by the QIPP committee.

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

- Acute contracts – The CCG has historically 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 5 which is still in early stages in the financial year. There is a particular risk in relation to non-elective activity at Aintree following the opening of its new urgent care centre as previously reported.

All members of the CCG have a role to play in managing these risks 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. This is continually reviewed during the financial year.

- 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 notified providers of the 1.1% inflationary uplift but a number of providers have since communicated to the CCG that this is not adequate and they require additional uplifts in excess of this. A paper will be tabled to the GB at the end of October to consider this issue in more detail.
- 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. The monthly expenditure and forecast will need to be monitored closely as QIPP schemes continue to be delivered.

## **2.8 Reserves budgets / Risk adjusted surplus**

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 figure 6. This demonstrates that the CCG is required to deliver a total management action plan of £8.952m in 2016/17 in order to meet a revised surplus of £1.250m.

In order to deliver the planned surplus of £2.450m, the CCG is reliant on return of the 1% non-recurrent reserve, which remains uncommitted as directed by NHS England.

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.

**Figure 6 – Summary of Financial Position**

	Recurrent £000	Non-Recurrent £000	Total £000
Target surplus	2.450		2.450
QIPP Target	(4.921)	(5.463)	(10.384)
Revised surplus / (deficit)	(2.471)	(5.463)	(7.934)
Forecast Outturn (against operational budgets)	(1.263)	1.295	0.032
Reduction in NCA charges	0.000	0.200	0.200
<b>Management action plan</b>			
Actioned QIPP to date	1.228	2.859	4.087
Additional QIPP required	4.953	(0.088)	4.865
<b>Total Management Action Plan</b>	<b>6.181</b>	<b>2.771</b>	<b>8.952</b>
<b>Year End Surplus / (Deficit)</b>	<b>2.447</b>	<b>(1.197)</b>	<b>1.250</b>

Figure 7 below outlines the best, most likely and worst case scenarios. The best case scenario assumes achievement of the remaining risk adjusted QIPP plan plus mitigation of £1.000m and additional QIPP of £1.751m.

The most likely case is a deficit of £1.428m before mitigation is taken into account.

The worst case assumes only QIPP schemes rated Green in the current plan will be delivered for the remainder of the financial year as well as increased risk in respect of Continuing Healthcare and Acute Care.

**Figure 7 – Risk Rated Financial Position**

<b>South Sefton</b>	<b>Best Case £m</b>	<b>Most Likely £m</b>	<b>Worst Case £m</b>
Total QIPP Plan (to achieve 1% surplus)	(10.384)	(10.384)	(10.384)
QIPP achieved to date	4.087	4.087	4.087
<b>Remaining QIPP requirement</b>	<b>(6.297)</b>	<b>(6.297)</b>	<b>(6.297)</b>
Month 7 Forecast (I&E)	0.032	0.032	0.032
Reduction in NCA charges	0.200	0.200	0.200
<b>Remaining QIPP requirement to deliver NHSE plan (1% surplus)</b>	<b>(6.065)</b>	<b>(6.065)</b>	<b>(6.065)</b>
Predicted QIPP achievement (M8-12)	2.187	2.187	1.373
Planned Surplus	2.450	2.450	2.450
<b>Forecast Surplus / (Deficit)</b>	<b>(1.428)</b>	<b>(1.428)</b>	<b>(2.242)</b>
<b>Further Risk</b>			
CHC	(0.073)	(0.073)	(0.073)
Acute Elective	-	-	(0.500)
Acute Non-Elective	-	-	(0.500)
<b>Management Action Plan</b>			
Mitigation	1.000	1.000	-
Further QIPP delivery	1.751	-	-
<b>Risk adjusted Surplus / (Deficit)</b>	<b>1.250</b>	<b>(0.501)</b>	<b>(3.315)</b>

## 2.9 Recommendations

The Finance and Resource Committee is asked to receive the finance update, noting that:

- At Month 7, the CCG is forecasting a revised surplus of £1.250m which is deterioration from the agreed NHS target surplus of £2.450m. The likely scenario predicts a deficit of £1.428m and further work is required to mitigate cost pressures and deliver the CCG's revised forecast surplus position.
- The CCG has a challenging QIPP programme in the current year, although progress has been made against the phased QIPP plan at month 7, there remains a gap in terms of both in year and forecast outturn delivery. It is imperative that the identified QIPP programme is delivered in order to achieve the agreed financial plan.
- The CCG is working closely with the transformation advisor to continue to develop further 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

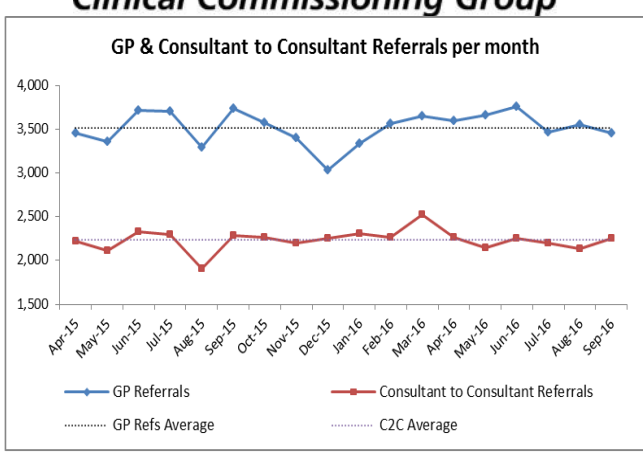
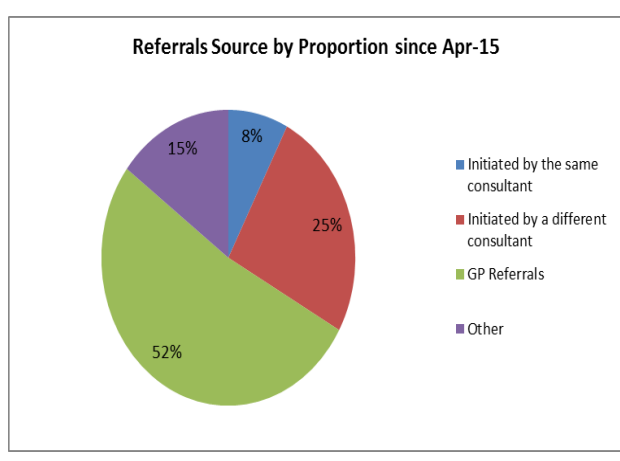
Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16 & 2016/17

Referral Type	DD Code	Description	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	21,261	21,490	229	1%
<b>GP Total</b>			<b>21,261</b>	<b>21,490</b>	<b>229</b>	<b>1%</b>
Other	01	following an emergency admission	1,028	824	-204	-20%
	02	following a Domiciliary Consultation	7	2	-5	0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	2,579	2,642	63	2%
	05	A CONSULTANT, other than in an Accident and Emergency Department	7,664	7,591	-73	-1%
	06	self-referral	1,759	1,632	-127	-7%
	07	A Prosthetist	9	10	1	11%
	08	Royal Liverpool Code (TBC)	424	429		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	580	573	-7	-1%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	1,289	1,611	322	25%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	37	32	-5	-14%
	13	A Specialist NURSE (Secondary Care)	48	44	-4	-8%
	14	An Allied Health Professional	642	849	207	32%
	15	An OPTOMETRIST	3	6	3	100%
	16	An Orthoptist	2	3	1	0%
	17	A National Screening Programme	24	10	-14	-58%
	92	A GENERAL DENTAL PRACTITIONER	781	869	88	11%
	93	A Community Dental Service	6	3	-3	-50%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,155	1,863	-292	-14%	
<b>Other Total</b>			<b>19,037</b>	<b>18,993</b>	<b>-44</b>	<b>0%</b>
Unknown			19	0	-19	-100%
<b>Grand Total</b>			<b>40,317</b>	<b>40,483</b>	<b>166</b>	<b>0%</b>



South Sefton

Clinical Commissioning Group



Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-6 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (1%, 229 referrals).

Discussions regarding referral management, prior approval, cataracts and consultant to consultant referrals continue, but a decision is yet to be reached.

Data quality note: Walton Neuro Centre has been excluded from the above analysis as Referrals submissions commenced at the start of 2016/17. For information, the Walton Centre is recording approx. 100 referrals per month in 2016/17.

### 3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	16/17 - Sept	1.00%	0.52%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	16/17 - Sept	1.00%	0.63%	↓

The CCG and Aintree achieved the less than 1% plan for diagnostics in September after failing the previous month.



### 3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(CCG)</b>	16/17 - Sept	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Aintree)</b>	16/17 - Sept	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	16/17 - Sept	92%	91.27%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Aintree)</b>	16/17 - Sept	92%	88.72%	↓

September saw the CCG fail the 92% target for RTT reaching 91.3%. Out of 10759 patients on the pathway, 939 patients were still waiting to receive treatment after 18 weeks.

Aintree has seen a decrease in the incomplete performance against the National Standard month on month since July 2015. The Trust delivered 88.72% incomplete performance against a nationally contracted standard of 92% during September 2016. In addition to this the Trust has also failed to achieve the RTT standard for Quarter 2.

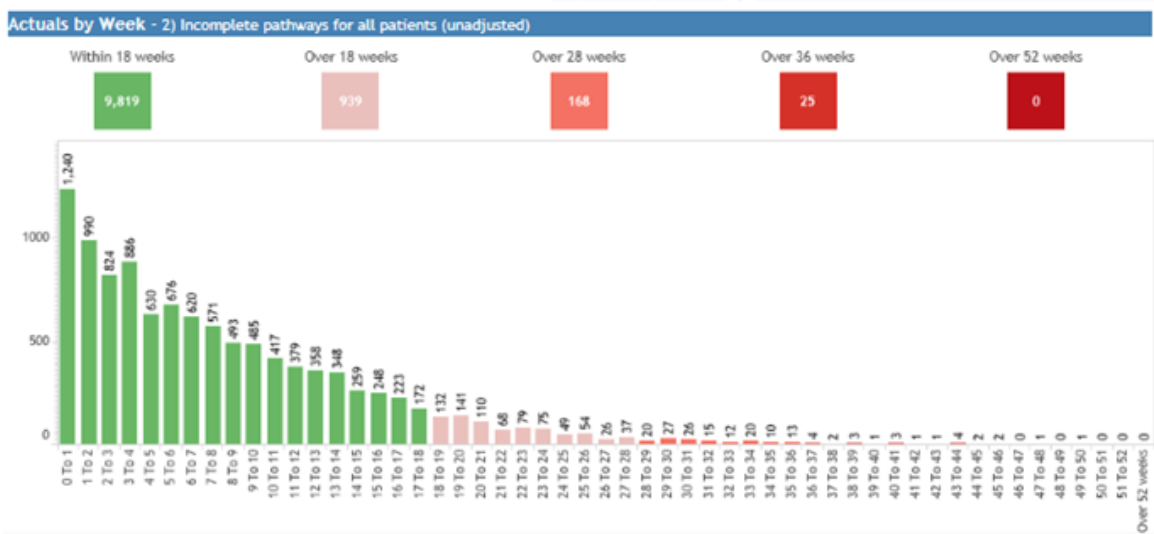
At specialty level, Thoracic Medicine (76.61%), Oral Surgery (76.46%), Ophthalmology (78.70%), Dermatology (38.86%) and ENT (90.12%) fell below the mandated threshold. The Trust is reviewing long waiting patients and capacity within the Divisions. Additional activity is being undertaken to improve the current situation. In addition to this the RTT Improvement Group meets fortnightly and focuses on caseload, long waiters and capacity issues. The CBU management teams have been encouraged to ensure the Access Policy is followed and patients are booked for treatment to reduce the open pathways.

External and an internal Audits were undertaken in July. The draft report for the internal audit has been shared with the Trust. Recommendations are currently being explored and a full action plan will be developed in due course. The draft report from the external audit is still awaited.

A RTT paper will go to Trust Board in October to fully understand the failing RTT position and demonstrate some of the underlying risks with long waiting patients. This will include specialty level recovery plans to sustainably achieve the National Incomplete Standard.

### 3.3.1 Incomplete Pathway Waiting Times

Figure 8 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 9 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers

Waiters by Time Period and Provider - 2) Incomplete pathways for all patients (unadjusted)

Provider	Within 18 weeks	Over 18 weeks	Over 28 weeks	Over 36 weeks	Over 52 weeks
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST : (REM)	6,098	616	101	11	
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST : (RQ6)	1,213	118	29	9	
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	550	64	20	2	
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST : (RVY)	657	60	6	0	
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	449	28	4	2	
ST HELENS AND KNOWSLEY HOSPITAL SERVICES NHS TRUST : (RBN)	149	15	3	0	
THE WALTON CENTRE NHS FOUNDATION TRUST : (RET)	213	6	0	0	
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST : (RXN)	8	4	0	0	
THE ROBERT JONES AND AGNES HUNT					

3.3.3 Long Waiters analysis: Top 2 Providers split by Speciality

Figure 10 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

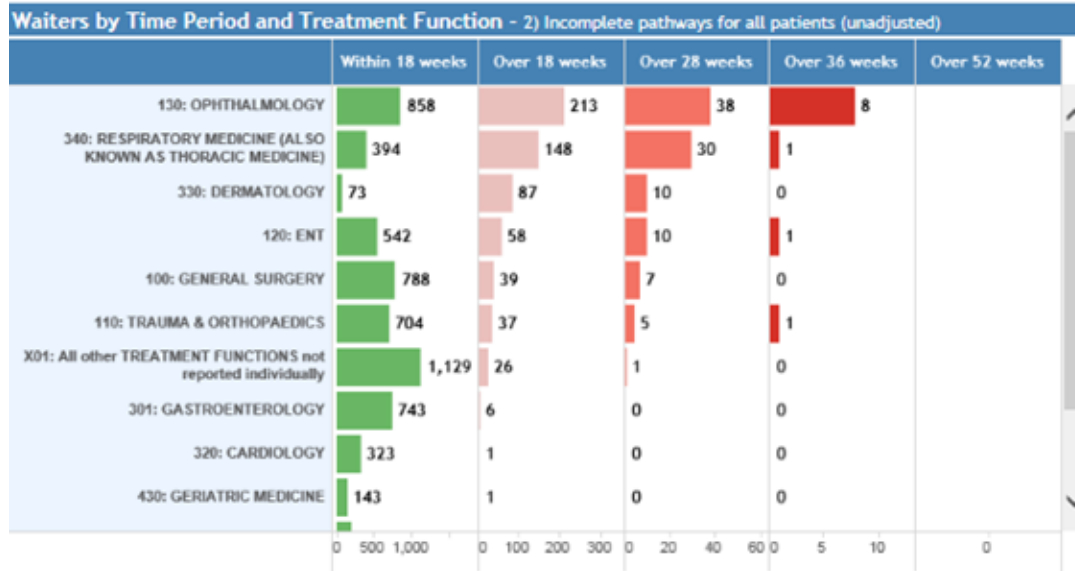
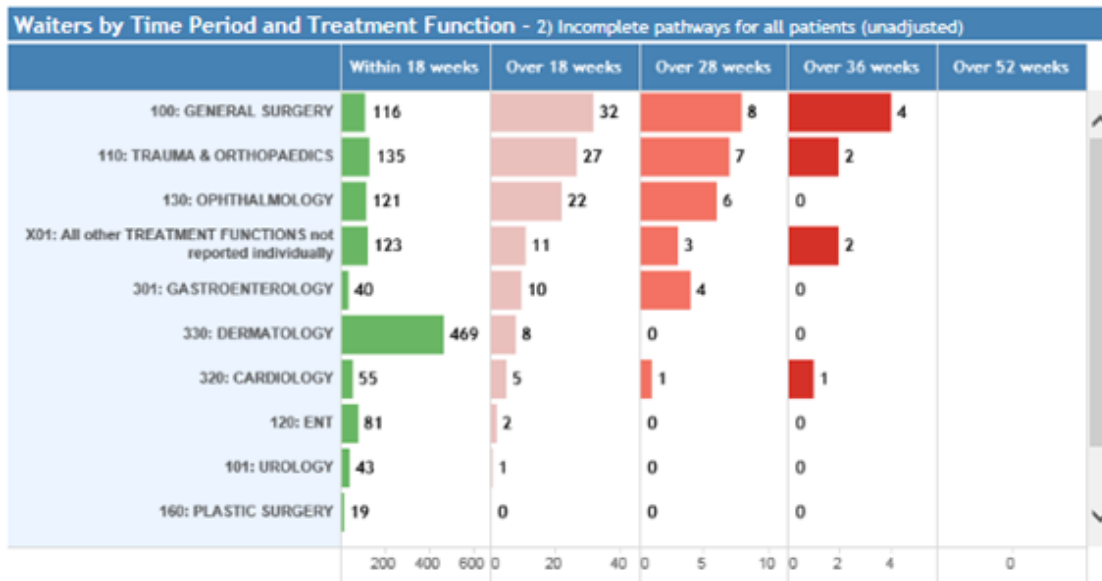


Figure 11 - Patient waiting (in bands) on incomplete pathway by Speciality for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



### 3.3.4 Provider assurance for long waiters

Trust	Speciality	No of weeks waited	No of patient	Has patient been seen / has a TCI date?	Reason for the delay
AINTREE	Ophthalmology	40	1	TCI 04/10/2016	Capacity issue
AINTREE	Ophthalmology	41	1	TCI 18/10/2016	Capacity issue
AINTREE	Ophthalmology	42	1	TCI 11/10/2016	Capacity issue
AINTREE	Ophthalmology	43	1	TCI 10/10/2016	Capacity issue
AINTREE	Ophthalmology	43	1	TCI 18/10/2016	Capacity issue
AINTREE	T&O	44	1	Appointment 17/10/2016	Capacity issue
ROYAL LIVERPOOL	Cardiology	40	1	Validated - No longer a long waiter	
ROYAL LIVERPOOL	General Surgery	41	1	Clock Stop 12-10-16	Capacity issue
ROYAL LIVERPOOL	General Surgery	43	1	TCI 22-11-16	Capacity issue
ROYAL LIVERPOOL	other	45	1	Clock Stop 18-10-16	Patient choice
ROYAL LIVERPOOL	other	47	1	Clock Stop 1-11-16	Capacity issue
ROYAL LIVERPOOL	T&O	40	1	Clock Stop 5-10-16	Capacity issue
ALDER HEY	other	45	1	27/10/2016 Capacity	DNA - discharged back to primary care
ALDER HEY	other	49	1	28/10/2016 Capacity	DNA - discharged back to primary care
ROBERT JONES & AGNES HUNT	T&O	44	1	TCI 4-10-16	Patient has been admitted and treated

### 3.4 Cancelled Operations

**3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days**

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - <b>Aintree</b>	16/17 - Sept	0	0	1 ↔

### 3.4.2 No urgent operation to be cancelled for a 2nd time

Cancelled Operations				
No urgent operation should be cancelled for a second time - <b>Aintree</b>	16/17 - Sept	0	0	1 ↔

### 3.5 Cancer Indicators Performance

#### 3.5.1- Two Week Waiting Time Performance

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) <b>(CCG)</b>	16/17 - Sept	93%	96.01%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	16/17 - Sept	93%	95.77%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	16/17 - Sept	93%	94.88%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	16/17 - Sept	93%	93.26%	↔

### 3.5.2 - 31 Day Cancer Waiting Time Performance

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	16/17 - Sept	96%	98.71%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	16/17 - Sept	96%	99.68%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	16/17 - Sept	94%	95.33%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	16/17 - Sept	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	16/17 - Sept	94%	96.67%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	16/17 - Sept	94%	99.26%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	16/17 - Sept	98%	99.25%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	16/17 - Sept	98%	100.00%	↔

### 3.5.3 - 62 Day Cancer Waiting Time Performance

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) <b>(CCG)</b>	16/17 - Sept	85% local target	86.84%	↔
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) <b>(Aintree)</b>	16/17 - Sept	85% local target	92.97%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	16/17 - Sept	90%	100.00%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	16/17 - Sept	90%	88.52%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	16/17 - Sept	85%	89.05%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	16/17 - Sept	85%	86.14%	↑

Aintree failed the 62 day wait for first treatment following referral from an NHS Screening Service in September, recording 57.1%. Out of 3.5 patients only 2 were treated. The first breach was a bowel screening patient were offered their first outpatient appointment on day 13 following referral. This was cancelled by the patient due to holiday booked, and was reappointed on day 40, colonoscopy day 48, followed by further investigations, decision to treat was day 60, surgery carried out on day 70. The second half breach was due to complex patient. Year to date there have been a total of 30.5 patients and 3.5 breaches (88.52%).

Actions include raising awareness at the Clinical Quality & Performance Group meeting regarding the need to minimise patient deferral within the pathway plus continued engagement with McMillan GP Lead to emphasise the need for adequate preparation of patients prior to referral to the service.

### 3.6 Patient Experience of Planned Care

**Friends and Family Response Rates and Scores**  
Aintree University Hospital NHS Foundation Trust  
Latest Month: **Sept-16**

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Inpatient	25%	17.5%		95%	96%		2%	2%	

The Friends and Family Test (FFT) Indicator 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 for both inpatients and A&E, however, inpatients is under target for September. The Trusts head of performance has given assurance that their response rate has now recovered in October to 27.8% with a likely to recommend score of 99.36%. The Trust FFT indicators are monitored monthly at their Patient Experience Executive Led Group.

The Trust explained the recent underperformance at the October CQPG; the downward trend was due to an unsuccessful pilot for collecting data by text message which impacted on both the number of responses and the performance. Once the poor response was realised the Trust immediately returned to using cards and for those wards where responses were reduced extra cards were put in place and are now being monitored.

Aintree’s Patient Experience Lead attended the CCG’s EPEG group in September and provided an update of their Patient Experience Strategy and how they use 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 CCG Experience and Patient Engagement Group are in the process of creating a dashboard to incorporate information available from FFTs, complaints and compliments.

### 3.7 Planned Care Activity & Finance, All Providers

Performance at Month 6 of financial year 2016/17, against planned care elements of the contracts held by the CCG shows an over-performance of £94k, which is a percentage variance of less than 1%. At specific trusts, Renacres and Alder Hey are reporting the largest cost variances with totals of £162k and £187k respectively. Over spend is offset by under performance at a numbers of Trusts, namely, Aintree University Hospital -£241k and Southport & Ormskirk Hospital -£143k.



**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	87,727	87,680	-47	0%	£16,246	£16,005	£-241	-1%
Alder Hey Childrens NHS F/T	3,333	6,721	3,388	102%	£829	£1,016	£187	23%
Central Manchester University Hospitals Nhs Foundation Trust	43	84	41	95%	£11	£17	£6	58%
Countess of Chester Hospital NHS Foundation Trust	0	87	87	0%	£0	£15	£15	0%
East Cheshire NHS Trust	0	3	3	0%	£0	£0	£0	0%
Fairfield Hospital	63	100	37	60%	£11	£22	£11	97%
ISIGHT (SOUTHPORT)	264	381	117	44%	£60	£86	£26	43%
Liverpool Heart and Chest NHS F/T	562	601	39	7%	£186	£225	£39	21%
Liverpool Womens Hospital NHS F/T	8,049	8,038	-11	0%	£1,669	£1,632	£-37	-2%
Renacres Hospital	2,258	3,386	1,128	50%	£795	£956	£162	20%
Royal Liverpool & Broadgreen Hospitals	15,493	15,724	231	1%	£2,887	£2,865	£-22	-1%
Southport & Ormskirk Hospital*	7,131	6,771	-360	-5%	£1,532	£1,339	£-193	-13%
SPIRE LIVERPOOL HOSPITAL	1,432	1,136	-296	-21%	£451	£402	£-48	-11%
ST Helens & Knowsley Hospitals	2,058	2,108	50	2%	£545	£587	£43	8%
University Hospital Of South Manchester Nhs Foundation Trust	54	42	-12	-23%	£8	£10	£2	23%
Walton Neuro	1,645	1,701	56	3%	£420	£411	£-10	-2%
Wirral University Hospital NHS F/T	229	226	-3	-1%	£61	£60	£-1	-1%
Wrightington, Wigan And Leigh Nhs Foundation Trust	423	613	190	45%	£152	£258	£105	69%
<b>Grand Total</b>	<b>130,765</b>	<b>135,402</b>	<b>4,637</b>	<b>4%</b>	<b>£25,861</b>	<b>£25,906</b>	<b>£44</b>	<b>0%</b>

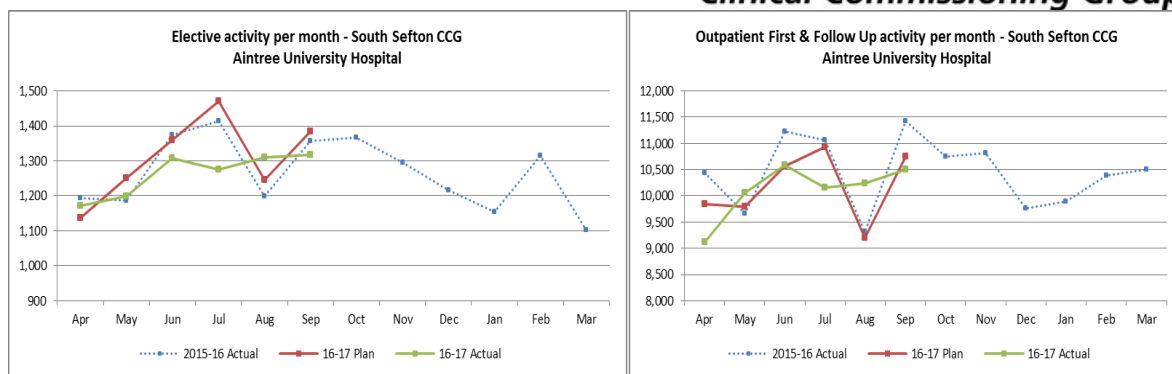
### 3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

**Figure 13 - 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	6,815	6,695	-120	-2%	£4,412	£4,222	£-190	-4%
Elective	1,032	884	-148	-14%	£2,883	£2,695	£-188	-7%
Elective Excess BedDays	405	407	2	0%	£90	£91	£1	1%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	221	159	-62	-28%	£40	£32	£-8	-20%
OPFANFTF - Outpatient first attendance non face to face	1,227	1,560	333	27%	£35	£40	£5	15%
OPFASPCL - Outpatient first attendance single professional consultant led	16,502	16,958	456	3%	£2,471	£2,595	£124	5%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	732	571	-161	-22%	£80	£74	£-6	-7%
OPFUPNFTF - Outpatient follow up non face to face	1,575	2,215	640	41%	£38	£53	£15	41%
OPFUPSCL - Outpatient follow up single professional consultant led	40,849	39,207	-1,642	-4%	£3,249	£3,143	£-106	-3%
Outpatient Procedure	10,637	10,907	270	3%	£1,758	£1,833	£75	4%
Unbundled Diagnostics	7,014	7,347	333	5%	£642	£651	£9	1%
Wet AMD	719	770	51	7%	£549	£575	£27	5%
<b>Grand Total</b>	<b>87,727</b>	<b>87,680</b>	<b>-47</b>	<b>0%</b>	<b>£16,246</b>	<b>£16,005</b>	<b>£-241</b>	<b>-1%</b>



## South Sefton Clinical Commissioning Group



Planned Care at Aintree University Hospital is reporting a year to date under performance of -£241k which equates to a -1% under performance. Under-Performance is driven by Daycase/Elective costs which show a combined cost variance of -£378k.

Cardiology is showing the largest cost variance in month 6 (£450k/26%) with £206k of this applicable to South Sefton CCG. The cardiology over performance is largely related to day case activity.

Rheumatology is also showing an over performance of £123k/8% against plan with South Sefton and Liverpool each seeing increases of £46k/9% and £43k/7% respectively. Outpatient follow ups was a key driver for over performance.

Table below shows the Planned Care year to date variance by Specialty. Specialties have been filtered on anything more than £10k or below -£10k:

Specialty above £10k or below -£10k	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total Activity YTD Var	Total Price YTD Var
	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var		
Cardiology	201	£182,283	-5	-£8,893	-11	-£2,389	453	£50,745	86	-£31,659	98	£16,784	822	£206,871
Clinical haematology	-8	£1,811	3	£12,293	8	£2,001	135	£40,246	48	£5,967	0	-£61	186	£62,257
Rheumatology	11	£5,946	1	£1,686	6	£1,309	42	£9,886	310	£27,969	7	£1,348	377	£48,144
Ent	-5	-£3,359	-9	£31,839			-44	-£4,763	-1	£250	107	£13,864	48	£37,831
Colorectal surgery	-24	£3,462	-8	£47,597	-87	-£18,773	-33	-£4,234	-141	-£12,478	81	£14,641	-211	£30,215
Upper gastrointestinal surgery	-14	-£24,634	4	£48,467	14	£2,952	2	£242	21	£1,802	-1	-£298	27	£28,531
Physiotherapy							61	£2,204	827	£25,717			887	£27,921
Acute internal medicine	-3	-£1,529	1	-£1,285	-2	-£496	387	£33,051	6	-£401	-16	-£2,284	373	£27,056
Nephrology	8	£4,102	-9	-£10,029	-5	-£1,245	81	£22,611	-93	-£1,855	-4	-£642	-22	£12,941
General surgery	-6	£5,440	-2	£31,465	1	£139	-29	-£4,818	-209	-£19,527	-1	-£239	-246	£12,460
Transient ischaemic attack							36	£11,415	-3	£0			33	£11,415
Vascular surgery	-13	-£13,132	-2	-£1,916			5	£791	-20	-£2,209	0	-£21	-29	-£16,488
Diabetic medicine	19	£7,093	0	£398	-8	-£2,088	-61	-£12,866	-26	-£2,984	-50	-£6,526	-127	-£16,971
Dermatology	-22	-£12,576	1	£539			-162	-£18,025	-265	-£19,281	297	£20,977	-152	-£28,365
Anticoagulant service									-1,179	-£30,326			-1,179	-£30,326
Breast surgery	-4	-£332	-6	-£26,794			-88	-£15,154	-116	-£5,748	17	£3,740	-197	-£44,289
Gastroenterology	-55	-£73,182	-6	-£14,753	22	£4,774	14	£3,707	49	£17,296	26	£7,336	51	-£54,822
Hepatobiliary & pancreatic surgery	-2	-£2,679	-10	-£50,139	0	-£6	-2	-£694	-26	-£2,178			-41	-£55,695
Urology	-15	-£16,803	-26	-£74,656	-23	-£4,718	-195	-£25,920	63	£4,427	68	£42,227	-127	-£75,444
Ophthalmology	-150	-£108,318	3	-£238			-113	-£13,476	-270	-£24,928	-341	-£40,430	-870	-£187,390
Trauma & orthopaedics	-46	-£132,862	-63	-£154,812	93	£20,273	54	£7,262	-95	-£8,504	-32	£913	-88	-£267,729
<b>Grand Total</b>	<b>-120</b>	<b>-£189,840</b>	<b>-148</b>	<b>-£187,534</b>	<b>2</b>	<b>£757</b>	<b>728</b>	<b>£121,423</b>	<b>-1,163</b>	<b>-£96,177</b>	<b>270</b>	<b>£74,605</b>	<b>-432</b>	<b>-£276,766</b>

### 3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 14 - 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	467	445	-22	-5%	£378	£301	£-78	-21%
Elective	111	87	-24	-22%	£321	£270	£-52	-16%
Elective Excess BedDays	1	1	0	36%	£0	£0	£0	66%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	141	37	-104	-74%	£21	£6	£-15	-71%
OPFASPCL - Outpatient first attendance single professional consultant led	1,104	1,247	143	13%	£164	£180	£16	10%
OPFUPMPCl - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	290	114	-176	-61%	£29	£13	£-16	-55%
OPFUPSCL - Outpatient follow up single professional consultant led	2,599	2,625	26	1%	£233	£232	£-1	0%
Outpatient Procedure	1,991	1,786	-205	-10%	£353	£303	£-50	-14%
Unbundled Diagnostics	427	429	2	1%	£33	£34	£1	3%
<b>Grand Total</b>	<b>7,131</b>	<b>6,771</b>	<b>-360</b>	<b>-5%</b>	<b>£1,532</b>	<b>£1,339</b>	<b>£-193</b>	<b>-13%</b>

Planned care remains below plan with the Trust commenting on issues relating to staffing which is affecting the performance. The Trust are short staffed across Theatre and Anaesthetics which is having a knock on affect for activity levels across planned care.

While the Trust continues to achieve the consultant led referral to treatment measure, staffing issues are affecting performance with the percentage achieved lowering. If current issues remain and trend continues it is likely the Trust will fail to achieve the target in the coming months.

To note: previous reports included activity relating to non-PbR services, these have now been excluded as these services are under the block element of the contract.

### 3.7.3 Renacres Hospital

Figure 15 - 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	290	300	10	3%	£325	£358	£33	10%
Elective	52	59	7	13%	£247	£301	£54	22%
OPFASPCL - Outpatient first attendance single professional consultant led	615	675	60	10%	£88	£96	£8	9%
OPFUPSCL - Outpatient follow up single professional consultant led	736	1,768	1,032	140%	£61	£103	£42	68%
Outpatient Procedure	353	276	-77	-22%	£52	£67	£15	29%
Unbundled Diagnostics	213	308	95	45%	£21	£31	£10	46%
<b>Grand Total</b>	<b>2,258</b>	<b>3,386</b>	<b>1,128</b>	<b>50%</b>	<b>£795</b>	<b>£956</b>	<b>£162</b>	<b>20%</b>

Renacres over performance of £162k/20% is largely driven by a £54k over performance in Electives. 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 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) All Types</b>	16/17 - Sept	95%	88.39%	↔	The CCG have failed the target in September reaching 88.3% and year to date reaching 88.39%. In September 784 attendances out of 6806 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) Type 1</b>	16/17 - Sept	95%	79.37%	↓	The CCG have failed the target in September reaching 76.81% (year to date 79.37%). In September 792 attendances out of 3415 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) All Types</b>	16/17 - Sept	STP Trajectory Target for Sept 95%	86.74%	↓	Aintree have failed the STP target of 95% in September reaching 84.46%. In September, 2128 attendances out of 13692 were not admitted, transferred or discharged within 4 hours. Year to date they are achieving 86.36%.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) Type 1</b>	16/17 - Sept	95%	74.48%	↓	Aintree have failed the target in September reaching 69.32% and year to date reaching 74.48%. In September 2128 attendances out of 6937 were not admitted, transferred or discharged within 4 hours.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
STF Trajectory Aintree	90%	91%	92%	93%	94%	95%
Aintree Actual	89.48%	86.9%	87.50%	86.0%	84.10%	84.46%

Aintree failed to meet the Sustainability & Transformation Fund (STF) trajectory of 95% by September 2016 as agreed with NHS Improvement.

Implementation of the AED stream of the Emergency and Acute Care Plan commenced from 24th August 2016. Streaming and pit stop have been implemented and support to the team to ensure these are embedded is in progress.

Changes to ward and board rounds in Medicine specialties in progress. Planning in progress to undertake a phased implementation of 'Red to Green' ('Purple to Value Add')— an NHSI initiative to support embedding of the ward changes through ensuring every patient has value added and no delays in their care. A roll out plan agreed between 19th October and 2nd December to cover all medical and surgical wards with dedicated input from Ward teams, CBU triumvirates, Divisional leadership across the Trust, Support Service teams and Executive leadership.

Additional ENPs have been recruited and the hours of the nurse practitioners extended to 23.00. Training of ENPs in expanded clinical areas commenced. A review of the portering workforce to support A&E and AMU has been undertaken and the Business Case submitted to Business Case Review Group. Frailty workforce model being finalised for implementation end November.

Work streams to progress actions arising from the rapid improvement event to reduce delayed discharges remain in place with action plans actioned/in progress. 120 day event held on 30th September and follow-up event planned for February. Trajectory for reducing delayed discharges being agreed with partners.

Following a recruitment campaign, one substantive consultant was appointed in September 2016. Support is being used from a recruitment company to further develop the recruitment strategy and recruit to the 4 vacancies. Maternity leave and paternity leave across the remaining Consultant staff is making cover of all shifts challenging. The use of Locum Consultants and GPs is being made to support the rota in the short term.

## 4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	16/17 - Sept	75%	75.08%	↑	The CCG is slightly over the 75% target year to date reaching 75.08%. In September out of 49 incidents there were 11 breaches (77.55%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	16/17 - Sept	75%	62.70%	↓	The CCG was under the 75% target year to date reaching 62.70%. In September out of 882 incidents there were 399 breaches (54.78%).
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	16/17 - Sept	95%	92.28%	↓	The CCG was under the 95% target year to date reaching 92.28%. In September out of 931 incidents there were 113 breaches (87.91%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	16/17 - Sept	75%	72.76%	↓	NWS reported under the 75% target year to date reaching 72.76%.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	16/17 - Sept	75%	64.91%	↓	NWS failed to achieve the 75% target year to date reaching 64.91%.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	16/17 - Sept	95%	90.80%	↓	NWS failed to achieve the 95% target year to date reaching 90.80%.
Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	16/17 - Sept	0	261	↑	The Trust recorded 261 handovers between 30 and 60 minutes, this is a slight decline on last month when 252 was reported but still over the zero plan.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	16/17 - Sept	0	342	↑	The Trust recorded 342 handovers over 60 minutes, this is again up on previous month when 193 were reported.

The CCG achieved 1 out of 3 indicators for ambulance service performance. (See above of number of incidents / breaches).

At both a regional and county level, NWS failed to achieve any of the response time targets. Activity levels continue to be significantly higher than was planned for and this (together with the ongoing issues regarding turnaround times) continues to be reflected in the performance against the response time targets.

The Trust experienced an increase in the number of delays in excess of 30 minutes during September 2016. The number of ambulance waits exceeding 30 minutes increased to 603 (an increase of 352) of which 342 ambulances were delayed in excess of 60 minutes (an increase of 84). Ambulance hospital arrival screen capture (HAS) deteriorated to 89.2% (-4%) and the average time from notification to handover standard of 15 minutes also declined. The Trust achieved an average of 32:18 minutes (-9:40 minutes) in September 2016 compared to the 22:38 minutes reported in the previous month.

### 4.3 Unplanned Care Quality Indicators

#### 4.3.1 Stroke and TIA Performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit <b>(Aintree)</b>	16/17 - Sept	80%	60.60%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours <b>(Aintree)</b>	16/17 - Sept	60%	100%	↔

Aintree failed to achieve the Stroke target in September with only 20 out of 33 patients spending at least 90% of their time on a stroke unit.

33 patients were discharged from the Trust during the month with a diagnosis of stroke. Of the 13 patients who failed the standard, 12 arrived by ambulance and 1 arrived by private transport.

Of the 13 patients:

- 9 patients were identified as requiring direct admission to the Stroke Unit on admission but no stroke beds were available.
- 2 patients were referred to the stroke team after scanning.
- 2 patients were atypical presentations on arrival and later diagnosed as acute strokes.

It is noted that the Trust overall SSNAP score for January 2016 to March 2016 has dropped from B to a C. Reporting has moved to four monthly and results are expected early October 2016.

The current capacity pressures and delays to discharge are contributing towards lower than expected compliance against the standards. The Division is developing a refreshed stroke action plan to outline how risks to delivery will be mitigated and when performance will be improved which will be finalised in November.

Actions: Late referrals to the Stroke team following validation are discussed with the Acute and Emergency Care Teams so lessons can be learned.

All processes in progress to ensure the additional 2 HASU beds are open as soon as possible and the number of delayed discharges on the stroke unit reduces.

All patients are validated and those failing the standard are audited so lessons can be learned. Nurse recruitment is in progress following business case approval for hyper acute stroke beds. To date, recruitment has been difficult and there remain 6.49 WTE vacancies for Registered Nurses.

### 4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	16/17 - Sept	0.00	0.00	↓
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	16/17 - Sept	0.00	0.00	↓

In September the CCG and Aintree achieved the target for Mixed Sex Accommodation breaches after failing the previous month for the first time.

### 4.3.3 Healthcare associated infections (HCAI)

HCAI					
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	16/17 - Sept	27	27	↑	The CCG had 4 new cases reported in September 2016, 27 year to date. Of the 27 cases reported year to date 24 have been aligned to Aintree Hospital and 3 to the Royal Liverpool Broadgreen Hospital, (11 apportioned to acute trust and 16 apportioned to community). The year to date plan is 54.
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	16/17 - Sept	23	24 (16 following appeal)	↑	There were 5 new cases reported in September year to date a total of 24 against a year to date plan of 23. (8 successful appeals Apr to Oct) The year-end plan is 46.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	16/17 - Sept	0	1	↑	The first case of MRSA has been reported in September against a zero tolerance target.
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	16/17 - Sept	0	0	↔	The Trust recorded no new cases of MRSA in September.

The CCG has had 4 new C.difficile cases reported in September, a total of 27 cases year to date against a year to date plan of 27.

For Aintree this year there have been 24 patients with Trust apportioned CDT including 5 cases in September. However, 8 cases have been upheld following appeal year to date.

The national HCAI data capture system does not reflect appeal decisions taken locally therefore regional and national reporting of cases still includes those which have been successfully appealed.

The CCG has reported their first case of MRSA in September; this was a non-trust apportioned case.

### 4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Sept	100	94.20	↑ ↑
Summary Hospital Level Mortality Indicator (SHMI)	16/17 - Q2	100	106.40	↑

HSMR is reported for the period Sept 2015 to August 2016 remains below expected at 94.20 after rebasing, this is higher than last month when 89.78 was reported.

SHMI for the period April 2015 – March 2016 is as expected at 106.40 this has increased by 3 points and further analysis is planned by the Trust.

## 4.4 CCG Serious Incident Management

An appointment has been made for the CCG Interim Programme Manager – Clinical Quality and Safety. After review, future reporting for serious incidents within the integrated performance report will be in line with CCG reporting schedule, as opposed to a month ahead.

As of the end of September 2016 (Month 6) the position on serious incidents for South Sefton CCG:

Aintree University Hospitals NHS Foundation Trust - 33 open Serious Incidents on StEIS for the Trust, 3 serious incidents reported in September 2016 making a total of 19 year to date. 18 remain open for >100 days. 3 cases have been subject to Safeguarding Adult Board (SAB) processes (Liverpool and Knowles). The case which had been open since 2014 has now been closed.

Liverpool Community Health NHS Trust - 25 open serious incidents on StEIS which have affected South Sefton CCG patients. 6 remain open for >100 days, 1 case is subject to management of NHS England and another is under Local Safeguarding Children Board processes. There were 6 serious incidents reported in September 2016 making a total of 21 year to date. 17 relate to pressure ulcers. The Trust is recruiting a registered nurse to support the pressure ulcer reduction programme.

MerseyCare NHS Foundation Trust - 37 incidents open on StEIS for either SS and or S&F CCG patients. Of which 15 have been open for >100 days. 3 serious incidents reported in September making a total of 27 year to date. 3 relate to Secure Services which are managed by NHS England Specialist Commissioning (2 – South Sefton CCG, 1 – Southport and Formby CCG).

## 4.5 Delayed Transfers of Care

Delayed transfers of care data is sourced from the NHS England website. The data is submitted by NHS providers (acute, community and mental health) monthly to the Unify2 system.

Delayed Transfers of Care (DTC's) increased to 33 during September 2016 (3.1%). Patient and/or family choice resulted in 14 delayed transfers (42.4%) and a further 11 were due to delays incurred whilst awaiting further NHS non acute care (33.3%).



Analysis of delays in September 2016 compared to September 2015 illustrates a 43% increase in the number of patients awaiting further NHS non acute care (+4) and 27% increase in delays due to patient or family choice (+3).

### Delayed Transfers of Care April – September 2016

Reason For Delay	2015-16												2016-17						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
A) COMPLETION ASSESSMENT	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	3	2	3	4
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	8	8	9	7	7	7	11	5	8	7	11	6	15	8	7	12	10	11	
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
E) AWAITING CARE PACKAGE IN OWN HOME	3	1	0	1	3	1	2	6	0	0	1	2	3	4	7	6	5	4	
F) COMMUNITY EQUIPMENT/ADAPPTIONS	2	1	0	0	0	1	0	0	0	1	1	1	1	0	1	1	0	0	
G) PATIENT OR FAMILY CHOICE	6	11	14	5	5	11	14	12	8	3	5	20	14	18	17	14	14	14	
H) DISPUTES	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	
<b>Grand Total</b>	<b>20</b>	<b>22</b>	<b>24</b>	<b>13</b>	<b>16</b>	<b>20</b>	<b>27</b>	<b>24</b>	<b>17</b>	<b>11</b>	<b>18</b>	<b>30</b>	<b>33</b>	<b>30</b>	<b>36</b>	<b>35</b>	<b>32</b>	<b>33</b>	

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting the Acute Care Commissioning Lead participates in the system wide teleconference each Monday at 12:30. This review of DTOC's, with participation from the acute Trust, Local Authorities and CCG's, assigns actions to key individuals and aims to remove those blockages which prevent a patient being discharged to their chosen place of care.

Further plans to support the reduction of delayed transfers of care are being discussed within the CCG and include a comprehensive review of at least one DTOC each week with the aim of identifying key points of learning and improve future systems and processes.

The CCG is currently reviewing intermediate care services (ICB) to ensure sufficient capacity exists to expedite appropriate discharges at the earliest opportunity. Transitional beds are discussed between the acute provider, local authority and the CCG and agreed on an individual patient basis to facilitate early discharge to the most appropriate community setting.

## 4.6 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores  
Aintree University Hospital NHS Foundation Trust  
Latest Month: **Sept-16**

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15%	16.3%		87%	81%		7%	11%	

The Friends and Family Test (FFT) Indicator 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 for A&E.

The percentage of people that would recommend A&E has recently fallen and is now under the England average. As mentioned with the planned care FFT, the recent underperformance and downward trend was due to an unsuccessful pilot for collecting data by text message which impacted on both the number of responses and the performance. Once the poor response was realised the Trust immediately returned to using cards. The trust has provided assurance to the CCG that performance has improved in September although this improvement has not yet reflected in data available. The Trust FFT indicators are monitored monthly at their Patient Experience Executive Led Group. Head of Performance has given assurance that their response rate has now recovered in October.

Aintree's Patient Experience Lead recently attended the CCG's EPEG group and provided an update of their Patient Experience Strategy and how they use 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.

## 4.7 Unplanned Care Activity & Finance, All Providers

### 4.7.1 All Providers

Performance at Month 6 of financial year 2016/17, against unplanned care elements of the contracts held by the CCG shows an under-performance of circa -£540k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£454k/-3%. Liverpool Heart & Chest Hospital is reporting the largest year to date over performance with a £37k/29% 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	47,895	52,507	4,612	10%	£17,549	£17,095	-£454	-3%
Alder Hey Childrens NHS F/T	4,765	4,546	-219	-5%	£998	£1,032	£35	3%
Central Manchester University Hospitals Nhs Foundation Trust	33	37	4	10%	£8	£6	-£2	-30%
Countess of Chester Hospital NHS Foundation Trust	0	30	30	0%	£0	£15	£15	0%
Liverpool Heart and Chest NHS F/T	111	59	-52	-47%	£127	£164	£37	29%
Liverpool Womens Hospital NHS F/T	1,931	1,739	-192	-10%	£1,708	£1,731	£22	1%
Royal Liverpool & Broadgreen Hospitals	3,275	2,804	-471	-14%	£1,213	£980	-£232	-19%
Southport & Ormskirk Hospital	6,343	6,556	213	3%	£1,441	£1,474	£33	2%
ST Helens & Knowsley Hospitals	448	507	59	13%	£179	£197	£18	10%
University Hospital Of South Manchester Nhs Foundation Trust	21	2	-19	-90%	£7	£4	-£3	-48%
Wirral University Hospital NHS F/T	122	109	-13	-11%	£44	£32	-£12	-26%
Wrightington, Wigan And Leigh Nhs Foundation Trust	21	24	3	14%	£8	£11	£3	39%
<b>Grand Total</b>	<b>64,966</b>	<b>68,920</b>	<b>3,954</b>	<b>6%</b>	<b>£23,282</b>	<b>£22,742</b>	<b>-£540</b>	<b>-2%</b>

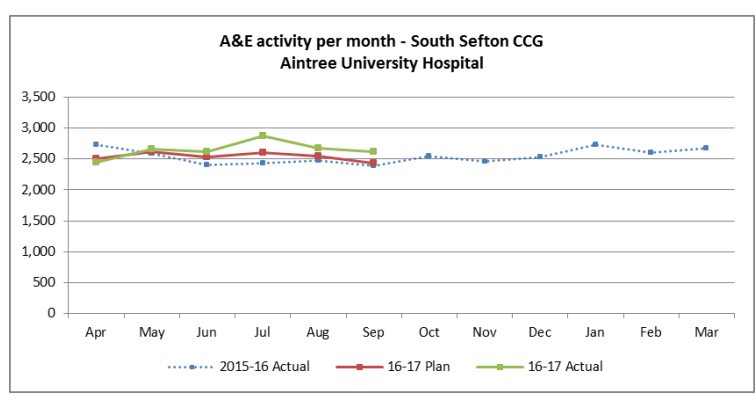
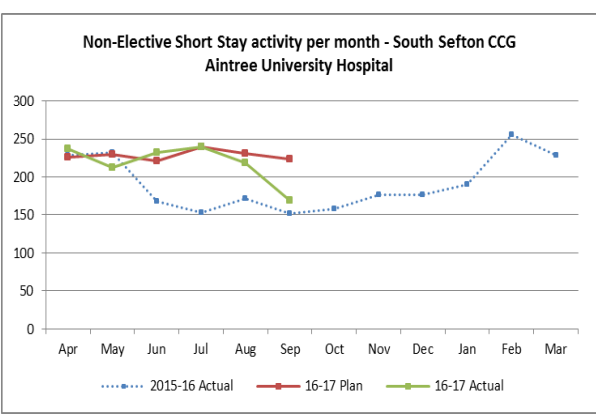
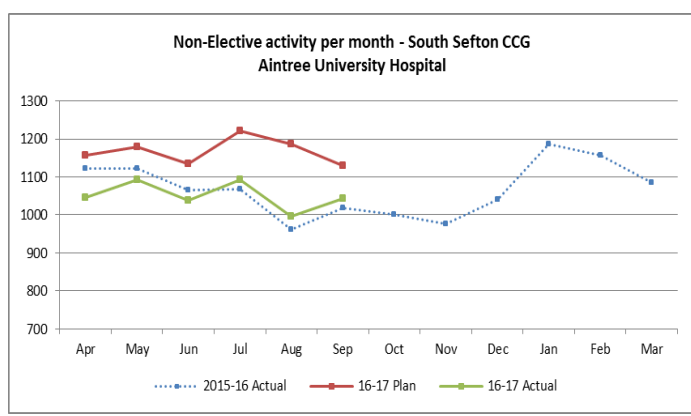
### 4.7.2 Aintree University Hospital NHS Foundation Trust

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



**South Sefton  
Clinical Commissioning Group**

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	20,241	23,489	3,248	16%	£482	£482	£0	0%
A&E - Accident & Emergency	15,217	15,879	662	4%	£1,882	£1,963	£81	4%
NEL - Non Elective	6,986	6,287	-699	-10%	£13,352	£12,493	-£858	-6%
NELNE - Non Elective Non-Emergency	22	21	-1	-5%	£62	£68	£6	10%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	20	89	69	343%	£5	£19	£14	285%
NELST - Non Elective Short Stay	1,372	1,307	-65	-5%	£900	£921	£22	2%
NELXBD - Non Elective Excess Bed Day	4,037	5,435	1,398	35%	£867	£1,149	£282	33%
<b>Grand Total</b>	<b>47,895</b>	<b>52,507</b>	<b>4,612</b>	<b>10%</b>	<b>£17,549</b>	<b>£17,095</b>	<b>-£454</b>	<b>-3%</b>



**4.7.3 Aintree Hospital Key Issues**

Urgent Care under spend of -£454k is driven by a -£858k under performance in Non Elective activity. This under performance offsets the £282k over performance seen in Non Elective Excess Bed Days. Excess bed days has been raised through the official challenge process and reported through the various exec boards.

## 5. Mental Health

### 5.1 Mersey Care NHS Trust Contract

**Figure 18 NHS South Sefton CCG – Shadow PbR Cluster Activity**

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/09/2016	2016/17 Plan	Variance from Plan	Variance on 31/09/2015
0 Variance	88	88	-	(2)
1 Common Mental Health Problems (Low Severity)	44	42	2	3
2 Common Mental Health Problems (Low Severity with greater need)	37	22	15	10
3 Non-Psychotic (Moderate Severity)	187	217	(30)	(28)
4 Non-Psychotic (Severe)	236	215	21	44
5 Non-psychotic Disorders (Very Severe)	67	62	5	9
6 Non-Psychotic Disorder of Over-Valued Ideas	45	40	5	8
7 Enduring Non-Psychotic Disorders (High Disability)	233	192	41	43
8 Non-Psychotic Chaotic and Challenging Disorders	117	98	19	23
10 First Episode Psychosis	137	138	(1)	2
11 On-going Recurrent Psychosis (Low Symptoms)	398	433	(35)	(32)
12 On-going or Recurrent Psychosis (High Disability)	342	307	35	36
13 On-going or Recurrent Psychosis (High Symptom & Disability)	95	112	(17)	(15)
14 Psychotic Crisis	26	21	5	2
15 Severe Psychotic Depression	7	6	1	3
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	39	34	5	8
17 Psychosis and Affective Disorder – Difficult to Engage	50	58	(8)	(8)
18 Cognitive Impairment (Low Need)	224	223	1	14
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	425	505	(80)	(89)
20 Cognitive Impairment or Dementia Complicated (High Need)	392	332	60	71
21 Cognitive Impairment or Dementia (High Physical or Engagement)	139	76	63	79
Cluster 99	547	402	145	215
<b>Total</b>	<b>3,875</b>	<b>3,623</b>	<b>252</b>	<b>396</b>

#### 5.1.1 Key Mental Health Performance Indicators

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

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%	100%	94%	100%

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

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
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%	No Patients	100%	100%	100%



Figure 21 Figure 16 EIP 2 week waits

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
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 (in month)	50%	0%	100%	33.33%	50.00%	50%	59%
	Rolling Quarter			37.50%	50.00%	50%	57.14%

The EIP service is in the process of recruiting additional staff as per the business case that was agreed in April 2016 and it is anticipated that as staff come on stream that performance will improve. All additional staff will be in place by January 2017.

### 5.1.2 Mental Health Contract Quality Overview

To mitigate against the risk of 12 hour breaches in Aintree UH the CCG agreed to maintain the level of ex-SRG funding until the end of March 2017, this will enable A&E liaison to operate on a 24/7 basis. Ward cover will be Monday to Friday 9am – 9pm.

Commissioners will be involved the Trust’s review of the acute care pathway (including crisis). This initial scoping and gathering of evidence and intelligence is expected to be completed by February 2017. The review will consider system wide issues that impact on the effective delivery of the acute care pathway, these will include pathways in and out of the Mersey Care services and the interfaces with other providers and partners and will recommend models for each of the Mersey Care services (e.g. Access Service, A&E Liaison, Community Mental Health Teams), functions in the pathway (Stepped Up Care, Bed Management, Single Point of Access) and specialist pathways (e.g. personality disorder pathway, in-patient pathway)

The recommendations from the Review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation. If accepted, the implementation of the recommendations will form a key area of work for both the Trust and the Transformation Board to begin from 2017/18 onwards.

Psychotherapy Treatment commencing within 18 weeks of referrals - The numbers waiting 18 weeks has risen slightly as has the length of wait. The Trust has recruited 2 new therapists coming into post in the next 6 weeks which will help reduce waits.

The CCG is still awaiting assurance from the Trust that GP communication will improve and be sustained.

## 5.2 Improving Access to Psychological Therapies

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	293	272	244	268						
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	-13	-34	-62	-38						
	%	-7.9%	-3.6%	-4.3%	-11.2%	-20.3%	-12.5%						
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%	1.2%	1.1%	1.0%	1.1%						
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%	45.7%	41.4%	42.7%	43.5%						
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%	96.4%	97.4%	97.7%	95.5%						
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%	100.0%	100.0%	100.0%	98.7%						
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	141	153	133	163						
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	3	1	2	9						
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	63	63	56	67						
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%	88.3%	81.9%	80.2%	80.4%						

The provider (Cheshire & Wirral Partnership) reported 268 South Sefton patients entering treatment in month 6, which is a 10% increase from 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 13.6% 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%.

There were 398 Referrals in Month 6 which was an increase of 14% compared to the previous month; of these 62% were Self-referrals. GP Referrals increased to 94 compared to 76 for Month 5. This is the highest number of GP Referrals since February 2016. 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 43.5% in month 6, which does not meet the minimum standard of 50%. A forecast outturn at month 6 gives a year end position of 43.2%, 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 saw a decrease in month 6 from 102 reported in month 5 to only 55 reported in month 6 (a 46% decrease).

There was a slight decrease in DNAs in Month 6 from 177 in month 5 to 151 in month 6; 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, 96.4% 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 six months of 2016/17 for South Sefton CCG.

Support and advice has been received from the National Intensive Support Team. The recommendations made around the IAPT hidden waits and the long waiters have been taken on board. South Sefton CCG is working closely with the Provider to gain more information and analysis around these areas which will aim to bring about improvements.

### **5.2.1 Improving Access to Psychological Therapies Contract Quality Overview**

Internal waiting lists within the service are impacting on both recovery and access KPIs and the following actions are being planned or put in place:

- The service is planning from 31/10/2016 to introduce group work/ workshops to so as to start tackling the issue. This will provide interventions to those already assessed as having step 3 therapies to reduce internal waits. A new member of staff has been recruited who has experience of similar work in other CWP IAPT site in Cheshire.
- The cohort of longest waiters will be “ring fenced” and targeted for interventions An extra Psychological Wellbeing Practitioner (PWP) is providing an additional (extra 20 sessions) and three agency PWP staff have recently commenced providing (90 extra sessions). The service communicated to GPs in October that all new referrals who require follow up will be seen within 6 weeks.
- One counsellor has recently commenced (11x sessions/week)
- A Cognitive Behavioural Therapist and a further PWP are being recruited (the latter having being offered employment contract.
- Additional step 2 sessions made available (12x sessions /week) along with increased telephone interventions across the wider service.
- Robust clinical management / individual performance of practitioners to mitigate against long internal waits.

- Single appointment booking system via admin (previously done by individual practitioners which resulted in variation).
- Intensive Support Team involvement session took place on 21st October 2016 which identified services issues including productivity and training which are contributing to internal waits.
- Inclusion of internal waiting list related KPIs for 17/18.

Progress will be monitored via the Quality and Contract meetings.

## 5.3 Dementia

### Summary for NHS South Sefton dementia registers at 30-09-2016

People Diagnosed with Dementia (Age 65+)	1,182
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	996
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	<b>56.5%</b>
National estimated Dementia Diagnosis Rate	67.5%
Target	66.70%

A plan is in place to improve the South Sefton Dementia Diagnosis rate. A bespoke set of searches have been developed into a dementia toolkit and are ready to be rolled out to the south Sefton Facilitators Data facilitators who will work with each practice and run the searches. It is hoped the searches will generate errors in coding and identify patients with memory or associated cognitive difficulties that are not identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.

Currently awaiting feedback from iMersey Information Facilitators on uptake and participation from GP practices regarding the recent roll out of bespoke system searches.

The dementia diagnosis rate has fallen slightly compared to the August rate (56.6%).

## 6. Community Health

### 6.1 Liverpool Community Health Contract

There are currently no outstanding activity queries as everything seems in line with previous months.

There is currently a District Nursing systems review taking place across LCH. This is to review processes in relation to manual and electronic requirements. EMIS mobile is not yet available for DNs and so there is a requirement to duplicate information on paper and on EMIS. This is known to impact on the level of information added to the system. The current variance though is within agreed tolerance levels and the Trust is forecasting that activity levels will be higher than last year.

An EMIS mobile app was 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. This programme was delivered by IM. There is a report that has been produced in relation to the pilot. The Trust is to send a copy for information.

### **6.1.1 Patient DNA's and Provider Cancellations**

A number of services have seen a high number of DNA's and Provider cancellations so far in 2016/17.

For patient DNAs, Sefton Physio Service reported a high rate of 18.8% in September 2016, however this is an improvement on last month. Adult Dietetics is also high this month at 27.7%, a further decline on the previous two months performance, and Paediatric Dietetics at 27.1%, a slight decline on last month. Total DNA rates at Sefton are green for this month at 7.3%.

Provider cancellation rates remain relatively static this month, with no services reporting red. Total hospital cancellation rate for Sefton is green at 2% this month.

Treatment rooms, Podiatry, Physio, Adult Dietetics, and Paediatric Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 10% for September 2016. Total patient cancellations for Sefton have improved in Sept-16 at 9.9%, compared to 10.9% reported last month and 12.8% in Jul-16.

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.
- Information posters in some buildings on DNA/cancellation rates.
- Text reminders to reduce DNA's.

Patient cancellation rates have been discussed in previous contract review meetings. In instances where appointments are rearranged, the only way to take the original appointment off the system is to cancel it and then re-book. It was agreed that this does not necessarily mean this is having a negative effect on the patient or the utilisation of the clinic, as that slot could potentially be rebooked. It was suggested that a clinic utilisation report may be useful but the Trust has not yet provided one.

### **6.1.2 Waiting Times**

Waiting times are reported a month in arrears. The following issues have arisen in August 2016;  
Physiotherapy: Waiting times have steadily increased over the past three months, resulting in this service failing the 18 week target in August – 23 weeks on the incomplete pathway and 28 weeks on the completed pathway. The longest waiter was two patients waiting at 32 weeks.

Podiatry: Waiting times on the completed pathways have steadily declined over the past three months, whilst the incomplete have remained relatively steady. The average wait (95th percentile) on the completed pathway was 26 weeks in August. The longest waiter was at 40 weeks.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 23 weeks in August resulting in a breach of the 18 week target, whilst the incomplete pathway is still achieving. The longest waiter was at 28 weeks.

Paediatric SALT: A new reporting process has now been set up for this service, and the Trust has begun to report waiting times information from August. On the incomplete pathway the average waiting time (92nd percentile) was 28 weeks, with the longest waiting patient at 39 weeks.

## 6.2 Any Qualified Provider LCH Podiatry Contract

The trust continues to use the £25 local tariff. At month 6 2016/17 the YTD costs for the CCG are £149,122 with attendances at 1,581. At the same time period last year the costs were £209,271 and attendances at 2,277.

### 6.2.1 Liverpool Community Health Quality Overview

The Trust has revised their CQC Action Plan and shared with commissioners, the Trust will be supported with progressing actions up until services are transferred to the new providers. Therapies waiting times are being monitored through the CQC Action Plans at the Collaborative Forum and CQPGs.

Healthwatch Sefton has highlighted concerns regarding services provided at Maghull Health Centre. Healthwatch Sefton have escalated an issue to South Sefton Clinical Commissioning Group and Care Quality Commission in October regarding specific issues on staffing and estates and phone lines which may impact on patient care, an update will be provided at the December CQPG.

## 6.3 Southport and Ormskirk Trust Community Services

### EMIS Switch Over

#### Activity

The Trust continue to progress in moving over services from the old IPM clinical system to EMIS. As this continues potential data quality and reporting issues may arise. The CCG has requested from the Trust a detailed report on the issues affecting each service and actions on how these are to be resolved.

Since the shift from IPM to EMIS reporting on Referrals, Contacts and Waiting times have been affected. The CCG and Trust are working together to resolve the issues. The Trust has advised of the following issues and is continuing to work through them service by service;

- The Trust is unable to split out domiciliary and clinic activity from EMIS, activity is currently being reported as a combined figure for the time being.
- There are some duplicates in the referrals data as all open caseloads had to be migrated across.

All services have now gone live on the new system.

#### Waiting times

At the latest Information Sub Group meeting the Trust presented a waiting times report which highlighted the extent of the current data quality issues since the system switch over. The Trust will continue to provide the waiting times report monthly and highlight the services where the data quality has been corrected for the CCG to monitor.

The report highlights issues in Phlebotomy and Treatment Rooms with waiting times increasing over recent weeks. The Trust continues to monitor this and update the CCG.

## **7. Third Sector Contracts**

Providers of several services in the area have received notice that funding for their service will cease from 1st December 2016. Further letters reminding these providers that funding will cease from this date have been sent.

## **8. Primary Care**


### **8.1 Primary Care Dashboard progress**

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. We are now working with MLCSU to further define the indicators for the dashboard with a further meeting planned to refine these in December.

## 8.2 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. The latest results posted in this month are as follows:

**Drs Misra and Bird Surgery** Good

 133 Liverpool Road, Crosby, Liverpool, L23 5TE  
 (0151) 931 9197  
 Provided by: Drs Misra and Bird

**CQC inspection area ratings**  
 (Latest report published on 10 November 2016)

Safe	Requires improvement	<span style="color: orange;">●</span>
Effective	Good	<span style="color: green;">●</span>
Caring	Good	<span style="color: green;">●</span>
Responsive	Good	<span style="color: green;">●</span>
Well-led	Good	<span style="color: green;">●</span>

**CQC Inspections and ratings of specific services**  
 (Latest report published on 10 November 2016)

Older people	Good	<span style="color: green;">●</span>
People with long term conditions	Good	<span style="color: green;">●</span>
Families, children and young people	Good	<span style="color: green;">●</span>
Working age people (including those recently retired and students)	Good	<span style="color: green;">●</span>
People whose circumstances may make them vulnerable	Good	<span style="color: green;">●</span>
People experiencing poor mental health (including people with dementia)	Good	<span style="color: green;">●</span>

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**Doctors/GPs**

**Specialisms/services**

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

**Kingsway Surgery** Good (Dr Shaw & Dr McDonagh)



30 Kingsway, Waterloo, Liverpool, L22 4RQ  
 (0151) 928 8668  
 Provided by: Kingsway Surgery

**CQC inspection area ratings**  
 (Latest report published on 7 November 2016)

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

**CQC Inspections and ratings of specific services**  
 (Latest report published on 7 November 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 ●

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**Doctors/GPs and Clinics**

**Specialisms/services**

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

## **9. Better Care Fund**

A Better Care Fund Plan for 2016/17 has been agreed and submitted to the national Better Care Support Team and joint work has been undertaken to further develop these plans for implementation. In the meantime we have prepared a Quarter 2 performance report to NHSE for submission on 22nd November 2016.

## **10. CCG Improvement & Assessment Framework (IAF)**

### **10.1 Background**

A new NHS England improvement and assessment framework for CCGs became effective from the beginning of April 2016, replacing the existing CCG assurance framework and CCG performance dashboard. The new framework aligns key objectives and priorities, including the way we assess and manage our day to day relationships with CCGs. In the Government's Mandate to NHS England, the framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

**10.2 Q2 Improvement & Assessment Framework Dashboard**

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range	
						25th Percentile	75th Percentile
<p><b>Better Health</b></p>							
▲ Maternal smoking at delivery	Q1 16/17	13.2%	10.2%		L		
◀▶ Percentage of children aged 10-11 classified as overweight or obese	2014-15	34.5%	33.2%		L		
▼ Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	2014-15	44.7%	39.8%		H		
▲ People with diabetes diagnosed less than a year who attend a structured education course	2014-15	4.1%	5.7%		H		
◀▶ Injuries from falls in people aged 65 and over	Mar-16	1,810	2,014		L		
▼ Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Jul-16	78.2%	52.0%		H		
◀▶ Personal health budgets	Q1 16/17	22.4	11.3		H		
▲ Percentage of deaths which take place in hospital	Q4 15/16	42.5%	47.0%		◊		
▲ People with a long-term condition feeling supported to manage their condition(s)	2016	73.0%	64.3%		H		
▲ Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	1,226	929		L		
▲ Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	2,837	2,168		L		
▼ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Jul-16	1.2	1.1		◊		
◀▶ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Jul-16	6.5%	9.3%		◊		
▼ Quality of life of carers	2016	77.7%	80.0%		H		
<p><b>Better Care</b></p>							
◀▶ Cancers diagnosed at early stage	2014	54.8%	50.7%		H		
▲ People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q1 16/17	73.4%	82.2%		H		
▲ One-year survival from all cancers	2013	67.1%	70.2%		H		

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range	
						25th Percentile	75th Percentile
<b>Better Care</b>							
◀▶ Cancer patient experience	2015	8.8	SM/A		H		
▼ Improving Access to Psychological Therapies recovery rate	Jun-16	37.1%	48.9%		H		
▲ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Jul-16	44.4%	72.0%		H		
◀▶ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q1 16/17	64	SM/A		L		
◀▶ Proportion of people with a learning disability on the GP register receiving an annual health check	2014-15	58.0%	47.0%		H		
◀▶ Neonatal mortality and stillbirths	2014-15	4.5	7.1		L		
◀▶ Women's experience of maternity services	2015	81.2	SM/A		H		
◀▶ Choices in maternity services	2015	67.0%	SM/A		H		
▼ Estimated diagnosis rate for people with dementia	Aug-16	56.6%	67.3%		H		
◀▶ Dementia care planning and post-diagnostic support	2014/15	77.6%	77.0%		H		
◀▶ Achievement of milestones in the delivery of an integrated urgent care service	August 2016	4			H		
▼ Emergency admissions for urgent care sensitive conditions	Q4 15/16	3,338	2,359		L		
▼ Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Aug-16	86.9%	91.0%		H		
▼ Delayed transfers of care per 100,000 population	Aug-16	10.7	14.1		L		
▲ Population use of hospital beds following emergency admission	Q4 15/16	1.3	1.0		L		
▼ Management of long term conditions	Q4 15/16	1,193	795		L		
▲ Patient experience of GP services	H1 2016	81.2%	85.2%		H		
◀▶ Primary care workforce	H1 2016	0.9	1.0		H		
▼ Patients waiting 18 weeks or less from referral to hospital treatment	Aug-16	92.4%	91.0%		H		
▲ People eligible for standard NHS Continuing Healthcare	Q1 16/17	44.5	46.0		H		
<b>Sustainability</b>							
◀▶ Financial plan	2016	Amber	SM/A		H		
◀▶ In-year financial performance	Q1 16/17	Amber			H		
◀▶ Outcomes in areas with identified scope for improvement	Q1 16/17	CCG not i	58.3%		H		
▲ Digital interactions between primary and secondary care	Q2 16/17	59.6%			H		
◀▶ Local strategic estates plan (SEP) in place	2016-17	Yes	SM/A		H		
<b>Well Led</b>							
◀▶ Staff engagement index	2015	3.8	3.8		H		
◀▶ Progress against workforce race equality standard	2015	0.2	0.2		L		
◀▶ Effectiveness of working relationships in the local system	2015-16	69.4	SM/A		H		
◀▶ Quality of CCG leadership	Q1 16/17	Green	SM/A		H		



Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2016-17



Metric	Reporting Level	2016-17													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Preventing People from Dying Prematurely</b>															
<b>Cancer Waiting Times</b>															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G							G
	Actual	94.772%	94.697%	95.563%	96.604%	96.918%	97.661%								96.01%
	Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY)</b> The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G			G									G
	Actual	95.021%			96.99%										95.982%
	Target	93.00%			93.00%			93.00%			93.00%			93.00%	
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	R	G	G	G							G
	Actual	100.00%	96.078%	89.091%	94.118%	94.34%	95.455%								94.88%
	Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G			G									G
	Actual	95.062%			94.706%										94.88%
	Target	93.00%			93.00%			93.00%			93.00%			93.00%	
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G							G
	Actual	96.61%	98.305%	98.387%	100.00%	98.795%	100.00%								98.715%
	Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%

<b>1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G		G									G	
		Actual	97.253%		99.522%									98.465%	
		Target	96.00%		96.00%		96.00%		96.00%		96.00%		96.00%		
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31- Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	R	G	G						G	
		Actual	90.909%	100.00%	100.00%	91.667%	100.00%	100.00%							96.667%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY)</b> 31- Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G		G									G	
		Actual	96.774%		96.552%									96.667%	
		Target	94.00%		94.00%		94.00%		94.00%		94.00%		94.00%		
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31- Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	R	G	G						G	
		Actual	100.00%	100.00%	100.00%	94.737%	100.00%	100.00%						99.248%	
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	
<b>1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY)</b> 31- Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G		G									G	
		Actual	100.00%		98.734%									99.265%	
		Target	98.00%		98.00%		98.00%		98.00%		98.00%		98.00%		
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31- Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	R	G	R	G	R						G	
		Actual	100.00%	93.333%	100.00%	91.667%	95.238%	93.548%						95.327%	
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	
<b>1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY)</b> 31- Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G		R									G	
		Actual	97.674%		93.75%									95.327%	
		Target	94.00%		94.00%		94.00%		94.00%		94.00%		94.00%		

<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G	G	G	G	G	G										G		
		Actual	88.462%	91.429%	92.105%	90.323%	86.957%	86.667%											89.32%	
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	
<b>1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY)</b> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	G			G												G		
		Actual	90.099%			87.85%													88.942%	
		Target	85.00%			85.00%			85.00%			85.00%						85.00%		
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	G	G										G		
		Status	P	P	P	P	P	P											-	
		Actual	100.00%	-	-	100.00%	100.00%	100.00%												100.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	
<b>1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G			G												G		
		Actual	100.00%			100.00%													100.00%	
		Target	90.00%			90.00%			90.00%			90.00%						90.00%		

**Ambulance**

<b>1887: Category A Calls Response Time (Red1)</b> Number of Category A (Red 1) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	G	R	R	R	R	R										R		
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%											72.76%	
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	
	South Sefton CCG	RAG	G	G	R	R	R	G											R	
		Actual	76.56%	78.00%	74.50%	71.43%	72.92%	77.55%												74.994%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	

<b>1889: Category A (Red 2) 8 Minute Response Time</b> Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R									R	
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%										64.898%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	R	R	R	R	R	R										R
		Actual	72.10%	66.50%	62.40%	57.55%	62.18%	54.78%										62.666%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
<b>546: Category A calls responded to within 19 minutes</b> Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R									R	
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%										90.803%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
	South Sefton CCG	RAG	G	R	R	R	R	R										R
		Actual	95.08%	94.50%	91.20%	91.44%	93.48%	87.91%										92.27%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>1932: Ambulance: 30 minute handover delays</b> Number of ambulance handover delays over 30 minutes	UNIVERSITY HOSPITAL AINTREE	Actual	285	326	318	520	446	603									2,498	
	UNIVERSITY HOSPITAL AINTREE	Actual	106	137	146	258	195	342									1,184	

**Enhancing Quality of Life for People with Long Term Conditions**

**Mental Health**

<b>138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G		G												G	
		Actual	98.148%		98.00%													98.077%
		Target	95.00%		95.00%		95.00%		95.00%									95.00%

**Episode of Psychosis**

<b>2099: First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	R	G	G	G							G	
		Actual	0.00%	100.00%	33.3333%	50.00%	50.00%	85.714%								57.895%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

**Helping People to Recover from Episodes of Ill Health or Following Injury**

**Ensuring that People Have a Positive Experience of Care**

**EMSA**

<b>1067: Mixed sex accommodation breaches - All Providers</b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	R	R	G							R	
		Actual	0	0	0	1	4	0								5
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: Mixed Sex Accommodation - MSA Breach Rate</b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	R	R	G							R	
		Actual	-	-	-	0.25	0.99	-								5.00
		Target	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Referral to Treatment (RTT) & Diagnostics**

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	R							G	
		Actual	94.954%	95.213%	93.919%	93.33%	92.354%	91.272%								93.507%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	G	G	G							R	
		Actual	1	0	1	0	0	0								2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	G	G	R	G							G	
		Actual	0.748%	100%	0.494%	0.71%	14.13%	0.527%								0.813%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

**Cancelled Operations**

<b>1983: Urgent Operations cancelled for a 2nd time</b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G							G	
		Actual	0	0	0	0	0	0								0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Treating and Caring for People in a Safe Environment and Protect them from Avoidable Harm**

**HCAI**

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	R							R	
		YTD	0	0	0	0	0	1								1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G							G	
		YTD	3	9	14	18	23	27								29
		Target	5	11	14	18	23	28	34	39	43	45	48	54	34	

**Accident & Emergency**

<b>2123: 4- Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R							R	
		Actual	90.136%	88.339%	89.153%	87.626%	86.862%	86.848%								88.139%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>1927: A&amp;E Attendances: All Types</b> Number of attendances at all A&E depts	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	R	R	R							R	
		YTD	12,667	26,315	39,928	54,353	67,997	81,689								81,689
		Target	13,065	25,953	38,549	51,546	63,742	75,688	88,051	100,015	112,407	124,538	135,739	149,085	75,688	
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	G	G	G	R	R							R	
		Actual	5	0	0	0	2	2								9
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

## MEETING OF THE GOVERNING BODY NOVEMBER 2016

<b>Agenda Item:</b> 16/188	<b>Author of the Paper:</b> Carmel Farmer (now left the safeguarding service) Carlene Baines Designated Nurse Looked After Children E-mail <a href="mailto:carlene.baines@haltonccg.nhs.uk">carlene.baines@haltonccg.nhs.uk</a> Tel: 0151 495 5286
<b>Report date:</b> November 2016	
<b>Title:</b> Looked After Children Annual Report 2015/16	
<p><b>Summary/Key Issues:</b> This is the first Looked After Children (LAC) Annual Report to NHS South Sefton Clinical Commissioning Group (CCG) Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory duties in relation to safeguarding and LAC.</p> <p>The annual report takes account of national changes and influences and local developments, activity, governance arrangements and the challenges.</p>	
<b>Recommendation</b>	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve this report.	

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.
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			Joint Quality Committee

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
	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 November 2016**

### **1. Executive Summary**

This is the first Looked after Children Annual Report authored under the revised commissioning arrangements of NHS South Sefton Clinical Commissioning Group (CCG) Governing Body. The purpose of the report is to assure the Governing Body that the CCG is fulfilling its statutory duties in relation to children and young people requiring statutory intervention into their lives and are placed in the care of the Local Authority.

The CCG annual report takes account of national changes and influences, local activity, governance arrangements and the challenges for 2016/17.

The CCG makes a significant contribution to embedding the principles, quality and requirements of national frameworks by its partnership work with Sefton local authority and the commissioned health providers.

### **2. Introduction and Background**

The Annual Report provides the Governing Body with an update of the developing and emerging Agenda for Looked After Children.

The report includes performance data in respect of timeliness of statutory health assessments, challenges faced by commissioned health services to adequately respond to national requirements and also outlines the future implications, challenges and key work streams for 2016/17.

### **3. Recommendations**

The Governing Body is asked to approve this report.

### **4. Appendices**

Appendix 1 - NHS South Sefton CCG Looked After Children Annual Report 2015/16

**Carlene Baines Designated Nurse Looked After Children**  
**Ann Dunne Head of Safeguarding (Children)**

Staying **local**  
& **together**



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

Looked After Children  
Annual Report  
2015/16

DRAFT

Author: Carmel Farmer

Carlene Baines

Designated Nurse for Looked After Children



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## 1. Introduction

**1.1** This is the first Annual Report for NHS South Sefton and NHS Southport & Formby CCGs (to be referred thereafter as the CCG). The report is in relation to Looked After Children and is authored under the new arrangements by the CCG Designated Nurse for Looked After Children. The report has been produced in partnership with its main health providers. The report covers the period from 1 April 2015 to 31 March 2016. The purpose of the report is to provide assurances that the CCG is meeting its statutory requirements in commissioning services which are safe, effective, caring, responsive and well-lead in identifying and meeting the health needs of the Looked After Children population of Sefton.

**1.2** The term Looked After Children has a specific legal meaning based on the Children Act (1989). A child is looked after by a local authority if he or she has been provided with accommodation for a continuous period of more than 24 hours, in the circumstances set out in sections 20 and 21 of the Children Act 1989, or is placed in the care of a local authority by virtue of an order made under part IV of the Act.

**1.3** Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of Looked After Children have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults (DfE, DH 2015).

**1.4** The term 'Corporate Parent' means the collective responsibility of the Local Authority (LA), elected members, employees, and partner agencies, to provide the best possible care and safeguarding for the children who are looked after. The LA and partner agencies have a statutory responsibility to act for a child in the same way that a good parent would act for their own child. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

**1.5** For 2015/16 the Looked After Children (LAC) health annual report, has been produced by the Designated Nurse with the support and cooperation of the health partners-community nursing team and medical advisors from Liverpool Community Healthcare NHS Foundation Trust (LCH), Alder Hey Children's Hospital Foundation NHS Trust and Southport and Ormskirk Hospital NHS Trust. The shared information has provided an overview of population, outlined the performance of services, evidenced good practice and key achievements, recognised challenges and identified developments for 2016/17.

## 2. Governance and Quality Assurance

**2.1** The NHS has a major role in ensuring the timely and effective delivery of health services to looked-after children. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and The NHS



Constitution for England make clear the responsibilities of CCGs and NHS England to looked-after children (and, by extension, to care leavers). In fulfilling those responsibilities the NHS contributes to meeting the health needs of looked-after children in three ways: commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child.

**2.2** The Designated Nurse for Looked After Children (LAC) for the CCG was appointed in May 2015. The role of the Designated Nurse is to provide expert health advice and clinical leadership to the CCG and local health providers. Strategic oversight of services is essential to this role; to ensure that robust clinical governance of NHS health services for Looked After Children (LAC) are in place. This enables assurance to be given the Governing Body of the CCG and other partners that clear commissioning arrangements are in place and that services are fit for purpose.

**2.3** The development and implementation of the Looked After Children Strategy for the CCG has provided the overarching vision and goals for the organisation. To ensure these standards are embedded into practice the CCG has developed a SMART action plan, which is monitored within the Quality Directorate of the CCG.

**2.4** The Designated Nurse for LAC works at a strategic none operational level, to lead and support all activities necessary to ensure that organisations within the health economy, meet their responsibilities for LAC in line with Statutory guidance for local authorities, clinical commissioning groups and NHS England.

**2.5** The Designated Nurse for LAC has completed a baseline statement with the community provider (LCH). The findings informed the review of the existing Key Performance Indicators (KPI's) for the service within the CGG quality schedule.

**2.6** The current KPI's for the providers are monitored quarterly by the Designated Nurse for LAC and reported to the CCG Quality and Performance Group.

### **3. Joint Working with Local Authorities within Sefton**

**3.1** Under the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a local authority to help them provide support and services to LAC. Local authorities, CCGs and NHS England can only carry out their statutory responsibilities to promote the health and welfare of looked-after children if they cooperate. They are required to do so under section 10 of the Children Act 2004 (5).

**3.2** In Sefton, the health partners have forged successful professional relationships with all strategic leads for LAC, and are members of the Looked After Children Partnership Board. This has resulted in partnership working on service planning, strategy, commissioning of service for LAC and Care Leavers provision across the borough.

### **4. National Profile of Looked After Children**

**4.1** The demographics for Looked After Children nationally are taken from the Statistical First Release (SFR) which provides information about Looked After Children in England for



the year ending 31 March 2016. These figures are based on data from the SSDA903 return collected from each local authority.

#### Key Findings:

- There were 70,440 Looked After Children as of 31 March 2016, an increase of 1% compared to 31 March 2015 and an increase of 5% compared to 31 March 2012. The rise this year reflects a rise of 1,470 in unaccompanied asylum seeking children, compared to a rise of 970 in all looked after children
- The proportion of children being looked after due to abuse or neglect has fallen slightly from 62% in 2014, to 61% in 2015 and to 60% in 2016. Over the same time period the proportion of children in need due to absent parenting has risen from 5% in 2014, to 7% in 2016, linked to the rise in unaccompanied asylum seeking children.
- There were 31,070 children who started to be looked after during the year ending 31 March 2016: an increase of 2% from the previous year's figure of 30,540 and an increase of 13% from 2011.
- The rise over time reflects the higher number of children starting to be looked after than ceasing. Again, this can be reflected within unaccompanied asylum seeking children in care; 3,440 unaccompanied asylum seeking children entering care, and 1,980 leaving care.
- The age profile has continued to change over the last four years, with a steady increase in the number and proportion of older children. 62% of children looked after were aged 10 years and over in 2016 compared with 56% in 2012. There has been a reduction in the number and proportion of children aged 1-4 years (from 18% of the looked after population in 2012 to 13% in 2016), and a slight decrease in the number and proportion of children aged under 1 year (from 6% in 2012 to 5% in 2016)
- At 31 March 2016, 56% of children looked after are male, 44% female and these proportions have varied little over recent years.
- The numbers and proportion of children looked after on a care order has continued to increase. In 2016, 65% (45,440) of children looked after at 31 March were looked after under a care order, up from 61% in 2015 and up from 59% in 2012.
- Voluntary agreements under Section 20 of the Children Act 1989, which have fluctuated slightly over recent years, have dipped slightly as of year-end, from 28% in 2015 to 27%.
- There were 2,940 looked after children who were placed for adoption in the year ending 31 March 2016, representing 4% of all looked after children. The number and

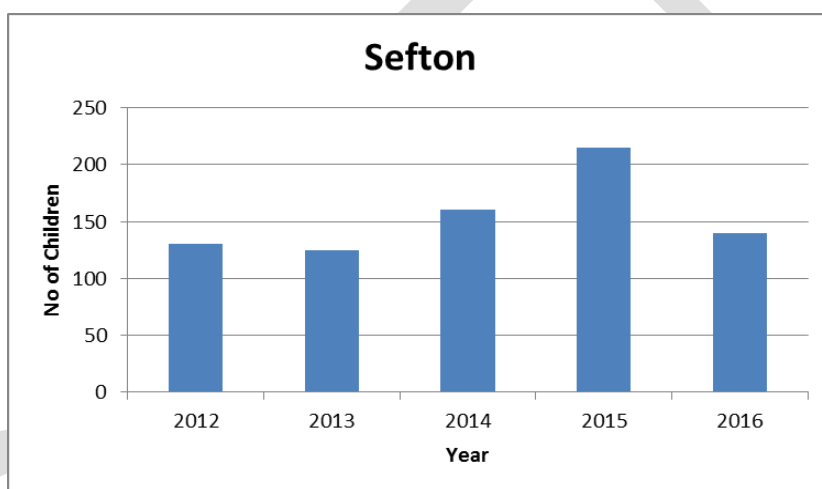


percentage of looked after children placed for adoption rose between 2012 and 2014, but the numbers fell by 9% last year and have fallen a further 18% this year.

- Looked after children are predominantly White, 75% in 2016. Children of Mixed ethnicity were the next largest group (9%) followed by Black or Black British (7%), Asian or Asian British (4%) and other ethnic groups (3%)
- Over the last year there has been a rise in the numbers from some minority ethnic groups, in particular 'Any other ethnic group', 'African' and 'Any other Asian background' (excludes Indian, Pakistani or Bangladeshi). This is likely to reflect the increase in the numbers of unaccompanied asylum seeking children.

### 5. Local profile of Looked After Children in Sefton

5.1 Sefton was below the average of its North West neighbours for children entering into care in 2015-16 and had the sixth lowest rate of starts per 10,000 population out of the 23 North West local authorities.

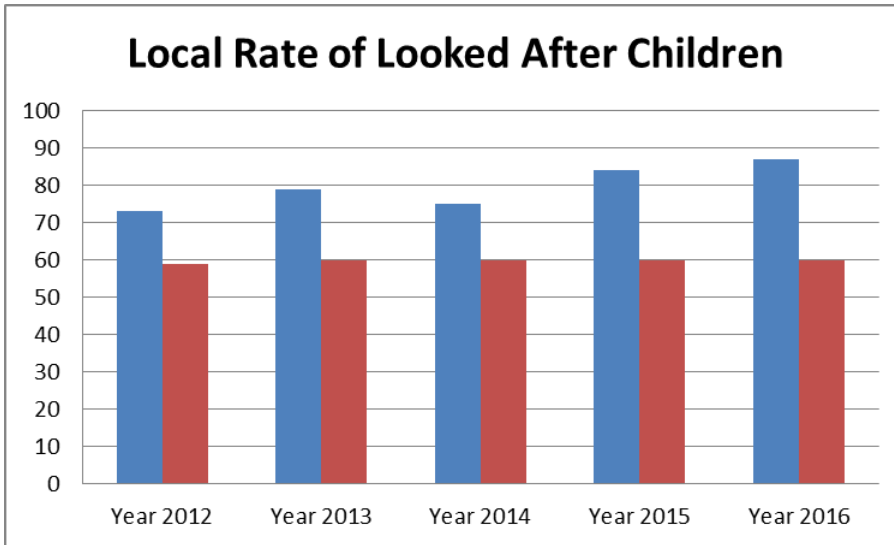


5.2 The overall number of children who are looked after by Sefton LA has remained above the national average per 10,000 populations (111), which has been a consistent finding since 2012.

5.3 The Graph (2) below compares the ■ national and ■ Local picture (per 10,000 population of children) from 2012 to 31 March 2016

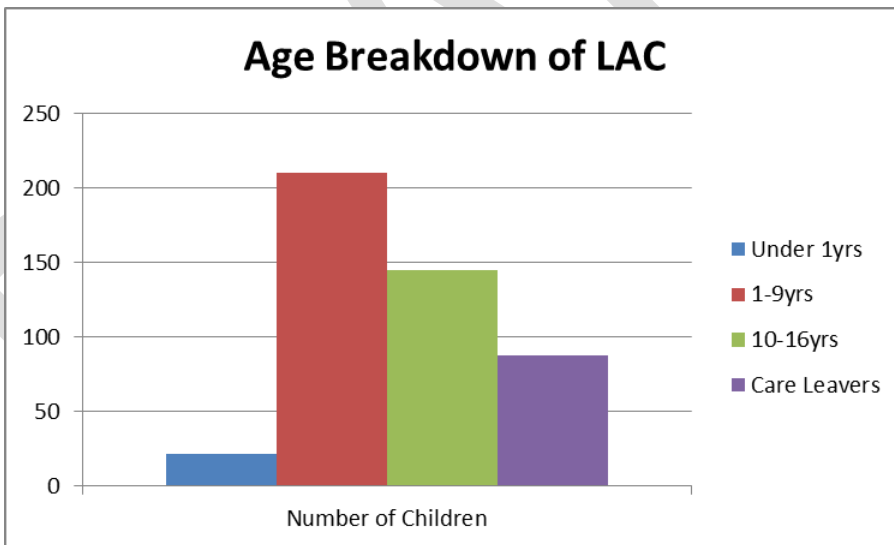






Graph 2 Local Rate of Looked After Children.

5.3 The age breakdown of the LAC in Sefton is detailed in the graph (3) below. The data has been provided by Liverpool Community HealthTrust and is accurate as of January 2016



Graph 3 LAC Population By Age Group

Mirroring national findings, LAC in Sefton have more boys in care (52%) than girls (48%)

Sefton has a large proportion of Looked After Children, placed within the borough from other local authorities (CiCOLA's). As of, 31 March 2016 an additional 122 children were



placed within the borough by other local authorities, bringing the overall cohort of LAC in need of specialist health provision to 587. Additional work to map and understand this cohort more fully will be undertaken by the Designated Nurse during 2016/17; anecdotal information from provider services indicates that this population generally present with a high level of complex need.

Decisions to place children outside of the originating Local Authority area often relate to placements with family members or children requiring provision to assist in reducing risks related to Child Sexual Exploitation, Missing from Home or offending behaviours.

Sefton Local Authority currently place around 30% of their Looked After Children in 'Distance placements' outside of the authority boundary. As of 31<sup>st</sup> March 2016, this number related to 138 children; 91 of which were placed within the Merseyside region and 47 further afield.

**5.4** LAC should never be refused a service, including mental health and or emotional well-being, on the grounds of their placement being short-term or unplanned, or where they are placed. CCGs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services for LAC are provided without undue delay. Local Authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.

## 6. Ethnicity

**6.1** The majority of Looked After Children (as of 31 March 2016) across Merseyside are from a white British background, the same proportion as the general population of all children, and is in line with the national average for LAC. The breakdown of ethnic groups has not been routinely mapped and therefore not available for the LAC population within Merseyside due to the perceived low numbers. Anecdotally, Middle European migrants settling within Sefton is reported to be increasing, however the data has not been collated routinely within health to substantiate this claim. This is the same for unaccompanied asylum seekers. The Designated Nurse for LAC will work with health providers and the local authority, to develop a profile for both ethnic and asylum children entering care to inform future commissioning and quality measures.

## 7. Commissioning Arrangements of health provision for Looked After Children in Sefton

**7.1** The CCG is responsible for commissioning health services for LAC in Sefton. Within Sefton statutory health assessment provision is commissioned from Liverpool Community Health NHS Trust (LCH) and Alder Hey Children's NHS Foundation Trust (AHCT). Child and Adolescent Mental Health Services are also commissioned from AHCT and Sexual Health services from the LCH.



## 7.2 Liverpool Community Health Looked After Children's Team

**7.2.1** The Looked After Children's team are commissioned from Liverpool Community Health NHS Trust (LCH). The team work in partnership with Sefton Metropolitan Borough Council to facilitate the health provision to children and young people new into the care alongside ensuring robust arrangements are in place to maintain provision for the existing cohort of Looked After Children. The team co-ordinate the health care for Sefton looked after children, and those placed in area by other Local Authorities, to ensure that high quality statutory health assessments are completed in a timely manner.

**7.2.2** The team have had significant amount of change within the last 12 months, with long standing experienced members of the team retiring and replacement staff commencing. This gave an opportunity to redesign the service and bring together the two small teams covering both Sefton and Liverpool into one in order to provide peer support and cross-cover.

**7.2.3** The *Looked after children: knowledge, skills and competence of health care staff* (2015) document outlines roles and responsibilities for key health professionals working with looked after children. The document has been used to assess the current position within the LAC health team.

**7.2.4** In November 2015 the organisation was successful in recruiting a Named Nurse, with a joint portfolio for both Looked After Children and Youth Offender Health, to strategically lead the service. This post followed the recruitment of a lead nurse for LAC who commenced in post in June 2015 alongside three LAC link nurses.

**7.2.5** Named Nurse Looked After Children and Young Offender Health (1WTE) post involves service planning and line management with the Lead LAC Nurse (1WTE) managing a reduced sized caseload of complex children alongside providing the day to day management of the clinical and administrative team members.

**7.2.6** The LAC link nurses manage the 16-18 year old 'care leaver' cohort following transition from school health services. Each nurse holds a caseload of between 50-90 children; 1 nurse is specifically dedicated to the Sefton cohort of care leavers and works closely with social workers to improve health outcomes

**7.2.7** Administrative support (2.8 WTE) for the Named Nurse for Safeguarding/Lead Nurse for LAC is in place; 1 WTE is linked specifically to Sefton LAC to manage data flow relating to care status, health assessments and placement changes.

**7.2.8** Due to the reorganisation of the service and a whole new team being in post the Named Nurse and Lead Nurse reviewed data collection tools as a priority to enable accurate capture of data to support the commissioning requirement within the key performance



indicators.

**7.2.9** On review of the current systems gaps in communication between Liverpool Community Health NHS Trust and Sefton Metropolitan Borough Council were identified. To help bridge this gap, early in Quarter 3 an agreement was made with both that the Looked After Children's team should have access to the Local Authority electronic records via Liquid Logic.

**7.2.10** Due to IT infrastructure the solution was not as quick as first thought and the service were only able to 'Go Live' with this in the Autumn of 2016. Despite encountering many challenges throughout 2015/16, the team continued to be proactive and innovative in their approach to improving health outcomes for Sefton Looked After Children.

### **7.3 Alder Hey Children's NHS Foundation Trust (AHCH)**

**7.3.1** Alder Hey Children's NHS Foundation Trust delivers the medical services for Children Looked After and adoption. The team consists of a Designated Doctor who works closely with the Designated Nurse in supporting the health agenda for LAC, and 3 Medical Advisors, who together, complete all Initial Health Assessments (IHAs) and adoption medicals for the Sefton area.

**7.3.2** The AHCH Looked After Children's team take an active role at Corporate Parenting events and have contributed to Local Authority reports.

**7.3.3** The Medical Advisors are involved in all stages of the Adoption Process for children and adults. The clinicians make an effort to offer face-to-face meetings or telephone consultations with potential adopters prior to matching. These meetings provide potential adopters with the opportunity to discuss available medical information and the implications this may have for the child's future.

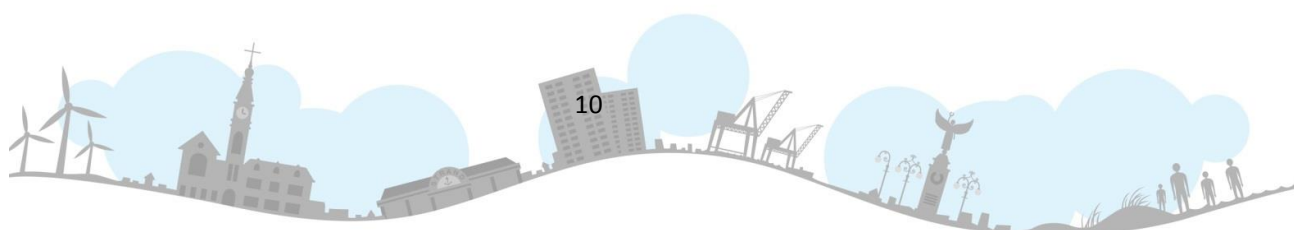
**7.3.4** Medical Advisors also have an obligation to attend permanence panels, this provides the opportunity to highlight any medical concerns that have been raised about potential adopters and clarify any medical information for the child which may be unclear or misrepresented at panel.

**7.3.5** The AHCH Looked After Children's Team are responsible for 'Adult Health Clearances' for all for foster carer, adoption, Special Guardianship Orders and kinship care applications.

## **8. Performance**

### **8.1 Initial Health Assessments**

**8.1.2** In the year April 2015 - March 2016, 140 children were new into care however as indicated in Graph 5, 144 children required Initial Health Assessment during the reporting



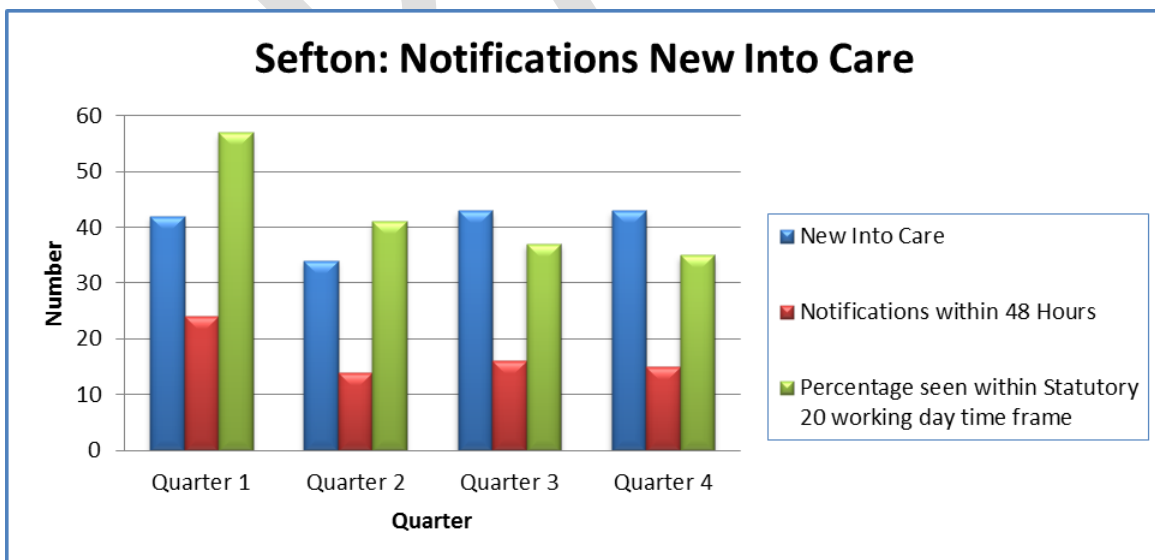
timeframe. This discrepancy can be related to 4 children who became LAC in March 2015 but required assessment in April 2015

**8.1.3** Statutory Guidance requires that the Initial Health Assessment (IHA) should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer. That care review must happen within 20 working days from when the child started to be looked after.

**8.1.4** To succeed with the 20 working day target, there is a reliance on the establishment of partnership working and excellent communication pathways. The allocated social worker is to notify the NHS Looked After Children’s Team within 48 hours of the child coming into care; delay in notification can have a significant impact on the facilitation of the initial health assessment

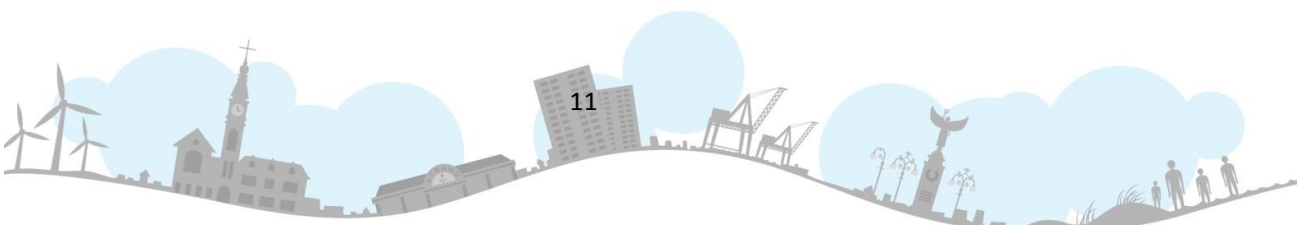
**8.1.4** Receiving the notification within 48 hours and meeting the 20 working day target is a requirement within the safeguarding related Key Performance Indicators (KPI’s) for both LCH and AHCH. It is however recognised that achievement of this requirement is dependent on the placing Local Authority providing timely notification to the LAC health team irrelevant of the child being ‘Looked After’ Sefton, another Local Authority, placed in or out of Borough.

**8.1.5** If the service has not received notification within 5 working days of the child becoming looked after it is unlikely that the 20 day time frame for returning the completed health action plan will be achieved.



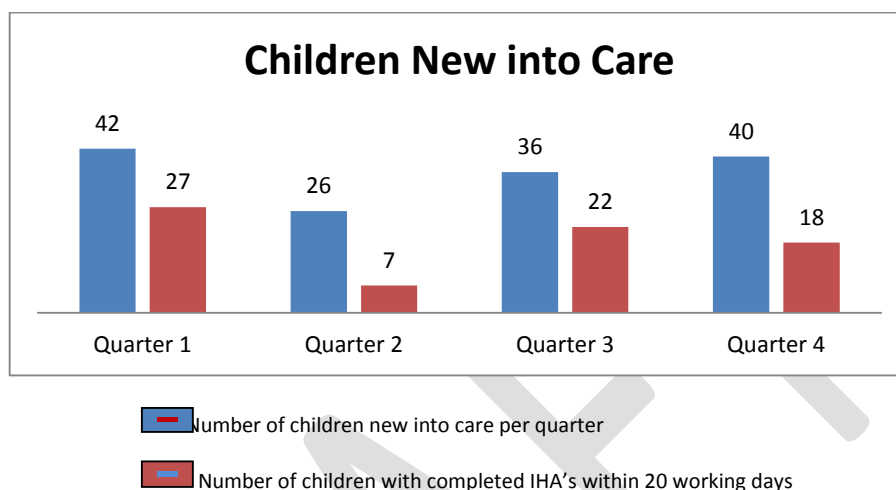
Graph 4 Requests for Initial Health Assessments in Sefton (inclusive of CICOLA’s)

**8.1.6** LCH LAC team, arrange the clinic appointment and ensure that health history is



available for each child for the examining paediatrician. The paediatrician examines the child with the consultation being concluded with the joint development a health plan which incorporates identification of clinical need whilst being reflective of relevant public health concerns.

**8.1.6** From the information available 51% of children starting to be looked after in the local authority have had their IHAs completed in a timely manner.



**Graph 5 Initial Health Assessment Data Compliance with Statutory Timescales (Sefton LAC only)**

**8.1.7** Common reasons for delay are:

- Late notification by children social workers.
- Children not brought for health appointment. “Did not attend” (DNA).
- Clinic capacity during periods of increased demand.
- Young people older than 16 are able to refuse to attend for their health assessment.
- Delays associated with requesting IHAs for children placed out of Sefton.

**8.1.8** To increase the timeliness of the IHA's completed, early notifications from LA to the LCH LAC team is important. It is hoped that access to the Local Authority Liquid Logic system will improve this process.

**8.1.9** Each IHA includes a summary and a health plan. The health plan lists outstanding health issues, recommendations and records who is responsible for completing the recommendation and when.

**8.1.10** The local authority that looks after the child must take all reasonable steps to ensure



that the child receives the health care services he or she requires as set out in their care plan. The Independent Reviewing Officer (IRO) should, as part of the child's case review, note any actions and updates to ensure that the health plan continues to meet the child's needs. The IHA Health Plan is reviewed by the professional completing the subsequent Review Health Assessment.

## **8.2 Review Health Assessments, Key Performance Indicators and Quality Assurance**

**8.2.1** Review Health Assessments (RHAs) are a statutory requirement for all LAC, which are required to be completed every six months for children under the age of 5 years and annually for children over this age.

**8.2.2** The RHA is a holistic assessment including emotional wellbeing and physical health. The recommendations and health plan from all RHAs are shared with the child's social worker (SW) and Independent Reviewing Officer (IRO).

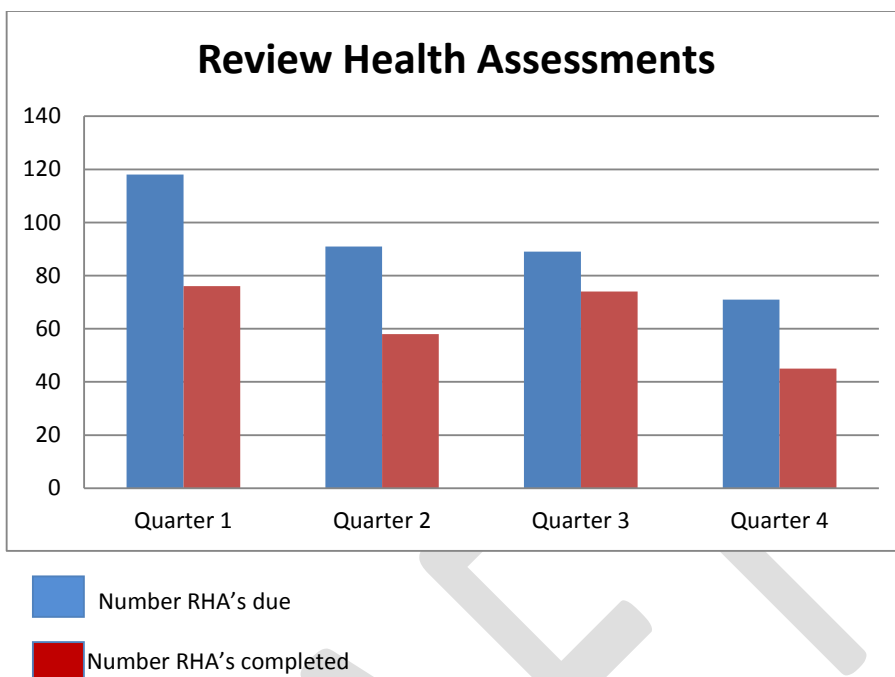
**8.2.3** LCH are commissioned by the CCG to deliver this service. This is achieved by the LAC team coordinating the requests. Health visitors and School Nurses complete the assessments for the majority of the children, whilst the LAC Specialist Nurse completes the assessments for young people aged 16-18 years.

**8.2.4** The completed RHA's are quality assured by the LAC specialist nurses. Particular attention is given to ensuring that recommendations from the previous health assessment have been completed.

**8.2.5** All health practitioners include details of the child's immunisation status on their RHA. This is checked by the LAC specialist nurse using the quality audit tool. If this data is absent the QA tool is returned to the health practitioner requesting the up to date immunisation information is provided



**8.2.6 Performance**



**Graph 6 Review Health Assessment Data Compliance with Statutory Timescales**

**8.2.7** Completion of the RHA's within a timely manner has been a challenge for LCH staff this year, however from the data submitted it is evident that a significant number of reviews are completed within the expected timescales.

**8.2.8** The number of children who have been looked after for a period of twelve months or more, who have received their statutory health assessment, is recorded by the Local Authority as part of the SSAD903 return to Central Government.

**8.2.9** Performance for 2014/15 was significantly poorer than hoped therefore oversight by the CCG had been required during this reporting period. An increase in monitoring, scrutiny and assurance was deemed necessary to achieve a more favourable return in 2015/16

**8.2.10** Whilst the publication of National SSAD903 data is not available until December 2016 it is possible to provide a projection of the anticipated return using information provided by both LCH and Sefton Corporate Parenting Team

**8.2.11** A cohort of 362 children was identified as being 'Looked After' for a period of more than one year and therefore eligible for reporting within the 903 return. 313 children had a review health assessment undertaken within the reporting period (86%)

**8.2.12** A number of factors have contributed to the 49 children being counted as not receiving statutory review assessment. These include:





- DNA/Non-engagement – A number of children refused to participate in the assessment process despite several attempts to undertake
- Late return – Several children received assessments out of timescale (after 31<sup>st</sup> March 2016) and therefore are counted as incomplete within the return
- Children placed out of area – There is a reliance on receiving provider health teams to comply with requests for health assessments; often these children will experience delay, inconsistent approach in completion or no offer of a service

### 8.3 Dental

**8.3.1** All LAC are encouraged to register with a local dentist of their choice at all health assessments. The health practitioners completing the child's health assessment must record the dental practice and dates of appointments they attended. This information assists the Local Authority in confirming compliance with routine dental checks as part of the 903 return

**8.3.2** Unconfirmed figures suggest that 279 children out of 362 were up to date with recommended dental examination (77%). Unfortunately there is no breakdown of data to indicate if the reasons underlying this figure are due to difficulties with access to dental service, refusal/non-compliance or inaccurate reporting

### 8.4. Immunisations

**8.4.1** Research suggests that children in care often enter the system with incomplete immunisations. It is therefore a priority of the local authority and health care providers to ensure that these children are brought in line with the national immunisation schedule as recommended by the Health Protection Agency and Public Health England

**8.4.2** Mandatory reporting on the immunisation status of children looked after for longer than a year also forms part of the 903 return, with authorities detailing the number of children who are immunised appropriately for age

**8.4.3** 279 (77%) children were identified as being up to date as per current immunisation schedule at the end of March 2016

**8.4.4** This data has been collected in the main by the Local Authority with little support regarding the clarification or interpretation of data being requested by health service providers. Again there has been no opportunity to scrutinise this data and it is therefore possible that a number of children have been recorded inaccurately as requiring immunisations due to misinterpretation of a frequently changing, national immunisation schedule



## 8.5. Strengths and Difficulties Questionnaire

**8.5.1** It is important to measure, on a regular basis, the emotional and behavioural difficulties experienced by looked-after children. Commonly this is achieved via the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a clinically validated brief behavioural screening questionnaire for use with 4-17 year olds or 2-4 year olds. It is internationally validated and simple to administer.

**8.5.2** The SDQ provides information to help social workers form a view about the emotional well-being of individual looked-after children. It is a requirement of the SSDA903 that local authorities must ensure that the looked-after child's main carer (a foster carer or residential care worker) completes the two-page questionnaire for parents and carers.

**8.5.3** In Sefton, the current arrangement for completion of SDQs sits with the Local Authority. Best practice dictates that information in the completed questionnaires is collected by the local authority and the child's total difficulties score is worked out and available to inform the child's health assessment. It has been highlighted however that there is no formal communication process between social care and health providers in regard to the SDQ findings for individual children.

**8.5.4** During the 2015/16 reporting period the Local Authority reported that 175 children out of eligible cohort had a Carer's SDQ completed. Figures provided by Liverpool Community Health indicate that 243 children aged 4-16 years should have benefitted from this emotional health measure (72%),

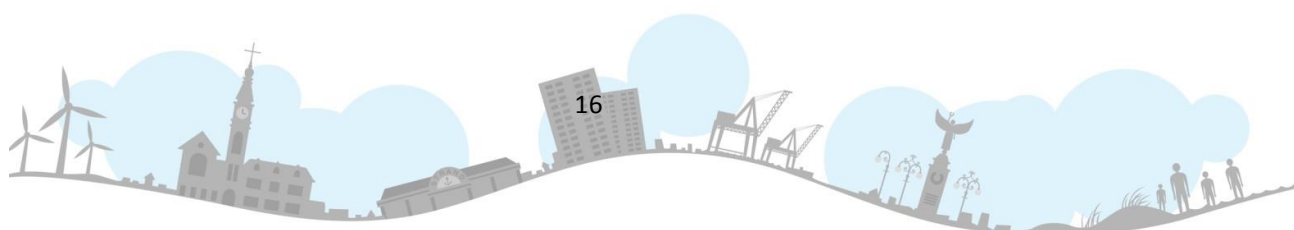
**8.5.5** Many regional neighbours include the SDQ process within the Review Health Assessment; this helps to understand the child's SDQ scores in context and may suggest any underlying problems. The SDQ should be used as evidence to support a referral to local targeted or specialist mental health services, where appropriate.

**8.5.6** Future discussions between the CCG, Local Authority and provider health services will facilitate a possible move to this process being developed for Sefton Looked After Children.

## 9. Child and Adolescent Mental Health Service (CAMHS)

**9.1** The Sefton CAMHS service is provided by AHCH and they provide a range of support to professionals, children, young people and their families to meet both the mental and emotional needs of those children who reside in Sefton.

**9.2** Looked after children present to CAMHS with similar difficulties to the general population though they frequently have more than one problem and a history of significant



adverse early life experiences. Engaging some young people can take time.

**9.3** The service offers a range of interventions that are tailored to the needs of the young person and their professional network as the key is to support both care and educational placements.

**9.4** Appointments are offered for most young people frequently and there is significant additional input for carers and regular liaison with the professional system.

## **10. Sexual Health Services**

**10.1** In the main, young people in Sefton access local sexual health services provided by Southport & Ormskirk NHS Hospital Trust. There is no specific service dedicated to Looked After Children.

**10.2** The service is confidential and able to offer a choice of walk-in, or appointment clinics and designated under 25 only sessions. Service users can state a preference to be seen by either male or female staff.

**10.3** Services provided include all contraceptive methods, sexually transmitted infection testing and treatments including HIV, free condoms and pregnancy tests. In addition, there are referral clinics for psycho-sexual counselling and erectile dysfunction.

**10.4** The clinic service is supported by a clinical outreach service (referral only) and sexual health promotion team. The availability of an outreach service has proved invaluable for some looked after young people who have faced challenges in engaging with, and accessing clinical services

**10.5** Sefton C-Card is a community based condom distribution scheme for young people aged between 13 and 19 years of age. All organisations participating in this scheme understand that confidentiality is of utmost importance for many young people whilst maintaining clear processes to deal with any Safeguarding issues such as CSE.

## **11. Looked After Children Accommodated Out Of Area (OOA)**

**11.1** Looked After Children may be accommodated outside the Sefton Borough for a variety of reasons. Sefton local authority continues to be responsible for the child's care and the CCG remains the "responsible commissioner" for health services, while the child is accommodated OOA.

**11.2** Through local service specifications the CCG commission LCH to coordinate the



statutory health assessments for Looked After Children. LCH LAC team liaise closely with out of area LAC health teams to request, ensure completion and quality assure the assessment documentation to ensure children's health needs are supported. The team are required to follow up all RHAs not completed or returned within set time frames. This area continues to be time consuming and challenging at times.

**11.3** It is crucial that any identified complex health needs for OOA children continue to be met. Accessing emotional health support, assessment and treatment from CAMHS is the main area for concerns for these children placed away from Sefton.

**11.4** Establishing the "responsible commissioner" and obtaining the cooperation of the local area health service can sometimes prove challenging and cause delays for children. To ensure that these threats are minimised, it is important that processes are robust between the CCG and provider organisations. During 2015/16 the process was refreshed and re-implemented to ensure children placed out of the Sefton borough received a quality service without any delay. This is in line with the statutory national tariff for IHA's "Payment By Results" NHS England Guidance and locally developed quality schedule.

## **12. Supporting Looked After Children with Disabilities.**

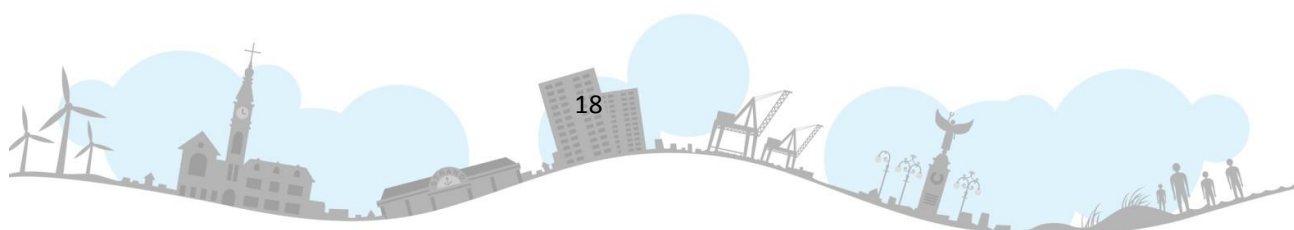
**12.1** Nationally two-thirds of all LAC have special educational needs (SEN). Of those, a significant proportion will have a statement or a learning difficulties assessment. From 1<sup>st</sup> September 2014 statements were replaced by Education, Health and Care (EHC) plans, with the transition process to be complete by 2016. The looked-after child's EHC plan works in harmony with their care plan to tell a coherent and comprehensive story about how the child's health needs in relation to accessing education are being met. Health and education professionals should consider how to co-ordinate assessments and reviews of the child's care plan and EHC plan to ensure that, taken together, they meet the child's needs without duplicating information unnecessarily.

## **13. Adoption**

**13.1** The Medical Advisers for LAC and Adoption are involved in all stages of the Adoption Process for children and adults.

**13.2** Each child adopted had an Adoption Medical, in addition to their Initial Health Assessment as a Child in Care. Following placement for adoption the Medical Adviser is available to advise Social Workers, health professionals and prospective adoptive parents.

**13.3.** Following placement for adoption the child remains a Child Looked After. The Specialist Nurse for Looked After Children is able to provide information and support for the prospective adopters and for health professionals in the new area.



## 14. Skilled and Competent Workforce.

**14.1** All healthcare staff who comes into contact with LAC should work within the Royal Colleges' intercollegiate framework. This framework identifies the competences that enable healthcare staff to promote the health and well-being of looked-after children. They are a combination of the skills, knowledge, values and attitudes that are required for safe and effective practice. Assurance can be given that the Designated Nurse and Doctor complies with level 5, all medical advisors and specialist nurses are compliant with level 4, Supporting Team Nurse, Health Visitor and School Nurses are compliant at level 3 and all Administrative staff compliant with level one. The CCG monitor compliance against these standards monthly via the Key Performance Indicators within the quality schedule.

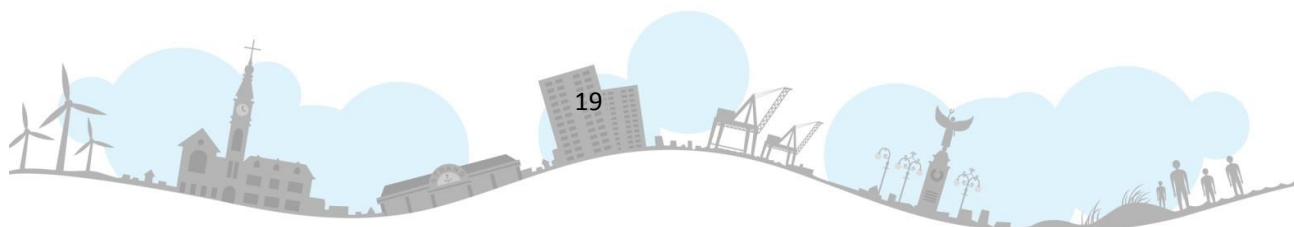
## 15. Summary of Key Areas of Achievement by Providers and Designated Nurse for the CCG 2015/16

### 15.1 Liverpool Community Health (LCH)

- Complete review of systems and processes related to Initial and Review Health Assessments
- Revised Quality Assurance tool to ensure information provided within statutory assessments is available to inform audit processes and health needs assessments
- Roll out of Level 3 LAC training across LCH footprint to increase skills, knowledge and competencies community practitioners with regard to the health needs of looked after children; 4 sessions completed by March 2016 with 90 staff attending
- Involvement with the Sefton MAD Health group to ensure improvements in health provision to children and young people is driven by the voice of the child
- Improvement in timescales regarding review health assessments and joint working with AHCH to improve clinical pathways for Initial health assessments
- Creation of LAC Champions group to raise the profile of Sefton's Looked After Children population within the organisation

### 15.2 Alder Hey Children's NHS Foundation Trust (AHCH)

- The Designated Doctor has implemented a change to practice so that training for IHA's and Adoption Medicals are included within all registrar job plans. This change will enable and support the team in meeting demand for extra clinics, as both children requiring IHA or adoption medical will be able to attend the same clinic.
- The team have been working hard over the past year to develop stronger working



relationships with partner organisations (LCH). The Designated Doctor and Specialist Nurse have regular contact with the organisation, which has improved both, communication and practice.

- Revised process for the completion of adult clearance for potential carers has seen a reduction in the timescales this process takes. Feedback from Local Authority colleagues has been positive commending the new 'triage' process and the improved timeliness of the service. The team continue to be flexible with demands for 'urgent' clearances.

### 15.3 Clinical Commissioning Group (CCG)

- Designated Nurse Role now imbedded within Quality directive for CCG.
- Review of the Service Specifications, Reporting, KPI's and Quality Schedules in place.
- Governance in place to ensure providers delivering commissioned services to meet statutory requirements.
- Contracts and process in place with providers (in line with National Tariff) to ensure LAC placed out of Borough receive their health assessments in a timely manner.
- Looked after Children Strategy developed and implemented
- NHSE baseline tool "Right People, Right Place, Right Time, Right Outcome" completed and action plan in place

## 16. Key Areas for Development for Providers and Designated Nurse for the CCG during 2016/17

### 16.1 Liverpool Community Health NHS Trust (LCH)

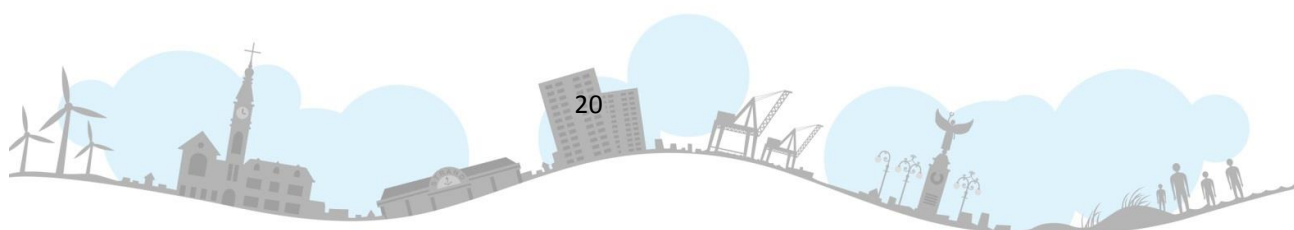
- Access to Local Authority Liquid Logic system to ensure timely, appropriate information sharing with regard to the health of individual looked after children
- Further development of health training offer to include regular Level 3 LAC specific sessions, training for foster carers and information sessions for social care staff
- Health needs assessment of LAC cohort utilising data extrapolated from review health assessments via improved quality assurance tool
- Integration of SDQs within Statutory Health Assessments

### 16.2 Alder Hey Children's NHS Foundation Trust (AHCH)

- Continue to review processes and look at ways to improve the child's medical journey through care.

### 16.3 Designated Nurse for Looked After Children for the CCG

- CCG Action Plan for LAC to be maintained and updated monthly by Designated



Nurse.

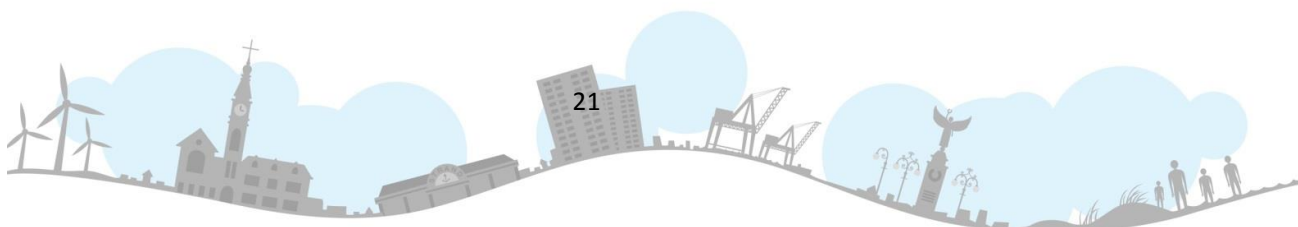
- System to be developed to facilitate LA notification to the CCG for all children placed out of area, placed in area by another LA and movement of LAC placements to ensure the CCG has oversight and is able to plan care
- Review of Specialist Nursing provision to inform commissioning arrangements in place to meet CCG statutory responsibility.
- Training for health/social care and foster cares to be reviewed, to ensure statutory requirements are being met.
- To obtain an overview of the ethnicity of the LAC population, to include asylum seekers, to inform commissioning delivery plans
- Actively seek young people in care views to inform future commissioning.

## 17. Conclusion

The CCG has worked in partnership with the Local Authority and partner agencies to ensure robust arrangements are in place within commissioned services in line with National guidance and to fulfil the health needs of the group of children.

The performance of commissioned services to deliver the statutory standards for LAC has been good throughout the year.

This is the first combined annual report. Collating data from the various providers has proved difficult as data has not been collected or used in this way before. The narrative the providers have supplied, does support how the CCG is fulfilling its duty to safeguard children and young people and commission services appropriate to national guidance.



## 18. References

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## MEETING OF THE GOVERNING BODY NOVEMBER 2016

<b>Agenda Item:</b> 16/189	<b>Author of the Paper:</b> Margi Daw Safeguarding and MCA/DoLS Coordinator
<b>Report date:</b> November 2016	E-mail: <a href="mailto:margi.daw@haltonccg.nhs.uk">margi.daw@haltonccg.nhs.uk</a> Tel: 0151 495 5469
<b>Title:</b> Mental Capacity Act/ Deprivation of Liberty Safeguarding Annual Report 2015/16	
<p><b>Summary/Key Issues:</b></p> <p>This is the first annual Mental Capacity Act/ Deprivation of Liberty Safeguards (MCA/DoLS) report to NHS South Sefton Clinical Commissioning Group (CCG) Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory duties in relation to people requiring care and treatment in the Borough who lack capacity to make best interest decisions.</p> <p>The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and the challenges for 2016/17.</p>	
<b>Recommendation</b>	Receive <input checked="" type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to approve this report.	

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.
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			Joint Quality Committee

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
	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 November 2016**

### **1. Executive Summary**

This is the first annual Mental Capacity Act/ Deprivation of Liberty Safeguards (MCA/DoLS) report to NHS South Sefton Clinical Commissioning Group (CCG) Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory duties in relation to people requiring care and treatment in the Borough who lack capacity to make decisions.

The CCG annual report takes account of national changes and influences, local activity, governance arrangements and the challenges for 2016/17.

The CCG makes a significant contribution to embedding the principles of Mental Capacity Act and DoLS by its partnership work with the National Forum, Sefton local authority and the commissioned health providers.

### **2. Introduction and Background**

The Annual Report provides the Governing Body with an update of the developing and emerging MCA/DoLS agenda, which the CCG has supported throughout the 2015-16 reporting period.

This includes updates on the National Context (The Deprivation of Liberty Safeguards, Article 5 of the Human Rights Act 1998, Supreme Court ruling P v Cheshire West and Chester and P and Q v Surrey Council, CQC Document "The State of Health Care and Adult Social care in England 2015/16", The Chief Coroners Guidance No 16 in December 2014, Birmingham City Council v D & Another [2016] EWCOP 8 and requirements under the Court of protection) and the Local Context (NHSE North region MCA/DoLS Network, NHSE Designated Professionals Network, Partnership working and Training) and activity for commissioned health providers in relation to DoLS.

It also outlines the future implications, challenges and key work streams for 2016/17.


### **3. Recommendations**

The Governing Body is asked to approve this report.


### **4. Appendices**

Appendix 1 - Mental Capacity Act/DoLS Annual Report 2015-2016

**Margi Daw Safeguarding and MCA/DoLS Coordinator**  
**Helen Smith Head of Safeguarding Adults**

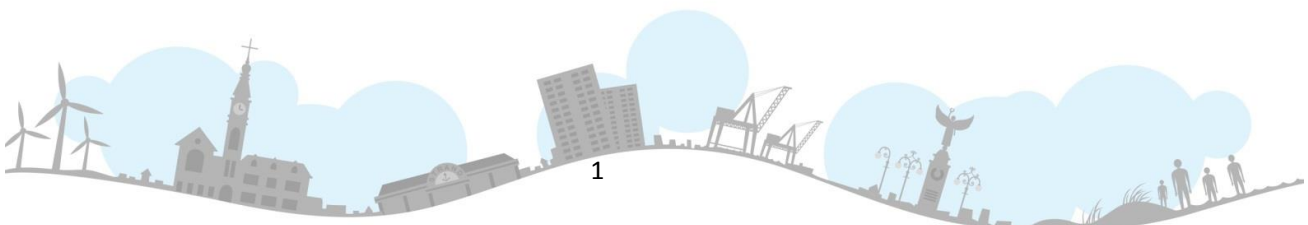


# Mental Capacity Act/ DoLS Annual Report 2015-2016



Author: CCG Safeguarding Service

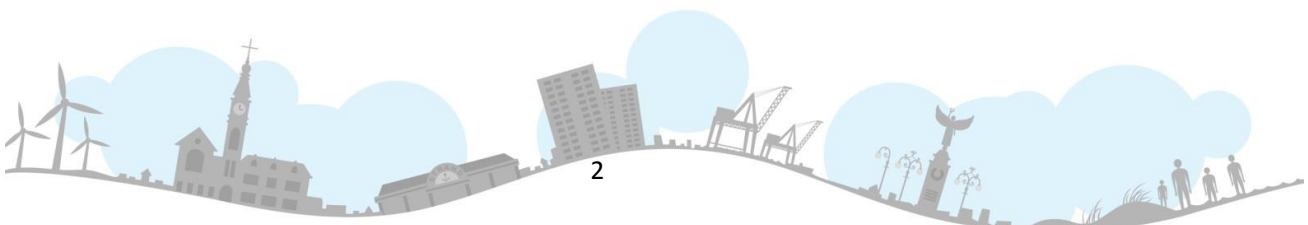
Date: November 2016



## Foreword by Chief Nurse for CCG

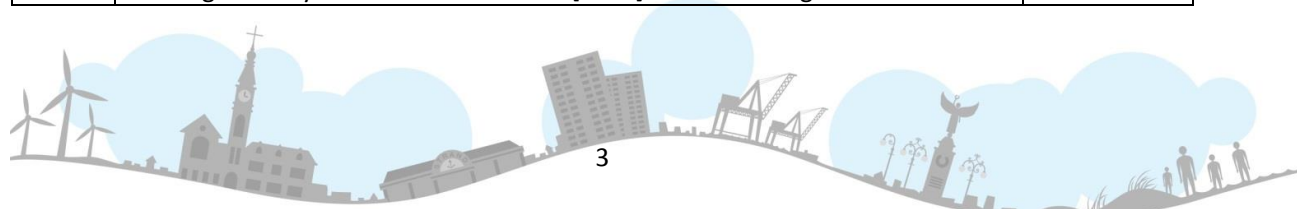
NHS Southport and Formby Clinical Commissioning Group and South Sefton Clinical Commissioning Group (CCG) demonstrate a strong commitment to safeguarding vulnerable adults who lack capacity within the local communities. The commitment to the MCA/DoLS as part of the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCG is to actively improve outcomes for all vulnerable adults and this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.

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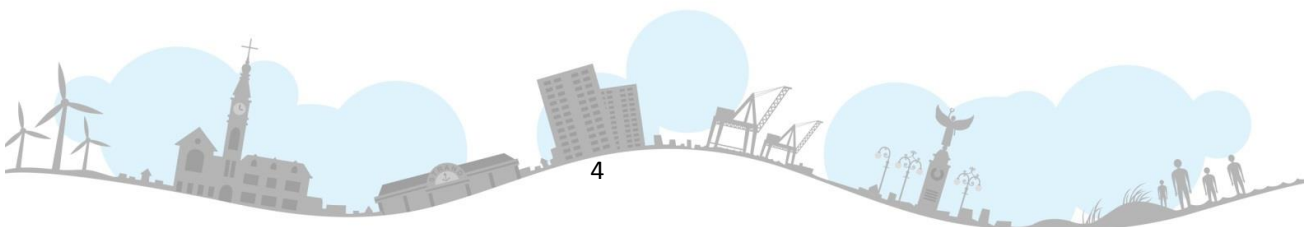
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## NHS South Sefton CCG and NHS Southport and Formby CCG

### Mental Capacity Act/ DoLS Annual Report 2015-2016

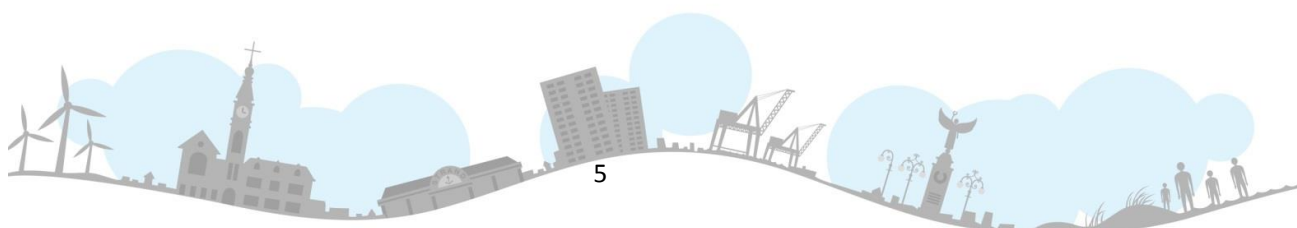
#### 1. Purpose of Report

This is the first annual report presented to the NHS CCG Governing Body for NHS South Sefton and NHS Southport and Formby CCG (thereafter referred to as the Sefton CCGs) Governing Bodies for the reporting year 2015-2016.

This report is intended to provide assurance that the CCG has safely discharged its statutory responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) as a key component of the wider safeguarding agenda.

NHS Sefton CCGs commissions a Hosted Safeguarding Service to support discharge of statutory responsibilities for children and adults at risk. The hosting arrangements remain with NHS Halton CCG as per the original terms agreed in 2013, using a Memorandum of Understanding and Service Specification. The role of the MCA/DoLS Lead is supported within this arrangement.

The report provides a summary of the activity undertaken throughout 2015 / 16 in relation to the implementation of the Mental Capacity Act and highlights the key issues with respect to Deprivation of Liberty Safeguards (DoLS) across the Sefton region. The report identifies individual commissioned health providers but the data in relation to DoLS is collated Sefton wide by the Local Authority and as such does not differentiate between the NHS South Sefton CCG and NHS Southport and Formby CCG residents and therefore this report is presented as the annual report for both NHS Southport and Formby CCG and NHS South Sefton CCG.



## 2. National Context

The Mental Capacity Act was introduced in 2005 and provides a statutory framework for people who lack the capacity to make decisions for themselves. The Deprivation of Liberty Safeguards was the legal framework provided in response to Article 5 of the Human Rights Act 1998 which states ‘everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed within this Act. The aim of the Safeguards is to protect vulnerable people who lack mental capacity, but who need to be deprived of their liberty so they can be given the appropriate care and treatment in a hospital or care home setting. If a person’s right to liberty needs to be infringed in other settings for example within a Supported Living Scheme, then an authorisation must be obtained from the Court of Protection.

On 19th March 2014 a Supreme Court ruling P v Cheshire West and Chester and P and Q v Surrey Council was significant in lowering the threshold in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a Deprivation of Liberty (DoLS) and introduced a new ‘acid test’. The implication being that all people who do not have capacity and are not free to leave their environment need to be supported under the framework of the DoLS.

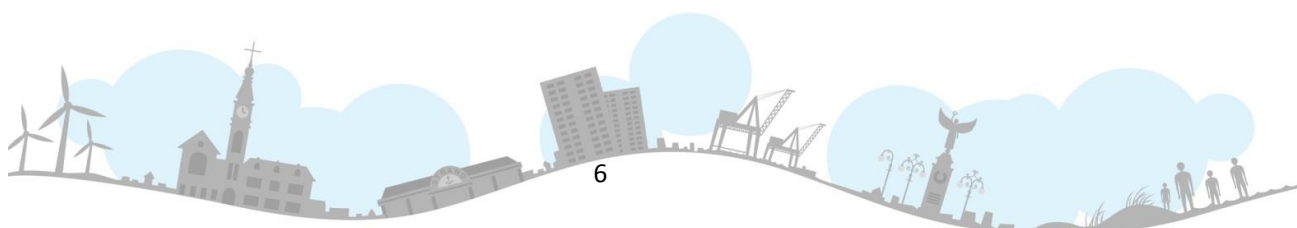
As a result of this judgement there has been significant increase in the applications to the Local Authority Supervisory Body by Managing Authorities, such as hospitals, as they are required to make more applications for DoLS assessments. National Statistics for 2015 / 16 published by Health & Social Care Information Centre (hscic) confirm a 29% increase in applications compared to the data of 2014 / 15

The majority of Local authorities in England are experiencing delays with processing applications and so this means that Managing Authorities will be depriving patients of their liberty without authorisation. The CCG has advised provider organisations to seek legal advice in relation to this judgement and the impact for their organisations.

The judgement has received much criticism as the present process is failing to deliver improved outcomes for those lacking capacity and in March 2014, a House of Lords Select Committee published a detailed report concluding that the DoLS were “not fit for purpose” and recommended that they be replaced. The Law Commission was tasked by the Department of Health with undertaking a review of the Safeguards; on 27<sup>th</sup> July 2015 a consultation was commenced and a response was subsequently published on how the law should regulate deprivations of liberty (DoLS). A final report with recommendations and a draft Bill is expected in December 2016 with a view to achieving legislative reform; implementation is expected in 2019

### 2.1 Care Quality Commission

The recent CQC Document “The State of Health Care and Adult Social care in England 2015/16” identify that Providers who applied the Deprivation of Liberty Safeguards (DoLS) well had a culture of person centered care, robust policies, documentation of DoLS procedures and good leadership in place to provide a focus to staff understanding of DoLS and how to apply it. It noted that the variation in the effective application of DoLS both between providers and within individual providers could lead to



individual's not receiving care that is in their best interests.

The report finds that not enough providers are applying capacity assessments effectively and that many made assumptions that individuals lacked capacity without having carried out or documented assessments. Some providers used the "blanket approach" to capacity assessments, which suggests that their focus may be more about managing organisational risk than delivering person centered care. Training also remains an issue.

## 2.2 RPR (Relevant persons representative)

As a result of the volumes of DoLS referrals there has been an increase in the number of 21a challenges. The Relevant Persons Representative (RPR) can refer the issue to the Court of Protection (COP) to challenge or review the urgent or standard authorisation.

There have also been requests for advice to schedule Section 8 reviews. (A Part 8 Review under the DoLS can be triggered by either a managing authority, the relevant person (ie. the detainee) or their representative requesting that the supervisory body (who authorised the detention in the first place) review the authorisation.

The managing authority *must* request such a review if they feel that a person's circumstances have changed and so they may not meet the qualifying requirements for detention under the DoLS.

## 2.3 Court of Protection (COP)

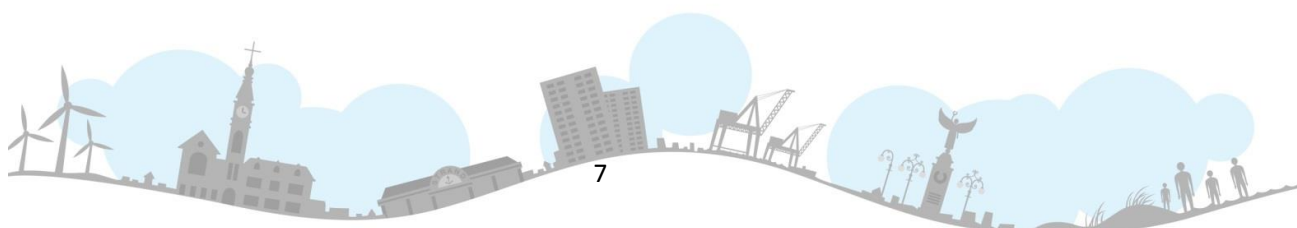
Providers of other health and care services outside of hospitals and care homes, such as supported living services must apply to the Court of protection for authorisation to deprive someone of their liberty in the course of providing care. The requests for DoLS authorisations within the community have dramatically increased following the 2014 Supreme Court ruling. This has continued throughout the reporting year.

## 2.4 Birmingham City Council v D & Another [2016] EWCOP 8

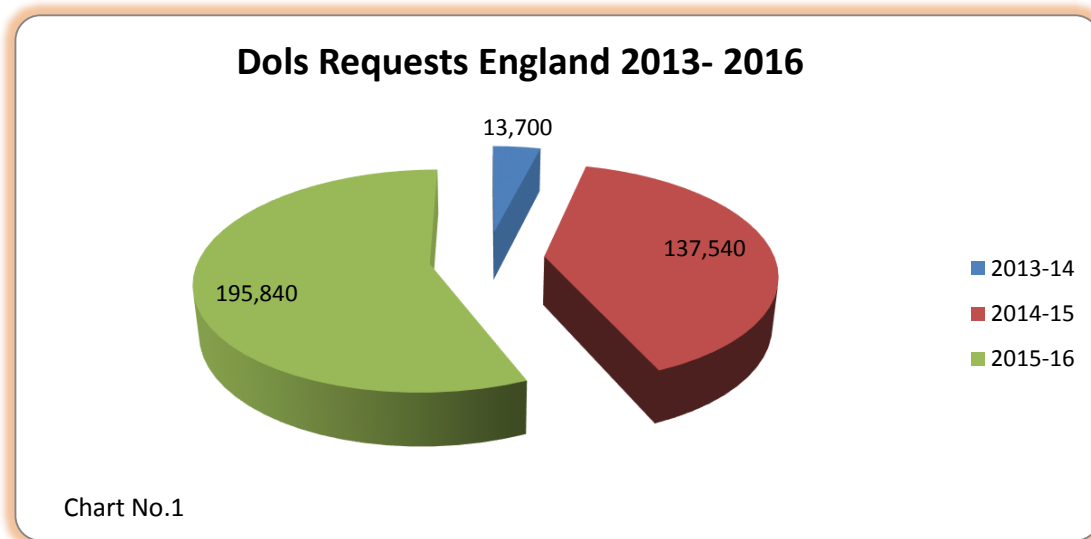
This judgment determined that once a young person reaches the age of 16. It is not enough to rely on parental consent when a 16 year old is under continuous supervision, is not free to leave and such cases will always need a referral to the Court of Protection for authorisations and, inevitably, annual review, at least until the young person falls within the scope of the Deprivation of Liberty Safeguards - DoLS (at age 18, if it is a registered setting). The parent of a 16 or 17 year old young person may not consent to their confinement which, absent a valid consent, would amount to a deprivation of that young person's liberty".

## 2.5 Chief Coroner Guidance

The Chief Coroners Guidance No 16 in December 2014 set out that any person who dies whilst under a DoLS should be the subject of a coroner's investigation. As a result of this the Coroners Statistics 2015 show a 27% increase in the number of inquests. Almost all of DoLS inquests (94%) recorded a conclusion of death by natural causes. Non-Natural deaths (eg a fall) require a Jury inquest. Some coroners have determined that unless a DoLS has been signed off and authorised they will not treat it as a Deprivation of Liberty. Recent challenges have been made to this guidance from a number of areas.



### 3. National Statistics 2013-16



The DOLS statistics for the period of 1 April 2015 to 31 March 2016 saw the greatest number of DOLS applications ever: 195,840. 105,055 of these applications were completed: approximately half of which were completed within 35 days. The average duration for completion was 83 days. 4% (4,335) took 365 days or more to be completed. Half (51,330) of those not yet signed off had been awaiting completion for up to 188 days (of which 21,370 originated as urgent authorisations).

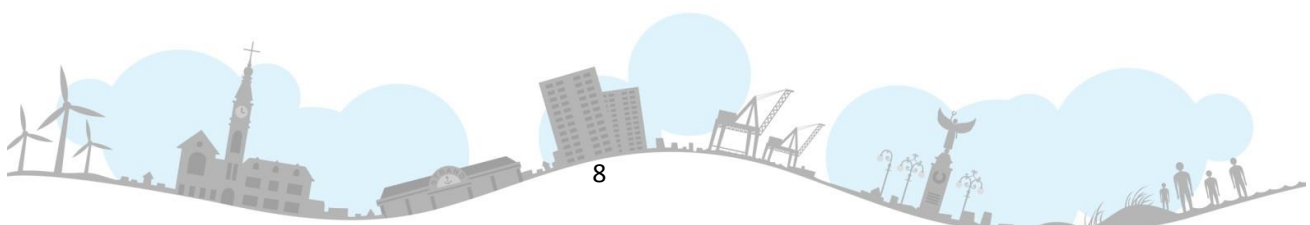
Regional variations differ greatly across England in relation to both numbers of applications made and also of those granted. 84% of standard authorisations were for less than 6 months.

Due to the vast increase and demand for assessments under the Deprivation of Liberty Safeguards the Association of Directors of Social Care (ADASS) has developed a screening tool. This is to be used as an indicative guide only. The aim of this tool is to assist councils to respond in a timely manner to those requests which have the highest priority, so as to safeguard the individuals concerned.

### 4. Local Context

#### 4.1 Request and Authorisation activity Data per provider

The following graphs identify the DoLS requests for authorisation from the CCG health commissioned providers and also Sefton Local authority. There is a variance in the data presented due to the information available from the health commissioned providers. This is being addressed through the work plan for 2016-17



4.2 Southport and Ormskirk Hospital

S&O DoLS Applications by area 2015 - 16

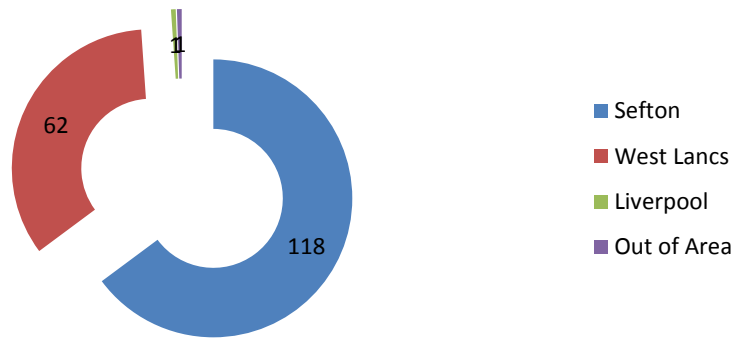


Chart No.2

S&O DoLS Applications 2015 - 16

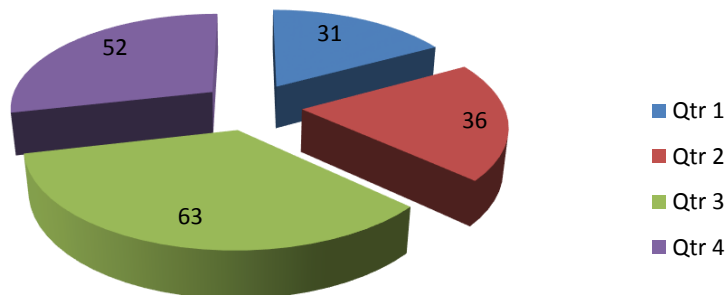
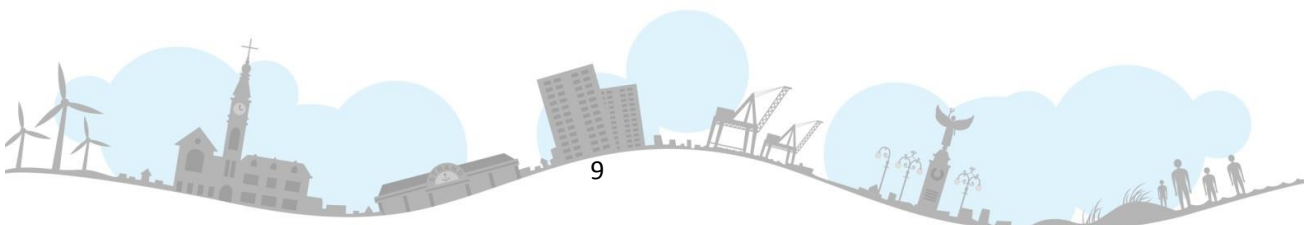


Chart No.3



**S&O DoLS Application outcomes by Area 2015 - 16**

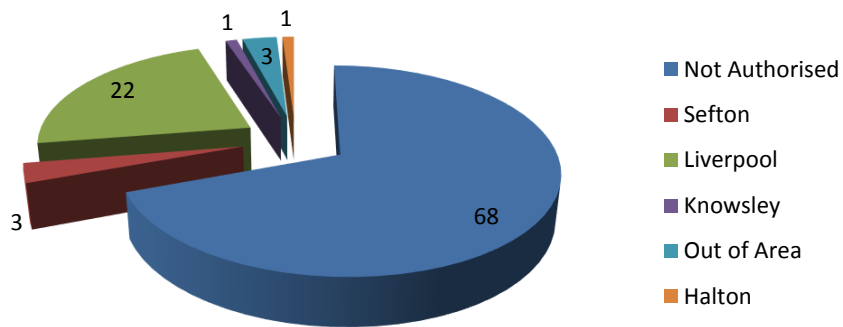


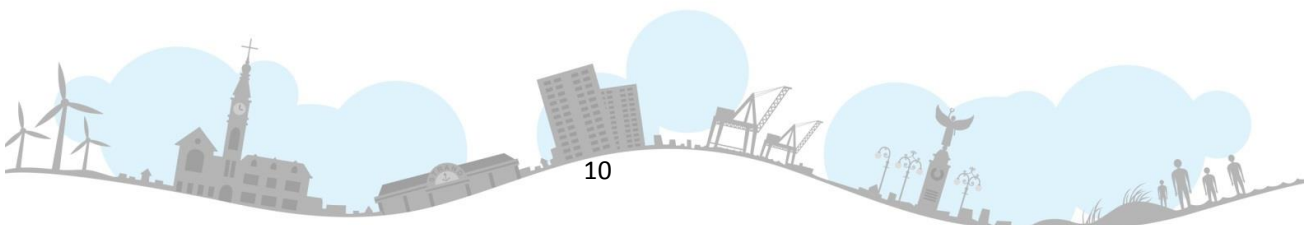
Chart No. 4

#### 4.3 Southport and Ormskirk Hospital Summary

- 182 requests for DoLS Authorisations made in 2015 -16
- 118 of these requests were made to Sefton LA
- 62 were made to West Lancs
- 1 to Liverpool
- 1 out of area

#### 4.4 Reason for non- authorisation

Data not submitted



4.5 Aintree University Hospital

**AUH DoLS Applications 2014 - 15 - total 62**

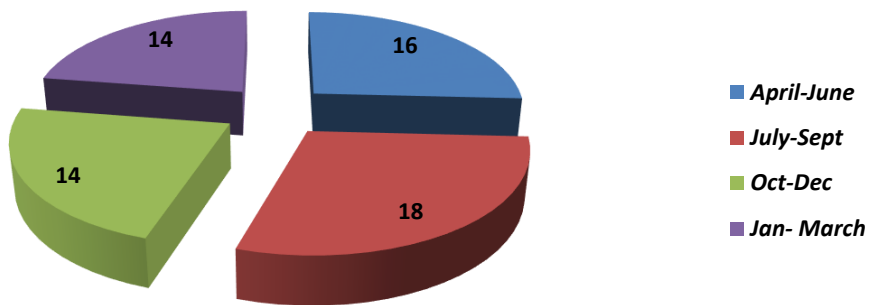


Chart No.5

**AUH DoLS Applications 2015-16 - total 98**

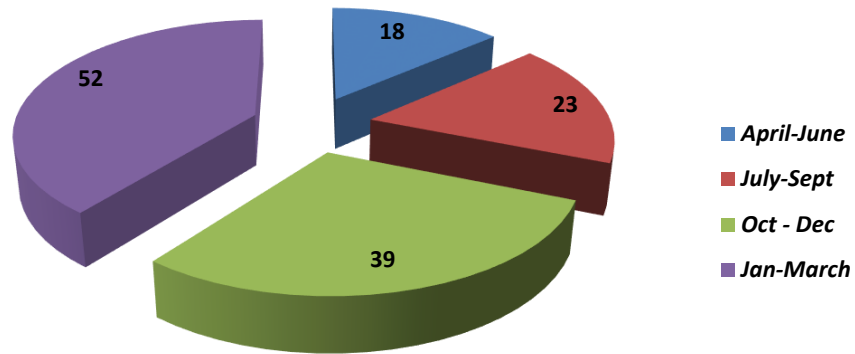
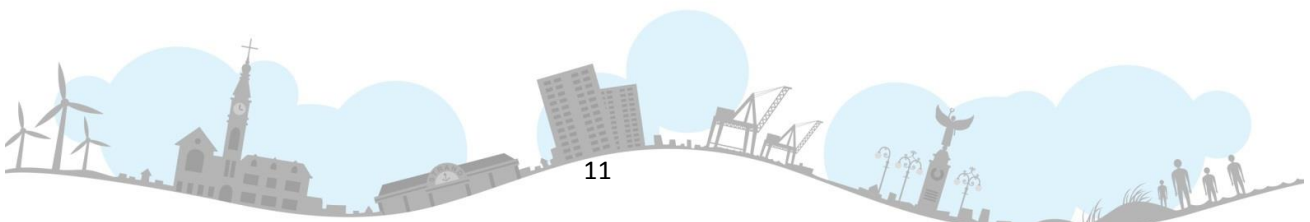


Chart No.6



**AUH DoLS Applications by Area 2015- 16**

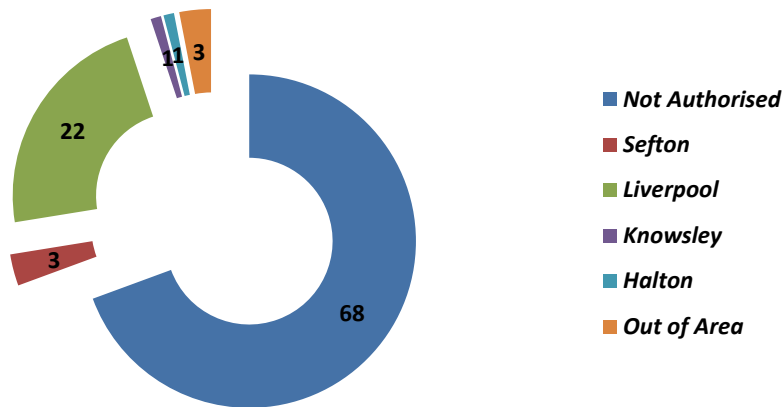


Chart No.7

**AUH DoLS Application Outcomes 2015-16**

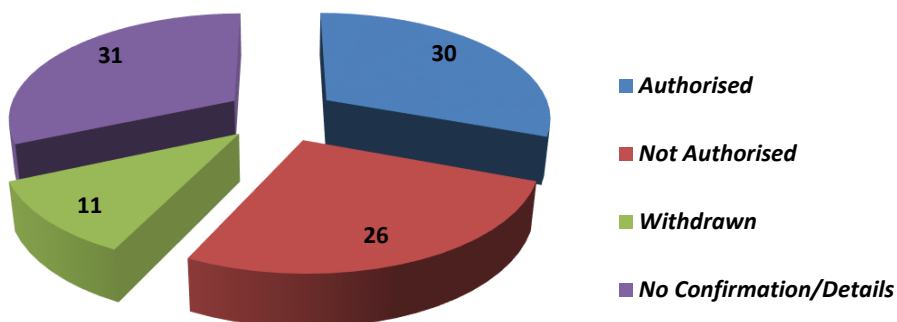
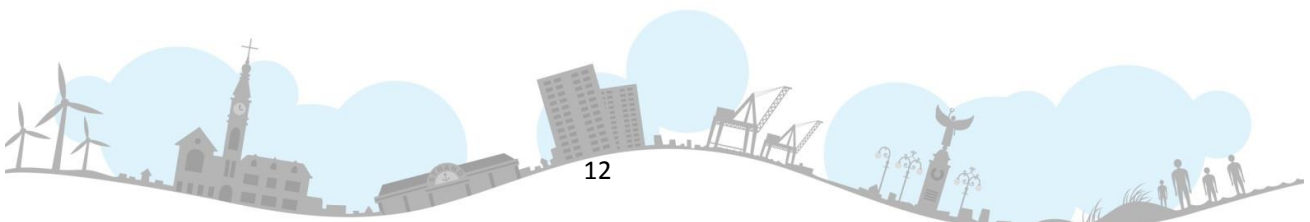


Chart No.8

#### 4.6 Aintree University Hospital Summary

- 98 requests for authorisations made during 2015 – 16
- 30 of these were authorised
- 22 of those authorised were for Sefton patients
- 26 were not authorised.
- 11 requests were withdrawn due to discharge or regaining of capacity and therefore not





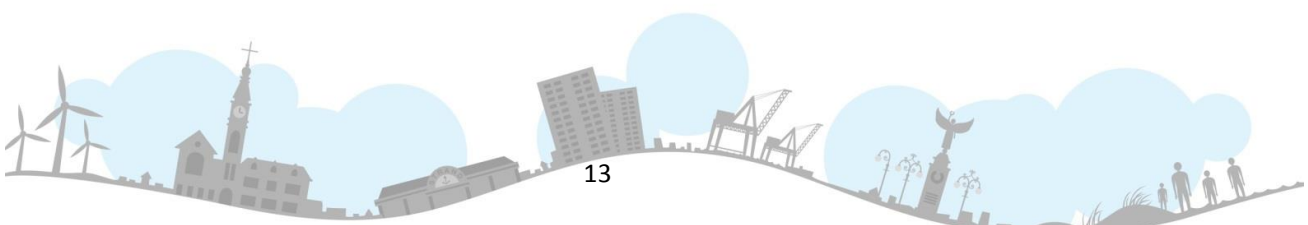
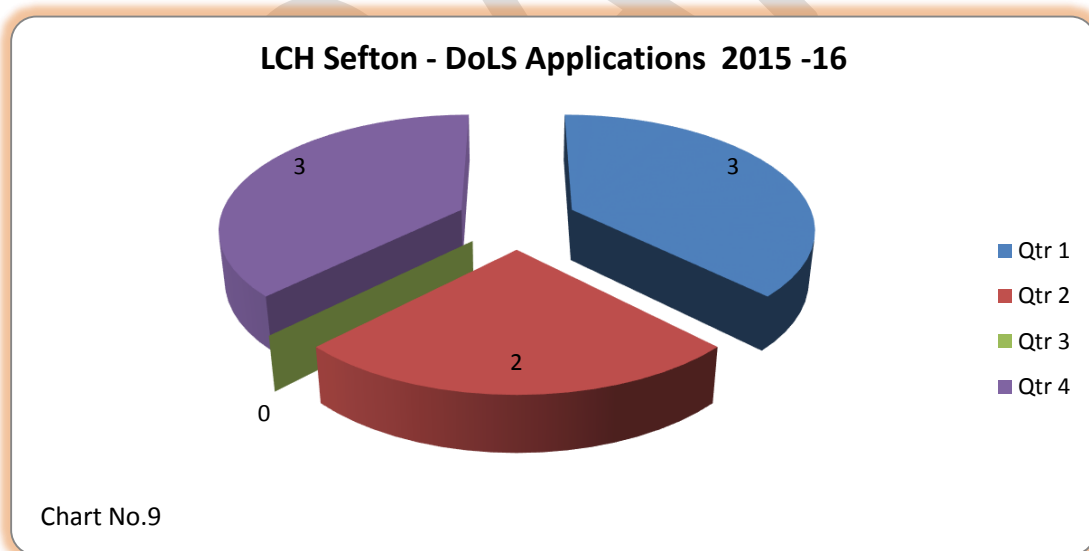
authorised.

- 31 were classed as non-authorisations for the purpose of this data as no confirmation details available
- Some Supervisory Bodies within the Merseyside area are not providing confirmation of outcomes/paperwork following DoLS assessments.

#### 4.7 Reasons for non-authorisation

- The patient regaining capacity
- The patient was discharged prior to assessment
- The application was withdrawn by the hospital
- The outcome of the assessment was deemed to be a restriction not a Deprivation
- The hospital was requested by LA to put on a 7 day extension
- Delay in confirmation of outcome

#### 4.8 Liverpool Community Health (South Sefton)



### LCH Sefton - DoLS Application Outcomes 2015 -16

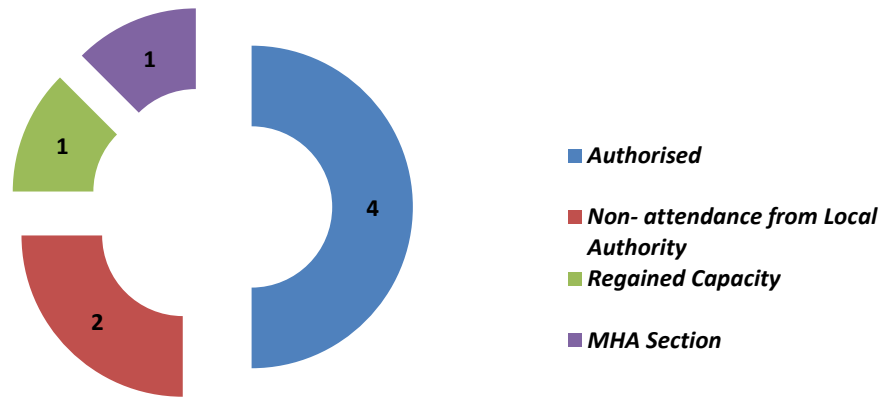
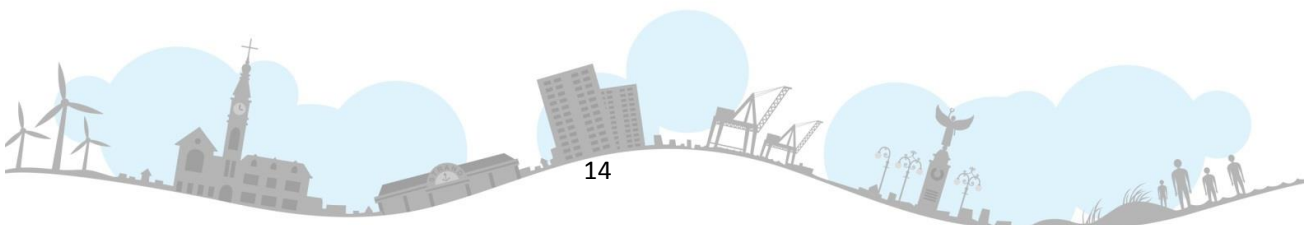


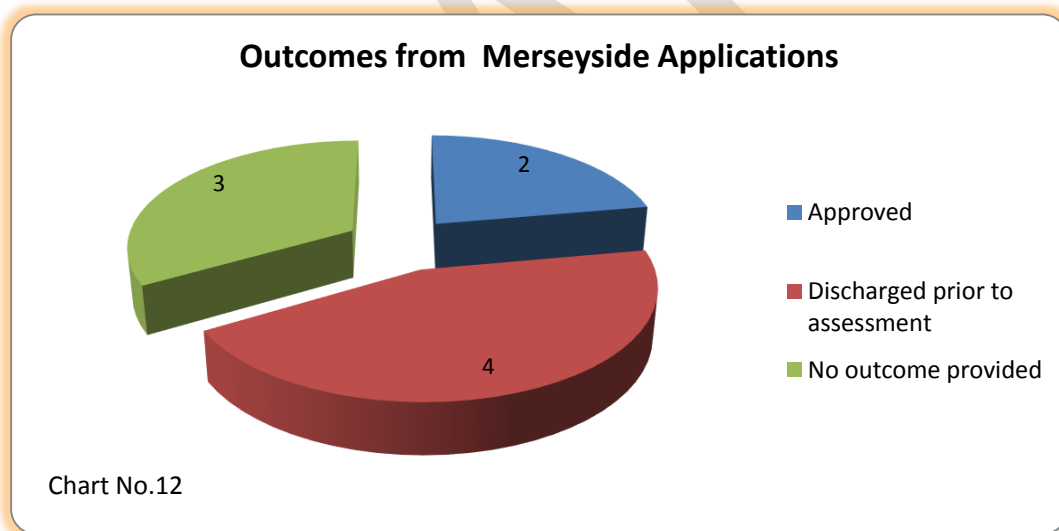
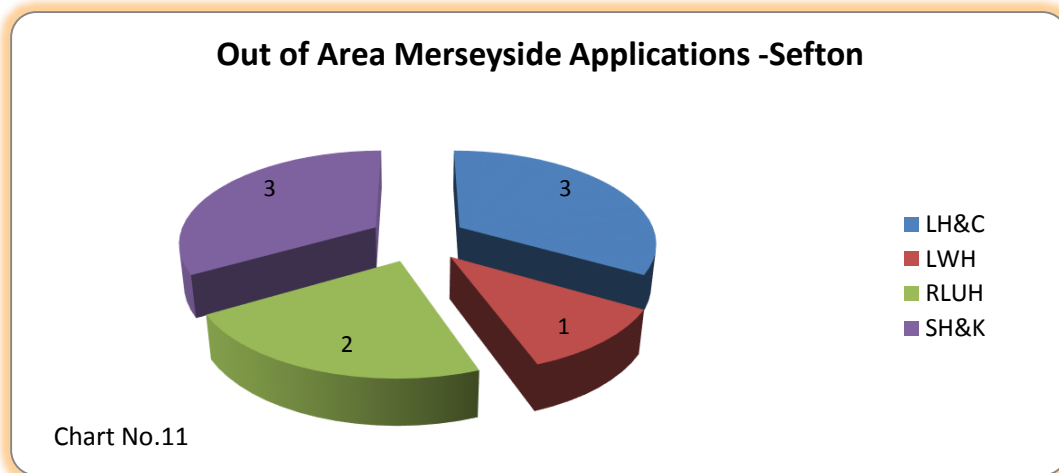
Chart No.10

#### 4.9 LCH Sefton Summary

- 8 requests for assessments made by LCH
- 4 approved
- LA did not attend for 2 assessment (extensions to urgent authorisations given)
- 1 sectioned under MHA
- 1 regained capacity

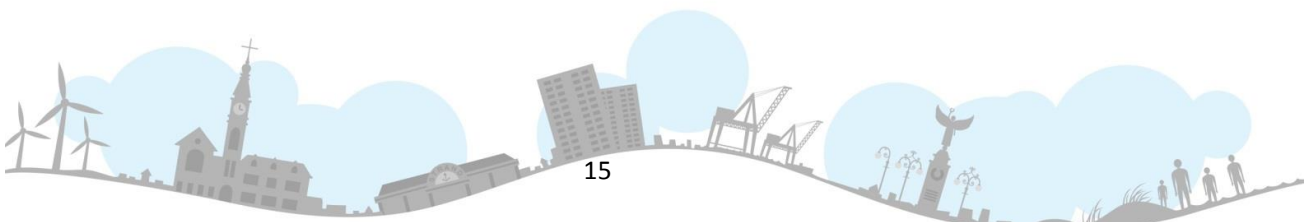


4.10 Out of Area Sefton Patients - DoLS data



4.11 Out of Area Sefton Patients Summary

- 9 requests for DoLS authorisations were made in relation to Sefton residents during 2015-16. 8 were for NHS South Sefton CCG patients and 1 for an NHS Southport and Formby CCG patient.
- 2 were authorised one from LHC and 1 from RLUH.



- 4 were discharged prior to assessment being undertaken. 1 from RLUH and 1 from LWH
- No outcome provided for the 3 remaining patients following assessments. All 3 were patients in SH&K

#### 4.12 MerseyCare – Sefton

No data available as evidence of requests for Authorisations not provided within the Key Performance Indicators (KPIs) between Q1 – Q4 2015 – 2016

### 5. Identified themes from Commissioned Health Provider MCA/DoLS data

- The increase in requests for DoLS authorisations within NHS South Sefton CCG and NHS Southport and Formby CCG reflect the national increase since the Cheshire West Supreme Court Judgement in March 2014
- MCA/DoLS documentation for request of assessments had not always been completed appropriately thus preventing the request to be processed in a timely manner.
- There is a high proportion of non-authorisations which is due to patients being discharged or regaining capacity prior to assessment.
- The formal confirmation of the outcomes of assessments was not always provided due to the high volume of requests for authorisations since the Cheshire West Supreme Court Judgement 2014 impacting on the capacity of Sefton local authority

### 6. How the NHS South Sefton and NHS Southport and Formby CCGs have engaged in the MCA/DoLS agenda

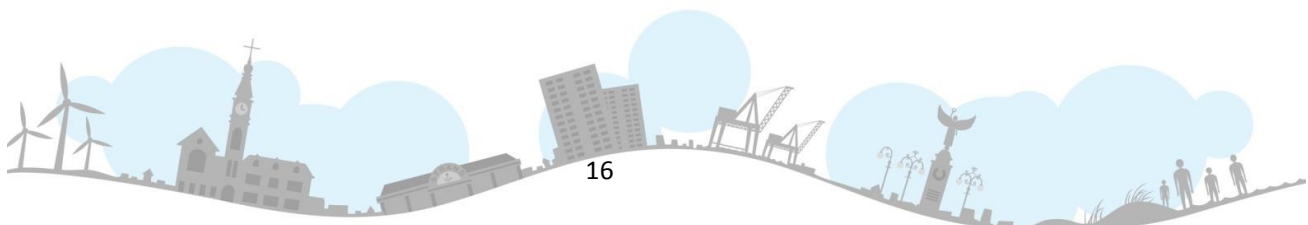
#### 6.1 National Mental Capacity Act Forum

NHS South Sefton CCG and NHS Southport and Formby CCG are members of the National Mental Capacity Act Forum and are represented by the MCA/DoLS Coordinator. A proposal was made and accepted for a piece of joint work by the MCA/DoLS Co-ordinator and the NHS Eastern Cheshire CCG & NHS South CCG MCA/DoLS Practitioner

The proposal “A Life More Ordinary” is logged within SCIE as part of the MCA Directory [www.scie.org.uk/mca-directory/](http://www.scie.org.uk/mca-directory/) A Life More Ordinary Margi Daw [margi.daw@haltonccg.nhs.uk](mailto:margi.daw@haltonccg.nhs.uk)

The aim of the audit is to identify the effects a deprivation of stimulation and interaction has on residents living in care homes and how this links to the MCA.

A range of Walkaround visits to Acute, Community Hospitals and Nursing Homes have been completed within Merseyside and Mid Cheshire areas. The report will be available within 2017.



## **6.2 NHSE North Region MCA/DoLS Network**

NHS South Sefton CCG and NHS Southport and Formby CCG are also a member of the North Region MCA/DoLS sub group which was recently established as a sub group of the North Regional Safeguarding Sub Group (NRSSG) to ensure that NHS England delivers on its responsibilities in relation to MCA/DoLS. This includes discharging its direct commissioning responsibilities, demonstrating strong system leadership, working as committed partners and investing in effective co-ordination and robust quality assurance of safeguarding arrangements.

The group supports the delivery of the NSSG work plan specifically related to MCA/DoLS and work closely with the National MCA/DoLS sub-group to implement policy on MCA/DoLS through the commissioning system.

## **6.3 NHSE Designated Professionals network**

The Sefton CCGs MCA/DoLS lead attends the NHSE Designated Professional Network where MCA/DoLS is a standing agenda item

## **6.4 Partnership work with Sefton Local Authority**

The MCA/DoLS Co-ordinator is a member of Sefton Locality MCA Forum. This has resulted in positive relationships between Health and Social Care services resulting in better communication and information sharing. In addition to this the Co-ordinator attends the Sefton LA Best Interest Assessor (BIA) Forum on a bi- monthly basis

## **6.5 Training**

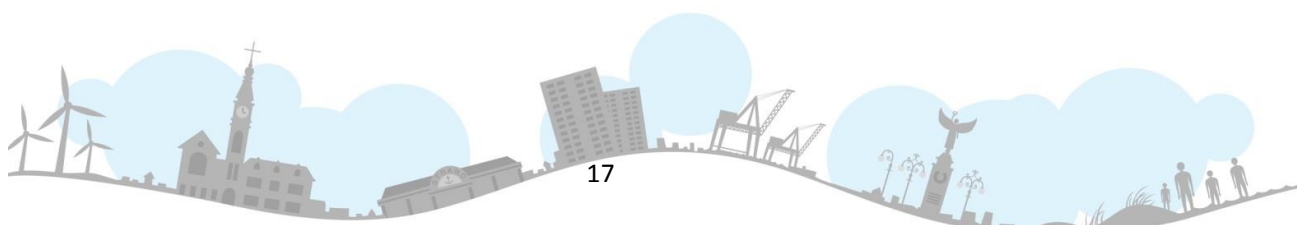
A Coroners training session for the GP Locality Meeting was held in March 2016, this session was arranged to update and clarify the process of a death in a care home when the resident has an authorised DoLS in place

Support was provided by MCA/DoLS Co-ordinator to enable identified local authority staff to access the EMIS system. This is to ensure that all relevant information required in relation to the DoLS authorisation process is considered to assist in determining the outcome of the assessment.

The MCA/DoLS Coordinator facilitated a training session for Best Interest Assessors (BIA) delivered by the Coroner's Investigation Officer.

## **6.6 Key Performance Indicators**

Each of the Sefton CCG Commissioned health providers have compliance with MCA/ DoLS included as part of their quality schedule which are monitored and reported on quarterly.



## 7. Future implications for NHS South Sefton CCG and NHS Southport and Formby CCGs

The current legislative framework and emerging judgements will impact on the CCGs and there are potential financial implications and areas at risk of non-compliance with legal requirements and will be identified within the work stream for 2016 – 17

The areas of risk relate in particular to:

### 7.1 Court of Protection

The increase in requests for DoLS authorisations within the community following the Supreme Court ruling and the risk of non-compliance of Article 5 of the Human Rights Act 1998 if people are unlawfully deprived of their liberty.

### 7.2 Birmingham City Council v D & Another [2016] EWCOP 8 Judgment

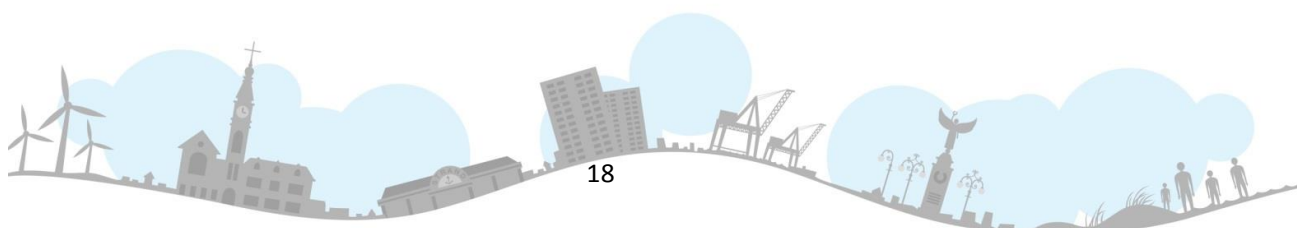
This judgement is presently being challenged but in the interim issues relating to young people who fall into this category may add to the increasing costs of Court of Protection authorisations for Sefton CCGs.

### 7.3 Relevant Persons Representatives (*paid representatives*).

Due to the increasing number of DoLS assessments/authorisations it is possible that there will be financial implications in relation to the need to commission additional resources to ensure that people who do not have a family relative or friend to support them can be represented appropriately throughout the DoLS process.

## 8. Conclusions

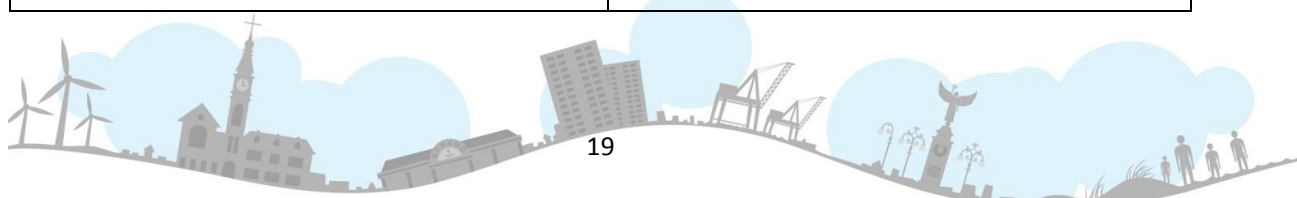
This annual report provides a summary of the engagement in respect of the MCA/DoLS for 2015/16. It demonstrates the contribution by NHS South Sefton CCG and NHS Southport and Formby CCG in safeguarding vulnerable people who lack mental capacity and provides assurance to the Governing Body that the CCG is fully committed to ensuring it meets the statutory duties and responsibilities



Appendix 1

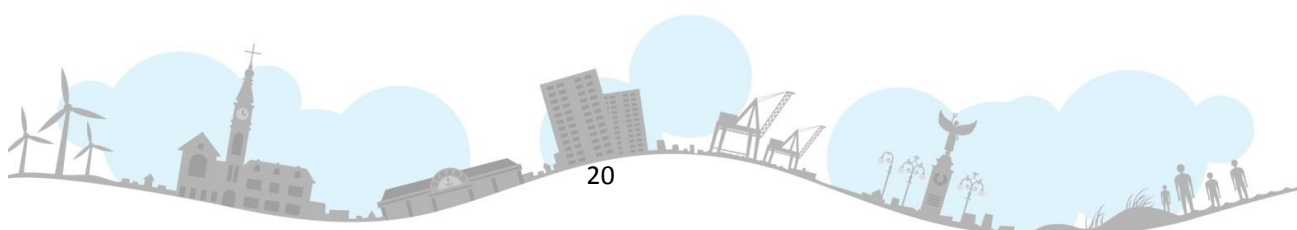
**MCA /DoLS Work plan priorities 2016-17**

Actions	Progress to date
Completion of joint audit "A life more ordinary" identify actions and share outcomes in relation to National MCA Group proposal	Joint visits to range of Acute hospitals, Community Hospitals and Nursing Homes completed. Work on report, conclusions and recommendations on-going
To identify data relating to COP referrals in both North and South Sefton Areas in relation to Health Funded residents living within the community	Initial requests made
Support to MCA/DoLS leads to Sefton Acute providers Meeting to be held with S&O MCA/DoLS Lead to discuss processes and identify concerns re lack of assessments/authorisations from Sefton LA.	Sessions held with S&O which have resulted in improvement in processes across Managerial and Supervisory bodies. S&O MCA/DoLS representative has now linked into the Best Interest Assessor forum which is enabling good communication and better outcomes for both areas
Support to MCA/DoLS leads to Sefton Acute providers Meeting to be held with AUH MCA/DoLS Lead to discuss processes and identify concerns and actions required and to review quality of DoLS authorisation requests	Not yet commenced waiting for confirmation of initial meeting.
Arrange training session delivered by Speech and Language Team for Best Interest assessors to be to provide advice and support when assessing the capacity of those who may find verbalising difficult.	Action Completed
Link in with Continuing Health Leads to determine how Mental capacity Assessments are embedded within the CHC assessments and reviews	Not yet commenced
Review MCA/DoLS processes to ensure that relevant new case law is reflected within MCA/DoLS policies	On-going work



### Glossary of Terms

ADASS	Association of Directors of Social Care
AUH	Aintree University Hospital
BIA	Best Interest Assessor
COP	Court of Protection
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
hscic	Health and Social Care Information Centre
LH&C	Liverpool Heart and Chest
LCH	Liverpool Community Health
LWH	Liverpool Women's Hospital
MCA	Mental Capacity Act
MHA	Mental Health Act
NHSE	National Health Service England
NRSSG	North Regional Safeguarding Sub Group
RLUH	Royal Liverpool University Hospital
RPR	Relevant Persons Representative
SCIE	Social Care Institute for Excellence
SH&K	St. Helens and Knowsley
S&O	Southport and Formby





## MEETING OF THE GOVERNING BODY NOVEMBER 2016

<b>Agenda Item:</b> 16/190	<b>Author of the Paper:</b> Danielle Love Programme Lead – Community Services Procurement Email: <a href="mailto:danielle.love@southportandformbyccg.nhs.uk">danielle.love@southportandformbyccg.nhs.uk</a> Tel: 07917 551 806						
<b>Report date:</b> November 2016							
<b>Title:</b> Southport & Formby CCG Community Services Procurement: Notification of Contract Award							
<p><b>Summary/Key Issues:</b> The purpose of this paper is to note the formal award of the Community Services Contract for Southport and Formby CCG.</p> <p>A paper was taken to the private session of the Southport and Formby Governing Body on 26 October 2016 with a full description of the procurement process. The purpose of the report was to update the members of the procurement process that had been used and seek a recommendation to award the contract. To re-enforce the integrity of the procurement process used, the bidder's identities were anonymised in the report. A recommendation was made to award to Bidder A.</p> <p>Lancashire Care NHS Foundation Trust was the successful bidder.</p>							
<p><b>Recommendation:</b> The Governing Body is asked to receive the update and note the contract has been awarded to Lancashire Care NHS Foundation Trust.</p> <p>The Governing body is also asked to note service mobilisation has commenced.</p>	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 30px;">X</td> </tr> <tr> <td style="padding: 2px 10px;">Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="padding: 2px 10px;">Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
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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.
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.
	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.
X	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 ( <i>X those that apply</i> )
Patient and Public Engagement	X			Patient and Public views have been sought throughout the process
Clinical Engagement	X			
Equality Impact Assessment	X			An equality assessment has been undertaken and the CCG is engaged in its duties.
Legal Advice Sought	X			Legal advice had been sought before the procurement commenced, legal advice has also been sought due to the issues faced and is described within the update.
Resource Implications Considered	X			
Locality Engagement	X			
Presented to other Committees	X			Updates have been provided to the Governing Body throughout the process.

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 November 2016

### 1. Purpose

The purpose of this paper is to note the formal award of the Community Services contract for Southport and Formby CCG.

The total value of the Community Services contract is £11,446,542 per annum with a total five year contract lifecycle value of £57,232,710 (four year contract, with a possible extension of 12 months). The initial four year period will commence from 1 May 2017.

A paper was taken to the private session of the Southport and Formby Governing Body on 26 October 2016 with a full description of the procurement process. The purpose of the report was to update the members of the procurement process that had been used and seek a recommendation to award the contract. To re-enforce the integrity of the procurement process used, the bidder's identities were anonymised in the report. A recommendation was made to award to Bidder A.

Lancashire Care NHS Foundation Trust was the successful bidder.

### 2. Procurement Process

The tender for the Community Services contract was advertised on Contracts Finder and on eProcurement tool, and under the pursuance of the Contract Regulations, was not advertised in OJEU. The process was run in accordance with the Restricted procedure as outlined in the Public Contracts Regulations 2006 and met all requirements of the NHS (Procurement, Patient Choice and Competition) (No 2) Regulations 2013.

To express an interest in providing the service, potential bidders were prompted to register on the Delta e-tendering website where they gained access to the tender documentation which they were to complete online.

Expressions of Interest were received from 21 bidders of this; eight bidders submitted a Pre-Qualification Questionnaire (PQQ) submission of which, six bidders were selected to proceed to Invitation to Tender (ITT) stage.

Throughout the ITT stage clarification questions were received from bidders, and due to issues encountered during this stage an extension for bidders to submit their ITT documents was granted. The final timeline for procurement is set out below:

Milestones	Date
Invitation to Tender Issued	Monday 18 April 2016
Deadline for receipt of ITT submissions	Tuesday 9 August 2016
Completion of ITT evaluation and communication of outcome to Bidders	Friday 28 October 2016
Standstill period concludes	Monday 7 November 2016

Milestones	Date
Appoint Successful Bidder	Tuesday 8 November 2016
Mobilisation	Wednesday 9 November 2016
Service Commencement	Monday 1 May 2017

Following this extension period three bidders submitted ITT submissions, a robust evaluation of the bids took place during October 2016 where relevant members of the evaluation panel moderated and agreed consensual scores for the ITT submissions. The moderated scores are noted below; following this moderation a paper was taken to the private session of the Southport and Formby Governing Body recommending the contract be awarded to the highest scoring bidder, Bidder A - Lancashire Care NHS Foundation Trust.

Provider A	Provider B	Provider C
73.40%	68.28%	68.40%

### 3. Recommendation

The Governing Body is asked to receive the update and note the contract has been awarded to Lancashire Care NHS Foundation Trust.

The Governing body is also asked to note service mobilisation has commenced.

**Danielle Love**  
**Programme Lead – Community Services Procurement**

## MEETING OF THE GOVERNING BODY NOVEMBER 2016

<b>Agenda Item:</b> 16/191	<b>Author of the Paper:</b> Danielle Love Programme Lead – Community Services Procurement Email: <a href="mailto:danielle.love@southportandformbyccg.nhs.uk">danielle.love@southportandformbyccg.nhs.uk</a> Tel: 0151 247 7009						
<b>Report date:</b> November 2016							
<b>Title:</b> Corporate Risk Register and Governing Body Assurance Framework Update							
<b>Summary/Key Issues:</b>  The Governing Body is presented with the updated CRR and the GBAF as at November 2016.  The CRR and GBAF have both been reviewed and updated by members of the leadership team.							
<b>Recommendation</b>  The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.	<table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="width: 20px; height: 20px; border: 1px solid black;"></td></tr> <tr><td style="padding: 2px;">Approve</td><td style="width: 20px; height: 20px; border: 1px solid black; text-align: center;">x</td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="width: 20px; height: 20px; border: 1px solid black;"></td></tr> </table>	Receive		Approve	x	Ratify	
Receive							
Approve	x						
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			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 November 2016

### 1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) as at September 2016.

The CRR and GBAF have both been reviewed and updated by members of the leadership team, risks are also reviewed at committees level, those with a score of 12 or above are consolidated onto the CRR. As requested at the previous meeting the CRR has been sorted descending by mitigated risk score.

In line with the CCGs Constitution risk management arrangements are delegated to the Audit Committee updates to CRR and GBAF will be received by the Governing Body following scrutiny by the Audit Committee.

### 2. Position Statements Q2 2016/17 (September 2016)

#### 2.1. Governing Body Assurance Framework (GBAF)

There are a total of 7 risks against the 6 strategic objectives for South Sefton CCG:

#### GBAF Risk Positions

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

#### GBAF Highlights

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

GBAF Highlights	Update	Risk Rating
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"> <li>Contracting team has been restructured and aligned to key business functions of BI, Finance and Quality</li> <li>Continued focus on ensuring all contracting mechanisms are utilised</li> <li>Ongoing review of all potential areas of efficiency</li> <li>Ongoing review of the impact of all clinical schemes by the Clinical QIPP Advisory Group</li> </ul>	<b>16</b> <b>Extreme Risk</b>
3.1 There is a risk that identified areas of adverse performance are not managed	<ul style="list-style-type: none"> <li>New management structure put in place with clear lines of accountability and</li> </ul>	<b>8</b> <b>Reduced</b>

GBAF Highlights	Update	Risk Rating
effectively or initially identified	responsibility <ul style="list-style-type: none"> <li>Identified individuals update monthly through integrated performance meetings</li> </ul>	rating
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	<ul style="list-style-type: none"> <li>Route map for integration finalised</li> <li>Joint working with LA regarding CHC</li> <li>Further joint development of intermediate care plans</li> </ul>	12 Reduced rating

## 2.2. Corporate Risk Register

There are 12 operational risks recorded on the South Sefton CCG CRR as at September 2016:

- 1 new risk has been recorded, SS041
- No risks have been closed.

### CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	9
Extreme	15 - 25	2

### CRR Highlights

Please see the following which highlights the risks that are either (a) are extreme risks (b) new 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	<p>QIPP Committee is now operating well and receiving regular updates on QIPP progress</p> <p>Leadership Team receives update on QIPP</p> <p>The QIPP Committee received update on discretionary spend in September and will receive additional update in November.</p> <p>Further measures to control expenditure are required to mitigate risk</p>	20
SS019	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust	<p>Aintree have agreed a recovery plan and trajectory to achieve 4 hour target by Sept 2016 with NHSI</p> <p>The mitigated risk has increased due to the target not being met despite the</p>	16



ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
		recovery plan. The recovery target and trajectory have not been met. Escalated with NHSE to be managed through revised SRG structure.  ECIP system review has been undertaken  Recommendations from this review to be progressed through A&E Delivery Board	
SS041	<b>NEW RISK</b> There is a risk that the CCG will not meet the constitutional IAPT target for access and treatment	NEW RISK	16

### 3. Recommendation

The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.

### 4. Appendices

- Appendix A – Corporate Risk Register
- Appendix B – Governing Body Assurance Framework

**Danielle Love**  
**September 2016**



## Corporate Risk Register

<b>Current Version</b>	v3		
<b>Previous Version</b>	v2	<b>Updated Date</b>	<b>Nov-16</b>
<b>Document File Path</b>	<a href="#">20161115 - SSCCG CRR - v3 Nov Update.xlsx</a>		

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	Trend
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	<ol style="list-style-type: none"> <li>1. Monthly contracting meetings with main acute providers</li> <li>2. Information shared with GP leads</li> <li>3. Practice level reporting of financial information</li> <li>4. Monthly monitoring of financial position</li> </ol>	3	5	15	<p>QIPP Committee established and meet monthly.</p> <p>Review of discretionary spend to go to GB end July</p>	<p>High level of red rated QIPP within plan meaning threat to delivery of NHSE business rules.</p> <p>CCG run rate needs to be improved from June onwards to deliver required financial target</p> <p>QIPP Committee is now operating well and receiving regular updates on QIPP progress</p> <p>Leadership Team receives update on QIPP</p> <p>The QIPP Committee received update on discretionary spend in September and will receive additional update in November.</p> <p>Further measures to control expenditure are required to mitigate risk</p>	4	5	20	Nov-16	↑
SS019	Apr-15	QUA024	Karl McCluskey	Redesign & Commissioning	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust	<ol style="list-style-type: none"> <li>1. Strategic Resilience Group (SRG) in place. Meetings held on a monthly basis and feed into Governing Body.</li> <li>2. Operational Service level meetings held: currently weekly.</li> <li>3. Monthly contractual performance meetings</li> <li>4. Monthly Integrated Performance Report: reported to Governing Body.</li> <li>5. Monthly Quality meeting: reported to Governing Body</li> </ol>	3	3	9	<p>Recovery plan to be agreed and implemented</p>	<p>Aintree have agreed a recovery plan and trajectory to achieve 4 hour target by Sept 2016 with NHSI</p> <p>The mitigated risk has increased due to the target not being met despite the recovery plan</p> <p>The recovery target and trajectory have not been met. Escalated with NHSE to be managed through revised SRG structure.</p> <p>ECIP system review has been undertaken</p> <p>Recommendations from this review to be progressed through A&amp;E Delivery Board</p>	4	4	16	Nov-16	↔
SS001	Prior Q3 2013/14	BUO001	Karl McCluskey	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	<ol style="list-style-type: none"> <li>1. Monthly contract meetings</li> <li>2. Clinical Quality and performance meetings</li> <li>3. Clinical lead for contracts and quality</li> <li>4. Clinical meetings with Cancer Leads and Manager.</li> <li>5. Managerial lead for cancer has action plan in place.</li> <li>6. Weekly and monthly monitoring through SMT and contractual performance.</li> <li>7. RCA for any 62 day breaches</li> <li>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).</li> <li>9. Integrated Performance Report developed and presented to Governing Body.</li> <li>10. Action plans in place for failed areas: progress being monitored via SMT, contractual performance and continued reviews.</li> </ol>	3	3	9	<p>There are no additional systems or controls that can be put in place currently</p> <p>Performance of providers against constitutional target is monitored monthly with individual exceptions being addressed in turn</p>	<p>The likelihood score remains higher than the initial score due to lack of sustained month on month performance.</p> <p>Performance has improved and targets have been achieved in month 4 however due to ongoing consultant vacancies across a variety of specialties and the anticipated junior doctors strikes month on month performance will remain challenged.</p> <p>Issues with consultant vacancies are ongoing.</p> <p>A planned care and RTT group now established with Trust and Commissioners, this will feed through to CQPG and Contract Reviews</p>	4	3	12	Nov-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	Trend
SS002	Apr-15	BUO017	Tracy Jeffes	Corporate	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 commissioning priorities Clear role out plan for use of Aristotle	Monthly Locality meetings reinstated, new locality manager appointed across all localities. GB Development session focusing on localities with clear areas for engagement identified.	3	4	12	Nov-16	↔
SS029	Q1 2016/17	QUA045	Jenny Kristiansen	Quality	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	• 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.	Data received from Data facilitators. Meetings and discussions have been held with providers separately.  Data was reviewed in the September meeting, further information is required to enable patient reviews to take place. An updated data set has been requested from the data facilitators. The information should be back from the facilitators by the end of November and patient reviews will be set up ASAP after that date.	4	3	12	Nov-16	↔
SS035	Jun-16	N/A	Tracy Jeffes	Corporate	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	1. Clear plans are being created which are going through a rigorous governance and decision making 2. Plans to have full quality and equality impact assessments 3. Effective consultation and engagement with key stakeholder and the public 4. Clear communication of changes to any services	4	4	16	1. Clear QIPP plans being developed 2. Governance arrangements reviewed to strengthen effective decision making 3. Planning for future communications/ engagement activities if required 4. Clear plans for alternatives if required and clear communication of these	Proposed disinvestment within the VCF sector now communicated pending consultation and final decision Medicines waste pilot now live - ongoing evaluation and engagement with key stakeholders Work continues on the QIPP plans and governance arrangements have been strengthened	4	3	12	Nov-16	↔
SS036	Jun-16	N/A	Tracy Jeffes	Corporate	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	1. Participating in the Health Education North West workforce planning process. 2. Work with Sefton Council on wider strategies to promote Sefton as a 'great place to work'	4	3	12	1. Through STP process seek additional investment to fill identified gaps 2. Implementation of the 'blueprints' to transform models of care to enable appropriate skill mix to support delivery	Ongoing work through STP	4	3	12	Nov-16	↔
SS037	Sep-16	N/A	Debbie Fagan	Quality	Risk of reputational damage to CCG as commissioner of LCH in light of media interest following Capsick's report and outcome of parliamentary adjournment debate.	Mersey QSG CCF CQPG Pro-active comms team	3	4	12	Discussed at QSG regarding plans for lessons learned in May & July 2016 Discussions at Quality Committee in May and July 2016 & GB July 2016 Meeting of MPs by Chief Officer July & Aug 2016 Chronology of CCG involvement in performance management of provider - ongoing to provide assurance of CCG actions Chronology discussed at CCG GB development session Aug 2016 Consideration of joint MIAA review Sept 2016	Joint presentation to QSG made in October 2016 regarding recommendations and lessons learnt for Cheshire & Merseyside Commissioning colleagues. MIAA TOR for review to be agreed October 2016. Quality Risk Profile (QRP) meeting planned with providers to agree consistent approach to management of current risks with LCH MIAA review ongoing - reporting date likely to be spring 2017	3	4	12	Nov-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	Trend
SS038	Sep-16	N/A	Debbie Fagan	Quality	Provider quality of care provision negatively impacted by Transaction process.	Transaction Board CQOG CCF CQPG LCH Improvement Plan QSG	3	4	12	Report through to CQPG and Chief Nurse having regular meetings with Director of Nursing on plans and issues	Quality Walkabouts now agreed with Deputy Director of Nursing at LCH and one team visited in October 2016 with highlight on safer working practices and management of staffing levels. Further quality walkrounds planned across localities over rest of the financial year Quality risks reported up to CQOG attended by CCG and risks managed by LCH Current operational risks managed through CQPG	3	4	12	Nov-16	↔
SS039	Sep-16	N/A	Karl McCluskey	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional RTT target for 18 weeks caused by lack of clinical capacity resulting in delayed treatment for patients	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 4. Clinical meetings with RTT Lead and Manager. 5. Weekly and monthly monitoring through SMT and contractual performance. 6. 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). 7. Integrated Performance Report developed and presented to Governing Body.	4	4	16	1. RTT provider/ commissioning group being re-established 2. Completed internal and external audits on RTT to be taken through CQPG	New RTT/Stroke plan workgroup has been established.  Reviews of individual specialities being undertaken and escalated through CQPG or Contract Reviews	4	3	12	Nov-16	↔
SS040	Sep-16	N/A	Tracy Jeffes	Corporate	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	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. Number of key joint commissioning posts in place 5. New integrated commissioning group now established 6. Initial meeting held regarding development of multi-disciplinary teams	4	4	16	Establish a revised integrated commissioning group Agree joint commissioning priorities Development of a route map for integration Initial pooled budget arrangements within BCF agreed Further develop of pooled/aligned budgets Joint CCG and Public Health Plan	Route map for integration finalised Joint working with LA regarding CHC Further joint development of intermediate care plans	3	4	12	Nov-16	↓
SS041	Nov-16	N/A	Karl McCluskey	Redesign & Commissioning	There is a risk that the CCG will not meet the constitutional IAPT target for access and treatment	Monthly performance meeting with Provider Contract challenges being raised monthly as appropriate Monthly review of performance with the managerial and clinical leads Agreed action plan with the provider NHS Improvement assistance on operational actions	4	4	16	NHSE support requested	NEW RISK			0	Nov-16	NEW RISK

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	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	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"> <li>Assurance process paper presented to LSCB on processes in place.</li> <li>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.</li> <li>Monitored through quality contract meetings with CSU</li> <li>Agenda item for discussion at provider Quality Contract meetings.</li> <li>Safeguarding performance discussed at Quality Committee.</li> <li>Process developed between CSU and Safeguarding service to further develop information flow across the two services.</li> <li>Quality 'Walk Around' carried out with feedback and outcomes reported to Executive Nurse, contract meetings, Quality Committee.</li> <li>Contract reviewed to ensure in line with KPI's</li> <li>Quality Surveillance agenda item for February 2015.</li> </ol>	4	4	16	<p>- 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-housed from 1st June which will enable tighter controls.</p> <p>- 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 &amp; Ormskirk hospital due to limited assurance still being reported by CCG and Safeguarding Services. Is being closely monitored.</p> <p>Contract Query remains in place with S&amp;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 feedback from Safeguarding Service.</p>	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"> <li>CCG/CHC Steering Group: issue raised with CHC team leads and strategic leads</li> <li>Specification developed for PHB support</li> <li>Fixed term 1 year role Programme Manager Role agreed</li> <li>Regular Local Authority meetings held</li> </ol>	3	3	9	<ol style="list-style-type: none"> <li>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.</li> <li>Further meeting with LA to be arranged for July in order to discuss potential shared use of Direct Payment system.</li> <li>Position appointed to. Awaiting start date.</li> <li>Discussions regarding integrated back room functions with the LA continue as part of the integration work plan.</li> <li>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.</li> <li>Risk Rating to remain the same until process is operational.</li> </ol>	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"> <li>CCG systems and processes in place</li> <li>CCG members of SEND Steering Group</li> <li>Children's Commissioning Manager in regular contact with LA and provider to support system and flow</li> <li>Regular reporting of position to Leadership Team</li> </ol>	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	

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	Trend
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 Attends 2. Re-advertising service with GP practice 3. Using CVS to advertise to general public	CLOSED Meeting held with existing breast providers issues recognised and picked up by breast CNG assurances given by current provider that follow up service will continue.	1	3	3	Sep-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 be drafted	CLOSED BCF now agreed	5	5	25	Sep-16	↔

Risks



## Risk Matrix

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

## Risk Ratings

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

Significant Risks ↓

## Significant Risks

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

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

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

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

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

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	<ul style="list-style-type: none"> <li>Contracting team has been restructured and aligned to key business functions of BI, Finance and Quality</li> <li>Continued focus on ensuring all contracting mechanisms are utilised</li> <li>Ongoing review of all potential areas of efficiency</li> <li>Ongoing review of the impact of all clinical schemes by the Clinical QIPP Advisory Group</li> </ul>
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	<ul style="list-style-type: none"> <li>Reviewing transformational schemes in line with Cheshire and Merseyside STP plans</li> <li>Joint work with Liverpool CCG to integrate plans across North Mersey</li> </ul>
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	8	<ul style="list-style-type: none"> <li>New management structure put in place with clear lines of accountability and responsibility</li> <li>Identified individuals update monthly through integrated performance meetings</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	Tracy Jeffes	5	4	<ul style="list-style-type: none"> <li>Date for operational team discussion agreed to review Business Continuity Plans</li> </ul>
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	<ul style="list-style-type: none"> <li>Further joint development session on Transforming Primary Care</li> </ul>
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	<ul style="list-style-type: none"> <li>Outcome of transaction of core and non-core services should be known by mid Dec</li> <li>Data room now opened up for Providers to directly access information</li> </ul>
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	12	<ul style="list-style-type: none"> <li>Route map for integration finalised</li> <li>Joint working with LA regarding CHC</li> <li>Further joint development of intermediate care plans</li> </ul>

<b>Strategic Objective 1</b>	<b>To focus on the identification of QIPP (Quality, Improvement, Productivity &amp; Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.</b>			
<b>Risk 1.1</b>	<b>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.</b>			
<b>Risk Rating</b> Initial Score Current Score	5x4=20 4x4=16		<b>Lead Director</b> Debbie Fairclouge <b>Date Last Reviewed</b> 15 November 2016	
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Secured senior dedicated support for designing and implementing a PMO approach to QIPP</li> <li>Accountable leads have been identified for each contract and are responsible for ensuring that all QIPP schemes are supported by appropriate contracting mechanisms.</li> <li>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.</li> <li>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</li> <li>QIPP committee TOR have been revised and the relationship between QIPP and F&amp;R has been formalised.</li> <li>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.</li> <li>PMO structure now in place and all schemes have supporting "plans on a page"</li> <li>Highlight reports across strategic domains (planned care, CHC/FNC, medicines optimisation, discretionary spend and urgent care) are reviewed by QIPP Committee</li> <li>Contracting team has been restructured and aligned to key business functions of BI, Finance and Quality</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		<ul style="list-style-type: none"> <li>Further work to take place to ensure QIPP embedded in localities</li> </ul>	Debbie Fairclough/ Tracy Jeffes	Nov 16
		<ul style="list-style-type: none"> <li>Further work to ensure QIPP continues to have high profile in CCG</li> </ul>	Debbie Fairclough	Nov 16
		<ul style="list-style-type: none"> <li>Continued focus on ensuring all contracting mechanisms are utilised</li> </ul>	Jan Leonard	Ongoing
		<ul style="list-style-type: none"> <li>Ongoing review of all potential areas of efficiency</li> </ul>	Debbie Fairclough	Ongoing
		<ul style="list-style-type: none"> <li>Ongoing review of the impact of all clinical schemes by the Clinical QIPP Advisory Group</li> </ul>	Debbie Fairclough	Ongoing

<b>Strategic Objective 1</b>	<b>To focus on the identification of QIPP (Quality, Improvement, Productivity &amp; Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.</b>	
<b>Risk 1.1</b>	<b>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.</b>	
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>	
<ul style="list-style-type: none"> <li>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.</li> </ul>		
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>	

<b>Strategic Objective 2</b>	<b>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.</b>		
<b>Risk 2.1</b>	<b>CCG QIPP position reduces the CCGs ability to progress planned transformational schemes</b>		
<b>Risk Rating</b>	<b>Lead Director</b>		
Initial Score	<b>5 x 3 = 15</b>	Karl McCluskey	
Current Score	<b>4 x 3 = 12</b>	<b>Date Last Reviewed</b>	
		15 November 2016	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Current transformational schemes under rigorous review to ensure that those progress provide both Transformational change and contribute to QIPP</li> <li>Secured senior dedicated support for designing and implementing a PMO approach - June 2016</li> <li>STP lead post recruited - to ensure dedicated resource ensures CCG has key role in local planning and transformational scheme development</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Joining up QIPP and blueprint process, the transformational plans have been recast to align with QIPP plan	Karl McCluskey/Debbie Fairclough	ongoing
	Strengthening links between transformational process and CCG contract management to ensure that all cases agreed link directly to provider contracts.	Karl McCluskey	ongoing
	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	Sept 2016
	Reviewing transformational schemes in line with Cheshire and Merseyside STP plans	Karl McCluskey	ongoing
	Joint work with Liverpool CCG to integrate plans across North Mersey	Karl McCluskey	ongoing
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Delivery of QIPP targets.</li> <li>CCG vision for Shaping Sefton will be reflected in STP plans.</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		



<b>Strategic Objective 3</b>	<b>To ensure that the CCG maintains and manages performance &amp; quality across the mandated constitutional measures.</b>		
<b>Risk 3.1</b>	<b>There is a risk that identified areas of adverse performance are not managed effectively or initially identified</b>		
<b>Risk Rating</b> Initial Score Current Score	<b>4x4 = 16</b> <b>2x4 = 8</b>	<b>Lead Director</b> Karl McCluskey <b>Date Last Reviewed</b> 15 November 2016	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times</li> <li>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</li> <li>Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week.</li> <li>New management structure put in place with clear lines of accountability and responsibility</li> <li>Identified individuals update monthly through integrated performance meetings</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Monthly updates through integrated performance meetings	Karl McCluskey	ongoing
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked</li> <li>Integrated Performance Report shows CCG understanding of issues and oversight of actions</li> <li>Integrated Performance Reports may show improved performance as a result of robust management by CCG</li> <li>Assurance from MIAA review of performance reporting</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 3</b>	<b>To ensure that the CCG maintains and manages performance &amp; quality across the mandated constitutional measures.</b>		
<b>Risk 3.2</b>	<b>Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.</b>		
<b>Risk Rating</b> Initial Score Current Score	1 x 5 = 5 1 x 4 = 4	<b>Lead Director</b> Tracey Jeffes <b>Date Last Reviewed</b> 15 November 2016	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>CCG Commissions EPRR and Business Continuity support from MLCSU</li> <li>CCG has in place business continuity plans</li> <li>Emergency Planning training taken place in last 12 months</li> <li>Corporate Governance Group has responsibility for ensuring compliance</li> <li>CCG Statutory Lead is Chief Delivery and Integration Officer</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Self-assessment and action improvement developed	Tracy Jeffes	Sept 2016
	Refresh of the business continuity plans and business self assessment	Tracy Jeffes/ CCG	Jan 2017
	Ongoing training for key staff	Tracy Jeffes	March 2017
	Date for operational team discussion agreed to review Business Continuity Plans	Tracy Jeffes	Dec 2016
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>NHSE assurance through self-assessment and improvement plan</li> </ul>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 4</b>	<b>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.</b>		
<b>Risk 4.1</b>	<b>Current work pressures reduce ability to engage on transformation agenda</b>		
<b>Risk Rating</b> Initial Score Current Score	3x3=9 3x3=9		<b>Lead Director</b> Jan Leonard <b>Date Last Reviewed</b> 15 November 2016
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>	
<ul style="list-style-type: none"> <li>Shadow Joint Commissioning Committee</li> <li>LQC in place</li> <li>NHSE workshops for GP five year forward view.</li> <li>Working Group on STP</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>
		Application for Joint Commissioning status with NHSE	Jan Leonard
		Supported emergent Federation.	Jan Leonard
		Further joint development session on Transforming Primary Care	Jan Leonard
		NHSE invited to talk about GP five year forward view	Jan Leonard
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>	
<ul style="list-style-type: none"> <li>Developing quality reports for Primary Care with NHSE and other CCGs.</li> <li>Transformation agenda is continually monitored through Governing Body and Committee structure.</li> </ul>			
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>	

<b>Strategic Objective 5</b>	<b>To advance integration of in-hospital and community services in support of the CCG locality model of care.</b>		
<b>Risk 5.1</b>	<b>Community Service currently going through transaction process which increasing risk of instability in services.</b>		
<b>Risk Rating</b>	<b>Lead Director</b>		
<b>Initial Score</b>	3x3=9	Jan Leonard	
<b>Current Score</b>	3x3=9	<b>Date Last Reviewed</b>	
		15 November 2016	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Community Services contract monitoring meetings</li> <li>EPEG monitor feedback on services</li> <li>Quality Committee monitoring of services</li> <li>Data room now opened up for Providers to directly access information</li> </ul>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Community Services Steering Group Developed	Jan Leonard	Ongoing
	Transaction Board overseeing transaction	Martin McDowell	Ongoing
	Outcome of transaction of core and non-core services should be known by mid Dec	Jan Leonard	Mid Dec 2016
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Providers have expressed interest in acquiring services</li> <li>No increase in complaints/comments on Community Services</li> </ul>	<ul style="list-style-type: none"> <li>During transaction process we are unable to progress integration.</li> </ul>		
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		

<b>Strategic Objective 6</b>	<b>To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.</b>		
<b>Risk 6.1</b>	<b>There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans</b>		
<b>Risk Rating</b>	<b>Lead Director</b>		
<b>Initial Score</b>	4x4=16	Tracy Jeffes	
<b>Current Score</b>	3x4=12	<b>Date Last Reviewed</b>	
		15 November 2016	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ol style="list-style-type: none"> <li>1. Health and wellbeing board executive in place</li> <li>2. Review of current BCF and Section 75 arrangements</li> <li>3. New integration role within the local authority to support further integration.</li> <li>4. Number of key joint commissioning posts in place</li> <li>5. New integrated commissioning group now established</li> <li>6. Initial meeting held regarding development of multi-disciplinary teams</li> <li>7. <a href="#">Route map for integration finalised</a></li> <li>8. <a href="#">Joint working with LA regarding CHC</a></li> <li>9. <a href="#">Further joint development of intermediate care plans</a></li> </ol>	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Establish a revised integrated commissioning group	Tracy Jeffes	Sept 2016
	Agree joint commissioning priorities	Jan Leonard	Sept 2016
	Development of a route map for integration	Tracy Jeffes	Nov 2016
	Initial pooled budget arrangements within BCF agreed	Martin McDowell	Aug 2016
	Further develop of pooled/aligned budgets	Martin McDowell	March 2017
	Joint CCG and Public Health Plan	Tracy Jeffes	Oct 2016
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ol style="list-style-type: none"> <li>1. Agreed route map for integration signed by all parties and assured by NHSE through BCF team.</li> </ol>			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		
	SS040		

## MEETING OF THE GOVERNING BODY NOVEMBER 2016

<b>Agenda Item:</b> 16/193	<b>Author of the Paper:</b> Andy Woods Senior Governance Manager (Merseyside CCGs, Equality & Inclusion Service) Email: <a href="mailto:Andrew.woods3@nhs.net">Andrew.woods3@nhs.net</a> 0151 247 7000						
<b>Report date:</b> November 2016							
<b>Title:</b> Disinvestment Policy and Procedure (Cessation and significant reduction of services and prioritisation principles)							
<p><b>Summary/Key Issues:</b></p> <p>The report presents NHS South Sefton Clinical Commissioning Group’s Disinvestment Policy (Appendix 1). The policy will supersede all previous policies and procedures in respect of the approach to disinvestment and to connect all key programmes within the CCG, including QIPP, that generate proposals for disinvestment or service reduction with one single process and oversight procedure. This will ensure the CCG’s decision making process operates within legal requirements.</p> <p>The policy includes roles and responsibilities, decision making requirements, stages of disinvestment and prioritisation principles. The main aims of the policy are to ensure that the disinvestment procedure is robust, lawful, open, and transparent and focussed on enabling the CCG to make the necessary efficiencies across the whole system.</p> <p>The policy provides a framework for making sure the CCG continues to allocate its resources on the provision services for the highest priority areas whilst sustaining its focus on the quality and safety of those services.</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to approve the policy and oversight procedure for disinvestment within the CCG.</p>	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Receive		Approve	x	Ratify	
Receive							
Approve	x						
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.
	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		Requires all disinvestment proposals to undergo stringent patient and public engagement and consultation
Clinical Engagement		x		Requires all disinvestment proposals to undergo appropriate clinical engagement
Equality Impact Assessment		x		Requires all disinvestment proposals to consider Public Sector Equality Duty (section 149 Equality Act 2010)
Legal Advice Sought		x		
Resource Implications Considered		x		
Locality Engagement		x		
Presented to other Committees	x			The disinvestment policy has been approved by the joint QIPP Committee.

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

## Report to Governing Body

November 2016

### 1. Background

To ensure that during a period of significant financial challenge to the NHS that limited resources are consistently directed to the highest priority areas, and to ensure that the CCG meets its financial duties, it is essential that the CCG develops a disinvestment (cessation and reduction of services) policy. That policy should set out the agreed procedure for disinvesting in a service or services and the tools required to ensure services that provided meet the highest priority areas.

- 1.1 Disinvestment decisions will be based on a number of prioritisation principles (section 6 Appendix 1) that take account of clinical quality, outcomes, cost effectiveness, usage, duplication, patient satisfaction, priority of service and efficiencies and are made based upon the information and evidence available to the CCG. Distributing NHS resources is a complex activity. To date, it has been carried out mainly according to: historical patterns of activity and spend; demand as expressed by patients and healthcare professionals and ad-hoc service pressures arising during the year. However, allocating NHS resources today requires a different approach. Demand for NHS services now exceeds the current available supply and the NHS is facing unprecedented financial pressures and this is not expected to change in the foreseeable future. This means that not all services can be provided and so prioritisation and decision making has become a pressing consideration.
- 1.2 The decisions will follow a defined process and stages with clear lines of accountability and responsibility. These include consideration around all legal requirements such as: Equality legislation; Human Rights legislation, rationality and consultation with the public, providers and all interested parties

### 2. Conclusions and Next Steps

- 2.1 Supporting paperwork and documentation will be developed by the PMO to reflect the policy, procedures, prioritisation principles and decision making process.
- 2.2 There will be a full briefing session to the Clinical Quality, Innovation, Productivity and Prevention (QIPP) Advisory Group and the Joint QIPP Committee that has decision making powers in respect of investment, disinvestment and reductions in services
- 2.3 Support to CCG leaders on disinvestment stages (specifically pre disinvestment stages – global mapping).

### 3. Appendices

**Appendix 1 – NHS South Sefton CCG Disinvestment Policy and Procedure (Cessation and Significant Reduction of Services)**



## Appendix 1

# **NHS South Sefton CCG Disinvestment Policy and Procedure (Cessation and Significant Reduction of Services)**

## **CONTENTS**

- 1) Executive summary
- 2) Introduction
- 3) NHS South Sefton CCG approach to disinvestment
- 4) Structure, roles and responsibilities
- 5) Disinvestment procedure
- 6) Disinvestment stages
- 7) Prioritisation principles and tools

## 1. Background

It is important for NHS South Sefton Clinical Commissioning Group (CCG) to demonstrate that it is making the most effective use of public money to commission the right care, in the right place, at the right time, within the context of unprecedented financial challenges within the NHS. This policy's main objective is to connect all key programmes within the CCG that generates proposals for disinvestment with one single process and oversight procedure.

To ensure that limited resources are consistently directed to the highest priority areas, the CCG has identified the need to develop a Disinvestment (cessation and reduction of services) Policy and Procedure that sets out the agreed principles for disinvesting in a service, so that either funds can be saved or redirected where appropriate.

Disinvestment decisions will take account of clinical quality and outcomes, cost effectiveness, usage, duplication, patient satisfaction and priority of service and are made on the information and evidence available. The decisions will follow a defined process with clear stages and clear lines of accountability and responsibility. These include consideration around all our legal requirements such as: Equality legislation; Human Rights legislation and consultation with the public, providers and all interested parties.

For the purpose of this policy the following definition has been applied:

**Disinvestment:** This relates to the withdrawal of funding from a provider organisation such that services are ceased or significantly reduced.

**Please note:** When a service is going through the normal cycle or decommissioning and re commissioning, without any significant change; this process will be outside this policy and treated as business as usual.

When a programme has been identified as one of significant change but not disinvestment then the principles and process in this policy can be used.

## 2. Introduction

The CCG's long term commissioning strategy and financial challenges require clarity on when and how services should be disinvested and a robust procedure that will be adopted to ensure these decisions are rational and properly managed.

Where key programme reviews such as QIPP Programmes, contracts cycles or other sources identify the need to disinvest in a service, a number of stages will required to make the case for change. These will include:

- Project Initiation Document (PID) process (identifying potential savings and filtering viable ideas).
- Rightcare – Review commissioning for value
- Business case for change and evidence of usage and performance (prioritisation tool)
- Equality implications (Both pre and post consultation)
- Clinical Quality implications (Quality Impact Assessment and prioritisation)
- Consultation /engagement and communication requirements
- Correct governance and decision making processes

### 3. The CCG's Approach to Disinvestment

The objective of the policy is to:

- Connect with all the key programmes that generate proposals for disinvestment with one single process and oversight

The aims of this policy are to:

- Provide a lawful, rationale and robust process that demonstrates how the proposal to disinvest has been identified and actioned
- Contribute to the delivery of the CCG's commissioning strategy and priorities.
- Highlight the process in which commissioners need to take when disinvesting
- Ensure the CCG is operating within its legal parameters

### 4. Structure, Roles and Responsibilities

#### 4.1 The Governing Body

The Governing Body, as the legally accountable body for NHS resources on behalf of the membership of the CCG ultimately take the decision with regard to the disinvestment of any service following the criteria and process set out in this document. The Governing Body has delegated the responsibility for oversight and delivery of QIPP and disinvestment to the Joint QIPP Committee. The Governing Body ultimately has sign off of all decisions.

#### 4.2 Joint QIPP Committee – monitors progress of all schemes and can call in any scheme for additional scrutiny at any time.

No final decision will be made by the Joint QIPP committee on behalf of Governing Body without consideration to:

- Business case for change and evidence of usage and performance
- Equality implications
- Quality implications
- Consultation /engagement findings
- Lawfulness
- Rationality of the process
- Rationality and efficacy (clear thought through process).

#### 4.3 Clinical QIPP Advisory Group – Is not a decision making group. It supports the QIPP Committee by ensuring there is robust clinical input and advice into clinical QIPP schemes.

The Clinical QIPP Advisory Group is the key mechanism for:

- Providing full clinical assessment of all schemes
- Evaluating potential ideas and initial proposals regarding disinvestment
- Ensuring that all legal requirements have been considered
- Reviewing the case for change and weigh the savings against the risks and prioritise accordingly
- Ensuring relevant subject matter experts from equality, clinical quality, consultation and engagement and legal
- Quality assuring and overseeing the disinvestment process
- Making recommendations to the Joint QIPP Committee for those cases the group believe should be progressed
- Advising the Joint QIPP Committee of those cases that shall not be progressed setting out the reasons why
- Reviewing and evaluating full business case (Stage 2), including equality and quality assessments
- Identifying which services will be subject to further work through the disinvestment process
- Overseeing timelines for consultation and engagement and ensure timescales are built into performance and planning
- Providing assurance that proposals are evidence based and are compliant with clinical guidelines (including NICE), the law, good practice and this policy/procedure
- Making recommendations to the Joint QIPP Committee on any other matter relevant to disinvestment or reduction in service provision

**4.4** All groups, committees, wider membership and the Governing Body will operate under the following principles:

- Any conflict of interest will be declared in accordance with the CCGs policy (July 2016)
- The process will be clear and transparent
- All areas of spend will be considered
- Consideration will be given to consequences (clinical, quality, financial or otherwise)
- Work will seek to maximise in year savings as well as areas with longer term opportunities
- Proposals must consider the trade-off between scale of benefit and resource required to implement
- Recommendations should not undermine the CCG's longer term plan or Commissioning Strategy
- Recommendations must be evidently reasonable
- Recommendations must be compliant with CCG's statutory duties and responsibilities

**4.5 CCG Senior Responsible Officers**

**4.5.1 Chief Operating Officer (and QIPP Lead)**

Has responsibility for creating the governance and reporting structures to enable monitoring of QIPP plans and for providing assurance to the Governing Bodies that appropriate arrangements are in place.

#### 4.5.2 Senior responsible Officers (SRO's)

This includes the CCG's commissioning managers and QIPP work stream leads. SRO's are responsible for the commissioned services.

They are required to undertake the following actions:

- Identify services for consideration of disinvestment or reduction in provision
- Provide an initial case for change of the service to be reviewed

Subject to recommendation by Clinical QIPP Advisory Group to the Joint QIPP Committee for approval, the SRO needs to further develop proposals by:

- Develop the full business case
- Develop equality analysis report and consultation / engagement plan, (in conjunction with subject matter experts)
- Assist the Clinical QIPP Advisory Group and joint QIPP Committee in its recommendation to the Governing Body on the disinvestment or reduction in provision of a service
- Ensure that the evidence behind why the case is being proposed for a disinvestment or reduction in service provision decision is clear and appropriate
- Ensure appropriate communications and engagement with other stakeholders via the Communications and Engagement team
- Secure any appropriate legal advice if necessary

### 5. Disinvestment Procedures

- 1) Case for change - Identification of service / idea for saving for review
- 2) Review and assessment by Clinical QIPP Advisory Group that will then make a recommendation for approval or advise of rejection to the Joint QIPP Committee
- 3) Approval to proceed, Joint QIPP Committee
- 4) Ratification of approval by the Governing Body
- 5) Full business case
- 6) Pre consultation equality analysis
- 7) Quality Impact Assessment
- 8) Engagement and consultation process
- 9) Final reports including full equality analysis, consultation report and all evidence relied on business case
- 10) Contractual requirements
- 11) Clinical QIPP Advisory Group final recommendations
- 12) Joint QIPP Committee approval or rejection
- 13) Governing Body sign off
- 14) Implementation
- 15) Exit strategy

## 5.1 Generating the case for change

- 5.1.1 The initial case for change will identify the anticipated or actual impacts of any disinvestment, including legal and reputational risks and anticipated savings.
- 5.1.2 The process must show that the savings will be realistic and achievable.
- 5.1.3 The full business case

In addition to the above, the SRO will consider the following areas:

- Workforce implications
- Market implications
- Geographic implications e.g. impact on transport links etc.
- Over supply of services
- Impact on partner organisations
- Impact on patients and public
- Political implications
- Potential exit strategy

The aim of the business case is to identify if the service:

- is no longer the statutory responsibility of the CCG
- is no longer shown to be a component of the CCG's core provision
- is not linked to a CCG priority
- no longer meets the needs of the population
- is of low or poor quality
- does not demonstrate value for money
- is of high expense and low outcomes (Rightcare)
- is demonstrating ongoing poor performance identified through the contract monitoring process and / or feedback from patients, public and partners, there is evidence of poor patient experience
- is not sufficiently meeting the health needs of the population
- does not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- does not meet the standards of a modern NHS as defined by: NHS England / NICE
- is linked to professionally driven change i.e. a provider driven business case which delivers modern innovative service.
- Is linked to nationally driven change i.e. national policy or guidance requires change in service delivery.
- is over supplying due to professional assessments (need for CCG to control quality and quantity of referrals)
- is of limited clinical evidence, quality or safety
- is linked to efficiencies in delivering services (provider Cost Improvement Programmes)
- is linked to oversupply of services (duplication/ market place for patients has changed)
- Is not demonstrating value for money

- was a pilot and funding has been rolled over
- was funded through non recurrent monies and has been rolled over
- benefits and assumptions have not been realised
- is unable to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract
- does not maximise the health gain that could be achieved by reinvesting an element of the funding elsewhere
- fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes

## 5.2 Clinical QIPP Advisory Group recommendations

Once the initial case for change has been prepared it will be presented to the Clinical QIPP Advisory Group for review.

The following will be considered by the Clinical QIPP Advisory Group when developing the case for change:

- Rational process
- Polycentric decision making (whole system approach, which is proportionate across the system)
- Managing the negative impact on the services identified for potential disinvestment and mitigating against them
- The potential destabilising effect on other services and organisations e.g.
- Council or neighbouring CCG commissioned services
- Exit Strategy
- Evidence for the recommendations taken in information such as:
  - Like for like comparisons (comparing apples and apples when considering ceasing one service of many that provide similar services).
  - Gaps in care created by disinvestment
  - Patient experience
  - Cost and performance
  - Any positive or negative impact on patient care and the wider community (i.e. carers)

Until the Clinical QIPP Advisory Group is satisfied that the case for change is robust the case for change will not be considered by any other committee.

Making good decisions regarding health care priorities involves the exercise of fair and rational judgment and at times professional discernment.

Although there is no single objective measure on which such recommendations can be based, these will be fully informed taking into account the needs of individuals and the community, whilst recognising the CCG needs to achieve a financial balance, its discernment will be affected by factors such as the NHS Constitution, Sustainability and Transformation Plans (STP) guidance, NICE technology appraisal guidance and Secretary of State Directions to the NHS.



The Clinical QIPP Advisory Group will adopt a robust approach to its disinvestment or reduction in service provision recommendations by ensuring decisions are lawful and consistent.

This will be achieved by:

- Providing a coherent structure for discussion, ensuring all important aspects of each issue are considered prior to decisions being made
- Assuring that appropriate engagement and or formal consultation has taken place when and where necessary and is fed into the full equality analysis report
- Promoting fairness and consistency in decision making and with regard to different clinical topics, reducing the potential for inequity
- Providing a means of explaining the reasons behind the decisions made
- Managing the risk of judicial review by implementation of robust decision-making processes that are based on evidence of clinical and cost effectiveness and adopting a decision making framework so that decisions are made in a manner which is fair, rational and lawful
- Ensuring the vision, values and goals of the CCG are reflected in business decisions
- Ensuring any perceived or actual conflicts of interest are identified

### **5.3 Criteria for developing proposals for disinvesting services case for change**

Legitimate reasons for disinvesting a service may be some of the following:

- The service provided is no longer the statutory responsibility of the CCG
- The service is no longer shown to be a component of the CCG's core provision
- Service not linked to a CCG priority
- No longer meet the needs of the population
- Are of low quality
- Do not demonstrate value for money
- Are of high expenditure and low outcomes (Rightcare)
- Have continued poor performance identified through the contract monitoring process and / or feedback from patients, public and partners (poor patient experience)
- Are not sufficiently meeting the health needs of the population
- Do not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- Do not meet the standards of a modern NHS as defined by: NHS England / NICE
- Are linked to professionally driven change i.e. a provider driven business case which delivers modern innovative service.
- Are linked to nationally driven change i.e. national policy or guidance requires change in service delivery.
- is of limited clinical evidence, quality or safety
- Are linked to efficiencies in delivering services (Cost Improvement Programmes)
- Are linked to oversupply of services (duplication/ market place for patients has changed)
- Are possible savings linked to estates
- Are not value for money

- Over supply due to professional assessments (need for CCG to control quality and quantity of referrals)
- The original service was a pilot and funding has been rolled over
- The original service was funded through non recurrent monies and has been rolled over
- The original decision to fund a service was made on assumptions that have not realised
- There is an inability to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract
- The service does not deliver value for money, as demonstrated through financial review
- The investment in a service does not maximise the health gain that could be achieved by reinvesting an element of the funding elsewhere
- Service fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes

**No disinvestment of the service will commence until the relevant statutory requirements have been met. This would include the engagement/ consultation report and full equality analysis report and quality impact report presented to the Joint QIPP Committee for their consideration, prior to making a final decision/ recommendation to Governing Body.**

#### 5.4 Engagement and Consultation Process

Following the development of a proposal, the engagement and consultation process will commence. Advice on engagement should be sought from the Communications and Engagement Team, and Equality Teams

The CCG will communicate clearly, fully and continuously with the provider of the service and all stakeholders and **all interested parties** following any proposal for potential disinvestment or the reduction in provision of services.

The engagement and consultation will include the appropriate methods and timescales to engage with the public, patients and stakeholders and this will be informed by the pre consultation equality analysis, stakeholder analysis and matrix

An appropriate period of consultation will be undertaken and the outputs fully considered before any decision to disinvest or reduce service provision is made.

The feedback from all statutory and non-statutory consultation will be fully reviewed and analysed and will be used to assist in the decision making process.

Sefton Metropolitan Borough Council's Overview and Scrutiny Committee will be involved in line with current guidance.

#### 5.5 Clinical QIPP Advisory Group final recommendation

Following the engagement and consultation process, the SRO will present a final report to the Clinical QIPP Advisory Group. Once the group has reviewed the

information provided, a final recommendation will be presented to the Joint QIPP Committee.

The recommendation will first be shared with the provider so as to enable them to raise any final matters which may then be considered by the Joint QIPP Committee

Following the completion of statutory reports, should any indicate that disinvestment is not viable or appropriate, the outcome will be submitted to Clinical QIPP Advisory Group with a recommendation from the SRO to accept the findings and remove the proposal from the disinvestment programme. The Joint QIPP Committee will be notified and given the reason behind the decision. The Joint QIPP Committee will in turn advise the Governing Body through its key issues reporting process.

## **5.6 Joint QIPP Committee Approval**

The Joint QIPP Committee, as the committee with delegated responsibility for QIPP decisions, will ultimately make the decision with regard to the disinvestment of any service following the criteria and process set out in this policy. The Governing Body will be asked to ratify that decision.

The committee will make the appropriate decision following their review of the information:

### **1. Non approval to the disinvestment recommendation**

If the committee does not agree to the disinvestment of the service, this outcome will be communicated back to the Clinical QIPP Advisory Group, the provider and the local stakeholders. The SRO shall complete these actions.

### **2. Approval to the disinvestment recommendation**

If the Joint QIPP Committee agrees to the disinvestment of the service, this outcome will be communicated back to the Clinical QIPP Advisory group, the Governing Body, the provider and the local stakeholders. The SRO shall complete these actions and implement the exit strategy.

### **3. Request more information**

The Joint QIPP Committee may request more information if they are unable to make a final decision, this will be developed and presented back to the committee within the agreed time period. The SRO shall complete these actions.

## **5.7 Implementation**

### **5.7.1 Actions subsequent to approval to disinvest**

Following the Joint QIPP Committee's decision to disinvest, the CCG will commence the disinvestment process.

The responsibility for serving notice to the provider is with the executive lead for that provider contract and will be done via the relevant contract manager or as otherwise determined by the CCG Accountable Officer.

The CCG, in line with the approach for transparency and openness, will provide intelligence to the provider (as part of the notification letter) as to why the service has been ceased or significantly reduced through disinvestment, *for example, the disinvestment of a service has been based on assessment of the current providers' performance, value for money and the need for service redesign to improve services for patients.*

The CCG will also communicate clearly what 'next steps' will be undertaken in the process.

## **5.8 Exit process**

The SRO and contracts team will work closely with the provider (following notification of a decision to disinvest) on delivering the 'Exit Plan' outlining actions required by both parties for smooth service cessation/ significant reduction.

The plan will cover at a minimum:

- Patient continuity of care
- Patient records(if applicable)
- Staff
- Estate
- Equipment
- Stock (where funded by the commissioner)

The commissioner will ensure mechanisms are in place where, in conjunction with the provider, execution of the exit plan is actively managed.

Disinvestment of any service will be managed in line with the "Principles and Rules for Cooperation and Competition" regulation (2012) and related Monitor Guidelines.  
<https://www.gov.uk/government/publications/principles-and-rules-for-cooperation-and-competition>

Disinvestment of any service will also be processed in line with the CCG's Financial Policies and contractual requirements.

## **5.9 Recordkeeping and reporting**

An auditable record and trail of all decision making and all communications relating to each disinvestment decision and contract termination will be kept by the CCG.

This is vital, both to demonstrate that the process was robust and transparent, and as evidence in the event of any challenge, legal or otherwise.

## **6. Disinvestment: Stages and Flow Charts**

The stages outlined below will be addressed via the CCG's QIPP process via relevant documentation (including PIDs, Business case, plans on a page, equality and quality

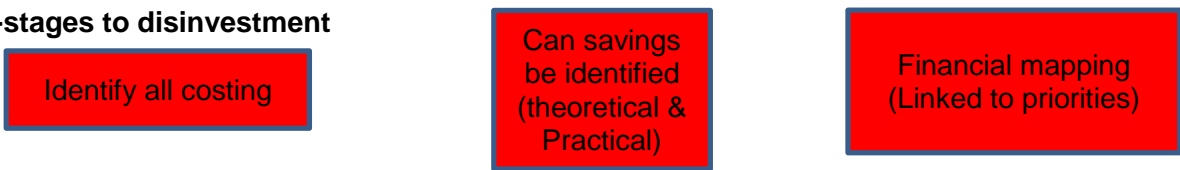
impact assessments and other supporting materials including prioritisation tool, Rightcare, like for like assessments etc.)

The stages will enable the CCG to develop a longer term and SMART disinvestment plan.

**Pre-disinvestment:** CCG leaders, clinical leads and subject matter experts will produce global costings and a map of cost structure (a financial map). This will be linked with prioritisation or commissioning strategy to demonstrate:

- Where is the CCG currently spending money, across the system?
- How this spend can be explained to the public?
- How savings be identified and to understand the difference between *theoretical* (when a saving can be identified but in reality can never be saved) and *practical* savings- (this is when savings can be made no matter how difficult will be).
- The 'financial map' is designed to show cost centres or subject centres – This is a way of rationalising the spending to make it easier to identify where reductions can be made and where reductions are initially being targeted (this allows for a more controlled action to identify 'hard to get' savings and the process to get them, as well as easy savings and thus avoiding stripping away assets).
- The CCG will run sessions to support the development of the financial map and this will highlight potential targets for savings

**Pre-stages to disinvestment**



**Stage 1: Case for change**

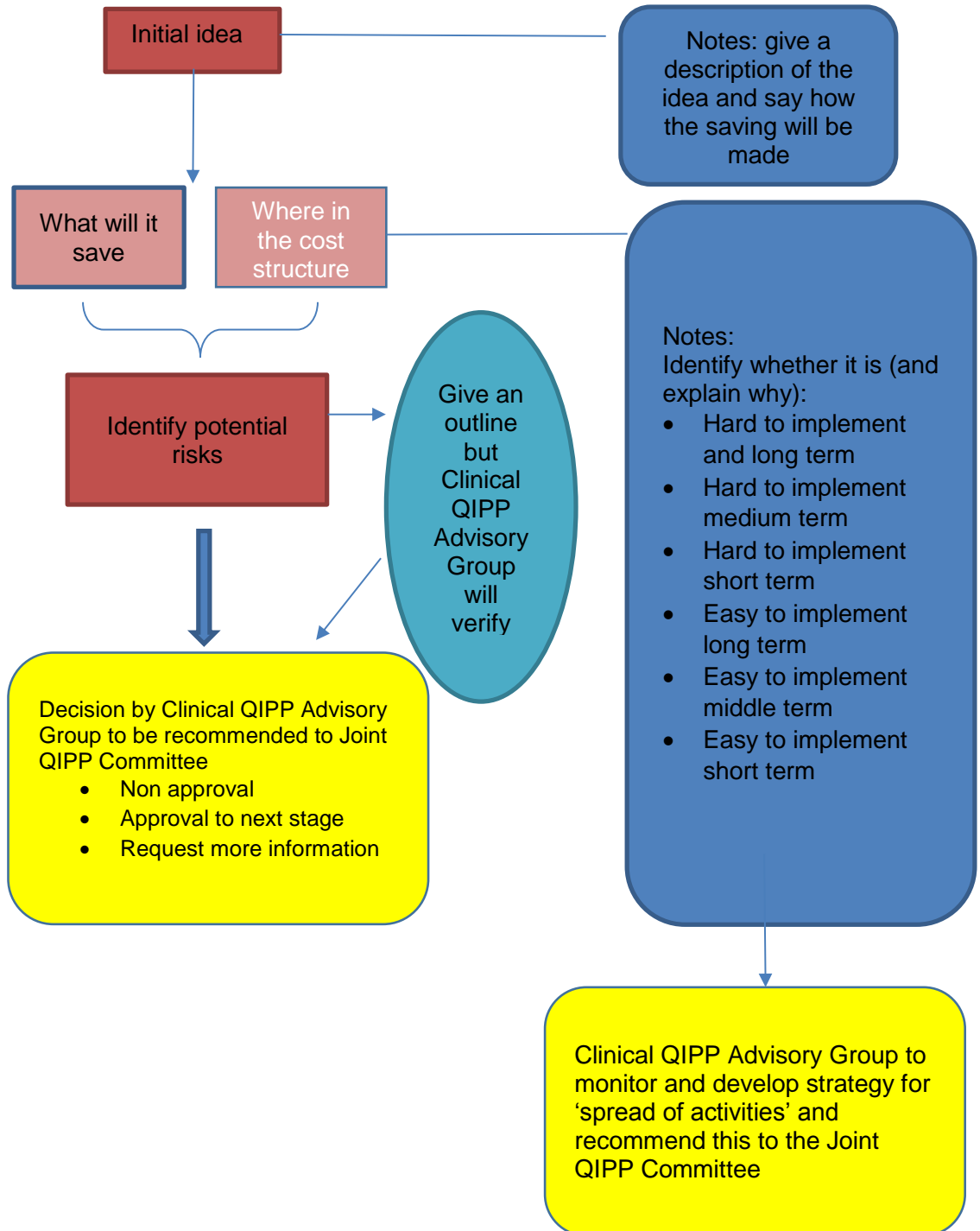
Develop ideas linked to the financial mapping above and or any idea the SRO has identified for savings via case for change process.

The process must show:

- The initial idea
- The legal position and driver?
- The current contractual position? (is the service being delivered against this)
- The potential savings (general outline Practical over theoretical)-see above
- The proportionate saving across the whole system?
- The potential risks (legal (equality), financial reputational strategic)
- The cost structure it will be taken from?
  - Identify whether it is (and explain why):
    - Hard to implement and long term (e.g. 2 hospital services duplication- move to one service)
    - Hard to implement medium term
    - Hard to implement short term
    - Easy to implement long term
    - Easy to implement middle term
    - Easy to implement short term (recruitment freeze, non-recurrent monies)

Stage 1 Case for Change (SRO's identifying ideas for savings)

This will enable Clinical QIPP Advisory Group (QIPP) to provide over view and authorise ideas

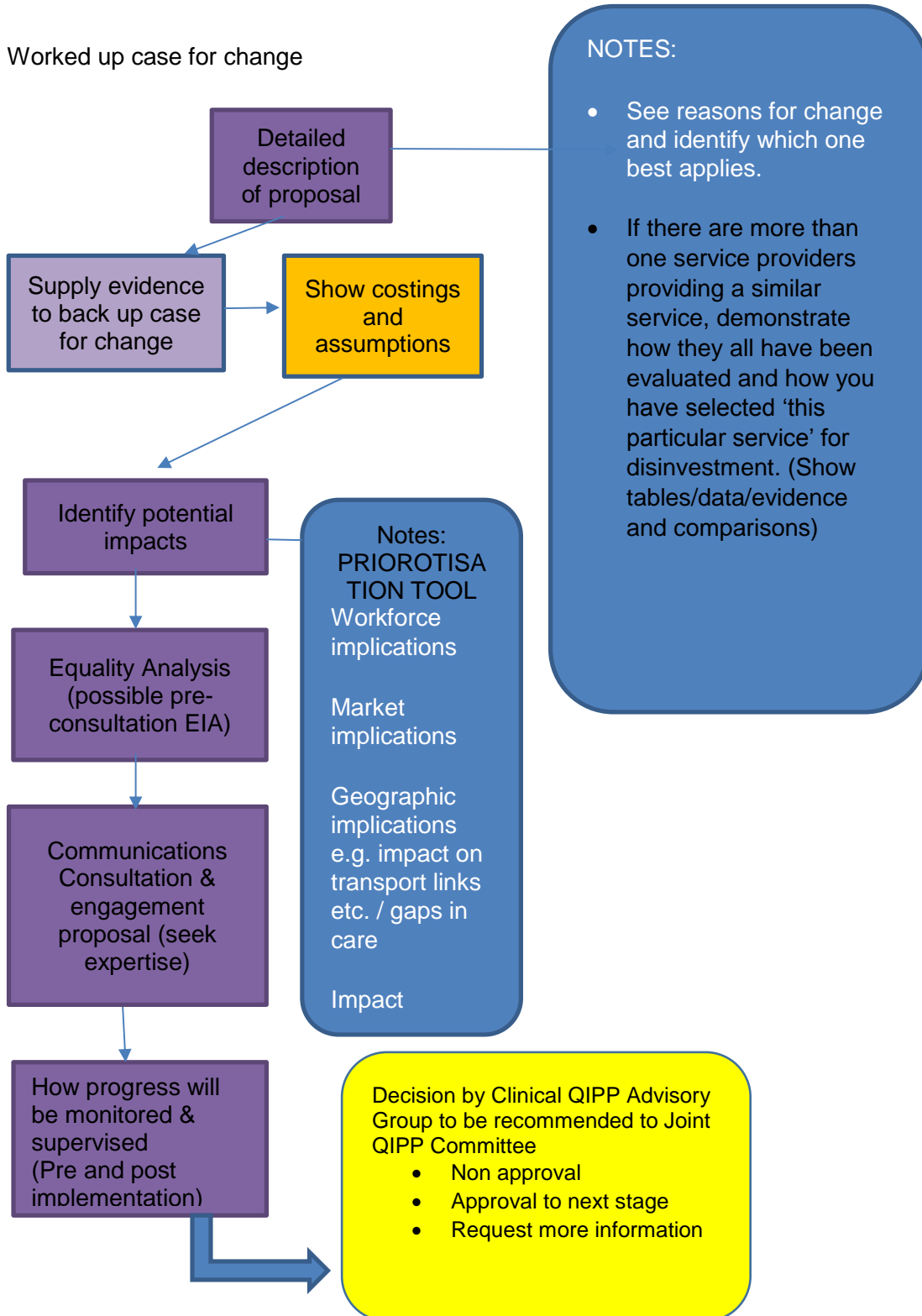


## **Stage 2: Project Management Office (PMO)**

Fully worked up idea and developing into a case for change proposal

- Detailed description of the proposal\*
- Evidence to back up case for change inc Rightcare
- Show costings and assumptions
- How process will be monitored
- Identify potential impacts
  - Workforce implications
  - Market implications
  - Geographic implications e.g. impact on transport links etc. / gaps in care
  - Impact on partner organisations
  - Impact on patients and public
  - Political implications
  - Potential exit strategy
  - Equality impact
  - Quality impact
  
- Pre- Equality Analysis form
- Quality Impact assessment
- Communications Plan
- Consultation/ engagement plan if required (incl: stakeholder analysis and matrix)
- implement consultation process
- analyses and present results
- Full equality assessment
- All presented to decision makers, prior to making the decision

Stage 2: Worked up case for change





\*If a service is being disinvested or there is to be a reduction in service provision – explain ‘why this service was chosen’:

A range of legitimate reasons for disinvestment or service reduction is given below. Please note that if one of the reasons below is not given then there is potential that the decision is of higher legal and reputational risk.

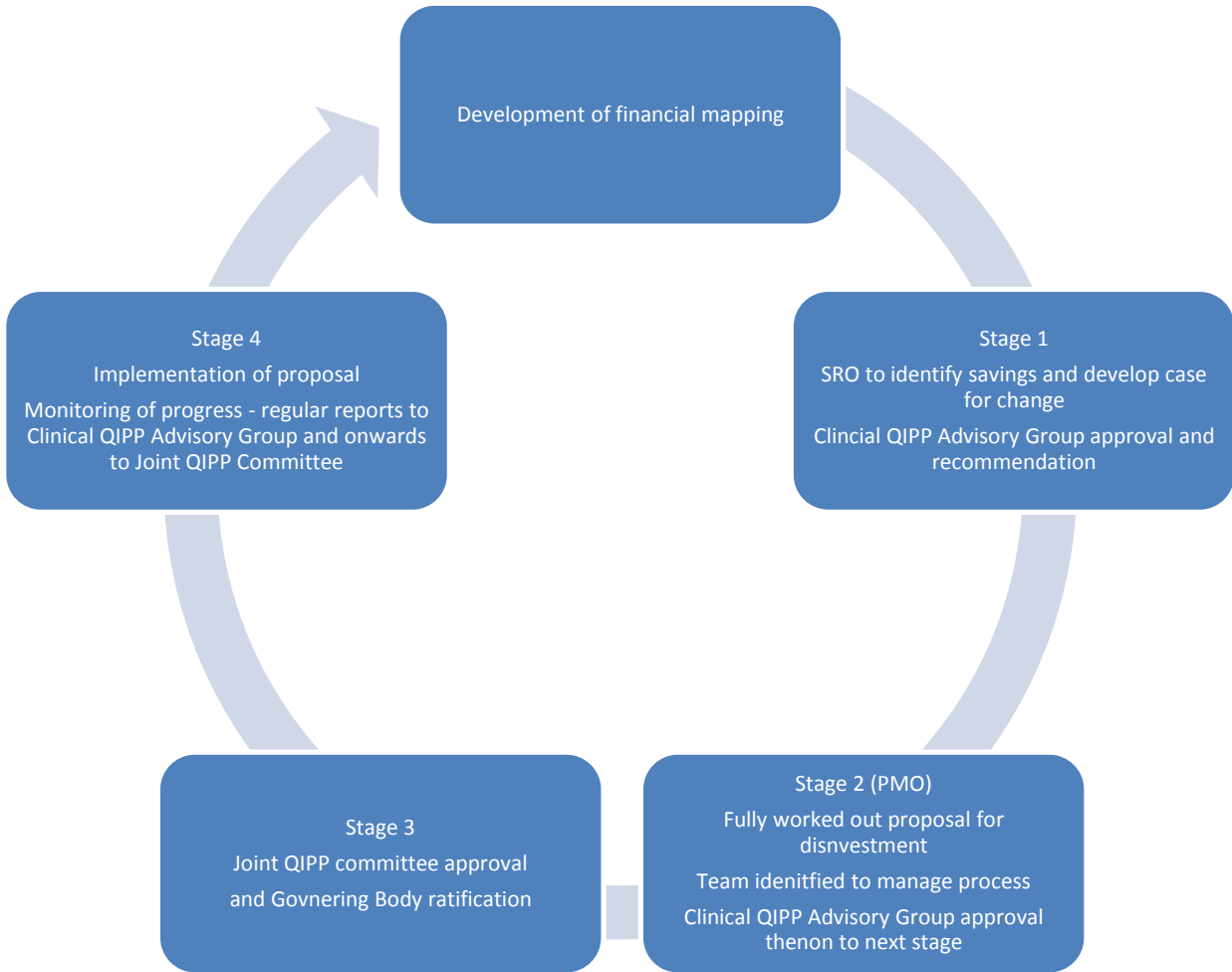
Legitimate reasons if the service;

- is no longer the statutory responsibility of the CCG
- is no longer shown to be a component of the CCG’s core provision
- is not linked to a CCG priority
- no longer meets the needs of the population
- is of low or poor quality
- does not demonstrate value for money
- is of high expense and low outcomes
- is demonstrating ongoing poor performance identified through the contract monitoring process and / or feedback from patients, public and partners, there is evidence of poor patient experience
- is not sufficiently meeting the health needs of the population
- does not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- does not meet the standards of a modern NHS as defined by: NHS England / NICE
- is linked to professionally driven change i.e. a provider driven business case which delivers modern innovative service.
- Is linked to nationally driven change i.e. national policy or guidance requires change in service delivery.
- is over supplying due to professional assessments (need for CCG to control quality and quantity of referrals)
- is of limited clinical evidence, quality or safety
- is linked to efficiencies in delivering services (provider Cost Improvement Programmes)
- is linked to oversupply of services (duplication/ market place for patients has changed)
- Is not demonstrating value for money
- was a pilot and funding has been rolled over
- was funded through non recurrent monies and has been rolled over
- benefits and assumptions have not been realised
- is unable to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract
- does not maximise the health gain that could be achieved by reinvesting an element of the funding elsewhere
- fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes

***If all above have been explored and none apply, then explain your grounds for the need to make financial savings.***

\*If there are more than one service provider, demonstrate how they all have been evaluated and how you have selected 'this particular service' for disinvestment. (Show tables/data/evidence and comparisons)

**Work Flow**



## **7. Prioritisation principles and Tools**

### **7.1 Background**

Distributing NHS resources is a complex activity. To date, it has been carried out mainly according to:

- historical patterns of activity and spend;
- demand as expressed by patients and healthcare professionals;
- the arrival of new technological and/or service innovations; and
- ad-hoc service pressures arising during the year.

However, allocating NHS resources today requires a different approach; demand for NHS services now exceeds the current available supply and the NHS is facing unprecedented financial challenges. This is not expected to change in the foreseeable future. This means that not all services can be provided and so prioritisation and decision making has become a pressing consideration. It is vital that decisions to prioritise services are not based on intuitive methods, incomplete information or conflict with the CCG's overall strategic goals. It is important that the impact on health is explicit when decisions are made to provide resource for some areas and not others.

Any prioritisation framework must therefore provide a robust, transparent and fair process to:

- maintain or improve (were possible) clinical quality and the health and wellbeing of the population
- be operationally more efficient;
- increase public and patient confidence;
- lawful
- achieve financial balance and ongoing financial sustainability;
- meet the requirements of good corporate governance;
- and be underpinned by a sound evidence base wherever possible

### **7.2 Application of the prioritisation tools**

Ideas to disinvest can be based on a prioritisation tool for each service or intervention under consideration so that the evidence base can be assessed later and comparisons made. The tool sets out four evidence areas for assessing services and interventions:

- Does it work and how close is it to core priority?
- Does it add value to society/ health inequalities?
- Is it a reasonable cost to the public?
- Is it the best way of delivering the service?

Evidence in each of these areas is assessed against 18 criteria or 'factors to consider'; they are defined in the tool and they will be subject of rigorous testing by Clinical QIPP Advisory Group and the Joint QIPP Committee

The completed information for each service/intervention/proposal under consideration will be presented by its compilers in stage 2 .

**Prioritisation Tool**

<b>Does it work?</b>		
1.	Quality Clinical effectiveness <ul style="list-style-type: none"> <li>• Patient experience</li> <li>• Patient Safety</li> <li>• effectiveness</li> </ul>	If not effective, this does not need to go through further process, can make decision to disinvest.  See Quality Impact Assessment
2.	Health gain and outcomes	Life expectancy, healthy life expectancy, quality of life and risk factors Review Rightcare – Performance compared to peer group
3	Is it over subscribed / is there an over demand	<ul style="list-style-type: none"> <li>• Is there any way of controlling through put?</li> <li>• Are providers creating over demand (is this clinically appropriate?)</li> <li>• Is service underfunded?</li> </ul>
<b>Does it add value to society?</b>		
4.	Strategic fit with CCG priorities and legal duties	How close is it to core priorities Is there a statutory duty to provide the service/ function? If it is a statutory duty can efficiencies be made?
5	Strategic fit with 5 Year forward view	<a href="https://www.england.nhs.uk/ourwork/futurenhs/">https://www.england.nhs.uk/ourwork/futurenhs/</a>
6	Strategic fit SDP	
7	Population and individual impact	Proportionality: a balance between the needs of a group of patients, and that of the wider community  Does this only affect one particular group?
8	Health Inequities	Reduce or widen?

9	Equality implication PSED	Equality Analysis Report
<b>Is it a reasonable cost to the public?</b>		
10	Affordability/ efficiencies	<p>Can we release resources for alternative uses to achieve the same aim?</p> <p>Can this be bought from a cheaper source?</p> <p>Pooling budgets with partners (What are the opportunity costs for other services or interventions (including those of partners)?</p>
11	Cost effectiveness and value for money	Expenditure in relation to outcomes Review Rightcare – Performance compared to peer group
12	Is there over supply of services	Duplication of services
13	Through put of patients/ service users	Low through put of patients for service provision?
<b>Is it the best way of delivering the service?</b>		
14	Alternative services	<p>Ward based services compared to community based services</p> <p>Private and Public sector versus Community Voluntary/ Third sector?</p>
15	Impact on services elsewhere	<p>Is there an impact for other health service (For example A&amp;E)?</p> <p>Is there an impact for non-health services? For example, social services</p>
16	Workforce implications	<p>Will it increase or decrease or change human resources and skills mix?</p> <p>Will it have legal HR implications? (TUPE, redundancy, recruitment/ retention)</p>

17	Geography	<p>Is it in the best place to deliver the service?</p> <p>Rural issues</p> <p>Transport issues</p> <p>Parking access</p>
18	Physical buildings and estates	<p>Is it beyond service</p> <p>Does it need decommissioning</p> <p>Is it operating at full potential/ capacity</p>

## MEETING OF THE GOVERNING BODY NOVEMBER 2016

<b>Agenda Item:</b> 16/194	<b>Author of the Paper:</b> Fiona Taylor Chief Officer Email: <a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> Tel: 0151 247 7061
<b>Report date:</b> November 2016	
<b>Title:</b> North Mersey Local Delivery System Plan (NM LDS Plan)	
<b>Summary/Key Issues:</b>  <p>The purpose of this report is to update the Governing Body on the content of the NM LDS Plan, which is a component part of the Cheshire &amp; Merseyside Sustainability &amp; Transformation Plan (C&amp;M STP).</p> <p>The C&amp;M STP was submitted to NHS England on 21<sup>st</sup> October 2016. It is currently being reviewed and until that process has been completed and feedback received NHS organisations have been instructed that they should not publish the NM LDS Plan. However, it is possible to share the three local delivery system plans which represent the majority of the content of the STP.</p>	
<b>Recommendation</b>	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive this report.	

Links to Corporate Objectives <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				

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**

### **November 2016**

#### **1. Executive Summary**

The purpose of this report is to update the Governing Body on the content of the North Mersey Local Delivery System Plan (NM LDS Plan), which is a component part of the Cheshire and Merseyside Sustainability and Transformation (STP) Plan.

The Cheshire & Merseyside STP was submitted to NHS England on 21<sup>st</sup> October 2016. It is currently being reviewed and until that process has been completed and feedback received NHS organisations have been instructed that they should not publish the plan. However, it is possible to share the three local delivery system plans which represent the majority of the content of the STP.

#### **2. Introduction and Background**

Local health and social care services have improved greatly in recent years. However, the NHS Five Year Forward View, published in October 2014, set out strategic intentions, the opportunities and the challenges facing the NHS and the need to take a longer term approach to planning to ensure the NHS remains clinically and financially sustainable during a sustained period of financial constraint for public services. The Forward View highlighted three key areas:

- The health and wellbeing of the population;
- The quality of care that is provided; and
- NHS finance and efficiency of services.

Subsequently, in December 2015 NHS planning Guidance was published. The document: *'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21'*, set out the steps for local health systems to follow to deliver the Five Year Forward View. This guidance was backed up by a new Sustainability and Transformation Fund intended to support financial balance, the delivery of the NHS Five Year Forward View, and to support new investment in key priorities. As part of the planning process, health and care systems were asked to develop 'Sustainability and Transformation Plans', to cover the period from 2016/17 to 2020/21.

44 areas (or 'footprints') were identified across England to work together as health and care systems to develop Sustainability and Transformation Plans (STPs) that set out how these gaps can be addressed.

Leaders were asked to identify the key priorities for their local area to meet the particular challenges they face and to set out how health and care systems will deliver financial balance by 2021. While the guidance focuses mainly on NHS services, STPs also cover better integration with local authority services.

STPs represent a change in the way that the NHS in England plans its services; with a stronger emphasis on collaboration to respond to the challenges facing local services and a focus on place-based planning for whole systems of health and care. This reflects a growing consensus within the NHS that integrated models of care are required to meet the changing needs of the population. In practice, this means different parts of the NHS and social care system working together to provide more coordinated services – for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions.

It is also recognised that NHS financial pressures can't be addressed fully at organisational level. Providers and commissioners within health systems were tasked to come together to manage the collective resources available for their local population.

While STPs are primarily being led by the NHS, developing credible plans will require the NHS to work in close partnership with social care, public health and other local government services, as well as third sector organisations and local people.

### **3. Cheshire & Merseyside STP Footprint**

The Cheshire and Merseyside Sustainability and Transformation Plan is the second largest STP in England. It covers a population of 2.5 million, and brings together a partnership of 12 CCGs, 20 providers and 9 local authorities.

Cheshire & Merseyside (C&M) is a diverse area, with poor health outcomes in some parts of the footprint closely linked to high levels of deprivation.

Across the region there are significant financial challenges; either at individual organisational level or across whole economies. Each local delivery system has established its own approach to delivering improved productivity and closing the financial gap, guided by a common set of strategic priorities.

The rationale for a whole-system approach to tackling these challenges is that by working collaboratively across organisations there are opportunities to reduce duplication and unnecessary cost and extend good clinical practice and innovation to improve quality and patient experience.

The Cheshire and Merseyside STP is designed to address the challenges of the region in terms of population health and wellbeing, quality of care and financial sustainability.

However, the majority of delivery will be through the plans developed by the three local delivery systems (LDS): North Mersey; the (Mid Mersey) Alliance; and unified Cheshire & Wirral. It is anticipated that the emphasis for delivery of the STP will be through LDS plans, delivered collaboratively by local organisations.

### **4. North Mersey Local Delivery System (NM LDS)**

The North Mersey delivery system serves the populations of Liverpool, Sefton and Knowsley.

Although the North Mersey area is in many ways resurgent, with a growing economy, it also has high levels of poor health and it is one of the most deprived areas of the country, with more than 4 out of 10 residents living in the 10% most deprived neighbourhoods in England. People living in the North Mersey area live shorter lives than the national average, and spend a greater proportion of their life living with disability and poor health.

Life expectancy is increasing at a faster rate than healthy life expectancy, with more people living into old age with multiple long term conditions, disability and care needs. As the proportion of older people increases, a key challenge will be to achieve improvements in healthy life expectancy – keeping more people well for longer.

While there are services offered out of hospital are generally good, they have been fragmented and lacking integration across health and social care. North Mersey has high rates of emergency admissions which would be more effectively treated out of hospital.

The fundamental objective of the strategy for North Mersey is to reduce unplanned hospital care in order to shift the balance towards a pro-active wellness system rather than a system which predominantly treats illness.

The North Mersey commissioning landscape is represented by four CCG commissioners - NHS Liverpool CCG, NHS Southport & Formby CCG, NHS South Sefton CCG and NHS Knowsley CCG, 3 local authorities – Liverpool, Sefton and Knowsley and NHS England Specialised Commissioning. The North Mersey plan incorporates 9 provider trusts:

- Liverpool Community Health NHS Trust
- Aintree University Hospitals NHS Foundation Trust
- The Liverpool Heart and Chest Hospital NHS Foundation Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- The Walton Centre for Neurology NHS Foundation Trust
- Alder Hey NHS Foundation Trust
- Liverpool Women's Hospital Foundation Trust
- Mersey Care NHS Trust

The North Mersey local delivery system plan builds upon and joins up Healthy Liverpool and Shaping Sefton transformation plans from neighbouring commissioners within the footprint to develop a compelling place-based, whole-system plan.

## **5. Shaping Sefton**

The CCGs in Sefton have been working on the development over the past 3 years of the Shaping Sefton vision to create a community centered health and care delivery system which is aligned to the overarching Sefton Health and Wellbeing Strategy.

The Shaping Sefton vision describes our aspiration whereby we want all health and social care services to work together and to be more joined up – with as many as possible provided in our local communities, so it is easier to get the right support and treatment first time to help live a healthy life and improve wellbeing.

Community centered health and care brings together eight priority health and transformation programmes, wrapped around our GP practices.

These are Primary Care, Community Care, Urgent Care, Mental Health, Care for Elderly People with Frailty, Intermediate Care, Cardiovascular Disease and Respiratory Disease.

As such, Shaping Sefton with the Healthy Liverpool programme has already begun to answer the questions being addressed by the Sustainability and Transformation Plans. These plans are at the heart of the NM LDS Plan

## 6. The NM LDS Plan

The NM LDS Plan identifies five priorities:

1. Demand Management;
2. Hospital Service Reconfiguration;
3. Population Health;
4. Digital Innovation;
5. Acting as One System.

### 5.1 Demand Management

The North Mersey vision is to ***deliver a step change in health, with people living well for more of their lives and an excellent, safe health and care system which is fit for the future.***

This vision is dependent upon strong community services that can enable the effective management of demand by reducing reliance on hospital services, particularly unplanned care. This will drive improved quality, patient experience and maximise the use of financial resources.

Strong, pro-active, person-centred community services will drive the transformation of the wider health system and the improvements in health and wellbeing that will support people to live longer, better lives.

The North Mersey demand management programme will:

- Establish Integrated Community Care Teams serving populations of 30-50,000. These teams will deliver proactive care involving GPs, community nursing, social care and other relevant professionals;
- Strengthen and transform primary care; improving access, reducing variation and broadening skills. This is the cornerstone of the new community model of care;
- Developing new and improved urgent care services in the community through the creation of primary care hubs open 7 days a week, along with the provision of GP streaming at the front door of A&E departments;
- Maximising opportunities from digital technologies to improve care, keep people well and reduce the need for hospital care; particularly through the scale up of telehealth support to people who would benefit;
- Support effective discharge from hospital, through a whole system approach to effectively managing the care of people leaving hospital for home or into care homes;
- Enhanced care home model which delivers proactive care from community multi-disciplinary teams directly into care homes;
- A new model of care which will transform mental health provision, including better integration of mental and physical health services and pro-active, targeted care to support people in community settings;

- A one-system model for cardiology and respiratory conditions, transforming care across prevention, community and hospital services in joined up pathways, with all providers collaborating to improve outcomes;
- Redesigning children's services and infrastructure with a new focus on children and families, offering targeted early help and integrated care between NHS community and hospital services, social care, the voluntary sector, education and specialist provision such as CAMHS.

The current transaction process to secure a new NHS provider for community services in North Mersey provides the opportunity to align community services provision to the North Mersey LDS plan for new, innovative and sustainable partnerships and models of care.

Governing Body members will recognise this as being rated in Healthy Liverpool.

## **5.2 Hospital Service Reconfiguration**

This North Mersey priority is completely aligned with Healthy Liverpool plans for reconfiguration of hospital services, which in turn are aligned to Shaping Sefton and decision making through a Committee in Common.

In 2015 the city's clinicians and NHS organisations agreed a vision for a *“centralised University Teaching Hospital Campus with single service, system-wide delivery, delivered through centres of clinical and academic excellence”*.

This translates into plans to redesign services across the city's adult acute hospital providers which would:

- Establish a combined workforce working delivering standardised patient pathways;
- Ensure high quality services delivered to best practice standards;
- Provide single clinical leadership.

These plans were published in the Healthy Liverpool Blueprint of 2015 and also appear in the NM LDS Plan.

The Healthy Liverpool plan included intentions to establish Aintree Hospital as the single receiving site for Major Trauma for Cheshire & Merseyside, which has now been delivered. This has led to a significant improvement in survival rates and health outcomes, with the area achieving the best outcome performance for any region outside of London.

The Healthy Liverpool Blueprint also signalled the intention to review women's and neonatal services; a process which commenced earlier in 2015 and which is also featured in the North Mersey LDS Plan.

As a further development from Healthy Liverpool plans for single service redesign for adult acute services, in the summer of 2016 the boards of the Royal Liverpool, Aintree and Liverpool Women's hospitals agreed to examine the benefits of creating a new single organisation to facilitate and enable the delivery of the clinical and patient benefits that would accrue from a single service, city wide delivery model.

The North Mersey LDS Hospitals plan also sets out the intention for commissioners to conduct a review of services provided by Southport and Ormskirk NHS Trust. This review has dependencies with plans to redesign adult acute services in Liverpool and with plans contained within the Mid

Mersey Alliance LDS. We will work collaboratively across local footprints to manage these dependencies and align plans.

### 5.3 Population Health

The NHS Five year Forward View states that the sustainability of the NHS depends on a radical upgrade in prevention and public health to create healthier populations and reduce demand on the NHS.

The STP identifies priorities that will be managed across the whole Cheshire and Merseyside footprint. This includes ambitious schemes to tackle high blood pressure, alcohol harm and anti-microbial resistance.

The NM LDS Plan includes local priorities to address the wider determinants of health, primary and secondary prevention which are pertinent to the needs of the North Mersey population.

The actions in the plan to improve health outcomes are aligned with existing partnership commitments by the NHS and local authorities to collaborate on key schemes. The local population health priorities include:

- The development of a non-communicable disease prevention strategy: This would be focused on policy as a tool to achieve health gain. In order to achieve a population impact on healthy life expectancy and premature mortality, targeted and focused policy interventions will be developed above and beyond strategies to support behaviour change. An example of this approach would be to use planning legislation locally to tackle fast food density as a driver to reduce obesity.
- Making Every Contact Count (MECC): This is about harnessing the millions of contacts between people and professionals, encouraging conversations based on behaviour change, empowering healthier lifestyle choices and self-care. The focus will be on supporting conversations around long term conditions; smoking; falls prevention; alcohol abuse; obesity management; medicines management; physical health; and mental health and emotional wellbeing and onward referral to healthy lifestyle and welfare services. MECC has the potential to be very cost effective. Public-facing staff in LAs and the NHS may meet around 30 people a day so even having just one additional health chat per week could produce real benefits. There are also potential benefits from staff changing their own behaviour and becoming powerful advocates to encourage their family or friends, to follow their example for better health.
- Tobacco Control strategies: Smoking is still the biggest cause of premature death in North Mersey and causes significant ill health. There are over 100,000 households in the area with at least one smoker. When net income and smoking expenditure are taken into account, 30% of households with a smoker are below the poverty line. Over 21,000 people in North Mersey could be taken out of poverty if smoking costs are returned to the household. There are still an estimated 143,000 smokers in the area, costing the local economy over £265m in terms of economic and health impacts. Supporting people to stop smoking is a key element to an overall tobacco strategy, but should be enhanced by broader action to control tobacco. The aim is to reduce smoking rates in North Mersey from the current rate of 18.5% to 13% by 2021.
- Workplace Wellbeing: This programme will focus on engaging successfully with businesses on the issue of the health and wellbeing of employees. The aim is to support and improve business productivity; competitiveness; economic growth and make North Mersey businesses employers of choice. The Workplace Wellbeing Charter is cited as national exemplar practice towards achieving these aims; which is a model that was developed in Liverpool. As an already

established programme, the LDS will use this model initially to achieve accreditation or reaccreditation of all NHS and Local Authority partners by March 2018.

The delivery of these population health plans will improve the health and wellbeing of our population in targeted ways, which will also contribute over time to better managing demand for health and social care services across all settings of care.

#### **5.4 Digital Innovation**

North Mersey stands out as a leader in digital care and innovation, with clinically led programmes held in high regard nationally and internationally. This track record originates from the North Mersey iLinks and Healthy Liverpool and Shaping Sefton programmes, which have invested significantly in digital innovation.

Merseyside can already evidence significant achievements, with ground breaking success in information sharing, assistive technology and analytics delivering evidenced-based patient outcomes and improved quality of care.

There is a long established culture of clinical and managerial partnership approach to digital leadership, with an ethos of the 'digital clinician' which unites professionals from the various traditional digital fields around a shared focus on improving the health and wellbeing of the population.

Digital technology is both an enabler to and a transformer of better care and outcomes.

The development of the Merseyside Local Digital Roadmap (LDR) is considered a national exemplar.

The plan envisages a connected health and social care economy where individuals and professionals are supported by integrated systems which support fully informed choices.

The NM LDS plan will deliver three digital ambitions:

1. Digitally Empowered Individuals;
2. A Connected Health and Social Care Economy;
3. Exploiting the Digital Revolution.

These ambitions will be delivered through a clear set of deliverables - the 'Digital Top 10' which will transform the way health and social care services are delivered through a seismic change in the use of digital technology and innovation:

1. Joint Governance & Clinical/Managerial Digital Leadership Partnerships: working together as one health and social care economy;
2. All organisations signed up to shared principles for digitally enabled transformation;
3. Delivery of the Information Sharing Framework: implementing at pace and scale of the single information sharing framework;
4. Digital Maturity transformation of all health and social care providers including primary care, through adoption and use of digital technologies and standardised records at the point of care, including a clinical technology hub embedded in community services;
5. Interoperability Programme; joining up of key systems across the health and care system ;
6. Digital No Wrong Door; enabling people to interact digitally and online with the health and care system, as well as supporting population health initiatives;



7. Single Adult Acute Electronic Patient Record; implementing one system for North Mersey adult acute hospital services;
8. Consolidated Infrastructure; joining together of infrastructure, where it makes sense to do so to enable staff to work across multiple sites and to support patients to interact with services easily;
9. Support significant upscaling of Assistive Technology; with clear plans and timescales to significantly scale up the Healthy Liverpool telehealth programme across North Mersey by ensuring the latest technology and telemetry systems are available across as many disease pathways as possible. Ensuring assistive technology interoperates with clinical systems across primary, secondary and acute systems where deployed.
10. Advanced Analytics Collaborative; a joint approach to maximise the potential benefits of predictive analytics.

### **5.5 Acting as One System**

North Mersey has one of the most complex health systems outside of London; with multiple commissioners and providers, including two major adult acute trusts, a renowned children's hospital and the broadest range of specialist services of any city outside of London.

The complexity of the North Mersey delivery system presents challenges for this health and care economy. Historically, organisations have competed with each other, with high levels of services duplicated, leading to inefficiencies and fragmentation. The priority now is to secure long-term clinical and financial sustainability of services in the city, rather than protect the status quo.

To date, clinicians have led the work to develop a system that can 'act as one'. Clinical leadership has led to the development of a compelling vision for North Mersey; a commitment to shared clinical standards and proposals for transformation of community services and the hospital system.

The system collaboration that has emerged from current transformation programmes, Healthy Liverpool and Shaping Sefton, have provided a sound basis to move to the next level of agreeing new ways of working, future proof governance, strong accountability and potentially new structures to enable delivery of the best care, although it is essential that form follows function.

Acting as One system includes the involvement of our population. The NM LDS Plan has been developed with and informed by the needs of residents and patients across Liverpool, Sefton and Knowsley, through sustained programmes of engagement and involvement which have shaped local transformation plans.

Our priorities within this are of the LDS plan include:

- Single system governance arrangements that will support whole system collaboration;
- Integrated commissioning arrangements that will support the effective delivery of the NM LDS plan;
- A North Mersey 'business as usual' efficiency programme that will reduce waste and costs in non-clinical and clinical support across the footprint;
- Exploring ways in which commissioners and providers could work much more collaboratively to improve health and care and jointly managing the resources available to us over the next 5 years.

A matrix setting out the specific schemes for each of the priority areas in the NM LDS plan is set out at Appendix 1. This matrix also details benefits and timescales for each scheme.

## 7. Financial Accountability

The financial challenge facing the Cheshire & Merseyside health system is significant. The 'do nothing' affordability gap is forecast at £908million by 2020/21, with the North Mersey share of this gap standing at £346 million. The drivers of this affordability gap are the low rate of NHS budget growth over the next 5 years set alongside increasing demand for services from an ageing population and an increasing proportion of people living with poor health.

STP areas are required to submit financial plans showing how their systems will achieve financial balance within the available resources, with a clear expectation that both the commissioner sector and the provider sector will be in financial balance in both 2017/18 and 2018/19 and through to 2021.

The NHS Operational Planning and Contracting Guidance for 2017 to 2019 stated that NHS England would consider proposals to manage health system finances in a joined up way, encouraging collaboration and shared ownership of financial risks and opportunities.

To support system-wide planning and transformation, financial system control totals will be agreed for all STPs. In the first instance, they will be derived from individual control totals for CCGs and provider organisations in that geography.

Requests will also be considered for system control totals within a smaller geographical footprint than at STP level, by agreement with NHS England and NHS Improvement, for system partners to adjust organisational control totals (both for providers and for CCGs), provided the overall system control total is not breached.

The North Mersey system has submitted an application to work to a North Mersey system control total for North Mersey CCGs, local authorities and adult community and acute providers.

Having a system financial strategy would enable a new value-based approach to commissioning. This, together with payment reform, will facilitate a transition from funding individual organisations to funding patients and patient pathways across the system and across organisational boundaries. This will ultimately lead to the dual benefits of:

- Improving population and patient outcomes through an emphasis on prevention and a shift in care to the most appropriate setting, while also;
- Maximising the effectiveness of total expenditure across the system.

The proposal for a single control total for NM LDS supports the delivery of STP programme priorities at a local level. It also builds on the already established partnerships that are in place in the form of Healthy Liverpool and Shaping Sefton in driving national priorities at a local level.

The NM LDS members recognise their important role in delivering the wider STP, both in terms of their contribution to cross-cutting priorities and the implementation of the local priorities set out in this document.

A control total at LDS level would allow greater flexibility to adapt pathways, and funding flows, so that the local system can be more responsive to the specific needs of the North Mersey population, who live shorter lives and spend a greater proportion of their life living with disability and poor health.

## 8. Statutory Requirements

**Q: Does this require public engagement or has public engagement been carried out?**

A: This document sets out North Mersey plans for transformation of the health and care system. The component proposals contained in the plan have been and will continue to be subject to engagement, and in some cases, formal public consultation.

**Q: Does the public sector equality duty apply?**

A: Specific proposals contained within the NM LDS plan will be subject to the Public Sector Equality Duty.

**Q: Explain how you have/will maximise social value in the proposal: describe the impact on each of the following areas showing how this is constructed to achieve the most:**

- i. **Economic wellbeing;**
- ii. **Social wellbeing;**
- iii. **Environmental wellbeing.**

A: The NM LDS plan addresses all elements of social value, including economic, social and environmental wellbeing. Impact and opportunities will be articulated in each specific proposal.

**Q: Taking the above into account, describe the impact on improving health outcomes and reducing inequalities**

A: The NM LDS plan is an overarching plan with multiple proposals, many of which are intended to improve health outcomes and reduce health inequalities. The impact on these factors will be clearly articulated within details proposals.

## 9. Describe how this promotes financial stability

Issues regarding financial sustainability are addressed in section 7 of the document.

## 10. Conclusion

The NM LDS plan sets out the significant challenges which need to be addressed around poor health, a fragmented NHS infrastructure and the need for broad ranging solutions to address clinical and financial sustainability.

Partners from across the North Mersey system have a good track record for collaboration which has been 'powered up' to develop a detailed and compelling plan to address the challenges to be faced over the next five years. The North Mersey plan aligns with the direction of travel set out in the Five Year Forward View and is complementary with the broader Cheshire & Merseyside Sustainability Plan.

The public conversations that have taken place on developing specific proposals plans through Healthy Liverpool and Shaping Sefton engagements will continue over the whole period of this plan.

The NM LDS Plan has a clear vision and there is a strong commitment from partners to work as one to deliver this compelling plan, which will address the wellbeing, quality and financial gap for the local health and care system.

## **11. Recommendations**

It is recommended that the Governing Body receives the report and:

- Notes the process to develop the Cheshire & Merseyside STP;
- Notes the content of the NM LDS Plan, a component of the STP;
- Notes that the NM LDS builds upon existing transformation plans within the Healthy Liverpool and Shaping Sefton programmes;
- Notes the commitment of the CCG and health and care partners to continued local engagement and the requirement to meet statutory requirements for public involvement.

## **Appendices**

Appendix 1 – North Mersey Approach and Plans Matrix

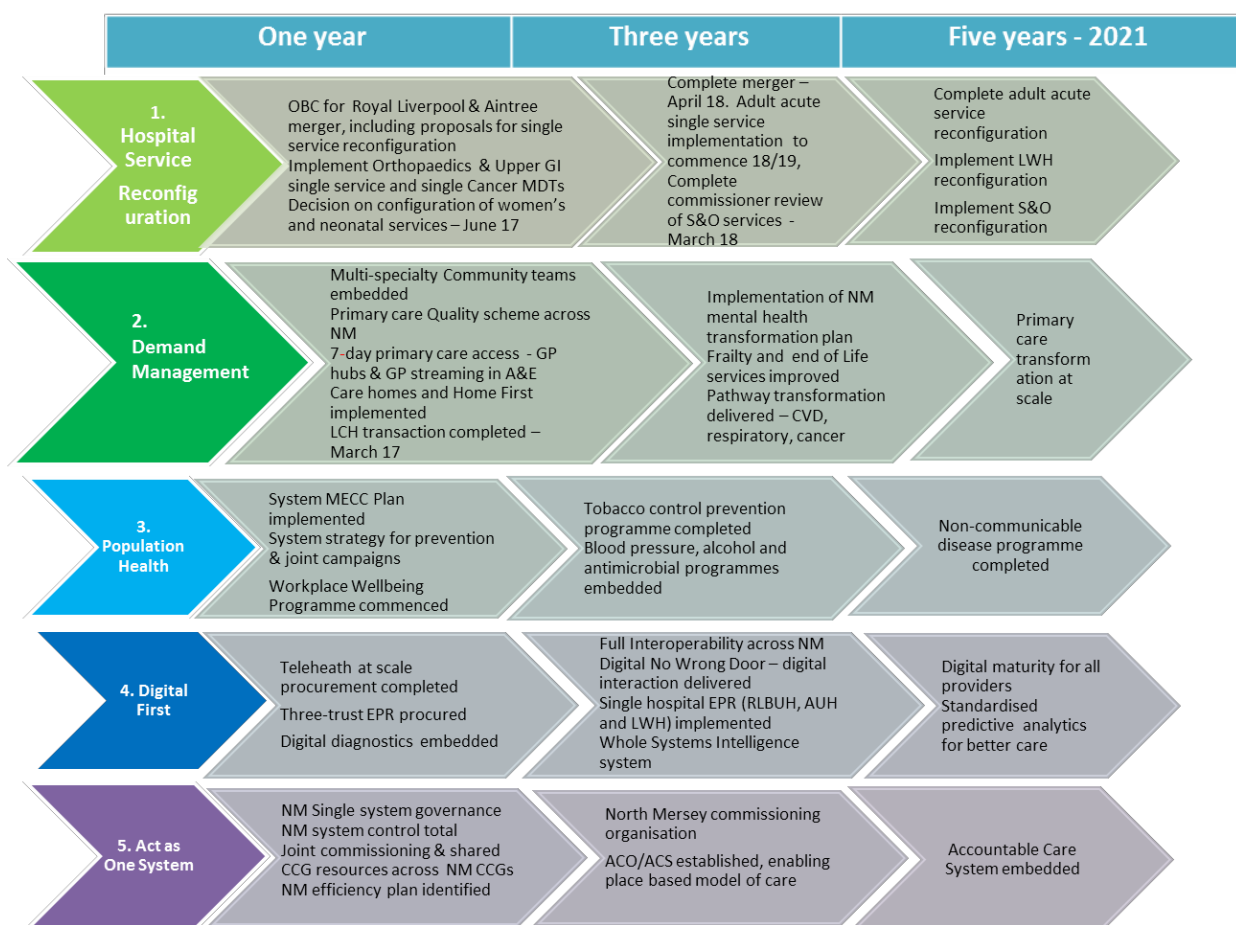
**Fiona Taylor**  
**Chief Officer**  
**November 2016**



## North Mersey approach and plans

The North Mersey plan builds upon and joins-up established transformation programmes; including *Shaping Sefton* and *Healthy Liverpool*, which was established in 2013 in response to the city’s Mayoral Health Commission. The commission’s ten recommendations recognised that such was the extent of poor health outcomes, and the relentless pressures on resources, that only a whole-system approach to

the transformation of health and care would succeed. The commission’s insight and mandate to the local NHS and partners to deliver change has given the North Mersey delivery system a three year head start in identifying and now delivering the whole system transformation plans that are set out in the Cheshire and Merseyside STP. It is represented by this ‘Plan on a Page’:



Each of the programmes above has a delivery plan that clearly lays out the projects that are being mobilised, the expected outputs and outcomes and forecast benefits.

Overleaf are North Mersey’s plans for each of these programmes

## North Mersey plans for hospital reconfiguration

Programmes	Projects	Outputs	Start Date	End date
<p><b>Single service system- wide delivery for adult acute services</b></p> <p><u>Plan</u> SOC completed OBC commenced Project plan in development</p>	<p>Reconfiguration of 35 adult acute services across RLBUH, AUH and LHCH, to establish single service, system-wide services. Detailed service reconfiguration plan to be set out in an Outline Business Case, currently in development</p>	<ul style="list-style-type: none"> <li>• Single service pathways across all adult acute services</li> <li>• Single clinical workforce for adult acute services across 3 trusts</li> <li>• Site rationalisation across 4 to 5 hospital sites in the city</li> </ul>	April 2016	March 2021
<p><b>Merger of the Royal Liverpool, Aintree and Liverpool Women's Hospitals</b></p> <p><u>Plan</u> As above</p>	<p>Establish a single organisation from 3 NM trusts - RLUH, AUH and LWH <u>Milestones:</u></p> <ul style="list-style-type: none"> <li>• Strategic Options Case – approved by boards, June 16</li> <li>• Outline Business Case – to be completed June 2017</li> <li>• Joint HLP and trust PMO to be established, Nov 16</li> </ul> <p>Full Business Case and approval by regulators and mobilisation for a new trust by 1<sup>st</sup> April 2018</p>	<ul style="list-style-type: none"> <li>• Single trust to deliver the majority of adult acute service sin the city from April 2018</li> </ul>	April 2016	March 2018
<p><b>Reconfiguration of women's and neonatal services</b></p> <p><u>Plan</u> Project plan completed and delivery on track (see below)</p>	<p>Women's and Neonatal Review. The objective is to achieve clinical and financial sustainability through a reconfiguration of the services provided by Liverpool Women's FT NHS Trust. <u>Milestones:</u></p> <ul style="list-style-type: none"> <li>•Pre-consultation engagement – completed Aug 16</li> <li>•PCBC – Oct 16 – completed</li> <li>•Assurance process – Sept – Nov 16</li> <li>• Public consultation Jan17</li> <li>•Decision May/June17</li> </ul>	<ul style="list-style-type: none"> <li>• Reconfiguration of services which address the clinical and financial challenges of delivering these services, as set out in the Review Case for Change</li> <li>• Improved access to essential co-dependent acute services, for example blood transfusion services, associated surgical expertise, diagnostics , interventional radiology etc</li> <li>• Increased scope for involvement in and patient benefits from research and innovation</li> <li>• Reduced transfers of care</li> <li>• Protecting the future delivery of specialist services within the city</li> </ul>	Jan 2016	Decision: May 17

<p><b>Neuro Network Vanguard</b></p> <p><u>Plan</u> Programme plan</p>	<p>The programme objective is for a clinically and cost effective comprehensive whole system neuroscience service.</p> <p>People with neuro or spinal problems will receive the appropriate clinically effective care to assured standards, wherever they live, via local access points, and have an efficient and person centred experience.</p>	<ul style="list-style-type: none"> <li>• Integrated, high quality neuro, rehabilitation and pain pathways across Cheshire &amp; Merseyside, delivered via a hub and spoke model of care</li> <li>• More care delivered in community settings</li> </ul>	2016/17	2020/21
<p><b>Southport &amp; Ormskirk NHS Trust Review of Services</b></p>	<p>The objective is to achieve clinical and financial sustainability facilitated by a review of the services provided by Southport and Ormskirk NHS Trust.</p> <p><u>Milestones:</u></p> <p>Establish formal commissioner led major service review in a multi-stakeholder partnership.</p> <ul style="list-style-type: none"> <li>• Process, Governance and Stakeholder Mapping (Jan-March 2017)</li> <li>• Case for Change (April-June 2017)</li> <li>• Pre-consultation engagement (July-September 2017)</li> </ul> <p>Further milestones will follow in accordance with NHSE published "Planning, assuring and delivering service change for patients"</p>	<ul style="list-style-type: none"> <li>• Expansion of current integrated care organisation strategy. Emphasis on partnership, standardised pathways and self care in the community and primary care setting.</li> <li>• Reconfiguration of services which address the clinical and financial challenges, as determined by the Reviews "Case for Change"</li> <li>• Implementation of specialist commissioned strategy for the North West Regional Spinal Injuries Centre</li> </ul>	January 2017	July 2018

## North Mersey plans for demand management – community 1

Programmes	Projects	Outputs	Start Date	End date
<b>Integrated Multi- disciplinary Community Teams</b>	Delivering proactive care through multidisciplinary teams operating on neighbourhood footprints of 30- 50k. MDT to include general practice, community nursing, mental health, social care and a range of relevant care professionals relevant to an individuals' care.	<ul style="list-style-type: none"> <li>Reconfigured integrated multi-disciplinary teams operating on smaller neighbourhood units of 30-50k</li> <li>Shared records platform</li> <li>Single multi-agency assessment process (GATE Framework)</li> <li>Single point of access</li> </ul>	2015	March 2018
<b>Primary Care Transformation</b>	Transformation of primary care aligned to the GP Forward View and forming an essential component of the Community Model of Care  Adoption of the Liverpool GP Specification across NM	<ul style="list-style-type: none"> <li>Increased integration of services across primary care</li> <li>Improved workforce capacity and skill mix</li> <li>Improved optimization of prescribing solutions</li> <li>Standardised approach across the NM footprint</li> </ul>	June 2016	March 2019
<b>Primary Care Demand Management in Acute</b>	<ol style="list-style-type: none"> <li>Addressing activity at the front door of NM AEDs through the provision of GP streaming</li> <li>Developing capacity and utilization of primary care through the creation of primary care hubs in the community for routine and urgent care 7 days a week</li> </ol>	<ul style="list-style-type: none"> <li>Increased capacity to provide same day access to routine and urgent primary care 7 days per week</li> <li>Urgent delivered closer to home</li> <li>Increased integration of the urgent care system</li> </ul>	Jun 2016	TBC
<b>Effective Discharge Plan</b>  Borough specific plans in operation.	Implementation of whole system approach to support effective discharge for patients into community/home care. Focus on discharge to assess to deliver required assessments and reablement services in the patient's home (or community facility).	<ul style="list-style-type: none"> <li>Agreed pathways across whole system for discharge to home/community</li> <li>Consistent protocols across the NM system</li> <li>Clear system of escalation</li> <li>Increase in levels of domiciliary care provision</li> <li>Integration of health and social care resources</li> <li>Single assessment process</li> </ul>	Oct 2016	Mar 18
<b>Organisational Transition</b>  Decision October 2016 New provider in place by April 17	Transition of community services to new provider arrangements, delivering a new specification aligned to the NM community model.	<ul style="list-style-type: none"> <li>Enabler to embed the new model of care for out of hospital services</li> <li>Financial sustainability</li> </ul>	Jan 2015 2016	Apr 17



Programmes	Projects	Outputs	Start Date	End date
<p><b>Mental Health</b></p> <p>Plan</p> <p>Implement pan NM approach to Mental Health. Plan to be developed.</p>	<p>North Mersey Mental Health Health Transformation Board has been established.</p> <ul style="list-style-type: none"> <li>• Agreement of approach to implement new model for mental health care including:</li> <li>• Integration with physical health services</li> <li>• Implementation of new national standards/requirements</li> </ul> <p>MerseyCare delivery of 5 year financial plan</p>	<ul style="list-style-type: none"> <li>• Integration of mental health into community model of care</li> <li>• Financial efficiencies</li> </ul>	July 2016	Mar 2021
<p><b>Enhanced Care Home Model</b></p> <p>Plan</p> <p>Elements in operation within South Sefton. Implementation within Liverpool from November 16.</p>	<p>Delivering proactive care through multi-disciplinary teams to provide regular MDT reviews in older peoples care homes.</p> <p>Introduction of telehealth with 24/7 access to a clinical telehealth hub</p>	<p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>• Introduction of telehealth into care homes</li> <li>• Increase in the uptake of telehealth and telecare</li> <li>• MDT approach introduced</li> <li>• Increase in the numbers of people with a Comprehensive Geriatric Assessment</li> </ul>	Nov 2016	Mar 2018

## North Mersey plans for demand management – community 32

Programmes	Projects	Outputs	Start Date	End date
<p><b>Cardiology Plan</b></p> <p>North Mersey delivery plans in place and on-track</p>	<p>Whole system approach to delivering a single service delivery for cardiology services aimed at improving value from cardiology spend and improving outcomes. Six workstream areas:</p> <ul style="list-style-type: none"> <li>• Chest Pain</li> <li>• Cardiac Rehab</li> <li>• Breathlessness</li> <li>• Heart Rhythm</li> <li>• Healthy Imaging</li> <li>• Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in Consultant to Consultant referrals</li> <li>• Reduction in Outpatient appointments</li> <li>• Reduction in duplicate diagnostics</li> <li>• Reduction in inter-hospital transfers</li> <li>• Strengthening business continuity to support 7 day working</li> </ul>	Oct 2015	Mar 2018
<p><b>Respiratory Plan</b></p> <p>Plan in place but to be reviewed in line with wider North Mersey delivery arrangements</p>	<p>Development of a new model of integrated respiratory care with city wide delivery</p>	<ul style="list-style-type: none"> <li>• Single service pathways across all adult respiratory services.</li> <li>• Single clinical workforce for all adult respiratory services across the City</li> </ul>	Jan 2016	Mar 2018
<p><b>Children</b></p>	<p>Redesign of children's service infrastructure across multiple partners and sectors with a focus on integrated, community based services; primary care / general practice, community services, social care, CAMHS, education and voluntary sector. At the core is a proactive approach to health, wellbeing and care delivery, focused on children and families, utilising the Levels of Need and the Early Help tools. Prime focus on prevention and early identification of need via universal services.</p>	<ul style="list-style-type: none"> <li>• There is a clear set of objectives for this programme and a clinical blueprint is being developed to underpin the integration of teams &amp; services.</li> </ul>	Oct 2016	TBC
<p><b>Telehealth and Assistive Technologies Plan</b></p> <p>Delivery plan to be reviewed in line with revised North Mersey delivery arrangements. Currently in procurement to deliver scale requirements.</p>	<ul style="list-style-type: none"> <li>• Significant scale up of the telehealth programme across North Mersey</li> <li>• Telehealth procurement route and specification complete; new contract enabling scale up to be implemented in December 2016 to March 2017.</li> <li>• Clinical technology hub embedded in community service, with amended specification.</li> </ul>	<ul style="list-style-type: none"> <li>• Full telehealth monitoring for patients with COPD, Diabetes or Heart Failure with a risk of admission above 25% and also pass the clinical suitability gateway.</li> <li>• Provision of 'light touch' and self care telehealth systems and apps for patients below 25% risk and for a wider range of diseases.</li> <li>• North Mersey wide clinical engagement and referral routes established to take advantage of economy of scale.</li> </ul>	Apr 2016	Mar 2019

## North Mersey plans for demand management – population health

Initiatives	Projects	Benefits	Start Date	End Date
<b>Non- communicable disease prevention strategy for North Mersey</b>	health policy initiatives that make the healthy option the default social option.	<u>Outcomes</u> <ul style="list-style-type: none"> <li>Improved health outcomes</li> <li>Reduced emergency admissions</li> <li>Improved quality of life</li> <li>Reduced years of life lost</li> </ul>	Jan 2017	March 2021
<b>Making Every Contact Count (MECC)</b>	NM MECC Plan to be developed – Dec 16 Phased implementation plan across all providers	<u>Outcomes</u> <ul style="list-style-type: none"> <li>Improved health outcomes</li> <li>Reduced emergency admissions</li> <li>Improved quality of life</li> <li>Reduced years of life lost</li> </ul>	Sept 16	March 17
<b>Tobacco control</b>	Prevention programmes for young people Smokefree areas Reduce outlets selling tobacco and licencing Implementing PH guidance 48 on Smoking: acute, maternity and mental health services	<u>Outputs</u> <ul style="list-style-type: none"> <li>Stop smoking pathway adopted across all disciplines, which includes electronic referral to the stop smoking services</li> <li>Number of staff trained</li> <li>100% of patients with recorded smoking status &amp; given brief advice</li> <li>50% of smokers electronically referred to community stop smoking service 50% achieve a 4-week quit</li> </ul> <u>Outcomes</u> <ul style="list-style-type: none"> <li>% reduction in smoking-related hospital admissions</li> <li>Improved health outcomes</li> <li>Reduction in smoking prevalence</li> </ul>	Apr 17 Apr 17 Oct 17	Ongoing Mar 18 Sept 18
<b>Workplace Wellbeing Programme</b>	Develop programme, charter and accreditation framework Roll out across NHS and care system first Extend to NM workplaces	<u>Outputs</u> <p>Numbers of accreditations and reaccreditations achieved</p> <p>Evidence within 6 months of accreditation through audit of hospitals as health promoting environments e.g.</p> <ul style="list-style-type: none"> <li>Increase in physical activity programmes at work</li> <li>Increase in vending machines using healthy foods and drinks</li> <li>Longer term measures - 6 months/1 year</li> <li>Reduction from an agreed baseline - sickness absence, staff turnover</li> </ul> <u>Outcomes</u> <ul style="list-style-type: none"> <li>Improved health outcomes</li> <li>Reduced hospital admissions</li> </ul>	Dec 16	March 18

## North Mersey plans – digital roadmap

Programmes	Projects	Benefits	Start Date	End Date
<b>Digitally Empowered People</b>  <b>Digital No Wrong Door &amp; Assistive Technology</b>  <u>Plan</u> Digital no Wrong Door plan in development  Telehealth scale up in procurement phase	<b>Digital No Wrong Door</b>  Digital No Wrong Door; enabling people to interact digitally and online with the health and care system, as well as supporting population health Programmes	<b>Digital No Wrong Door</b> <u>Outputs</u> A single source and platform to access information, advice and services Online consultations with care providers and online appointments. Use their choice of device and app to manage their care Patients to be enabled to use assistive technology to manage their care and interact with professionals, and to access information about their own health and conditions to support them to self care. Establish a workforce that is digitally skilled with the appropriate technology and culture to enable effective working through technology.	16/17	18/19
	<b>Assistive Technology</b>  Establish a range of assistive technologies that can be deployed across North Mersey in primary care, community and acute settings. This work supplements the demand management plans for deployment at scale.  Support integration and interoperability with clinical systems for improved intelligence, referral mechanisms (to increase scale and sustainability) and clinical decision making.	<b>Assistive Technology</b> <u>Outputs</u> Increase in available technology Wider range of conditions supported by assistive tech Interoperability with clinical systems  <u>Outcomes</u> Further reduced emergency admissions Improved patient experience Improved health outcomes Improved access to digital services	16/17	18/19

Programmes	Projects	Benefits	Start Date	End Date
<p><b>Connected Health and Social Care Economy Plan</b></p> <p>Plans fro all lines developed sharing agreements in place EPR procurement for 3 trusts in progress</p>	<p>To ensure that information is available to the right people, in the right place, at the right time Delivery of Information Sharing Framework</p> <p>Digital maturity transformation of all H&amp;S Care providers Interoperability Programme –joining up key systems to deliver information sharing framework Single Adult Acute Hospital EPR (3 trusts) Maximisation of technology in Community Care Teams Consolidated Infrastructure; enabling work across sites and better patient access</p> <p><b>Delivered through implementation of the Merseyside Digital Roadmap</b></p>	<p><u>Outputs</u> Every health and social care practitioner will directly access the information they need, in near real time, wherever it is held, digitally on a 24x7 basis. Consolidated and rationalised Electronic Patient Record systems moving to a common system for out of hospital care and a common system in our hospitals with interoperability between the two. Duplication and paper processes will be removed. Standardised, structured, digital clinical records across all providers in the pathways of care.</p> <p>No patient will need to 'repeat' their story.</p> <ul style="list-style-type: none"> <li>• All health and social care professionals record clinical information in a consistent way, digitally, at the point of care, by 2018/19.</li> <li>• All clinical correspondence between professionals caring for patients is sent digitally and integrated into core clinical systems by 2017/18.</li> <li>• Community care teams can integrate for person-centred care with technology that “just works”, by 2017/18.</li> <li>• Individuals interact with their care services digitally should they choose to by 2018/19.</li> <li>• All clinicians can order diagnostic tests electronically and view share diagnostics results around a patient by 2016/17.</li> <li>• Single Service Teams have a single EPR to operate as a team by 2018/19.</li> </ul>	15/16	18/19

## North Mersey plans – act as one

Programmes	Projects	Outputs	Start Date	End Date
<b>Single-System Governance</b>	<p>Establish North Mersey system governance for strategic oversight, delivery of the LDS Plan and input into STP delivery. Healthy Liverpool Leadership Group to extend to NM.</p> <p>Financial Governance; establish governance framework for single-system accountability for managing financial risks and benefits, to achieve NM control total and financial balance by 2021.</p>	<ul style="list-style-type: none"> <li>Robust, embedded governance model to enable whole-system accountability and decision-making</li> <li>Financial risk sharing to achieve system control total</li> </ul>	July 16	Oct16
<b>Commissioning Arrangements</b>	<p>Objective: to establish the optimum commissioning arrangements to deliver NM LDS Plan:</p> <ul style="list-style-type: none"> <li>Establish joint commissioning programmes, with clear lead roles and resourcing across NM CCGs, Local Authorities and NHS England</li> <li>New organisational arrangements for NM commissioning; reflecting Devolution and ACS plans.</li> </ul>	<ul style="list-style-type: none"> <li>Integrated commissioning model across health and social care for North Mersey system</li> <li>Single commissioner in organisational form</li> <li>Place-based strategic commissioning plan for North Mersey to enable transformation</li> </ul>	July 16	March 18
<b>BAU Efficiency Programme - Organisational</b>	<p>Develop a detailed NM plan for Level 1 BAU efficiencies for:</p> <ul style="list-style-type: none"> <li>Royal Liverpool</li> <li>Aintree</li> <li>Liverpool Women's</li> <li>Alder Hey</li> <li>Walton Centre</li> <li>Liverpool Heart &amp; Chest</li> <li>Clatterbridge Cancer Centre</li> <li>Merseycare</li> <li>Liverpool Community Health</li> <li>Liverpool CCG</li> <li>South Sefton CCG</li> <li>Southport &amp; Formby CCG</li> </ul>	<ul style="list-style-type: none"> <li>Organisational BAU efficiency plans for every NM provider</li> <li>Merger of three adult acute trusts with associated efficiencies</li> </ul>	July 16	March 2021
<b>Collaborative Efficiency Programme – North Mersey</b>	<ul style="list-style-type: none"> <li>Develop North Mersey plan for back office, clinical support and non-viable services</li> <li>Implementation of plan – prioritised &amp; phased</li> </ul>	<ul style="list-style-type: none"> <li>North Mersey plan aligned for collaborative efficiencies, aligned and part of wider C&amp;M STP plan</li> </ul>	July 16	18/19
<b>Accountable Care System</b>	<p>Explore options for the development of an Accountable Care System to support the radical step change required to manage demand and improve health outcomes.</p> <p><u>North Mersey System Control Total</u></p> <p>The North Mersey Leadership Group has agreed to explore the submission of an expression of interest for a North Mersey system control total, which would be submitted to NHSE by 31.10.2016 in line with the opportunity set out in the NHS Planning Guidance.</p>	<ul style="list-style-type: none"> <li>Establish an accountable care system/organisation with the right geography and scope, providing optimal model for improved outcomes and sustainability.</li> <li>Whole pathways of care managed across provider and commissioner boundaries</li> <li>Establish a sustainable financial model for shared benefit and risk</li> </ul>	Oct 16	Mar19

# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 21<sup>st</sup> July 2016

Chair:  
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>CCG requires additional QIPP schemes as risk adjusted deficit (worst case scenario) is estimated as £1.8m deficit (before FNC adjustment is taken into account). The likely case scenario forecasts a £1.3m deficit.</li> </ul>	<ul style="list-style-type: none"> <li>Fail to deliver NHS business rules / statutory duties.</li> <li>Finance/delivery of safe services should be identified as key organisational risk.</li> </ul>	<ul style="list-style-type: none"> <li>Retain close scrutiny on all levels of expenditure. CCG must continue to identify financial balance as key risk and continue to identify further QIPP schemes.</li> </ul>

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

- Prescribing budgets approved.
- HR policies approved pending changes to the Travel & Expenses policy:
  - Changes made by S&F F&R Committee which the SS F&R Committee agreed with.
  - Section 8.1. Subsistence Allowances: Agreement to take out the word 'meals' from the first sentence in this section.
- Workforce Equality & Diversity and Workforce Race Equality Standard (WRES): agreed for MMCD to review whether to continue action plan given other priorities.
- Finance/QIPP report to be taken to the August Governing Body Development Session for discussion and approval.
- BCF Plan – on course for agreement/resubmission by Monday 25<sup>th</sup> July.
- Quality Premium Dashboard reported to Committee.
- 15/16 CCG assurance rating reported to Committee.

# Key Issues Report to Governing Body



**South Sefton  
Clinical Commissioning Group**

Finance and Resource Committee Meeting held on Thursday 22<sup>nd</sup> September 2016

Chair:  
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG is on course to deliver a likely forecast outturn position of £0.0m which is £2.4m adrift of plan.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to deliver NHS England business rules.</li> <li>Potential to miss statutory financial target if position deteriorates further.</li> </ul>	<ul style="list-style-type: none"> <li>Continued focus on all aspects of CCG's expenditure to highlight the additional areas of QIPP recovery.</li> </ul>

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

- Utilisation report for Litherland Town Hall received.
  - Action plan to address under-utilisation to be received by the next committee meeting.
- Workforce performance report received and will be brought to the committee meeting on a quarterly basis.
- Positive prescribing forecasts.
- Pan Mersey APC recommendation approved - ALIROCUMAB (Praluent®▼) subcutaneous injection for the treatment of primary hypercholesterolaemia and mixed dyslipidaemia.
- Approved rebate schemes:
  - Symbicort Inhalers
  - Zoladex injections
  - Firmagon injections



# Key Issues Report to Governing Body



**South Sefton  
Clinical Commissioning Group**

Quality Committee Meeting held on 21<sup>st</sup> July 2016

Chair:  
Dr Gina Halstead

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

### Aintree University Hospital NHS Trust:

- Dermatology Service – Trust had closed to new referrals without discussion with Commissioners. Commissioner concerns regarding escalation and Trust action discussed at CQPG. Awaiting a formal response from the Trust and the action plan with confirmation of associated timelines.
- Cancer Waiting Times – Screening hub issue identified which impacted on Trust performance and possible patient safety issue. CCG Quality Team have raised concerns with NHSE and PHE regarding incident investigation and their review of any RCA.
- Joint Targeted Area Inspection (Multi-Agency Safeguarding Inspection L’Pool) – Commendable practice identified at AUH by the inspectors.

IAPT Performance – discussed along with the need to support advertising / promotion of self-referral.

### Mersey Care NHS Foundation Trust:

- CIP discussed – meeting scheduled with the Provider to discuss commissioner issues and queries regarding the identified programmes.

### Liverpool Community Health NHS Trust:

- Dr Sapre is the new CCG Clinical Lead for the LCH Quality Contract
- Early Help Referrals – Issue identified via L’Pool LSCB re: Trust referral rate being below expected. Same issue apparent in Sefton. Being addressed with the Trust and has been discussed at the CQPG.

### Alder Hey Children’s NHS Foundation Trust:

- Reasonable assurance regarding safeguarding reported and contract query has now been closed

Liverpool Clinical Laboratories (LCL) – Independent Review Report to be presented to the Governing Body next week by the GP Clinical Lead.

Controlled Drugs Report received from Medicine’s Management Team



# Key Issues Report to Governing Body

Joint Quality Committee Meeting held on 21<sup>st</sup> September 2016

Vice Chair:  
Dr Gina Halstead

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

- Provider Quality Performance Report considered by the Committee
- Safeguarding Annual Report was considered and recommended for presentation to the Governing Body
- Dementia Diagnosis Rates – further assurance update requested for October 2016 meeting
- IAPT Performance Report – further update requested for the purposes of assurance at October 2016 meeting

# Key Issues Report to Governing Body



**South Sefton  
Clinical Commissioning Group**

Audit Committee Meeting held on Thursday 14<sup>th</sup> July 2016

Chair:  
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
None	None	None

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

- Internal Audit progress report received – significant assurance on “Risk management arrangements”.
- Conflicts of Interest report received from Anti-Fraud Services:
  - No instances of fraud identified in sample selected.
  - Small number of recommendations for CCG officers to work through.
- Confirmed the Audit Committee Chair will be the Conflict of Interest Guardian subject to reciprocal arrangement at NHS Southport & Formby CCG.
- Auditor presented Annual Audit Letter 2015/16 which completes the external audit for the 2015/16 financial year.
- Managing Conflicts of Interest and Gifts and Hospitality Policy approved.
- Chair of Audit Committee and the Chief Finance Officer have been given delegated authority to approve the “Anti-Fraud, Bribery and Corruption Policy”, following review/comments from committee members.

## Finance and Resource Committee Minutes

Thursday 21<sup>st</sup> July 2016, 1.00pm to 3.00pm

3<sup>rd</sup> Floor Board Room, Merton House

<b>Membership</b>		
Graham Morris	Lay Member (Chair)	GM
Dr Sunil Sapre	GP Governing Body Member	SS
Lin Bennett	Practice Manager & Governing Body Member	LB
Martin McDowell	Chief Finance Officer	MMcD
David Smith	Deputy Chief Finance Officer	DS
Susanne Lynch	CCG Lead for Medicines Management	SL
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Debbie Fagan	Chief Nurse & Quality Officer	DF
<b>Ex-officio Member*</b>		
Fiona Taylor	Chief Officer	FLT
<b>Apologies</b>		
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	TJ
Graham Bayliss	Lay Member	GB
<b>Minutes</b>		
Tahreen Kutub	Interim PA to Chief Finance Officer	TK

### 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				✓	✓	A				
Steve Astles	Head of CCG Development	✓	✓	✓	A	✓	N				
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	✓	✓	A	✓				
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	A	A	A	A	A				
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓				
Dr Sunil Sapre	GP Governing Body Member				A	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	A	N				
Fiona Taylor	Chief Officer	*	*	*	*	*	*				
James Bradley	Head of Strategic Finance Planning	✓	✓								
Malcolm Cunningham	Head of Primary Care & Contracting	A	N	N	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	✓	✓	✓	✓				
Lin Bennett	Practice Manager & Governing Body Member					✓	✓				

No	Item	Action
FR16/75	<p><b>Apologies for absence</b> Apologies for absence were received from Tracy Jeffes and Graham Bayliss.</p>	
FR16/76	<p><b>Declarations of interest regarding agenda items</b> CCG officers holding dual roles in both Southport and Formby and South Sefton CCGs declared their potential conflict of interest.</p> <p>LB and SS declared a conflict of interest within primary care for item <i>FR16/81: Prescribing Budgets 2016/17</i>.</p>	
FR16/77	<p><b>Minutes of the previous meeting and key issues</b> 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>	
FR16/78	<p><b>Action points from the previous meeting</b> <b>FR16/66 (FR16/40): SPEP</b> - MMcD said the Estates Strategy will be an agenda item for the EPEG meeting in September. Action closed.</p> <p><b>FR16/67: Month 2 Finance Report</b> – DS confirmed he has included the risk adjusted deficit position reported to NHSE in the finance report. Action closed.</p> <p>GM noted there was an action under <b>FR16/66 (FR16/61) AOB</b> in the previous meeting minutes that was not captured in the tracker and which should be included. Action: GM to keep the Committee updated with any progress on appointing the CCG’s auditor.</p>	GM
FR16/79	<p><b>Month 3 Finance Report</b> DS provided an overview of the Month 3 financial performance for South Sefton CCG as at 30<sup>th</sup> June 2016. The following was highlighted:</p> <ul style="list-style-type: none"> <li>• The CCG is forecasting to meet its required surplus target of £2.450m for 2016/17 – but this is a best case scenario and dependent on delivery against the QIPP programme.</li> <li>• All acute spend has been based on two months’ data.</li> <li>• Prescribing – most of the overspend has come from 15/16 pressures.</li> <li>• The CCG’s contract at Aintree is underperforming as expenditure levels are below plan.</li> <li>• CHC and FNC – the CCG was notified last week that FNC payments have to increase from October 2016, adding a pressure of £800k to South Sefton CCG. DS will build this into the forecast.</li> <li>• QIPP – the 2016/17 identified QIPP plan is £10.573m – split across red, amber and green schemes. DS noted there is a need and that work is required to move red and amber rated schemes to green rated schemes.</li> <li>• Risks: the main financial risk for the CCG is the non-delivery of the QIPP target in the year and intensive work is required to identify further QIPP schemes. Other risks that require ongoing monitoring are acute contracts, prescribing and CHC/FNC.</li> </ul>	
FR16/80	<p><b>Prescribing Performance Report</b> SL provided an overview of the Prescribing Report for Month 1 2016/17, noting the importance of the CCG continuing to support practices realise cost savings whilst supporting good patient care.</p> <p>There was a discussion about a prescribing code being used incorrectly outside of the CCG, which has resulted in £4500 being owed to SS CCG. SL confirmed Business Services Authority is currently investigating this.</p>	
FR16/81	<p><b>Prescribing Budgets 2016/17</b> SL provided an overview of the Medicines Management team process to determine practice level prescribing budgets for financial year 2016/17. She noted that it has been agreed that GP surgeries in SS CCG receive a flat 1% uplift in their 2016/17 prescribing budget. Further to background work and</p>	

No	Item	Action
	research carried out, it was decided that this was the most equitable way of allocating the budget to South Sefton surgeries.	
	<p><b>Action by Committee</b></p> <p>Committee members who did not have a conflict of interest within primary care approved the approach taken for prescribing budgets for the financial year 2016/17.</p>	
FR16/82	<p><b>HR Policies</b></p> <p>MMcD shared that the Southport &amp; Formby CCG F&amp;R committee had approved all the HR policies subject to changes to the Travel and Expenses policy as detailed below:</p> <ul style="list-style-type: none"> <li>• <i>Section 2. Scope:</i> MMcD to seek clarification with Adam Burgess that 'all staff employed by the CCG' includes Governing Body members. If it does, then this is to be specified in the policy.</li> <li>• <i>Section 8.4. Staff Day Subsistence:</i> Committee members in attendance agreed to have this section taken out. MMcD to consult with Adam Burgess.</li> </ul> <p>** MMcD to approve any revised wording further to the above changes.</p> <p>The Committee agreed with the changes above. GM pointed out that with the change re. Section 8.4, the word 'meals' should be taken out from the first sentence of <i>Section 8.1. Subsistence Allowances</i>. MMcD to liaise with Adam Burgess.</p> <p>The rest of the HR policies (listed below) were approved: Shared Parental Leave; Retirement Policy; Management of Organisational Change; Harassment Bullying Policy; Disciplinary Policy; Family Leave Policy; Career Break Policy; Volunteer Policy; Work Experience Policy; and Learning and Development Policy.</p> <p><b>Action by Committee</b></p> <p>The committee approved the HR policies subject to the changes agreed to the Travel &amp; Expenses policy.</p>	MMcD
FR16/83	<p><b>Workforce Equality &amp; Diversity and Workforce Race Equality Standard</b></p> <p>MMcD provided a brief overview and noted that the recommendation from Andy Woods is for the Committee to approve the Workforce Race Equality Standard (WRES). He shared the feedback from the Southport and Formby F&amp;R Committee where a question was raised as to whether there is likely to be an exemption for the CCG, as the standard seems to apply only to large workforces. The issue with the amount of work required in the action plan had also been raised given other existing CCG priorities. The South Sefton F&amp;R Committee agreed with this feedback.</p> <p><b>Action by Committee</b></p> <p>It was agreed for MMcD to provide feedback to Andy Woods and to confirm the status of action plan. MMcD to review whether to continue with action plan given other existing priorities.</p>	MMcD
FR16/84	<p><b>QIPP Update</b></p> <p>No further update from DS on this in addition to what was discussed under the Month 3 Finance Report item.</p> <p>SL referred to a pilot project the CCG is implementing to stop repeat ordering / waste medicines following a successful pilot run by Luton CCG which led to substantial savings. There are 10 practices in South Sefton that are taking part. SL provided a timeline for this pilot, noting it will go live on 5<sup>th</sup> September.</p> <p>GM asked for the Prescribing Pilot to be on the agenda for the next F&amp;R meeting in September as a verbal update and in the October meeting with an accompanying report.</p>	TK
FR16/85	<p><b>Better Care Fund Update</b></p> <p>DS said the resubmission deadline for the BCF is tomorrow. The CCG has been</p>	

No	Item	Action
	given an extension until the morning of Monday 25 <sup>th</sup> July which it is on track to meet but the aim is to submit by tomorrow. The Executive Group of the Health and Wellbeing Board met yesterday to discuss the proposed draft.	
FR16/86	<p><b>Quality Premium Dashboard</b> DS provided an overview of the Quality Premium 2016/17, outlining the indicators included for this year and the process for reporting and accountability. Adverse performance against 4 key NHS constitution measures will result in a 25% reduction to any payment for each indicator failed.</p> <p>DS noted that this is a paper that will be included in the F&amp;R meeting on a quarterly basis.</p>	
FR16/87	<p><b>Any Other Business</b></p> <p>i) <u>Next meeting</u> It was noted that the next F&amp;R meeting would not be until September. It was agreed for Finance Performance to be an item (one hour) in the agenda for the SS CCG Development Session on 25<sup>th</sup> August. TK to liaise with Judy Graves to add this to the agenda.</p> <p>ii) <u>2015/16 Assurance</u> MMcD said South Sefton CCG has been rated as Requires Improvement in the 2015/16 CCG Assurance Results. There are five domains: Well led organisation, Delegated functions, Finance, Performance and Planning. 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. A paper on this will be going to the SS Governing Body meeting this month.</p> <p>iii) <u>Estates Tech Transformation Fund</u> GM said bids have been submitted for the Estates Tech Transformation Fund. A GP has asked to see the full paperwork related to the bids. The Committee agreed to retain confidentiality and that access to the paperwork should not be granted.</p>	TK
FR16/88	<p><b>Key Issues Review</b> MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p><b>Date of Next Meeting</b> Thursday 22<sup>nd</sup> September 2016 1.00pm to 3.00pm 3<sup>rd</sup> Floor Board Room, Merton House</p>	



## Finance and Resource Committee Minutes

Thursday 22<sup>nd</sup> September 2016, 1.00pm to 3.00pm  
3<sup>rd</sup> Floor Board Room, Merton House

<b>Attendees</b>		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Dr Sunil Sapre	GP Governing Body Member	SS
Lin Bennett	Practice Manager & Governing Body Member	LB
Martin McDowell	Chief Finance Officer	MMcD
David Smith	Deputy Chief Finance Officer	DS
Susanne Lynch	CCG Lead for Medicines Management	SL
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Brendan Prescott	Deputy Chief Nurse & Quality Officer	BP
Fiona Taylor	Chief Officer	FLT
Tracy Jeffes (present only for items FR16/89-93 and FR16/101)	Chief Corporate Delivery & Integration Officer	TJ
<b>Guest Attendee</b>		
Sam McCumiskey	GB Partnerships	SMcC
<b>Ex-officio Member*</b>		
Fiona Taylor	Chief Officer	FLT
<b>Apologies</b>		
Debbie Fagan	Chief Nurse & Quality Officer	DF
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer	TK

### 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				✓	✓	A	✓			
Steve Astles	Head of CCG Development	✓	✓	✓	A	✓	N				
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	✓	✓	A	✓	A			
Tracy Jeffes	Chief Corporate Delivery & Integration Officer	A	A	A	A	A	A	✓			
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓			
Dr Sunil Sapre	GP Governing Body Member				A	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	A	N	N			
Fiona Taylor	Chief Officer	*	*	*	*	*	*	✓			
James Bradley	Head of Strategic Finance Planning	✓	✓								
Malcolm Cunningham	Head of Primary Care & Contracting	A	N	N	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	✓	✓	✓	✓	✓			
Lin Bennett	Practice Manager & Governing Body Member					✓	✓	✓			

No	Item	Action
FR16/89	<p><b>Apologies for absence</b> Apologies for absence were received from Debbie Fagan. Brendan Prescott attended as her deputy.</p>	
FR16/90	<p><b>Declarations of interest regarding agenda items</b> CCG officers holding dual roles in both South Sefton and Southport and Formby CCGs declared their potential conflict of interest.</p>	
FR16/91	<p><b>Minutes of the previous meeting and key issues</b> 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>	
FR16/92	<p><b>Action points from the previous meeting</b></p> <p><b>FR16/66 (FR16/61): AOB</b> – MMcD said the selection process on appointing the CCG’s auditor has concluded. A recommendation is going to Part 2 of the Governing Body meeting. Action closed.</p> <p><b>FR16/82: HR Policies</b> - Adam Burgess (Head of People Services) provided a response to an email sent to him detailing the changes agreed for the Travel &amp; Expenses policy at the last committee meeting. This response was forwarded to the committee prior to the meeting for comments. The committee accepted the response that it is not possible to make changes to the policy as these are national terms and conditions of employment set out in the NHS Terms and Conditions of Service Handbook. Therefore the policy was approved. Action closed.</p> <p><b>FR16/83: Workforce Equality &amp; Diversity and Workforce Race Equality Standard</b> – MMcD updated that after further discussion with the CSU, it was confirmed that no exemptions were available to the CCG and an action plan needed to be completed to comply with wider areas of good HR practice and to ensure basic compliance across all protected characteristics in terms of workforce. The committee accepted this and therefore approved the Workforce Equality &amp; Diversity and Workforce Race Equality Standard. Action closed.</p> <p><b>FR16/84: QIPP Update</b> – Action complete.</p> <p><b>FR16/87: Any Other Business</b> – Action complete.</p>	
FR16/93	<p><b>Estates Working Group</b> SMcC provided an overview of the utilisation report for Litherland Town Hall Health Centre. The findings have shown the building is underutilised. SMcC said data was captured during normal operating hours. An action plan has been generated. SMcC stressed the importance of filling the underutilised space with services that are in line with the CCG’s strategy.</p> <p>SMcC said a resource is required to implement this. MMcD said there is an option of having a shared resource between South Sefton CCG, Southport &amp; Formby CCG and Liverpool CCG to implement the plan.</p> <p>Options for utilisation will be reviewed with a likelihood of achieving improvements and savings in service delivery. MMcD said there are potential savings of £100k to be made; this has been built into the 17/18 QIPP plan.</p> <p>An action plan to address the under-utilisation will be brought to the next committee meeting.</p>	MMcD
FR16/94	<p><b>Month 5 Finance Report</b> DS provided an overview of the year-to-date Month 5 financial performance for South Sefton CCG as at 31<sup>st</sup> August 2016. The following was highlighted:</p>	

No	Item	Action
	<ul style="list-style-type: none"> <li>• £3.5m of QIPP was delivered at the end of Month 5.</li> <li>• The CCG has identified a further £2.639m of savings to be delivered.</li> <li>• The biggest overspend is in relation to FNC, followed by Alder Hey.</li> <li>• There is a £1.5m underspend at Aintree. The biggest underspend is in relation to non-electives.</li> <li>• Continuing Health Care and Funded Nursing Care – providers have been informed of an expected uplift of 1.1% until the end of the financial year. Further discussions with local providers are ongoing regarding the pricing framework to ensure no impact on safety of services.</li> <li>• The full year cashflow forecast estimates a cash shortfall of £8.3m. The CCG is working with NHS England to assess the impact of this and take appropriate action.</li> <li>• Compliance with the BPPC target – DS said there was a drop in performance (shown in Graph 10 of the report) for Non NHS creditors. He confirmed this relates to the Quarter 4 2015/16 BCF invoice which was paid one week later than scheduled but with the agreement of the local council.</li> </ul> <p>The following comments were made in regards to the Finance Report:</p> <ul style="list-style-type: none"> <li>• Re. Table F (Risk Rated Financial Position) – GM asked for ‘Care Homes’ to be added under the ‘Increased Cost Pressure / Efficiency’ heading. DS to action.</li> <li>• FLT asked about benchmarking and how the CCG is doing compared to other CCGs. DS to look into this.</li> </ul>	<p style="text-align: center;">DS</p> <p style="text-align: center;">DS</p>
FR16/95	<p><b>Q1 Improvement and Assessment Framework</b></p> <p>MMcD said a meeting was held last week in regards to the Improvement &amp; Assessment Framework and provided an update on this. He noted there were some relevant matters raised that the CCG will be taking on board, e.g. the need for a stronger focus on IAPT and mental health, which MMcD will be recommending to the Governing Body.</p>	
FR16/96	<p><b>IFR Update Q1</b></p> <p>JL is to provide a paper related to this for the next meeting.</p>	JL
FR16/97	<p><b>Prescribing Performance Report</b></p> <p>SL provided an overview of this report, highlighting that work continues to address efficiency across all prescribing areas.</p> <p>In reference to Appendix 2, SL noted there continues to be pressures re. Pregabalin.</p> <p>SL confirmed that from 4<sup>th</sup> October, practices in South Sefton can start to use the Optimise software which should support GPs in delivering effective prescribing.</p>	
FR16/98	<p><b>Prescribing Spend Report</b></p> <p>SL provided an overview of this report and highlighted that overall the CCG is forecasting an underspend. She said the work the Medicines Management is doing with practices is having a positive impact on ePACT. The committee acknowledged the positive work being done by the Medicines Management team.</p>	
FR16/99	<p><b>Pan Mersey APC Recommendations</b></p> <p>SL said the Pan Mersey Area Prescribing Committee has recommended the commissioning of <i>ALIROCUMAB (Praluent®▼)</i> subcutaneous injection for the treatment of primary hypercholesterolaemia and mixed dyslipidaemia. She asked for the committee’s approval of this recommendation.</p>	
	<p><b>Action by the Committee</b></p> <p>The Committee approved the commissioning of <i>ALIROCUMAB (Praluent®▼)</i> subcutaneous injection for the treatment of primary hypercholesterolaemia and mixed dyslipidaemia.</p>	

No	Item	Action
FR16/100	<p><b>Prescribing Pilot Update</b> SL provided an update on the pilot project to stop repeat ordering / waste medicines. The Medicines Management team have done searches on EMIS to see if the pilot has been making any early stage impact. There is indication that there has been a reduction in overall levels of prescriptions being ordered. SL said work will be done on comparing those practices taking part in the pilot and those that are not.</p> <p>GM suggested publicising the successes of the pilot at the wider group meeting.</p>	
FR16/101	<p><b>HR Performance Report</b> TJ reported on the newly presented dashboard from Midlands and Lancashire CSU, which provides an overview of key workforce indicators. This is a high level dashboard. The dashboard shows statutory and mandatory compliance is now above target.</p> <p>In regards to statutory and mandatory training, GM suggested doing this jointly for South Sefton and Southport &amp; Formby due to the latter having a small number of staff. TJ confirmed she is working on this.</p> <p>GM asked for this dashboard to be brought quarterly to this committee.</p>	
FR16/102	<p><b>Contracting Planning Processes</b> JL provided an update on this and said a report re. contracting would be brought to Leadership Team every other week. She highlighted the following key changes:</p> <ul style="list-style-type: none"> <li>• The CCG is going to contract directly with Ramsay Healthcare in relation to Renacres.</li> <li>• The CCG will jointly contract with Mersey Care (with Liverpool and Knowsley CCGs).</li> <li>• The CCG will become an associate for One to One Midwives.</li> </ul>	
FR16/103	<p><b>QIPP Update</b> This was covered in the Finance section FR16/94. As QIPP is always covered in the Finance report, it was agreed that this should no longer be a standalone agenda item for every meeting.</p>	
FR16/104	<p><b>Better Care Fund Update</b> MMcD said the CCG remains on course to deliver the proposed plan relating to the BCF for the end of October. A paper will be brought to the next F&amp;R meeting.</p>	MMcD
FR16/105	<p><b>Terms of Reference</b></p>	
	<p><b>Action by the Committee</b></p> <p>The Committee approved the changes to the updated Terms of Reference in light of the recent staff changes within the Redesign &amp; Commissioning Team.</p> <p>MMcD updated the committee with the further changes that the S&amp;F Finance &amp; Resource Committee have agreed for their ToFR, detailed below. The SS Finance &amp; Resource Committee agreed for the same changes to be made to their ToFR.</p> <ul style="list-style-type: none"> <li>• Membership, section 2.1 - remove the <i>Head of CCG Corporate Delivery and Integration</i>.</li> <li>• Membership, section 2.1 – Add <i>Head of Medicines Management</i>.</li> </ul> <p>The committee also agreed for the following changes to be made:</p> <ul style="list-style-type: none"> <li>• Membership, section 2.1 – Change reference to Chief Nurse to state <i>Chief Nurse and Quality Officer</i>.</li> <li>• Section 7.1: Fiona Taylor asked for this section to be reworded. As the Chief</li> </ul>	

No	Item	Action
	<p>Officer is an ex officio member, she should not affect the quorum. Further consideration also needs to be given to this section so that by taking out the Chief Officer, it does not mean that the Chief Finance Officer has to attend every meeting for quoracy.</p> <p>It was noted that the Terms of Reference paper for this meeting seemed to be outdated and that a more current version existed. Therefore the committee agreed for the most up to date version of the Terms of Reference to be brought back to the next meeting with the above changes incorporated and a full check to have been done to ensure all terminology is up to date. MMcD to liaise with Debbie Fairclough to action.</p>	MMcD
FR16/106	<p><b>Any Other Business</b> <u>Prescribing Rebate Schemes</u> SL recommended that the CCG sign up to three further rebate schemes which will support the CCG in delivery of its financial duties: Symbicort Inhalers, Zoladex injections and Firmagon injections.</p>	
	<p><b>Action by the Committee</b> The Committee approved the recommendation that the CCG sign up to three further rebate schemes as detailed above.</p>	
FR16/107	<p><b>Key Issues Review</b> MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p><b>Date of Next Meeting</b> Thursday 20<sup>th</sup> October 2016 1.00pm to 3.00pm 3<sup>rd</sup> Floor Board Room, Merton House</p>	

## Quality Committee – Internal/External Minutes

**Date:** Thursday 21<sup>st</sup> July 2016, 3.00 pm – 5.00 pm  
**Venue:** 3<sup>rd</sup> Floor Board Room, Merton House, Stanley Road, Bootle

<b>Membership</b>		
Dr Gina Halstead	Chair & Clinical Lead for Quality	GH
Steve Astles	Head of CCG Development	SA
Graham Bayliss	Lay Member for Patient & Public Involvement	GB
Lin Bennett	Practice Manager	LB
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Andy Mimmagh	GP Governing Body Member	AM
<b>Ex Officio Member</b>		
Fiona Taylor	Chief Officer	FLT
<b>In attendance</b>		
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Tracey Forshaw	Head of Vulnerable People	TF
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Quality & Performance Manager	JS
<b>Apologies</b>		
Graham Bayliss	Lay Member for Patient & Public Involvement	GB
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Andy Mimmagh	GP Governing Body Member	AM
<b>Minutes</b>		
Vicky Taylor	Quality Team Business Support Officer	VT

### Membership Attendance Tracker

Name	Membership	Attendance												
		Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A		√									
Steve Astles	Head of CCG Development	√	A		L									
Graham Bayliss	Lay Member for Patient & Public Involvement	A	√		A									
Lin Bennett	Practice Manager				√									
Dr Peter Chamberlain	Clinical lead Strategy & Innovation	A	√		√									
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√									
Dr Dan McDowell	Secondary Care Doctor	A	√		A									
Martin McDowell	Chief Finance Officer	A	A		A									
Dr Andrew Mimmagh	Clinical Governing Body Member	√	√		A									

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

No.	Item	Action
16/080	<p><b>Apologies for Absence</b> Apologies for absence were received from GB, Dr DMcD, MMcD and Dr AM.</p>	
16/081	<p><b>Declarations of interest regarding Agenda items</b> CCG Officers holding dual roles in both Southport &amp; Formby and South Sefton CCGs declared their potential conflict of interest.</p>	
16/082	<p><b>Minutes of the previous meeting</b> Minutes of SSCCG Quality Committee were accepted as an accurate reflection of the previous meeting.</p>	
16/083	<p><b>Matters Arising &amp; Action Tracker</b> There were no matters arising.</p> <p><b>16/005(i) and (ii) CCG Safeguarding Service Quarterly Report - Alder Hey Children's NHS Foundation Trust (AHCH)</b> The Committee agreed that the action could be closed subject to the normal scrutiny taking place at the CQPG as to the sustainability of training figures. The percentage of staff training is required to be increased to be on par with other Trusts for the first two quarters. <b>Outcome: Action completed – remove from the Tracker.</b></p> <p><b>16/005(iv) CCG Safeguarding Service Quarterly Report – Aintree University Hospital NHS Foundation Trust (AUH)</b> JS has spoken to Terry Stapley to determine the progress made regards the findings of a Serious Case Review which will be added to the Work Programme for the CQPG <b>Outcome: Action completed – remove from the Tracker.</b></p> <p><b>16/008(iii) Provider Quality Reports- Mersey Care NHS Foundation Trust</b> JS confirmed that the revised version of the Care Pathway/Operation Procedures for the Clockview site had been circulated to Committee members; however, no queries had been submitted to VT. A presentation will be made to the CQPG with any issues to be raised to the Quality Committee. DF asked whether a Clinical Lead would be attending the Wider Constituency meetings. GH suggested Dr Sue Gough attend the Quality Committee in September 2016. <b>Outcome: JS is to invite Dr Sue Gough to the next meeting of the Quality Committee in September 2016.</b></p> <p><b>16/008 (iv) Provider Quality Reports – Liverpool Community Health NHS Trust (LCH)</b> The Committee were advised that a member of the LCH team was scheduled to attend today's meeting. <b>Outcome: Action completed – remove from the Tracker.</b></p> <p><b>16/042 Provider Quality Reports – CAMHS waiting times</b> GH confirmed that no response had been received as a result of the email sent to Locality leads regarding issues with delays around CAMHS. <b>Outcome: Action completed – remove from the Tracker.</b></p> <p><b>16/052(i) &amp; 16/052 (ii) EPaCCS Update</b> The Committee will receive an update from the Chief Nurse's report which is on today's agenda, enabling this action to be closed. <b>Outcome: Action completed – remove from the Tracker.</b></p> <p><b>16/054 South Sefton CCG - Whistle Blowing Policy and Procedure (Raising</b></p>	JS

	<p><b>Concerns at Work)</b> DF advised the Committee that she had progressed this action with Adam Burgess (AB) from the HR Department and the amended policy was expected at the end of July 2016 / beginning of August 2016. AD confirmed she would liaise with AB in relation to safeguarding assurance issues. <b>Outcome: The Committee requested a further update in September 2016.</b></p> <p><b>16/056(ii) Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR)</b> DL confirmed that this action had been addressed following a refresh of the GBAF and Risk Register which are due to come back to the Committee in October 2016. In future risk registers for the Quality and Medicines Management will come to Quality Committee detailing risks 15 and over. Corporate Risk Registers and the Governing Body Assurance Framework go to the Audit Committee as per the revised Committee Terms of Reference (ToR). <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/058 (i) Terms of Reference (ToR)</b> JS had received confirmation from Debbie Fairclough that Emergency Planning will be managed through the Audit Committee. This will be reflected within the new ToR. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/058 (iii) Terms of Reference</b> The Committee were assured that the spelling of 'principle' to 'principal' within the ToR had been corrected. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/059 Primary Care Quality Agenda</b> Dr RC considered this item could now be closed as it had been established that interventions for improvement in primary care would be picked up via the Joint Primary Care Committee. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/068 (originally 16/053 (iv) ) NHSE CCG Safeguarding Assurance Exception Report – MIAA recommendations re Safeguarding Policies</b> DF will check the latest position. <b>Outcome: The Committee requested a further update in September 2016.</b></p> <p><b>16/069 (i) Safeguarding Service Update Report – VERITA Self-Assessment Checklist for Providers (GODDARD INQUIRY)</b> AD had liaised with NHSE and established that the CCG was required to make a basic response in readiness. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/069 (ii) Safeguarding Service Update Report</b> The query was raised at the June 2016 Mersey Care CQPG with regards to Mental Health follow up procedures for discharged Prisoners. The Trust advised that if a patient is not known to the Trust then the locality team make contact to request medical input. It was noted that since the Mental Health contract for local Prison Services was awarded to another Provider, that communication is a challenge. However, if the patient was known to Mersey Care then individual Consultants may decide to keep the patient on a pending list rather than discharge if the Prison sentence is known to be short-term. If patients are not discharged for a longer term this would obviously impact on the Trust's KPI achievements. It is the responsibility of the in-reach prison team to identify follow up before discharge</p>	<p>DF / AD</p> <p>DF</p>
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	<p>and this is usually agreed at pre-release meetings.</p> <p>A question was also raised regarding what procedures were in place in the event a patients name changes on release from Prison. Trust colleagues advise that it is the responsibility of probation services to engage with the relevant organisations.  <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/071 (i) NHS111 – KPI Failures</b>  The Committee agreed to defer this action until the September 2016 meeting to enable DF to speak to Terry Hill.  <b>Outcome: The Committee are to receive an update in September 2016.</b></p> <p><b>16/071 (ii) NHS111 – Performance report monitoring</b>  The restructure of the Commissioning &amp; Redesign Team has resulted in the need for a meeting with Billie Dodd, JS and the BI Team together with the new Unplanned Care lead to determine what activity needs to be reported into the Quality Committee. This is likely to be completed by November 2016.</p> <p>AD advised of a possible incident regarding quality of care from NHS111 involving a child death. No safeguarding concerns had been identified but the SUDI process was followed and the matter reported to the LSCB. This incident has been reported on STEIS and will be managed through the SI process.  <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/072 (i) AQuA Safety Report</b>  BP confirmed he had spoken with AUH and established they were agreeable to being involved in the AQuA survey.  <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/072 (ii) AQuA Safety Report</b>  BP advised that the data from the AQuA report had been transferred in its entirety. Issues on the quality of the data lie with the way in which AQuA presents the safety report. On the understanding that BP will contact AQuA regarding the quality of data, the Committee agreed this action could be closed.  <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/072 (iii) AQuA Safety Report</b>  JS and PC are to work together to resolve. JS believes better data can be captured and presented.  <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/074(i) Provider Quality Performance Reports - AUH</b>  JS advised that she had received confirmation that crude mortality information would be included in the new performance reports, with a meeting to be held to ensure this is taken forward.  <b>Outcome: The Committee requested a further update in October 2016.</b></p> <p><b>16/074(ii) Provider Quality Performance Reports – AUH</b>  JS confirmed that the Contracts Team are drafting a Contract Query letter to the Trust in relation to poor performance in relation to the Rapid Access Chest Pain Service  <b>Outcome: The Committee asked that confirmation of the issue of the letter be made at September 2016's meeting.</b></p> <p><b>16/074 (iii) Provider Quality Performance Reports – LCH</b>  JS has liaised over the LCH performance table dates and was assured this would be corrected.  <b>Outcome: Action completed – remove from the tracker.</b></p>	<p>JS</p> <p>JS</p>
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16/084	<p><b>Chief Nurse Report</b> DF presented the Committee with the key issues which had occurred since the Chief Nurse Report submitted in April 2016.</p> <p><u>Ofsted Single Agency Safeguarding Inspection</u> The Committee were advised of the outcome of the above inspection of Sefton Council services for children in need of help and protection, looked after children and care leavers and the review of the Local Safeguarding Children's Board (LSCB) with the following outcomes reported:</p> <ul style="list-style-type: none"> <li>• Children's Social Care – Requires improvement</li> <li>• LSCB - Inadequate</li> </ul> <p>DF confirmed that recruitment of a new Chair was underway and she had been invited to be on the interview panel, with a 'Meet and greet' session arranged for candidates. The next meeting of the Local Safeguarding Children's Board (LSCB) has been cancelled and will now be held in September 2016 with the time utilised as a development session for the Board.</p> <p><u>Capsticks Report</u> The Committee were advised of the recent interest from the Member of Parliament from West Lancashire and the adjournment debate that was held. Following on from that, the Under Secretary of State for Health has agreed to commission NHS Improvement to undertake or commission the undertaking of an external clinical review which the CCG will willingly participate in as required.</p> <p>As part of lessons learnt, a paper is being submitted to the CCG Governing Body next week. DF has been asked by the CCG Chief Officer to provide a chronology of the events which have taken place demonstrating the CCGs involvement with the provider and the wider system. A system-wide lessons learnt exercise has been discussed at the Quality Surveillance Group Chaired by NHSE.</p> <p><u>Liverpool Community Health NHS Trust (LCH) – CQC Inspection Report</u> The Care Quality Commission (CQC) recently published their inspection outcome report following the re-visit to the Trust in February 2016. At the time of the publication the CCG was advised by the CQC that it was unnecessary to call a Quality Risk Summit as this inspection was a revisit. DF also advised that the LCH Executive Team is to attend the Collaborative Commissioning Forum in August 2016.</p>	
<b>The Committee received the report</b>		
16/085	<p><b>Provider Quality Performance Reports</b> JS presented the Provider Quality Performance Report by exception</p> <p><u>Aintree University Hospital (AUH)</u> Stroke – GH led discussions on the Stroke performance and bed occupancy which she considered to be poorer in terms of the trajectory but no considerable change to the general bed occupancy than what had been reported previously. It was stated at the CQPG that hyper acute stroke beds were to be introduced with benefits likely to be seen in the future. DF suggested that consideration will need to be given to the raising of a contract query with an action plan put in place by the provider.</p> <p><b>ACTION: JS will submit new data to GH and discuss with PC to determine whether sufficient improvement has been seen, otherwise a contract query can be raised in August 2016.</b></p> <p>PC asked whether medical outliers are in stroke beds and vice versa. This</p>	JS

information has been submitted by the Trust. GH considered issues other than bed occupancy were causing problems as Stroke performance has dropped but bed occupancy has not increased.

A&E - DF said the overarching statement provided as assurance on essential standards of care was unacceptable to commissioners. Issues have been raised at the CQPG in relation to the RCA return. JS was conscious that the action plan was out of date and is following this up.

Dermatology – JS confirmed this issue was raised at the CQPG where a request was made that a formal letter from the Trust be sent to GPs. Assurances were given at the CQPG in May 2016 that dermatology services would not be switched off, however the CCG were aware that this had occurred between May 2016 and June 2016 without notification. A letter had subsequently been sent to the CEO in relation to the Trust being in breach of contract. GH had been unable to write to GP colleagues about action taken in case the service is switched back on. The Committee were advised that FLT will write to Steve Warburton for clarity.

Cancer Waiting Times – The Committee discussed the 161 days breach for a patient diagnosed through the screening hub. The CCG had not had site of the RCA as they are not the commissioners of the service. GH expressed concerns about the screening hub and the Trust's inability to contact patients who are referred to this service. Action had been taken by the Trust in the interests of a patient who was deemed to be at risk.

GH shared the content of an RCA and suggested feedback should go to Dan Seddon illustrating the risks to the patient of deferring.

**ACTION: Following discussion at today's SSCCG Quality Committee a request has been made that the CCG report back to PHE, on the Committee's concerns that an RCA does not include a duty of candour and details of conversations held with a patient.**

DF

Mersey Care Foundation Trust (MCFT)

Every Contact Counts – JS confirmed that this was discussed at the last CQPG and the Trust have been requested to review the narrative and provide an update on actions being undertaken to improve performance.

CPA – sheltered accommodation – JS advised the Committee that the Trust work with social landlords was ongoing. Feedback to a query is awaited to ensure August 2016 data is being collected properly which will determine whether a patient is living within settled accommodation. Once captured, this information should be recorded on patient records.

Psychotherapy – A presentation was made at the last CQPG with a further update to be provided by the Trust in August 2016.

Eating disorders – A reduction in waiting times is expected, following recent staff recruitment.

DNA & Cancelled appointments – BP referenced the review which is being undertaken in relation to a patient from the prison, whose missed appointments had not been recognised.

The Committee discussed the time taken from referral to assessment for both the Acute Care Team and Crisis Team to determine how long patients may wait for a psychiatry assessment. BP raised Sue Gough's (SG) concerns regarding the referral pathway which were discussed at the CQPG. JS will follow this up outside

	<p>of the meeting.  <b>ACTION: The Committee asked BP to discuss the issues around referral pathways further at the CCF.</b></p> <p><u>Other - IAPT Cheshire Wirral partnership</u>          Although an increase has been seen in access which is considered a positive result, PC asked what was being done to access patients outside of the medical zone.  <b>ACTION: JS and SG will look at the detail of the service specification and include an update in the next Performance Report.</b></p> <p>CIPs at Mersey Care - BP raised CIPs with the Trust at the April 2016 CQPG. Discussions were held subsequently with the Trust Director of Nursing regarding the need for further clarity. The provider view was that they considered the transformation plan provided sufficient information, although extraction of this information was not straight forward. A letter is to be sent to the provider on behalf of the CCF asking for specific information regarding some of the CIPs in relation to front line staff, however, although the Trust have responded, it was considered insufficient information was shared to resolve the issues raised. The CCGs are not assured the CIP won't impact on quality of care and further meetings are to take place with the Trust.</p> <p><u>Liverpool Community Health NHS Trust (LCH)</u>          The Committee received the performance information by exception regarding the Trust. Intermediate Care delayed discharges remain an issue and the Committee were aware that these were highlighted within the CQC report.</p> <p>Speech &amp; Language Team (SALT) Waiting Times – JS stated commissioners were still awaiting a response on referrals and waiting times from the Trust and that they had now missed two deadlines over a 6 week period. PC advised he had been looking at models that could support improved efficiency and enhancement of service, however the Trust appeared reluctant to consider alternative options.  <b>ACTION: GH asked PC to share his findings with Dr Sapre in order that feedback can be given from the CQPG.</b></p> <p>Community Matrons – PC was conscious that there are insufficient numbers of Community Matrons available within South Sefton and in spite of funding provided to increase numbers, there appeared to be a lack of progress from the provider regarding this issue. DF reported that this has been raised at the CQPG and a member of the LCH team were to attend the Quality Committee today to provide an update but the member of staff had failed to attend and no notice had been given re: non-attendance.</p> <p><u>Other Providers</u></p> <p><u>Alder Hey Children's Hospital</u>          GH questioned the value of including information within the report on the Trust's KPI20 Patient Impact – Left Department without being seen rate, KPI22 Timeliness - Total time spent in A&amp;E department - 95th centile and KPI23 Timeliness - Time to treatment in department – median and asked that JS clarify the comments made by the Trust. JS explained they were included in the Trust's Quality Schedule however; she will review for future reports.  <b>ACTION: JS to check accuracy of comments made within the report.</b></p> <p><u>Royal Liverpool &amp; Broadgreen University Hospital (RLBUH) and Liverpool Heart &amp; Chest Hospital</u>          GH noted the absence of narrative included within the reports for the above Trusts</p>	<p>BP</p> <p>JS/SG</p> <p>PC</p> <p>JS</p>
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	<p>and asked that in future the comments note that the Provider failed to submit information on time. TF advised the Committee that RLUBH were aware of the issues and were taking action to address before the next submission was due.</p> <p>RLUBH - VTE –TF advised that work was underway to improve performance. GH suggested this could be done in conjunction with AUH.</p>	
	<p><b>The Committee received the report</b></p>	
16/086	<p><b>Safeguarding Service Quarterly Report</b>  The Committee received an update in relation to adults and children’s safeguarding and an analysis of the Safeguarding KPIs for Q4 within the quality schedule for the main commissioned NHS Providers.</p> <p><u>Quarter 4 KPI analysis</u></p> <p><u>Aintree University Hospital Foundation Trust</u>  The Trust remains on ‘reasonable assurance’ for both the Safeguarding Children and Adults KPIs /Quality Schedule. Training levels are not CQC compliant however, it is anticipated that some issues with supervision will be addressed by the new Head of Safeguarding.</p> <p>The Committee noted AD’s comments that following a recent statutory safeguarding inspection some of the processes regarding safeguarding at AUH A&amp;E were commented to be amongst the best in the country .</p> <p><u>Alder Hey Hospital Foundation Trust</u>  The Trust remains on ‘reasonable assurance’ against the Safeguarding Children and Adults KPIs / Quality Schedule.</p> <p><u>Liverpool Community Health</u>  The Trust remains on ‘reasonable assurance’ against the Safeguarding Children and Adults KPIs / Quality Schedule with significant progress with some safeguarding adult training achieved this year.</p> <p>Issues raised within the report regarding Children’s safeguarding relate to the LSCB escalation and are reported for the Committee’s awareness.</p> <p>Reasonable assurance was also reported for Looked After Children with improving performance evidenced.</p> <p><u>Mersey Care Foundation Trust</u>  The Trust remains on ‘reasonable assurance’ against the Safeguarding Children and Adults KPIs /Quality Schedule.</p> <p>AD advised that the Trust had been unable to provide assurance in relation to the Mental Capacity and Deprivation of Liberty Safeguards training and were being supported by the Safeguarding team.</p> <p><u>Joint Targeted Area Inspection (JTAI)</u>  AD advised the Committee that Domestic Abuse issues could be included in the next phase of the JTAI and further work will be required in relation to this themed area</p> <p>GH noted that on Page 61, the first bullet point under ‘Serious Case Reviews’ was incomplete.</p> <p><u>Section 11 Audit</u>  DF informed the Committee that it was no longer necessary for the Section 11</p>	

	<p>audit to come to the Quality Committee prior to submission to LSCB as it was within the authorisation of the Chief Nurse and Deputy Chief Nurse to approve with the Safeguarding Team. For assurance purposes, any significant changes to the report would be brought to the Committee.</p> <p><u>Wood Report</u> Information was received regarding this report which is a review of the role and functions of Local Safeguarding Children Boards (LSCBs) within the context of local strategic multi-agency working was received by the Committee.</p> <p><b>ACTION: GH asked that acronyms are explained within the report either as they are used or by way of an index.</b></p>	AD
	<b>The Committee received the report</b>	
16/087	<p><b>Revised CCG Management of Allegations Policy and Procedures</b> The current South Sefton CCG Management of Allegations Policy has been reviewed and updated by the CCG Safeguarding Service, in line with amendments to the Care Act (2014) and changes to terminology within Working Together (2015) with the three required amendments to terminology presented to the Committee.</p> <p><b>ACTION: The Committee supported the changes and requested that a copy of the amended policy was forwarded to VT for inclusion in the Safeguarding evidence folder held by the CCG. Once received VT should also forward the amended version to the Communications Team for the intranet version to be updated.</b></p>	VT
	<b>The Committee received the report</b>	
16/088	<p><b>Continuing Healthcare/Complex Services Quality &amp; Performance Quarter 1 Updates for South Sefton CCG</b> JC presented the Committee with the Care Home Clinical Quality Report 2016-17 Quarter 1 update by exception. JC pointed out some minor errors in the report and provided additional clarification.</p> <p><u>Clinical Quality Reviews</u> The Committee were asked to note the additional safeguarding issue that was currently being followed up.</p> <p><u>CQUIN Performance Date</u> The Committee were advised that a care home in the area has been identified as not currently compliant and does not submit CQUIN data. A further update will be provided in the Quarter 2 report.</p> <p>PC asked whether JC had visited a particular care home in the area. JC stated that the CCG through CSU doesn't undertake quality visits to Residential Homes only Nursing Homes. TF advised that the forum for raising any issues relating to Residential Homes would be the CQC, Local Authority and Health meeting. TF advised she would be happy to raise any issues at this forum if escalated to her.</p>	
	<b>The Committee received the report</b>	
16/089	<p><b>Revised Terms of Reference for Engagement &amp; Patient Experience Group (EPEG)</b> The Committee approved the changes to the EPEG TOR.</p>	
	<b>The Committee approved the changes to the Terms of Reference for the Engagement &amp; Patient Experience Group</b>	
16/090	<p><b>NWAS Quality Performance Report</b> GH recommended that this report going forward would be best included in the</p>	

	<p>Performance &amp; Quality Report submitted to the Quality Committee.</p> <p>BP presented the report to the Committee in the absence of MC. The Committee discussed the report and noted that resolving complaints appeared to be an area of weakness. GH also considered the report would benefit from commentary being provided to accompany the data when integrated into the Performance &amp; Quality Report.</p>	
	<b>The Committee received the report</b>	
16/091	<p><b>Commissioner Quarterly Controlled Drug (CD) Report to NHS England CD Accountable Officer (AO)</b></p> <p>HR presented this report to the Committee for review and scrutiny prior to its submission to NHSE.</p> <p>The focus on prescribing is aimed at identifying areas of concern which can be raised with practices. DF asked whether any of this work could involve Serious Incidents (SI) and suggested any RCA reports are shared with the CCG Quality Team to facilitate the identification of any harms for the purposes of lessons learnt. A decision could then be made to determine whether they should be recorded on STEIS. HR considered this would be picked up via the Medicines Management Team's risk register and if considered significant enough, would be graded as an incident.</p> <p><b>ACTION: GH asked for summary of outcomes and determination of thresholds to be brought to the Committee in November.</b></p>	HR
	<b>The Committee supported the submission of the report to NHSE.</b>	
16/092	<p><b>Serious Incident Report</b></p> <p>TF presented this month's report to the Quality Committee advising that the Datix transfer onto the new system had impacted on the report. The Committee's attention was drawn to the low reporting from some providers which will be picked up via the CQPGs. TF confirmed that an update would be brought to the next Serious Incident meeting with Sue Gough and Hilal Mulla invited to attend the meeting to give a clinical view with regard to the Mental Health cases.</p> <p>The Committee also discussed examples of what constituted a 'harm' arising from a fall.</p>	
	<b>The Committee received the report</b>	
16/093	<p><b>Liverpool Clinical Laboratories (LCL) Report</b></p> <p>GH congratulated BP on this report and asked that it be submitted through to the South Sefton CCG Governing Body (GB) with the recommendation that the GB extend the life of the Task and Finish group to allow them to consider the recommendations of the independent review.</p> <p>The Committee noted that the Task and Finish group is also permitted to engage in research work arising from the LCL independent review.</p>	
	<b>The Committee received the report</b>	
16/094	<p><b>Application for research approval for Evaluation of a complex intervention (Engager II) for prisoners with common mental health problems, near to and after release</b></p> <p>BP presented this application for research approval to the Quality Committee following which it would be taken to SLT to seek approval of the additional funding costs involved.</p> <p>Having considered the suggested benefits to the CCG from the potential outcomes of the research, the Committee felt they were unable to support the application and this would need to be relayed to SLT when the discussion took place.</p>	

	<b>The application for research approval was not supported by the Committee</b>	
16/095	<p><b>Joint Quality Committee Proposal</b>                  DF advised the Committee that following the Price Waterhouse Cooper review, the proposal was being made to merge the Quality Committees of both SFCCG and SSCCG. Terms of Reference had been drafted for such a committee to commence from September 2016 subject to agreement from the Quality Committee and approval by the Governing Body. Such a proposal would support the CCG in maximising any opportunity to consider how to rationalise time and focus attention on the QIPP challenge. Should the joint Quality Committee proposal be approved by the SSCCG and SFCCG Governing Bodies the logistics would be addressed. The opportunity would also be taken to consider identifying no-cost venues.</p>	
	<b>The Committee were supportive of the proposal to merge the SFCCG and SSCCG Quality Committees.</b>	
16/096	<p><b>EPACCS Update</b>                  The Committee had received an update as part of the Chief Nurse's report with a written report to be submitted to the Committee in September 2016.</p>	
	<b>The Committee received the verbal update</b>	
16/097a	<p><b>GP Quality Lead Report</b>                  GH considered that there were no known issues other than those already covered at today's meeting.</p>	
16/097b	<p><b>Locality Update</b>                  No issues for discussion.</p>	
16/098	<p><b>Any Other Business</b>                  There were no additional items proposed for discussion.</p>	
16/099	<p><b>Key Issues Log</b>                  DF recorded the Key Issues for submission to the Governing Body as follows:</p> <ul style="list-style-type: none"> <li>• AUH – Dermatology Service issues</li> <li>• AUH – Screening Hub issue impacting on cancer waiting times</li> <li>• IAPT – Performance discussed along with the need to explore how the self-referral element could be better promoted</li> <li>• MerseyCare CIP Process – discussion on-going with the Trust in order to gain necessary clarity and assurance</li> <li>• LCH – Community Matron recruitment and retention. To ensure the new CCG Clinical Lead for LCH is aware of the issues raised for further discussion at the CQPG</li> <li>• AHCH – Safeguarding Contract Query now closed</li> <li>• LCH – Early Help Referrals have been raised as an issue by Liverpool LSCB and this is also being monitored within Sefton</li> <li>• Liverpool Clinical Laboratories Independent Review - To be presented at the Governing Body Meeting next week</li> <li>• Joint Targeted Area Inspection (JTAI) – AUH practices in AED commended</li> <li>• Controlled Drugs update paper presented by the Medicines Management.</li> </ul>	
16/100	<p><b>Date of Next Meeting</b>                  Thursday 22<sup>nd</sup> September 2016, 3 pm – 5 pm The Board Room, Merton House, Bootle. The Committee were asked to note that the meeting details may be subject to change with the merger of the committees.</p>	

Gina Halstead

Chair : \_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 SIGNATURE

Date : 21.9.16



## Joint Quality Committee Minutes

**Date:** Wednesday 21st September 2016, 11.30 am – 1.30 pm

**Venue:** Chapel Lane Surgery, 13 Chapel Lane, Formby, Liverpool, Merseyside, L37 4DL

### Membership

Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Paul Ashby	Practice Manager, Ainsdale Medical Centre	PA
Graham Bayliss	Lay Member	GB
Gill Brown	Lay Member	GBr
Dr Doug Callow	GP Quality Lead S&F	DC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dr Gina Halstead	Vice Chair & Clinical Lead for Quality	GH
Martin McDowell	Chief Finance Officer	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor	JSi

### Ex Officio Member

Fiona Taylor	Chief Officer	FT
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### In attendance

Ann Dunne	Designated Nurse / Head of Safeguarding (Children)	AD
Gordon Jones	Mental Health Programme Manager	GJ
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Paul Shillcock	Primary Care Informatics Manager	PS
Jo Simpson	Programme Manager – Quality and Performance	JS

### Apologies

Dr Peter Chamberlain	Clinical Lead Strategy & Innovation
Tracey Forshaw	Head of Vulnerable People
Dr Dan McDowell	Secondary Care Doctor
Dr Andy Mimmagh	GP Governing Body Member
Geraldine O'Carroll	Senior Integrated Commissioning Team Manager
Kevin Thorne	Integrated Commissioning Manager

### Minutes

Vicky Taylor	Quality Team Business Support Officer	VT
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### Membership Attendance Tracker

Name	Membership	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Dr Rob Caudwell	GP Governing Body Member	√	√		√		L						
Paul Ashby	Practice Manager, Ainsdale Medical Centre	√	A		L		√						
Graham Bayliss	Lay Member for Patient & Public Involvement	A	√		A		√						
Gill Brown	Lay Member for Patient & Public Involvement	√	A		√		√						
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	A		L		L						
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A	√		√		A						
Billie Dodd	Head of CCG Development	√	√		√		√						
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√		√						
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A		√		√						
Dr Dan McDowell	Secondary Care Doctor	A	√		A		A						
Martin McDowell	Chief Finance Officer	A	A		√		√						
Dr Andrew Mimmagh	Clinical Governing Body Member	√	√		A		A						
Dr Jeffrey Simmonds	Secondary Care Doctor						√						

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

APPROVED

No.	Item	Action
16/103	<p><b>Apologies for Absence</b> Apologies for absence were received from Dr PC, TF, Dr DMcD, Dr AM, GO'C and KT.</p> <p>The first Joint Quality Committee (JQC) was chaired by Dr Gina Halstead who welcomed everyone to the meeting.</p>	
16/104	<p><b>Declarations of interest regarding Agenda items</b> CCG Officers holding dual roles in both Southport &amp; Formby and South Sefton CCGs declared their potential conflict of interest.</p>	
16/105	<p><b>Minutes and Key Issue Logs from the previous meetings</b> The Minutes of S&amp;FCCG Quality Committee were agreed as an accurate reflection of the previous meeting.</p> <p>The Minutes of SSCCG Quality Committee were agreed as an accurate reflection of the previous meeting, subject to the amendment of Dr GH's title to <i>Chair &amp; Clinical Lead for Quality</i>.</p>	
16/106	<p><b>Matters Arising/Action Trackers</b> There were no matters arising.</p> <p><b><u>Action Tracker – SFCCG</u></b></p> <p><b>16/054 Southport &amp; Formby CCG - Whistle Blowing Policy and Procedure (Raising Concerns at Work)</b> DF will liaise with AB on his return from leave and provide the JQC with an update in October 2016. <b>Outcome: An update is to be provided to the JQC in October 2016.</b></p> <p><b>16/058(ii) Terms of Reference</b> This action has now been completed and Dr JS attended today's meeting. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/074(i) Provider Quality Performance Reports – S&amp;O TIA</b> Dr DC confirmed he had discussed TIA performance with S&amp;O. DF confirmed discussions had also taken place at the S&amp;O Clinical Commissioning Forum (CCF) re: stroke. DC shared feedback on the three stroke reports being submitted to SFCCG Governing Body (GB) next week.</p> <p>DF stated that the use of Skype with stroke patients and the benefits of Telehealth were discussed at a recent meeting with AUH. DF advised that future commissioning of stroke services would take place at SFCCG's Governing Body meeting. The JQC agreed that this action could be closed with further discussions to be held at S&amp;O Improvement Board and the SFCCG Governing Body. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/086(i) Provider Quality Performance Reports</b> VT to circulate details of Cancer Breaches at S&amp;O (May 2016) which will be sent to JQC members enabling this action to be closed. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/086(ii &amp; iii) Provider Quality Performance Reports</b> JS confirmed she had met with the BI team to review how information is to be presented in future reports; the new Quality Performance Report will use the same data sources as the Integrated Performance Report presented at the Governing</p>	DF

<p>Body. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/086(iv) Provider Quality Performance Reports</b> The Audit around Mortality and Pneumonia will be presented to the S&amp;O CQPG in November 2016 / December 2016 and include details around coding. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/087 Safeguarding Service Quarterly Report</b> DF confirmed this action had been completed. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/091 NWAS Quality Performance Report</b> JS confirmed that links have been made with the new CCG leads to join the BI meeting to enable the provision of updates on NWAS to the JQC. BD considered NWAS was not performing well currently and advised a 90 Day improvement programme was in place. The Committee agreed to review in November 2016. <b>Outcome: The Committee agreed to review NWAS performance again in November 2016. JS to liaise with CCG leads to ensure this performance is reported to the JQC but timeline may need amending subject to leads meeting with NWAS.</b></p> <p><b>16/093 Serious Incident Report</b> DF confirmed that the data relating to the open SIs at S&amp;O had been checked and the issue had arisen due to differences in financial year and calendar year reporting. BP referred to a meeting he had attended last Friday where he received assurance that accurate numbers will be reported in future. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/094 Application for research approval for Evaluation of a complex intervention (Engager II) for prisoners with common mental health problems, near to and after release and</b></p> <p><b>16/095 HEAT study: Helicobacter eradication to prevent ulcer bleeding in aspirin users: a large simple randomised controlled trial</b> BP approached the SLT for approval of the financial support required to undertake the above research studies. However due to the current financial situation, although SFCCG QC supported the Engager II study, financial support was not approved. Financial support for the HEAT Study which was not supported by SSCCG QC was also not approved. BP confirmed he would draft a position statement. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b><u>Action Tracker – SSCCG</u></b></p> <p><b>16/008(iii) Provider Quality Reports</b> <i>Mersey Care Provider Trust</i> The Committee agreed that this action could be closed down as discussions were taking place at CQPG to resolve. A further update will be brought to the Committee as and when available. <b>Outcome: Action completed – remove from the tracker.</b></p> <p><b>16/054 South Sefton CCG - Whistle Blowing Policy and Procedure (Raising Concerns at Work)</b> DF will liaise with AB on his return from leave and provide the JQC with an update in October 2016. <b>Outcome: An update is to be provided to the JQC in October 2016.</b></p>	<p>JS</p> <p>DF</p>
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**16/068 (Originally 16/053 (IV)) 16/053(iv) NHSE CCG Safeguarding Assurance Exception Report – MIAA recommendations re Safeguarding Policies**

DF advised that she had checked and could confirm that the CCGs Safeguarding policies on the intranet are accessible within three clicks.

**Outcome: Action completed – remove from the tracker.**

**16/071(i) NHS111 – KPI Failures**

DF confirmed that performance was back on track as of July 2016.

**Outcome: Action completed – remove from the tracker.**

**16/074(ii) Provider Quality Performance Reports - Aintree University Hospital Foundation Trust**

JS confirmed that a Contract Query letter had been sent to the Trust and a response had been received.

**Outcome: Action completed – remove from the tracker.**

**16/085(i) Provider Quality Performance Reports - Aintree University Hospital Foundation Trust - Stroke**

The response received re Stroke is to be circulated to JQC members following this meeting.

**Outcome: Action completed – remove from the tracker.**

**16/085(ii) Provider Quality Performance Reports - Aintree University Hospital Foundation Trust – Cancer Waiting Times**

DF advised she had spoken to Dan Seddon (DS) from Public Health England (PHE) regarding the effect on the Trust's performance caused by screening hub delays. DF's intention to discuss further with DS has been formally minuted at AUHT's CQPG.

**Outcome: Action completed – remove from the tracker.**

**16/085(iii) Provider Quality Performance Reports - Mersey Care Foundation Trust (MCFT)**

DNA & Cancellation appointments

BP confirmed the response required was incorporated within Mersey Care's performance report on today's agenda.

**Outcome: Action completed – remove from the tracker.**

**16/085(iv) Provider Quality Performance Reports - Other - IAPT Cheshire Wirral partnership**

JS confirmed that an update was included within today's meeting.

**Outcome: Action completed – remove from the tracker.**

**16/085(v) Provider Quality Performance Reports - LCH Trust**

The Committee were advised that this action had been completed and confirmed its removal from the Action Tracker.

**Outcome: Action completed – remove from the tracker.**

**16/085(vi) Provider Quality Performance Reports - Alder Hey Children's Hospital**

JS confirmed that the content of the Liverpool Provider Reports will be reviewed with the development of the new Quality Performance Reports.

**Outcome: Action completed – remove from the tracker.**

**16/086 Safeguarding Service Quarterly Report**

AD confirmed this action had been completed.

**Outcome: Action completed – remove from the tracker.**

	<p><b>16/087 Revised CCG Management of Allegations Policy and Procedures</b> This policy has been completed with a copy to be sent to VT by AD. <b>Outcome: Action completed – remove from the tracker.</b></p>	
16/107	<p><b>Nomination of Committee Chair and Vice Chair</b> DF explained the rationale behind electing a new Chair and Vice Chair following the formation of a Joint Quality Committee. It was agreed that RC would Chair with GH as Vice Chair on a 6 month rotational basis.</p>	
	<p><b>The Committee approved the appointments of Chair and vice Chair for the JQC.</b></p>	
16/108	<p><b>Chief Nurse Report</b> DF presented the Committee with a number of key issues which had occurred since the Chief Nurse report submitted in July 2016.</p> <p><u>SFCCG Commissioned Stroke Reviews</u> The CCG Leadership Team is now in receipt of three SFCCG commissioned reviews of Stroke Care at S&amp;O. Following internal consideration, a paper will be presented to Part II of the SFCCG Governing Body's meeting in September 2016.</p> <p><u>Care Home</u> A Care Home update was provided detailing concerns with quality. Today's report included a table illustrating the current status of nursing home bed capacity.</p> <p>The Head of Vulnerable People had also compiled a separate report at the request of the Chief Officer to ensure she is sighted on the current status of nursing home beds across the Sefton area.</p> <p><u>QIPP</u> CHC/FNC - Partnership work between the Quality and Finance Teams continues to deliver QIPP savings whilst ensuring patient needs are met.</p> <p>Quality Impact Assessments (QIAs) – The Quality Team continue to support the QIA process which forms part of the Case for Change process within the CCGs. BP advised he was also working with the Deputy Chief Nurse of LCCG looking at QIA policy across all local CCGs.</p> <p><u>Liverpool Community Health (LCH) – NHS Improvement Transaction Process</u> DF advised that the transaction process continues, with a meeting taking place with appropriate representatives and CCG Chief Officers yesterday.</p> <p><u>Safeguarding</u> Sefton Safer Communities Partnership (SSCP) – The Committee was advised that the CCGs are now represented by the Deputy Chief Nurse at SSCP meetings.</p> <p><u>MRSA - SFCCG</u> The Chief Nurse recently chaired an MRSA Post Infection Review (PIR) following the notification of a case of MRSA reported in the SFCCG area relating to a patient admitted to S&amp;O.</p> <p><u>LCH Well Baby Clinic Re-alignment (SSCCG)</u> LCH have contacted the CCGs regarding a proposal to re-align the Well Baby Clinics in South Sefton from GP Practices to local Children's Centres. A Pilot is to be undertaken and consultation held with a letter going to practices involved. Conversations asking for assurances have taken place around Well Baby Clinics removal from GP practices and RC stressed that it must be made clear that the service must deliver quality outcomes for both the children and their families - GP practices must also be made aware of who their link Health Visitor is if such a</p>	

	<p>proposal is going ahead. DF confirmed such concerns had already been raised.</p> <p><u>HSJ Awards</u> The Practice Nurses, supported by the Deputy Chief Nurse have been shortlisted for an HSJ Award for the Health &amp; Social Care Apprenticeship Programme.</p>	
	<p><b>The Committee noted and received the report</b></p>	
16/109	<p><b>Provider Quality Performance Reports</b> JS presented the Provider Quality Performance Reports relating to both SFCCG and SSCCG by exception.</p> <p><u>Aintree University Hospital (AUH)</u></p> <p>A&amp;E System issues – BD advised the Committee of KMCC’s attendance at a meeting earlier today and highlighted AUH’s belief that delays and challenges with flow were attributable to delayed transfer of care. The actions being taken by CCG commissioners and the wider system were discussed.</p> <p>JS mentioned two further 12 hour breaches which had occurred in the last month one of which was believed to relate to mental health. A joint provider Root Cause Analysis will be undertaken which will be submitted to the CCGs.</p> <p>Smoking Measures – JS explained the reason that no comment was provided within the report was due to a training issue within the provider team which has now been resolved.</p> <p>Infection Control – A case of MRSA was reported this week, possibly community attributable. Timelines are currently being pulled together with the CCG chairing a post infection review meeting.</p> <p>Dermatology – GH referred to a health economy wide review of dermatology services being undertaken due to a shortage of staff within hospital services in spite of community support. DC expressed concern about the lack of narrative and responses which would support training needs and was urged to forward examples of poor communications to Sara McGrath.</p> <p>GH confirmed that Medical Director from AUH has written to explain the closure of dermatology services to new referrals at the Trust which was distributed to the GP membership. This item is to be added to November 2016s Joint Quality Committee agenda.</p> <p><b>ACTION: Dermatology to be added to November 2016s Joint Quality Committee Agenda.</b></p> <p><b>ACTION: DC to provide data on poor quality responses to Sara McGrath.</b></p> <p><u>Southport &amp; Ormskirk Hospital NHS Trust (S&amp;O)</u></p> <p>The Committee were advised that issues with timeliness of submission of data by S&amp;O had improved, although there remained a problem with missing narrative around maternity and community. BD agreed that there was room for improvement in relation to information submitted in relation to community services.</p> <p>A&amp;E – JS reported that similar issues to other Trusts were being experienced, which are system wide, however she was aware of a recent 12 hour mental health</p>	<p>VT</p> <p>DC</p>

breach. Updates will be shared with the JQC following completion of the RCA.

DF has recently spoken with the Director of Nursing (DoN) at Mersey Care and NHS E regarding shortages of mental health beds and has been advised that a review of mental health care beds across the system will be undertaken with the DoNs from the 3 main Mental Health Service providers across the area leading on this piece of work.

MSA - Discussions had also taken place at a recent Executive to Executive team meeting in relation to mixed sex accommodation (MSA) following the Trust's decision to re-locate the Stroke Unit to a ward with fewer beds. DF said the CCG had stated that they would be accepting of the fact that MSA breaches may occur if it meant that a patient requiring a stroke bed was admitted to the Stroke Unit rather than onto an outlying ward in order to improve outcomes for such patients. This has been indicated to both the Trust and NHSE.

Cancelled Operations – An increasing number of cancelled operations has been reported for July 2016 believed to be due to increased activity and staff shortages. JS will raise this at the S&O Contract & Clinical Quality Review meeting scheduled for later today. The importance to the Trust of effective workforce planning and profiling in order to support sustainability was raised in relation to staff approaching retirement and what plans were in place to replace them.

The opportunity will also be taken to raise concerns over the number of Grade 4 Pressure Ulcers reported in the past week with the open contract query to be reviewed. RC expressed concern at the lack of levers available once a contract query was in place. DF explained the mechanisms put in place once a contract query has been opened which includes the provision of action plans created to provide improvement. The CQC and NHS E are also aware of these issues.

GBr expressed concern at the quality of comments from S&O and asked that whoever was responsible for providing responses on behalf of Trust is challenged. DF confirmed that challenge was made and that the CCG would expect information leaving the Trust to be reviewed by a member of the senior / executive team to ensure the quality of the narrative. DF will raise GBr's concerns over the inappropriateness of some comments at this afternoon's Contract and Clinical Quality Review Meeting with a request made that future reports contain the Reviewer's name and the date the report was signed off.

DF

**ACTION: DF is to raise GBr's concerns over the inappropriateness of some comments in the S&O Performance Report at this afternoon's Contract and Clinical Quality Review Meeting with a request made that future reports contain the Reviewer's name and the date the report was signed off.**

#### AOB – CQUIN

JS advised the Committee of a local CQUIN for first follow up, zero length stay and consultant to consultant for introduction in quarters 3 and 4 2016/17. Consideration will also be given to extending the CQUIN for a further 12 months. A meeting has been held with the Director of Finance as the single point of contact for the Trust.

#### Mersey Care Foundation Trust

#### SSCCG

DNA & Cancellation Appointments – JS advised that a new policy is to be put in



	<p>place within the Trust to improve performance. BD asked that Mersey Care breaches are included in future reports. <b>ACTION: JS to ensure DNA &amp; Cancellation Appointments breaches are included in future reports.</b></p> <p>Sickness Absence – The Committee were advised that additional new staff will commence employment with the Trust in September and October 2016.</p> <p><u>LCH</u></p> <p>Waiting Times – Adult AHP waiting times are an area of focus. Challenges in performance relating to discharge summarises to GPs appear to be becoming apparent once more, although some improvement in delayed transfers of care has been seen.</p> <p>Staff sickness – Sickness absence rates were reported at 6.2% during June 2016, which is an increase on the previous month’s performance. Actions undertaken by the Trust are a subject to discussion at the CQPG.</p>	JS
<p><b>The Committee noted and received the report</b></p>		
16/110	<p><b>Safeguarding Service:</b></p> <p><b>CCG Safeguarding Service Quarterly Report</b> AD presented this month’s quarterly report which included a table detailing the new Key Performance Indicators (KPIs) for 2016/17.</p> <p><u>Southport &amp; Ormskirk Hospital NHS Trust</u> The Trust remains on ‘limited’ assurance. Training performance at the Trust was discussed with improvement seen in several areas; however contractual compliance is unlikely to be achieved until Q4 2016/17. In response to DF’s question that the Safeguarding Service made a recommendation as to whether the contract query should remain open, AD suggested awaiting Q2 2016/17 information before a decision was made at the Clinical Commissioning Forum (CCF). RC confirmed his preference that the contract query remains open until the promised actions have been carried out.</p> <p><u>Aintree University Hospitals NHS Foundation Trust</u> The Trust have submitted and reported that there are no outstanding actions on the Audit Tool action plan and it is now completed. An assurance rating of ‘reasonable’ has been attributed.</p> <p><u>The Royal Liverpool and Broadgreen University Hospitals Trust</u> An overall ‘reasonable’ assurance rating has been assigned to the Trust for Q1 2016/17 where strong supporting systems are now in place.</p> <p><u>Liverpool Community Health NHS Trust</u> An overall ‘reasonable’ assurance rating has been applied to the Trust for Q1 2016/17, however it is noted that there is a downward trajectory within specific areas that will be monitored by the team.</p> <p><u>Alder Hey Children’s NHS Foundation Trust</u> An overall ‘reasonable’ assurance rating has been applied, however the Trust failed to submit an audit tool in accordance with Q12016/17 requirements and are known to be experiencing issues with DNAs for Looked After Children Health Assessments.</p> <p>GH asked whether anything could be done to support Looked After Children (LAC)</p>	

<p>16/111</p>	<p>given their vulnerability. AD advised that both the LCH Named Nurse for LAC and the CCGs Designated Nurse for LAC were reviewing this, with a report to be submitted to the Safeguarding service. DF advised that the Corporate Parenting Board also receive regular reports from the Designated Doctor for LAC and that the Pathway work following the 903 returns had also addressed this issue. DF also summarised some of the work being undertaken to bring about improvement.</p> <p>A Named Nurse for Safeguarding Adults is now in post at Alder Hey NHS Foundation Trust (AHCH) with responsibility for young people aged 18+ including transition.</p> <p><u>Mersey Care NHS Foundation Trust</u> An overall 'reasonable' assurance rating has been assigned to the Trust for Q1 2016/17 however the Committee noted that there has been a downwards trajectory in training, supervision and multi-agency working.</p> <p>Gbr questioned the non-submission of AHCH's Q1 2016/17 audit tool information and asked whether this contained more than basic information. AD explained how reporting of compliance rates against their assessments is made and Gbr expressed concern that this could lead to vulnerable patients not being identified through appropriate training not being undertaken by staff.</p> <p>CCG safeguarding compliance rates were discussed with the JQC noting that performance against Level 1 training should be 100% to be CQC compliant with Level 2 at 80% and 90% for Governing Body members.</p> <p><b>ACTION: DF asked that AD consider delivering training in a different format at an Operations Team meeting to support improvements with recommendations made to the SFCCG Governing Body and the SSCCG Governing Body.</b></p> <p><b>Quarterly Assurance Report – Safeguarding Policy SFCCG</b> The Committee approved the changes to the policy.</p> <p><b>Quarterly Assurance Report – Safeguarding Policy SSCCG</b> The Committee approved the changes to the policy.</p> <p><b>Safeguarding Annual Reports 2015/16 for SFCCG and SSCCG</b> The JQC received the annual reports for SFCCG and SSCCG and recommended their presentation to the respective Governing Bodies subject to the inclusion of the Chief Nurse's name in the title of the Foreword and the amendment to page 12 – 4.7 from 'Jimmy Saville' to the 'Saville Investigation'</p> <p><b>ACTION: The Safeguarding Annual reports for both CCGs are to be amended to ensure the Chief Nurse's name is included next to her title in the Foreword and to amend page 12 – 4.7 from 'Jimmy Saville' to the 'Saville Investigation'. The Annual Reports were recommended for presentation to the Governing Bodies.</b></p> <p>DF reported that the Safeguarding Team had developed a Safeguarding Children and Vulnerable Adults Training Strategy and Training Needs Analysis which would be getting considered at the next meeting of the Corporate Governance Support Group.</p>	<p>AD</p> <p>AD</p>
	<p><b>The Committee received and approved the Safeguarding Policies for SFCCG and SSCCG</b></p> <p><b>The Committee received the verbal update on Safeguarding Children and Vulnerable Adults Training Strategy and Training Needs Analysis</b></p> <p><b>The Committee received the Safeguarding Annual Reports 2015/16 for</b></p>	

	<b>SFCCG and SSCCG and recommended presentation to the Governing Bodies for approval</b>	
16/112	<p><b>Serious Incident Report</b></p> <p><u>SFCCG &amp; SSCCG</u> BP presented this month's reports to the JQC which comprised separate Serious Incident Reports for SFCCG and SSCCG with the Chair noting her thanks for the comprehensive detail within the papers.</p> <p>BP confirmed that TF had recently met with Mersey Care NHS Foundation Trust regarding the quality of their reports which was expected to improve moving forwards. TF will continue to meet with the Trust to ensure quality is improved.</p> <p>Issues relating to the reporting of Pressure Ulcers in relation to both S&amp;O and LCH are being discussed at the CQPG and work continues with S&amp;O in relation to the open Contract Query. Close monitoring will continue.</p> <p>BP confirmed that the 2014 Serious Incident relating to Liverpool Clinical Laboratories will be closed down.</p>	
	<b>The Committee received the report</b>	
16/113	<p><b>EPaCCS Update</b> PS presented the EPaCCS update to the JQC which contained detail regarding eight key areas and how work is being progressed. PS advised that further organisations are to be scoped re their inclusion in EPaCCS. BD confirmed she had escalated issues with data to Ian Williams.</p> <p>The JQC will receive further updates on a quarterly basis.</p>	
	<b>The Committee received and approved the action plan within the report</b>	
16/114	<p><b>Improving access to Psychological Therapies (IAPT) Quality Performance Reports</b> GJ presented a report containing the actions being taken to improve the IAPT performance for Sefton residents.</p> <p>However, GH considered the data presented did not reflect what was happening in practice. GJ explained this may be partially due to 'hidden waits' and that further work was being undertaken to improve the quality of data.</p> <p>Concern was expressed that following a GP referral, letters were sent back to them suggesting they may wish to monitor a patient until they receive counselling from the service. GJ understood that two nurses had recently been recruited by the provider of this service.</p> <p>The lack of assurance with regard to this performance issues have been raised by the Quality Committee prior to escalation to Governing Body. GH asked for an explanation of how response times are managed and how treatment of patients is escalated. DF suggested a further update is brought back to the Committee in October 2016.</p> <p><b>ACTION: GJ is to provide the JQC with an updated IAPT report for their meeting in October 2016.</b></p>	<b>GJ</b>
	<b>The Committee received and approved the report</b>	
16/115	<p><b>Dementia Diagnosis Rates – Improvement Plan for South Sefton</b> GJ presented this report asking that the Committee acknowledge and approve the actions being taken to improve the Dementia rates for South Sefton residents.</p>	

	<p>GH referred to the different routes being taken to diagnose Dementia in patients – and how assessments are undertaken in one area by GPs without any financial recompense and by Mersey Care NHS Foundation Trust in another. On this basis, GH felt unable to support the plan. DF suggested financial discussions take place outside of the Quality Committee meeting and requested that Kevin Thorne return to the October 2016 meeting with a fuller report regarding the concerns around quality assurance.</p> <p><b>ACTION: Kevin Thorne to be asked to attend the October 2016 Joint Quality Committee meeting with a fuller report regarding the concerns expressed around quality assurance.</b></p> <p><b>ACTION: MMcD is to raise the issue of payment for the additional work undertaken by GPs in assessing Dementia in patients through the SLT.</b></p>	<p>GJ/KT</p> <p>MMcD</p>
	<p><b>The Committee received the report requesting that a further paper be brought back to the JQC in October 2016 to provide the necessary assurance requested.</b></p>	
16/116	<p><b>GP Quality Lead / Locality Update</b> The A&amp;E Delivery Board is to submit assurance to NHS E regarding the Junior Doctors' strike planned for October 2016.</p>	
	<p><b>The Committee received the verbal update</b></p>	
16/117	<p><b>Key Issue Logs: EPEG</b> GBr and GB provided the following verbal update from the recent EPEG Meeting:</p> <ul style="list-style-type: none"> <li>• The Patient Experience Dashboard dashboard will come to a future meeting.</li> <li>• Committee members were recommended to visit the Healthwatch website where a ratings system is in place for medical services.</li> <li>• Prescription issue rates feature high as a negative.</li> <li>• 10 South Sefton GP surgeries have been reviewed with ratings on the Healthwatch site. Litherland Walk In responses feature highly. GBr feels results need to show what they were based on e.g. 2 responses or several hundred for example, as this is not the case in all Healthwatch sites.</li> </ul> <p><b>ACTION: GBa asked that JQC members look at the Healthwatch website and submit their feedback to the Communications team.</b></p>	<p>All</p>
16/118	<p><b>Any Other Business</b></p> <p>GBr and GB asked if the ToR could be reviewed re: quoracy as it currently stated that both Lay Members needed to be present. DF stated that she would raise this with DFair.</p> <p><b>ACTION: DF to raise issue re quoracy of the JQC meeting due to it currently stating that both Lay Members need to be present.</b></p>	<p>DF</p>
16/119	<p><b>Key Issues Log</b></p> <p>The following key issues were raised to be informed to the Governing Bodies:</p> <p><u>South Sefton CCG</u></p> <ul style="list-style-type: none"> <li>• Provider Quality Performance Report considered by the Committee</li> <li>• Safeguarding Annual Report was considered and recommended for presentation to the Governing Body</li> <li>• Dementia Diagnosis Rates – further assurance update requested for October 2016 meeting</li> <li>• IAPT Performance Report – further update requested for the purposes of assurance at October 2016 meeting</li> </ul> <p><u>Southport &amp; Formby CCG</u></p> <ul style="list-style-type: none"> <li>• Stroke Services at S&amp;O – The three commissioned review reports will be</li> </ul>	

	<p>presented to the Governing Body in September 2016</p> <ul style="list-style-type: none"> <li>• Provider Quality Performance Report considered by the Committee</li> <li>• Safeguarding Annual Report was considered and recommended for presentation to the Governing Body</li> <li>• IAPT Performance Report – further update requested for the purposes of assurance at October 2016 meeting</li> </ul>	
	<p><b>Date of Next Meeting</b> The next meeting will be held at 1 p.m. – 3 p.m. on Thursday 20<sup>th</sup> October 2016 in the Boardroom, 3<sup>rd</sup> Floor, Merton House, Bootle L20 3DL</p>	

Chair: Rob Caudwell

Signature:

Date: 20<sup>th</sup> October 2016

APPROVED

## Audit Committee Minutes

Thursday 14<sup>th</sup> July, 1.00pm to 2.30pm  
3<sup>rd</sup> Floor Board Room, Merton House

<b>Attendees</b>		
Graham Morris	Lay Member (Chair)	GM
Dr Dan McDowell	Secondary Care Doctor	DMcD
Jerri Lewis	Audit Manager, KPMG	JL
David Smith	Deputy Chief Finance Officer	DS
Leah Robinson	Chief Accountant	LR
Adrian Poll	Senior Audit Manager, MIAA	AP
<b>Apologies</b>		
Debbie Fagan	Chief Nurse & Quality Officer	DF
Martin McDowell	Chief Finance Officer	MMcD
<b>Minutes</b>		
Tahreen Kutub	Interim PA to Chief Finance Officer	TK

**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		✓	✓	N		
Martin McDowell	Chief Finance Officer	✓	✓	A	A		
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	A		
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓		
Tracy Jeffes	Head of Corporate Delivery and Integration	A	N	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	N		
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	✓	N	N		
Adrian Poll	Audit Manager, MIAA	✓	✓	A	✓		
Ann Ellis	Audit Manager, MIAA	N	A	N	N		
Amanda Latham	Audit Director, KPMG	✓					
Jillian Burrows	Audit Senior Manager	A					
Andrew Smith	Audit Director, KPMG		✓	✓	N		
Jerri Lewis	Audit Manager, KPMG		✓	✓	✓		

No	Item	Action
A16/51	<b>Apologies for absence</b> Apologies for absence were received from Debbie Fagan.	
A16/52	<b>Declarations of interest</b> Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.	
A16/53	<b>Advance notice of items of other business</b> The Chair advised he had received three items of other business.	
A16/54	<b>Minutes of the previous meeting and key issues</b> 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.	
A16/55	<b>Action points from previous meeting</b>  <b>A16/23: A16/05 (A15/79) - Whistle Blowing Policy</b> – GM and DMcD could not recall receiving this policy. Action still open.  <b>A16/23: A16/13 IG Toolkit Submission</b> – GM could not recall the proposal for a joint target for SSCCG and SFCCG being taken to SLT. Action still open.  <b>A16/24 and A16/25</b> – On agenda.  <b>A16/34: External Audit Technical Update</b> – DS said he is liaising with the Communications team on the communications statement re. the UK Modern Slavery Act. To be carried forward to next meeting.  <b>A16/35: Register of Interests 2015/16</b> – GM said he has not received the register for final review and will liaise with TJ outside the meeting.	          DS          GM
A16/56	<b>Losses and special payments</b>  LR said a review of outstanding debt up to last period end (June 2016) has been carried out. The review showed three items greater than £5k and over six months old as at 30 <sup>th</sup> June. LR provided the following update. <ol style="list-style-type: none"> <li>1) Wirral Metropolitan Borough Council (value - £13,914) – This has been paid today.</li> <li>2) GlaxoSmithKline UK Ltd (value - £5,005) – The finance team is working on this and LR hopes to have a resolution by the next Audit Committee meeting.</li> <li>3) NHS West Lancashire CCG (value - £19,052) – The debtor has confirmed all documentation sent from SS CCG has been received and is currently being reviewed.</li> </ol>	
A16/57	<b>Audit Committee Recommendations Tracker</b>  LR reported on the audit recommendation tracker and highlighted the following: <ul style="list-style-type: none"> <li>• HMRC Review: HMRC have apologised for the delay and are still reviewing. HMRC hope to have this resolved by August.</li> <li>• Proposed Anti-Bribery Strategy: re. the risk for 'Review, amend and dovetail all related policies and procedures to reflect AB&amp;C provisions' – LR confirmed she has sent the policies to MM who has confirmed she is happy with them. This risk item is to be closed.</li> </ul>	

	<ul style="list-style-type: none"> <li>QIPP Review (Jan 2016) – LR said she has left all the update comments as <i>Ongoing</i> due to the background work taking place on QIPP at the moment.</li> </ul> <p>GM commented that he found the tracker to be a useful aid.</p>	
<b>A16/58</b>	<p><b>Scheme of Delegation</b> LR provided an overview of the changes proposed to the Scheme of Delegation. She clarified that the invoice limit of £5k will still stand for the Corporate Support Officer for non-PO related invoices. The proposed increase in invoice limit to £25k for the Corporate Support Officer is only for PO related invoices - for the purposes of business continuity in the absence of the PA to the Chief Officer.</p> <p><b>Action by the Committee</b></p> <p>The Committee approved the proposed changes to the Scheme of Delegation.</p>	
<b>A16/59</b>	<p><b>Liaison Accounts Payable Review</b> LR reported on the recoveries made as part of the Liaison Accounts Payable Review. She confirmed Liaison are the CCG's VAT advisors but also carry out Accounts Payable reviews for overpayment.</p> <p>GM referred to the <i>Summary by Supplier</i> table in Appendix 2 of the report and asked for an update to be provided at the next meeting on the <i>In Progress</i> column. He also asked for dates to be specified for each overpayment.</p> <p>GM suggested the CCG carry out a review of overpayment on an annual basis.</p>	LR
<b>A16/60</b>	<p><b>Internal Audit Progress Report 2015/16</b> AP provided an overview of the MIAA Internal Audit Progress Report. He noted a key point in this was to review the Corporate Risk Register and how this can be improved. Work is ongoing on this in the CCG.</p>	
<b>A16/61</b>	<p><b>MIAA Anti-Fraud Conflicts of Interest Report</b> DS provided a brief overview of this report, which formed part of the 15/16 work plan.</p> <p>DMcD had a query on page 5 of the report and questioned why details of four staff who had completed a declaration were not provided by the CCG. DS to query this with MM.</p>	DS
<b>A16/62</b>	<p><b>Receipt of External Audit letter</b> JL said the Annual Audit Letter 2015/16 completes the external audit for the 2015/16 financial year.</p>	
<b>A16/63</b>	<p><b>External Audit Technical Update</b> JS said this update highlights thought leadership work that may be of interest to the NHS. JS said there are links to further information in the update but she or AS can be contacted for any additional information if required.</p> <p>DMcD commented that he found this to be an interesting document.</p>	
<b>A16/64</b>	<p><b>Register of Interests 2015/16</b> A discussion took place about the strong recommendation (in the NHSE revised guidance on the management of conflicts of interest for CCGs) that CCGs are to have a minimum of three lay members on the Governing Body.</p> <p>GM noted the cost implication for an extra lay member. He suggested the idea that he could be the third lay member for Southport &amp; Formby CCG and that Helen Nichols could be the equivalent for South Sefton CCG but</p>	



	<p>was conscious that this would depend on capacity.</p> <p>GM said he did not see any issue with the Audit Committee Chair being the Conflicts of Interest Guardian but said the issue lies with who the third lay member would be. It was agreed for MMcD to look further into this issue with Debbie Fairclough.</p>	MMcD / DFair
	<p><b>Action by the Committee</b></p> <p>It was agreed that the Audit Committee Chair will be the Conflicts of Interest Guardian subject to reciprocal arrangement at Southport &amp; Formby CCG.</p>	
<b>A16/65</b>	<ul style="list-style-type: none"> <li>• <b>Finance and Resource Committee – Key Issues Report</b></li> <li>• <b>Quality Committee – Key Issues Report</b></li> </ul>	
	<p><b>Action by the Committee</b></p> <p>The Committee received the key issues of the Finance and Resource Committee and the Quality Committee.</p>	
<b>A16/66</b>	<p><b>Any other business</b></p> <p>i) <u>Managing Conflicts of Interest and Gifts and Hospitality Policy</u> LR provided a brief introduction to this policy.</p>	
	<p><b>Action by the Committee</b></p> <p>The Committee approved the Managing Conflicts of Interest and Gifts and Hospitality Policy subject to the clarifications sought by Southport and Formby CCG.</p>	
	<p>ii) <u>Anti-Fraud, Bribery and Corruption Policy</u> LR provided a brief overview of this policy. She noted Southport &amp; Formby CCG is subject to an NHS protect review. For consistency, an Anti-Fraud, Bribery and Corruption Policy has been drafted for both CCGs. She said she would circulate the draft to the Committee for feedback to be received by Monday 18<sup>th</sup> July. The Committee agreed to this. LR to send to the Committee ASAP today.</p>	LR / All
	<p><b>Action by the Committee</b></p> <p>The Committee agreed to provide delegated authority to MMcD and GM to approve the Anti-Fraud, Bribery and Corruption Policy further to the feedback that is received on 18<sup>th</sup> July.</p>	
	<p>iii) <u>Tender for external auditors</u> GM noted that a competitive tender process will be carried out for an external auditor. This process would be done jointly with Southport &amp; Formby CCG, Knowsley CCG, Halton CCG, St Helens CCG and Wirral CCG. Midlands and Lancashire CSU will manage the tender process, with a view to a recommendation being made to the Governing Bodies in November 2016.</p>	
<b>A16/67</b>	<p><b>Key Issues Review</b></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><b>Date and time of next meeting</b></p> <p>Thursday 6<sup>th</sup> October 2016 1.00pm to 2.30pm 3rd Floor Board Room, Merton House</p>	