NHS
South Sefton
Clinical Commissioning Group

Agenda

Governing Body Meeting in Public
Agenda

Date: Thursday 4th May 2017, 13:00 to 14:35 hrs
Venue: Boardroom, 3rd 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 Mimnagh	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 *(co-opted member)*	MA
Lin Bennett	Practice Manager & Governing Body Member	LB
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 *(co-opted member)*	DJ
Maureen Kelly	Chair, Health Watch *(co-opted Member)*	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

Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Brendan Prescott	Deputy Chief Nurse/Head of Quality and Safety	BP
Judy Graves	*(Minute taker)*	

Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
General					**13:00hrs**
GB17/72	Apologies for Absence	Chair	Verbal	R	3 mins
GB17/73	Declarations of Interest	Chair	Verbal	R	2 mins
GB17/74	Minutes of Previous Meeting - March 2017	Chair	Report	A	5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB17/75	Action Points from Previous Meeting - March 2017	Chair	Report	A	5 mins
GB17/76	Business Update	Chair	Verbal	R	5 mins
GB17/77	Chief Officer Report	FLT	Report	R	10 mins
Finance and Quality Performance					
GB17/78	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB17/79	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
GB17/80	Pension Auto Enrolment	GM	Report	A	5 mins
Governance					
GB17/81	Joint Commissioning of Primary Medical Care: Terms of Reference	JL	Report	A	5 mins
For Information					
GB17/82	Key Issues Reports: a) Finance & Resource Committee (F&R): February 2017 b) Quality Committee: February 2017 c) Audit Committee: January 2017	Chair	Report	R	5 mins
GB17/83	F&R Committee Approved Minutes: - February 2017		Report	R	5 mins
GB17/84	Quality Committee Approved Minutes: - February 2017		Report	R	
GB17/85	Audit Committee Approved Minutes: - January 2017		Report	R	
GB17/86	Any Other Business *Matters previously notified to the Chair no less than 48 hours prior to the meeting*				5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB17/87	Date of Next Meeting **Thursday 6th July 2017, 13:00 hrs in the Boardroom, 3rd Floor, Merton House.** <u>Future Meetings:</u> From 1st April 2017, the Governing Body meetings will be held on the first Thursday of the month rather than the last. Dates for 2017/18 are as follows: 6th July 2017 7th September 2017 2nd November 2017 4th January 2018 – to be confirmed 11th January 2018 – to be confirmed 1st March 2018 3rd May 2018 5th July 2018 All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3rd Floor Merton House.				-
Estimated meeting close					**14:35 hrs**

Motion to Exclude the Public:
Representatives of the Press and other members of the Pubic 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)

NHS
South Sefton
Clinical Commissioning Group

Governing Body Meeting in Public
Draft Minutes

Date: Thursday 30th March 2017, 13:00 to 15:05 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body		
Dr Andrew Mimnagh	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 *(co-opted member)*	MA
Lin Bennett	Practice Manager & Governing Body Member	LB
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 *(co-opted member)*	DJ
Maureen Kelly	Chair, Health Watch *(co-opted Member)*	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		
Davina Hanlon	Consultant in Public Health	DH
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Brendan Prescott	Deputy Chief Nurse/ Head of Quality and Safety	BP
Judy Graves	*(Minute taker)*	

Quorum: Majority of voting members.

No	Item	Action
Public	**Questions from the Public** **1. Ann Dean: Regarding the amalgamation of CCG groups in the area, what does South Sefton CCG feel about this?** It was considered difficult to respond on how the CCG felt until the item was discussed on the agenda (item GB17/50). However, it had been recognised that there was a clear need for a more unified approach to the challenging times facing CCG's in general. **2. Joanne Dixon: As of 1st April Abbots Nutrition are reducing list prices on three "Oral Nutritional Supplement" products. Other than Medicines Management, who else do I need to speak to?** **Joanne Dixon (JD) outlined her company's prices as of 1st April 2017, noting a potential further saving for the CCG. JD also advised that Abbotts Nutrition were the provider for Aintree University Hospital and had linked in with their Dietetic Lead.** It was confirmed that Medicines Management would be the point of contact.	

No	Item	Action
	3. **Mr S. Byron (SB): Will the remit for involvement in Public Health Matters (item 17/48) extend to getting involved in major investment projects such as the £300m scheme to increase capacity for HGV's passing through local communities which has the potential to reduce further the air quality to the detriment of health and wellbeing? There are also issues on the impact of SuperPort Liverpool.** It was clarified that the Public Health, Health Protection function within Sefton Council has an involvement in potential air pollution issues alongside other Council colleagues and wider partners (Public Health England, Environment Agency). The Sefton Health Protection Forum are already aware of the options appraisal regarding road improvements to support the Port expansion. A new strategic group has been set up by the Council about air quality and will be looking at the Port expansion impacts. **SB further questioned / noted:** **(a) The impact on air quality and choice; no data available and no information available on the substance** **(b) There are other ways of transferring freight, not just HGV** **(c) There is the appearance that Sefton Council are not involved; was hoped that the Council and the CCG can use their influence on health issues where external agencies are involved.** It was reiterated that Health Protection / Environmental Health were looking at the issues. It was further confirmed that the LA already had data associated with Sefton Council's Air Quality Management Areas, this was offered to be shared with SB; SB agreed. DH to pass on SB's comments to a colleague Linda Turner who can provide more detail regarding air quality and the work of public health / Environmental Health. Furthermore, it was confirmed that although the CCG work closely with the LA on a number of areas, this this does not fall within the CCG's remit.	
GB17/40	**Apologies for Absence** Apologies were given on behalf of Dr Peter Chamberlain, Dwayne Johnson, Dr Sunil Sapre, Fiona Taylor and Dr John Wray. Davina Hanlon attended on behalf of Matthew Ashton. The Chair confirmed the meeting quorate.	
GB17/41	**Declarations of Interest** Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Debbie Fagan and Martin McDowell. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.	
GB17/42	**Minutes of Previous Meeting: 26th January 2017** The minutes of the previous meeting held 26th January 2017 were accepted as a true and accurate record.	

No	Item	Action
GB17/43	**Action Points from Previous Meetings** **<u>GB17/04: Actions from Previous Meeting: 24th November 2017</u>** *<u>GB16:185: Chief Officer Report</u>* **Primary Care Support Services** The shadow Joint Commissioning Committee has 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. CG is a member of a number of other forums where issues have also been highlighted. FLT and CG to meet to discuss prior to the next shadow Joint Commissioning Committee being held in January 2017. CG updated members at the meeting in January that the meeting held with NHS England to discuss the on-going issues with Capita, including issues relating to the delay in GP's getting on the Performers List and the resulting impact. FLT will discuss further with Jan Leonard. Issues were made more difficult as the CCG is responsible for managing the GP contracts, the responsibility of which sat with NHS England. Issues will now be formalised at the next Quarterly Assurance Meeting with NHS England to ensure that concerns are documented. *Update* The concerns in relation to the delay in records from Capita were raised. Following a review of process the CCG now hope that the records were being received in a timely manner. *<u>GB16:187: Integrated Performance Report</u>* **Finances** An in-depth discussion was held in relation to the financial challenges, the need for additional QIPP savings and the importance of ensuring quality throughout services commissioned by the CCG. FLT formally requested the Clinical Directors come together under the leadership of the Chair, MMcD and DCF to look at referral optimisation. Members had been informed that all practices, through localities, have an opportunity to engage and discuss. Three different options are currently being process mapped, and will need further discussion. *Update* The issue related to outpatient attendances.. This action was now superseded by developments in the Referral Optimisation Scheme. **<u>Action Points from Previous Meeting: 26th January 2017</u>** *<u>GB17.07: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</u>* The members had a discussion in relation to the Governing Body being clear on what needs to be achieved. Further discussion was had with regards Urgent Care and discretionary spend, and the need to understand any escalating costs and trends. FLT requested this was added to the "Deep Dive" exercise being carried out (as explained under item 17/05, Chief Officer Report) in relation to understanding	Closed Closed

No	Item	Action
	unintended consequences of savings. *Update* Agenda item. *GB17.08: Integrated Performance Report* **Finance** The members and the public were updated on the CCG's risk rated financial position with MMcD noting that the CCG's likely case scenario was a predicted £2.3m deficit having been updated from the £2.1m reported in the paper. The revised position included a year-end settlement with Aintree University Hospitals following a discussion with the Trust, CCG Officers and Drs. Wray and Halstead as lead clinicians for the contract and quality respectively. The Governing Body accepted the CCG's revised likely case scenario as £2.3m deficit and MMcD agreed to notify NHS England of this position. *Update* Position notified. *GB17/09: Corporate Risk Register & Governing Body Assurance Framework Update* SS016: Concern was raised regarding the lack of impact the controls were having on the risk for A&E and patient flow. Members were reminded of the discussion under item 17/08 and the work being done to support the service. It was noted that there were a number of pressures that were adding to the difficulties. Further discussion was undertaken in relation to primary care and General Practice and understanding issues in relation to demand and supply. It was recommended that the ECIP (Emergency Care Improvement Programme) report is presented to the Quality Committee, with the Governing Body to be updated on the actions that were to be implemented and the risk to be reviewed and updated accordingly. *Update* Actions would be reported via the Quality Committee minutes and key issues. Risk reviewed accordingly. *GB17.10: Making Integration Happen Strategy* The pooled budget figures should be been reflected as £000's. Key to be added to the appendices and to also include the codes S, P and N. *Update* Comments had been fed back to Sharon Lomax who had made revised changes accordingly. *GB17/11: Two Year Operational Plan* The Operational Plan 2017-19 was presented for approval, developed in response to the requirements of NHS England and NHS Improvement's jointly issued guidance. Members approved the Operational Plan subject to the agreement of a consistent financial plan.	Closed Closed DCF Closed

No	Item	Action
	Update Work completed. Presentation of budgets in PTII meeting. *GB17/12: Key Issues Reports:* b) Quality Committee: October 2016 Further information received from NHS England in relation to the CQC Inspection judgement, action now closed. DCF to ensure update is made on the Risk Register. *Update* Risk Register updated.	Closed Closed
GB17/44	**Business Update** The Chair spoke of the challenges that the CCG were experiencing given the CCG's financial position, with QIPP remaining high on the CCG's agenda. A further update was given on the work relating to the financial year end. The final financial position for the CCG will be received in April 2017. **RESOLUTION** **The Governing Body received the report.**	
GB17/45	**Chief Officer Report** MMcD updated members on the Chief Officer report and highlighted: 1. QIPP Update The CCG has been reviewed by MIAA regarding its arrangements for QIPP. The final report will be presented to both Audit and Finance & Resource Committees. 2. North Mersey Local Delivery System (NM LDS) – Estates Working Group The Terms of Reference had now been developed which enabled the group to be more strategic. This is expected to enable better discussions with providers of services and links with other partners to enable joined up working and co-located services. 4. Joint Local Area Special Educational Needs and Disability (SEND) Inspection in Sefton The members and the public were updated on the first Joint Department for Education/NHS England Improvement meeting. Work continues on the development of the Improvement Plan in readiness for the April 2017 submission to the CQC and OfSTED. An Overview and Scrutiny meeting had also been called for week commencing 3rd April in order to discuss the Improvement Plan. 5. Quality Handover Process for Liverpool Community Health NHS Trust (LCH) The risks relating to LCH from a quality perspective were being closely monitored and will be discussed with the new service providers as they take over delivery of services.	

No	Item	Action
	6. Mersey Internal Audit Agency – Assurance on Quality of Services Commissioned Review (Liverpool Community Health NHS Trust) – Assignment Report 2016/17 Mersey Internal Audit Agency has completed the commissioned CCG review regarding the Assurance on Quality of Services in relation to Liverpool Community Health NHS Trust which looked at the CCG systems and processes. The outcome reported 'Significant Assurance' in respect of the CCG's role as a commissioner. 8. Primary Care Procurement It was noted that UC24 have been awarded 5 of 7 practices open to tender on a permanent basis and will provide services to the other two on an interim arrangement. 9. Community Services – Mobilisation Update Community Services have been awarded to Mersey Care NHS Foundation Trust. Date for the mobilisation of services has been set for 1st June 2017. Mersey Care are currently working through due diligence and are expected to report back in early April. 12. Corporate Review A recent review of corporate services was undertaken by MIAA which resulted in a positive report. A small number of recommendations were made, which are now the subject of an action plan. The Leadership Team has made significant progress against these recommendations. GM updated on the progress of the action plan and the efforts of the CCG to ensure good practice. **RESOLUTION** **The Governing Body received the report.**	
GB17/46	**Quality, Innovation, Productivity and Prevention (QIPP) Plan & Progress Report** The members and the public were presented with a report which provided an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continue to monitor performance against the plan, latterly received on 10th March 2017, and receive updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care. Within each domain there are a number of schemes or actions that all have savings identified against them. The report also included the QIPP Plan the QIPP performance dashboard (Appendix 1). The following areas were highlighted: The CCG had an annual QIPP plan of £10.4m. Year to date actual was £5.370m. However, an additional £900k saving is expected to be delivered in the last month of the year. This would equate to delivery of £6.2m worth of savings for the financial year. The need for the continued scrutiny of schemes was highlighted. **RESOLUTION** **The Governing Body received the report.**	

No	Item	Action
GB17/47	**Integrated Performance Report** The members and the public were presented with the Integrated Performance Report which updated on aspects of finance, quality and performance against key strategic targets for South Sefton CCG. The following areas were highlighted: **Planned and Elective Care** Local referrals show no change in the overall level when comparing with the previous year, with GP referrals showing just under a 1% increase into secondary care. This represents excellent performance in terms referral management. It is hoped that further work on the "Referral Optimisation Scheme" will progress with Peter Chamberlain (PC). Any benefits resulting from this will be expected in 2017/18. There had been a slight improvement in the performance for diagnostics. However, the target was still not being met. This was as a result of two main areas, Endoscopy and MR Cardiac Imaging. Page 57 of the report outlined the issues. Additional pressures included a high rate of patients not attending appointments, in some instances this was shown to be as high as 25%. Some patients were requiring endoscope under general anaesthetic, which has impacted on treatment time and recovery. It was noted that there had been MR Cardiac Imaging downtime during December 2016 due to the breakdown of a scanner and the delay in part delivery and replacement. The RTT target at Aintree continues to be challenging and remains below the required DoH standard although there had been an improvement from the previous month. An action plan is in place and being implemented. The improvements made in month 10 should be reflected in months 11 and 12, with an expectation of the target being achieved by the end of the financial year, however year end performance will remain in the balance. The cancer target, 62 day wait for first definitive treatment following a consultant's decision to update, again failed the local target of 85% recording 55.56% for January 2017. Showing 5 out of 9 breaches. RCA's will be carried out as routine in order to determine the issues. It was reported that there were increased levels of activity for referrals to the independent sector with an over performance of 2%. Further discussion was had in relation to the national drive to increase the use of electronic referrals. It was expected that the Referral Optimisation System would assist in the management of effective choice of referrals to providers. It was noted that the newly introduced national mandated target is 80% for electronic referrals, although there was an expectation that this target would prove challenging and requires local providers to ensure adequate available capcity. **Unplanned and Emergency Care** It was noted that delivery of the A&E 4 hour national target of 95% has continued to be challenged locally. NHS Improvement has agreed a revised trajectory of 75%, which has been exceeded, with Aintree University Hospital achieving 79.25%. Work has been ongoing with Aintree University Hospital through the Emergency Care Improvement Programme. Delayed transfers of Care increased in January 2017 from 22 to 29. It was noted that social care services remain under pressure locally although not unique to South Sefton.	

No	Item	Action
	Mental Health January has seen an increase of individuals entering Improving Access to Psychological Therapies (IAPT) for first treatment by 54% compared to the previous month. There was also an increase in referrals to 59%, the majority of which were as a result of self-referrals. An update was given on the considerable work that had been carried out by the service on advertising and profiling both the service and direct patient access, as well as the links being made with Mersey Care services. Although the marked improvement in terms of people accessing the service, it was noted that the CCG was on target to deliver a forecast outturn of 38.3% recovery for the year, below the national target of 55%. **Primary Care** No further CQC inspections had been carried out on South Sefton practices. Page 86 detailed those practices that had been inspected to date. A discussion was had in relation to the progress being made on the Primary Care Dashboard (page 85), the various "views" of the data and indicators being included. A draft version of the dashboard is currently being tested and reviewed with the clinical leads and primary care leads. Once the testing and review process is complete the dashboard will be included within the Integrated Performance Report. **CCG Improvement & Assurance Framework** Section 10 provides the Q3 NHS England Improvement and Assessment Framework for CCG's and included a mixture of targets, some CCG specific, and some combined with CCG, Local Authority and Social Services. This year the CCG are being required to complete a self-assessment, this is in the process of being done, with submission due April 2017. **Quality** The CCG has had 1 new case of MRSA in January with a total of 2 MRSA cases year to date, this was a non-trust apportioned case. Aintree has reported 2 cases of MRSA in January, one case was trust apportioned and the second case attributed to a third party after NHSE consideration. The Friends and Family response rate at Aintree although relatively low has started to increase again with high rates of patient recommendations at 97 %. There has been an increase in the reported mortality rates for January 2017 although Aintree is not an outlier and rates continue to be monitored at mortality group. Liverpool Community Health NHS Trust services are currently in transition. A Quality Handover document has been developed with NHSE and stakeholders incorporating the Risk Profile Tool to share with the new community providers, this will be monitored at the new provider CQPGs. The Clinical Quality Oversight Group facilitated by NHS Improvement continues to oversee the quality handover. There are a total of 120 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. Of the 120, there were 89 applicable to South Sefton CCG patients and 31 for Aintree University NHS Foundation Trust (UHA), 7 of these from South Sefton CCG. The 31 open Serious Incidents on StEIS include the 1 reported in January 2017 making a total of 24 year to date. 25 remain open for >100 days. 4 cases are subject to Safeguarding Adult Board (SAB) processes (Liverpool, West Lancashire and Knowsley CCGs) and 1 subject to police investigation now completed with the CCG, serious incident process now progressing.	

No	Item	Action
	Liverpool Community Health NHS Trust have 43 open serious incidents on StEIS affecting South Sefton CCG patients. 19 remain open for more than 100 days, 1 case is subject to management by NHS England and another is under Local Safeguarding Children Board processes. There were 8 serious incidents reported in January 2017, a total of 41 year to date, 21 of those relate to pressure ulcers. The Trust has a composite pressure ulcer action plan in place; this continues to be monitored at the monthly Clinical Quality and Performance (CQPG) meeting. The new Community Health Services contract commences with Mersey Care on 1st June 2017. A discussion was had regarding the level of engagement with the CQPG in relation to the transfer of work from secondary to GP care outside of contractual agreements. To be further discussed at a clinical liaison forum as opposed to CQPG. **Finance** MMcD presented the CCG's finance report for the end of February 2017 (month 11). The members and the public were updated on the CCG's risk rated financial position with MMcD noting that the CCG's likely case scenario was predicted as a £2.332m deficit. MMcD noted QIPP delivery of £5.370m as at Month 11 and an anticipated year end figure of £6.176m following delivery of the final QIPP schemes identified on page 51, figure 6. An update was given on the 1% reserve which, once released, would mean that the CCG is on target for a surplus for £0.100m delivering its statutory duty. **RESOLUTION** **The recommendations on page 54 of the report were highlighted. The Governing body received the report and noted:** • **The Finance and Resource Committee should refer to the Governing Body.** • **The likely outturn position is a deficit of £2.332m. This includes the expenditure forecast delivery of QIPP savings for the remainder of the financial year.** • **It should be noted that the forecast deficit does not include the 1% non-recurrent reserve which is held uncommitted as directed by NHS England.** • **Release of the 1% reserve (£2.432m) will result in a surplus of £0.100m which delivers the CCG statutory financial duty to achieve a break even position.** • **The CCG is undertaking an urgent and critical review of the remaining QIPP programme areas to provide assurance that the anticipated level of savings can be achieved in the financial year.** • **The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address**	Brendan Prescott and CG
GB17/48	**Memorandum of Understanding (MOU) between South Sefton Council Public Health, South Sefton CCG and NHS Southport and Formby** The members were asked to note that the document refers to a tri-partite agreement between South Sefton CCG, Southport & Formby CCG and Sefton MBC.	

No	Item	Action
	The paper provided a framework for relationships between the Council's Public Health functions and the two Sefton CCGs. The document outlined the expectations and responsibilities of each party and the principles and ways of working. The MOU will be accompanied by an agreed CCG-Council Public Health work plan for each year. The following areas were highlighted: The MOU was set into three themes, Health Improvement, Health Protection and Health Care Public Health, as set out in section 2, page 99. The framework will work with the two Sefton CCGs. The MOU had already been presented and approved at the Elective Members Briefing and publicised in draft, subject to each CCG's approval. It was asked to be noted that the document was a generic framework and key themes needed working through to ensure delivery of joint objectives. **RESOLUTION** **The Governing Body:** • **Approved the document** • **Approved delegated authority for the next stage of work in developing the key themes.**	
GB17/49	**Health Liverpool – Hospital Realignment Single Service, System Wide Delivery: Overview** The members and the public were presented with a paper which summarised the Healthy Liverpool Programme and described the approach being taken by Liverpool CCG to develop a more integrated Hospital System across Liverpool City and North Mersey, described as a "single system", with underpinning principles. Priority workpieces on clinical standards are described with specific reference to Orthopaedics. This was previously considered and received by the Governing Body in January 2017 PTII. The review of Liverpool Women's NHS Foundation Trust is also referenced as part of this system approach along with Electronic Patient Records and the merger of the Royal Liverpool and Aintree University Hospital. The following areas were highlighted: Page 113 outlines the case for change and the challenges to be faced. It is considered that if the challenges are left unaddressed, service delivery, sustainability and health outcomes will be undermined. Whilst the challenges are daunting, it was considered an opportunity to deliver change which would include increasing the scale of what the Trusts can deliver, and provide patients with the opportunity to access cutting edge technology. There were a number of priorities for implementation as outlined in item 5 page 116, and included the Hospital Service Digital Transformation and Merger of Major Teaching Hospitals. A discussion was had in relation to the pace of the Healthy Liverpool Programme and the dialogue being had at every opportunity to ensure residents, GP's and local representative groups are engaged. The appendix provided the detail on the ENT service and the considerations given.	

No	Item	Action
	This included the case for change, public engagement, benefits, dis-benefits and risks. It was asked to be noted that consideration be given to testing services on a small scale before 'single service is defined'. Concern was raised regarding (a) the risk in not ensuring major programs have demonstrated outcomes before whole population role out (b) the need to not suppress small scale innovation in some areas. **RESOLUTION** **The Governing Body received the report on behalf of Liverpool CCG and noted the system approach to transformation that is set out.**	
GB17/50	**Joint Working across South Sefton, Southport & Formby and Liverpool CCG's** NHS South Sefton, NHS Southport & Formby and NHS Liverpool CCG Governing Bodies have agreed to work together to develop in more formal arrangements in order to optimise delivery of health services for their populations. The Governing Bodies have considered a number of options regarding how the CCGs could operate, and measured these against a set of criteria. This resulted in reaching a preferred option to merge with the establishment of a joint committee as an interim, time-limited step towards this. It was asked to be noted that the this paper is being considered by NHS South Sefton, NHS Southport & Formby and NHS Liverpool CCG Governing Bodies at each of their meetings being held in March 2017. It was also asked to be noted that the South Sefton CCG Governing Body would not and were not, able to make the decision by itself. The CCG will ensure that it abides by its constitutional arrangements, including voting arrangements with the wider members. The final decision is reserved to member practices. The following areas were highlighted: As outlined on page 139, the appendices provided information on the prior discussions held, including the options discussed. Page 132 identifies the case for change following discussions with the three CCG Governing Bodies. First and foremost the CCG's believe that by coming together they will be able to make a greater difference to the health of and services for their individual populations than they would do in their current organisational forms. Given the level of change needed across the health system it was believed that not one organisation had the capacity and capability to lead the changes. Reference was made to the Five Year Forward View which described a number of organisational models. Accountable Care Organisation guidance was expected to be available from 31st March. It was unsure as to how the guidance would translate but it was thought that this should be taken account of as part of the decision making process. The governance arrangements and proposed structure was discussed for the Joint Committee arrangement as identified on page 134 to 136. The Primary Care Commissioning Committee was highlighted as needing further work given the differing primary care commissioning responsibilities for each CCG. A further discussion was had in relation to the timescales involved (item 8 page 136), the steps required in order to present a case to NHS England for merger.	

No	Item	Action
	Public engagement was highlighted. It was recognised that due to this being an organisational change no formal engagement was needed. Decision making would be as per the organisations constitutional arrangements. However, the changes would be publicised using CCG events such as The Big Chat. The CCG will ensure that Sefton's voice is still heard in the larger organisation. The Governing Body discussed the timetable and noted the challenging deadline of 31st July to submit the business case to NHS England. It was proposed that this deadline be tested with NHS England to see if any flexibility existed to push it back and then re-evaluate the timetable accordingly. The Governing Body also proposed that the business case should be set out to NHS England earlier in the process and ahead of discussions with the wider membership so that NHS England could clearly advise on whether a merger is their preferred option ahead of consultation with membership and creation of the joint committee. The Governing Body concluded that its preference was to pursue a merger of the three organisations, noting that the establishment of a Joint Committee was a key stp towards achieving this aim. The Governing Body asked for further review of the timetable to ensure the formal merger could be completed by April 2018. It was proposed that Chairs and Chief Officers meet to discuss feedback from the three Governing Body meetings on week commencing 3rd April and outline the next steps following review of the timetable. In addition, as part of the CCG's culture in valuing staff, the CCG will ensure that staff are kept informed and supported through any changes and as the process roles out. **RESOLUTION** **The Governing Body:** **a) Approved the formal consultation with member practices to merge South Sefton, Southport & Formby and Liverpool CCGs (from April 2018);** **b) Noted the steps required for a formal CCG merger;** **c) Approved the establishment of a Joint Committee across South Sefton, Southport & Formby and Liverpool CCGs, on the proviso that the review of the timetable would ensure that a formal merger could be completed by April 2018.**	
GB17/51	**Better Care Fund Section 75 Agreement: Extension** The members and the public were updated on the work that is progressing to establish a new Section 75 underpinned by the new Health and Wellbeing Board governance structures. The guidance supporting the Better Care Fund (and pooled budget) has been delayed and is not available at this time. Although thought to be imminent, the CCG's will need to understand the implications of this guidance before they can agree a new Section 75 agreement. It is therefore recommended the CCG continues with the existing section 75 agreement, by agreeing the option to extend for a further year, with a view to an in-year revision once the implications of the new guidance are understood and a revised plan agreed with other partners. A discussion was held in regards to the next steps and the need to understand the implications of the guidance once available.	

No	Item	Action
	RESOLUTION **The Governing Body:** • **Approved the extension of the Better Care Fund Section 75 agreement for a further 12 months by invoking the extension clause which exists in the current agreement.** • **Approved delegated authority to the CCG Chair, the Chief Officer and the Chief Finance Officer to sign off a revised BCF and section 75. Subject to budgets being within current budget limits; any increase in limit would need to be brought back to the Governing Body.**	
GB17/52	**Shaping Sefton to the Five Year Forward View** The purpose of the report presented is for the Governing Body to consider the CCG's Shaping Sefton schemes and priorities, understand how these translate on a North Mersey footprint and review the organisation's corporate objectives. The following areas were highlighted: Section 2, page 155, sets out the priority transformation programmes devised in 2015 to support delivery of Shaping Sefton, together with the CCG's aspirations and vision. These all still stand and continue to be taken forward into 2017/18 and have been used to shape and inform the development of the North Mersey Local Delivery System schemes and priorities and, in turn, those of the Cheshire and Merseyside Five Year Forward View. An update was provided on the proposed Governance Framework that had been created to ensure all priorities are appropriately captured (page 157). Also included was a list of Demand Management workstreams that reflect where Sefton elements are included (page 158). A number of the Demand Management workstreams were highlighted and commented on in relation to: • Care Homes: PC would like to build a more definitive case for ongoing support of the programme. Return on investment is difficult to show however conveyance to hospital from care homes is down so the programme is having an impact. • Unplanned Care: The CCG needs to prioritise which schemes are crucial so as to ensure cost-effective. Clarification was requested on how the Five Year Forward View fitted with the Sustainability and Transformation Plan (STP). It was explained that the STP was place-based and built around the needs of the local population; Cheshire and Merseyside. Whereas the Five Year Forward View is a national plan based around the new models of care. Further discussion was had in relation to clarification on any proposed changes to Child and Adult provision. It was confirmed that no changes were planned and all ages where being discussed in all areas. **RESOLUTION** **The Governing Body:** **(i) received assurance that the CCGs' work programmes and priorities are adequately represented within the North Mersey Demand Management**	

No	Item	Action
	workstream and that appropriate managerial and clinical support remains; **(ii) approved the corporate objectives set out in point 4.**	
GB17/53	**Key Issues Reports:** a) Finance & Resource (F&R) Committee: November 2016 and January 2017 GM reported that the CCG's predicted financial position had remained consistent since January 2017 and commended the Chief Finance Officer and finance team on the accuracy of reporting. b) Quality Committee: November 2016 and January 2017 No further update. c) Audit Committee No approved minutes. **RESOLUTION** **The Governing Body received the key issues reports.**	
GB17/54	**F&R Committee Approved Minutes:** - November 2016 and January 2017 **RESOLUTION** **The Governing Body received the approved minutes.**	
GB17/55	**Quality Committee Approved Minutes:** - November 2016 and January 2017 **RESOLUTION** **The Governing Body received the approved minutes.**	
GB17/56	**Audit Committee Approved Minutes** - None: Quarterly Meeting	
GB17/57	**Any Other Business** 17/57.1 Attendance Tracker Consideration was requested to be given to the introduction of an attendance tracker for the Governing Body, as provided for other CCG committees.	JG
GB17/58	**Date of Next Meeting** Thursday 1st June 2017, 13:00 hrs, Boardroom, 3rd Floor, Merton House, Bootle L20 3DL.	
Meeting concluded		15:05hrs

Motion to Exclude the Public:
Representatives of the Press and other members of the Pubic 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)

NHS
South Sefton
Clinical Commissioning Group

Governing Body Meeting in Public
Action Points from Previous Meeting

Date: Thursday 30th March 2017, 13:00 to 15:05 hrs

No	Item	Action
GB17/43	**Action Points from Previous Meeting** **17/04: Action Points from Previous Meeting: 26th January 2017** *GB17/09: Corporate Risk Register & Governing Body Assurance Framework Update* SS016: Concern was raised regarding the lack of impact the controls were having on the risk for A&E and patient flow. Members were reminded of the discussion under item 17/08 and the work being done to support the service. It was noted that there were a number of pressures that were adding to the difficulties. Further discussion was undertaken in relation to primary care and General Practice and understanding issues in relation to demand and supply. It was recommended that the ECIP (Emergency Care Improvement Programme) report is presented to the Quality Committee, with the Governing Body to be updated on the actions that were to be implemented and the risk to be reviewed and updated accordingly. *Update* *Actions would be reported via the Quality Committee minutes and key issues. Risk reviewed accordingly.*	DCF
GB17/57	**Any Other Business** 17/57.1 Attendance Tracker Consideration was requested to be given to the introduction of an attendance tracker for the Governing Body, as provided for other CCG committees.	JG

South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
May 2017

Agenda Item: 17/77	**Author of the Paper:** Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7069
Report date: May 2017	

Title: Chief Officer Report

Summary/Key Issues:

This paper presents the Governing Body with the Chief Officer's monthly update.

Recommendation

The Governing Body is asked to receive this report.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
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 and as part of the North Mersey LDS.
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.

NHS
South Sefton
Clinical Commissioning Group

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

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

South Sefton
Clinical Commissioning Group

Report to Governing Body
May 2017

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 Update

The CCG's QIPP programme delivered significant savings during 2016/17 with £6.2m (c. 2.6%) of allocation being saved as the result of direct management actions undertaken by the CCG. The task facing the CCG remains challenging with a further £5.8m (c. 2.5%) worth of savings required in 2017/18 although additional pressures exist in relation to Community Contracts which could increase this target. The CCG has planned events in May to reconsider all aspects of its commissioning portfolio to identify further areas of savings in areas that offer little or no benefit to patients.

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 as part of the North Mersey LDS.

2. North Mersey Local Delivery System (NM LDS)

South Sefton CCG, Southport & Formby CCG and Liverpool CCG have continued to work together to agree priority areas of work. Over the last couple of months, particular areas that have been progressed include medicines management and primary care.

Medicines management is looking to jointly progress work with acute providers on high cost drugs and clinical pathways. A key piece of work under primary care is now GP Streaming from A&E and a working group is now in place to advance this. This is particularly pertinent given the recent guidance published in March 2017 on the Five Year Forward View.

3. Strengthening Commissioning

The Governing body approved the recommendations at the March 2017 meeting. Since then, the Chairs across the three CCGs have met to progress the detail.

Both Sefton MBC and Liverpool City Council have been formally asked to support the merger.

The Chairs and both Accountable Officers have a meeting on 27th April 2017 with NHS England Cheshire & Merseyside Director of Commissioning. The membership of all the CCGs will need to approve any application.

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

4. Joint Local Area Special Educational Needs and Disability (SEND) Inspection in Sefton

The CCG and Local Authority colleagues attended a meeting of the Sefton Overview and Scrutiny Committee (Children and Safeguarding Services) in April 2017 to present the latest version of the draft plan. The plan was further amended following the discussion and scrutiny at the Committee. The local statement of action was submitted to OfSTED on 18th April 2017 on behalf of the Local Authority and the CCG. Formal feedback is currently awaited.

5. Care Quality Committee Chief Inspector of Hospitals Visits

5.1 Mersey Care NHS Foundation Trust

The CQC undertook an inspection visit to the Trust in March 2017. CCG representatives attended a stakeholder meeting with the regulator to inform the key lines of enquiry. Commissioners are awaiting the outcome of the visit.

5.2 Alder Hey Children's NHS Foundation Trust

The CQC undertook an inspection visit to the Trust in April 2017. Commissioners are awaiting the outcome of the visit. Child and Adolescent Mental Health Services (CAMHS) in Sefton were reportedly amongst the services visited by the regulator.

6. Liverpool Community Health NHS Trust Transition of Services

As the Trust's transition of services continues and nears its completion, resilience training for staff members has been promoted. The Trust is paying particular attention to resolution and closure on existing long and short term absence cases. Progress will be reported through Clinical Quality Performance Group.

7. Combined Safeguarding Adult Board, Local Safeguarding Children Board and Corporate Parenting Board

7.1 Combined Safeguarding Adult Board – Knowsley, Liverpool, Sefton & Wirral (CSAB)

The newly established Combined Safeguarding Adult Board met formally for the first time in April 2017. The CCG are represented on the Board by the Chief Nurse and Head of Safeguarding. The CCG has nominated the Chief Nurse to Chair a sub-group of the Board if required along with nominations for several of the sub-groups. The Board will meet again in June 2017.

7.2 Local Safeguarding Children Board (LSCB)

The Chief Nurse has recently agreed to Chair the Practice Review Panel (PRP) of the LSCB and is liaising with the Board Manager to put arrangements in place. As part of the Memorandum of Understanding, the Chief Nurse will also undertake the reporting link function between the LSCB and Corporate Parenting Board.

At the March 2017 meeting, the Board received an update on the multi-agency audit process and nominations were requested from partner organisations to form part of the pool. The Designated Nurse for Safeguarding Children presented to the Board the Single Agency Review from 'health' for the purposes of learning. It was agreed that learning from the case warrants a fuller discussion at the Early Help and Health Sub-Group – the case review action plan is also to be submitted to the Practice Review Panel.

The CCG is currently submitting their contributions for the LSCB Annual Report.

7.3 Corporate Parenting Board (CPB)

The Board last met in April 2017. The CPB were provided with an update on the SEND statement of action as detailed in 3 above.

Progress on the LSCB Improvement Plan was presented by the Chair of the LSCB and this was received positively.

Concern was raised regarding performance in relation to initial health assessments for Looked After Children (LAC) as part of matters arising and an update is expected in the next health report to the meeting when validated data should be available. The Chief Nurse has requested that the Designated Nurse for LAC be made aware of the current suggested position so that partners can work together to continue mitigation of any risk and improve quality and performance.

8. Independent Inquiry Child Sexual Abuse (IICSA)

In September 2016, the Chief Nurse delivered a presentation to the Governing Body about the IICSA and was requested to bring back an update at a later date. There has been no further announcements made nationally that needed bringing to the attention of the Governing Body but the Safeguarding Service at the request of the Chief Nurse undertook an exercise to benchmark the CCG against the recommendations and develop any necessary action plan. This action plan has been presented to the Quality Committee in March 2017 and has been further updated following a challenge from the Committee in terms of provider assurance.

In the presentation to the Governing Body in September 2016, reference was made to the 'Truth Project' which gives people who have experienced child sexual abuse the opportunity to share their views and experiences in a supportive and confidential setting – information from this is then used to develop specific themes to inform any future key line of enquiry. Representatives from the 'Truth Project' attended the March 2017 meeting of the LSCB to raise awareness amongst the Board members and local partnership.

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

9. Local Quality Contract

A phase 3 Local Quality Contract (LQC) has been agreed for 2017/18 to invest in the capacity needed to deliver a consistently higher standard of General Practice across South Sefton. The focus is on transformation in line with GP Five Year Forward View plans. The specifications within the LQC have been developed to deliver enhanced services above the core services

commissioned by NHS England. This will be delivered on the basis of equity across practices through the provision of an agreed level of income per weighted patient, which equates to £103.86 per weighted patient (this amount includes the core contract value), plus £3.00 per actual patient for a one-year non-recurrent transformation scheme. Additional to this will be schemes, eg phlebotomy, which will be paid on an activity basis.

10. Hightown GP Practice

The 'listening' events over the future of Hightown GP Practice have been taking place during April; patients can still contribute to this until 12th May (see the CCG website for details). The outcome of this will be incorporated into an options appraisal that will be considered by the commissioners, NHSE and the CCG.

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

11. Community Services – Mobilisation Update

We continue to work with Mersey Care as part of the NHSI transaction process for the transfer of services from Liverpool Community Health.

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

12. Making It Happen – Sefton's Health and Wellbeing Integration Strategy

The Integrated Commissioning Group is working on an implementation plan to deliver key milestones in the 'Making Integration Happen' strategy document. This plan will focus on priority areas and align with the work to develop the Better Care Fund and Section 75 for summer 2017.

13. Annual Report and Accounts 2017

The CCG submitted its draft annual report and accounts in line with deadlines set by NHS England and the Department of Health. The Audit Committee received the draft report and accounts ahead of submission and members were able to make comments on changes to the content ahead of submission.

The CCG's external auditors (KPMG Ltd) will now undertake their review of the report and accounts and the Audit Committee meeting to approve the final documents, pending external audit findings, is scheduled for Wednesday 24th May and all Governing Body members are invited to attend. The Audit Committee has delegated approval from the Governing Body to approve the documents.

The final date for submission of the annual report and accounts is noon on Wednesday 31st May.

South Sefton
Clinical Commissioning Group

14. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
May 2017

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MAY 2017

Agenda Item: 17/78	**Author of the Paper:** Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071
Report date: May 2017	

Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report

Summary/Key Issues:

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 is the QIPP performance dashboard (Appendix 1).

Recommendation

The Governing Body is asked to receive the report.

Receive	x
Approve	
Ratify	

Links to Corporate Objectives *(x those that apply)*	
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 and as part of the North Mersey LDS.
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.

NHS
South Sefton
Clinical Commissioning Group

Process	Yes	No	N/A	Comments/Detail *(x those that apply)*
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 12th September 2016.

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

NHS
South Sefton
Clinical Commissioning Group

Report to Governing Body
May 2017

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 has been reviewed and some changes were made, these are summarised below in the report.

3. Recommendations

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

Appendices

Appendix 1 – NHS South Sefton CCG Month 12 Performance Dashboard

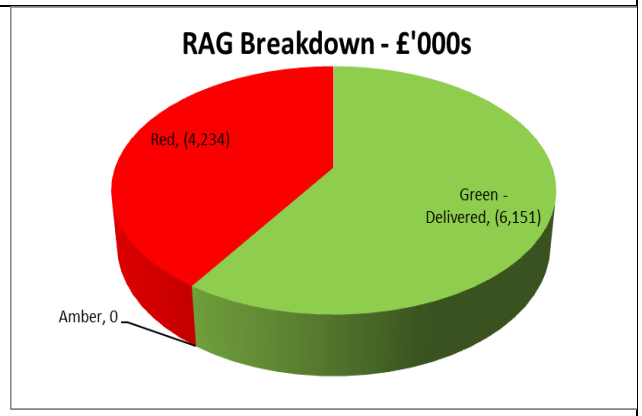
Martin McDowell
Chief Finance Officer
May 2017

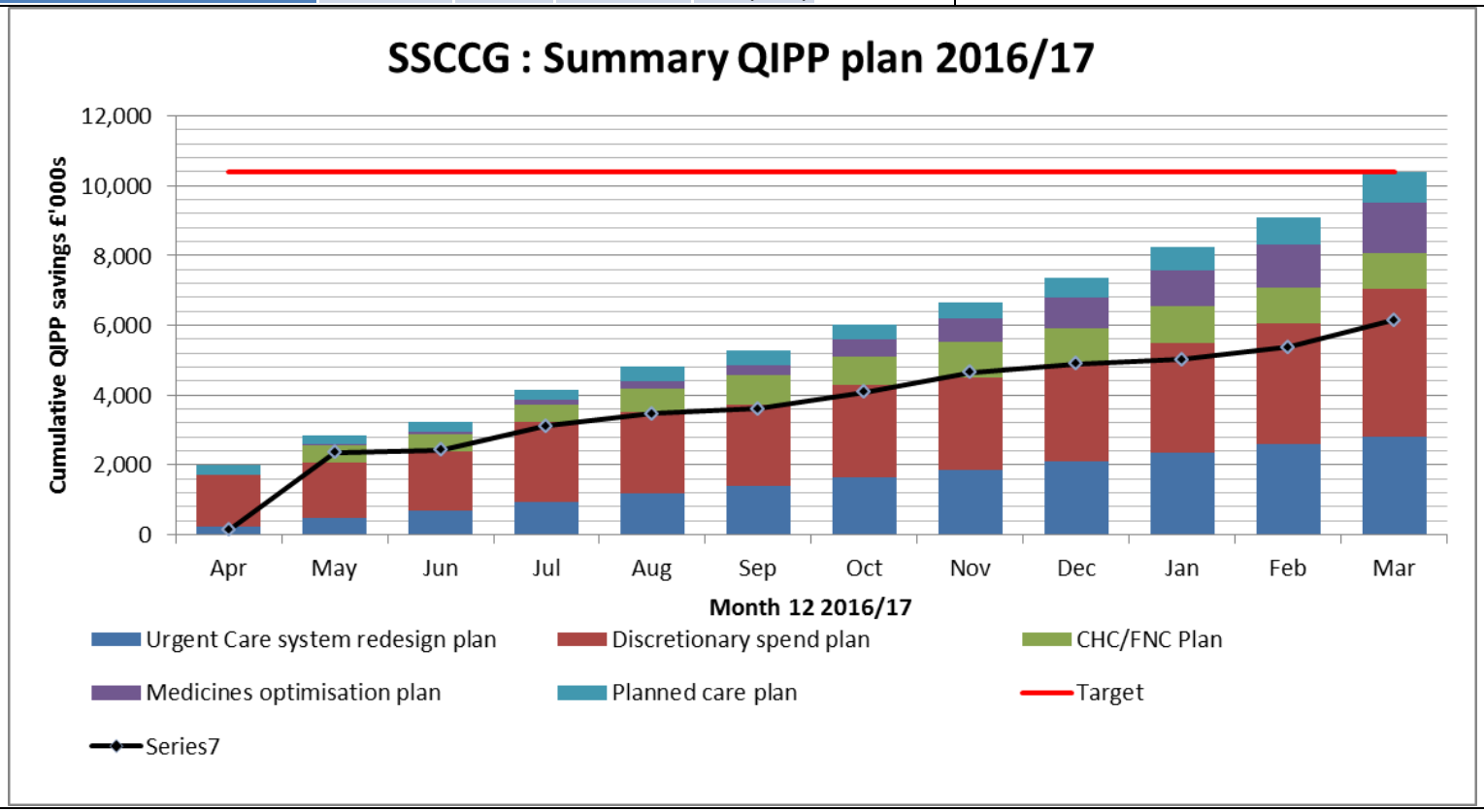
QIPP DASHBOARD – SUMMARY SSCCG AT MONTH 12

South Sefton CCG

£'000s

Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	872	872	514	(358)
Medicines optimisation plan	1,429	1,429	1,056	(373)
CHC/FNC Plan	1,055	1,055	1,025	(30)
Discretionary spend plan	4,211	4,211	3,504	(707)
Urgent Care system redesign	2,817	2,817	51	(2,766)
Total	10,384	10,384	6,151	(4,233)





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

Planned care	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Sub total PLCV procedures (allow 10% to go through - Dec start)	67	12	(55)		270	12	(258)	
Review of OPP T&O coding (S&O)	7	44	37		85	44	(41)	
MCAS / T&O - S&O MCAS scheme	0	0	0		0	0	0	
Implement cataracts revised threshold (5% reduction only as under national benchmarking)	4	0	(4)		25	0	(25)	
Dermatology - reduce block	0	0	0		30	30	0	
C2C referral Policy - 10% reduction from 1st November (20,373 C2C appointments)	20	0	(20)		102	0	(102)	
Critical care @Aintree (rebase between CCGs)	0	0	0		225	225	0	
Reduction of Merseycare contract for DISH	0	0	0		109	109	(0)	
Review of other expenditure - Reduction of spirometery service Aintree	0	0	0		24	24	0	
Contract Challenges (Phase 1)	(5)	0	5		(32)	0	32	
CQUIN - C2C reduction S&O	1	42	41		6	42	36	
CQUIN - 1st:Fup ratio S&O	5	28	23		28	28	0	
Total	**100**	**126**	**26**		**872**	**514**	**(358)**	

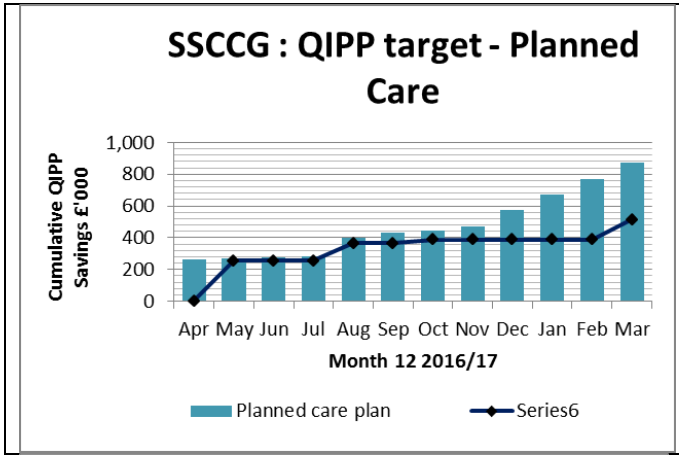
Medicines optimisation	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Focus on reduced waste (repeat prescribing)	87	24	(63)		519	532	13	
Individual patient reviews (Generics / Optomise / Quick Wins)	39	45	6		375	375	0	
Additional rebate schemes	27	44	17		240	44	(196)	
Blood Glucose Monitoring strips	13	75	63		75	75	0	
Apixiban Price Reduction	0	0	0		30	30	0	
High Cost Drugs and Biosimilars	23	0	(23)		140	0	(140)	
Community service - Dermatology	4	0	(4)		50	0	(50)	
Review other expenditure - Care at the chemist	0	0	0		0	0	0	
Total	**192**	**188**	**(4)**		**1,429**	**1,056**	**(373)**	

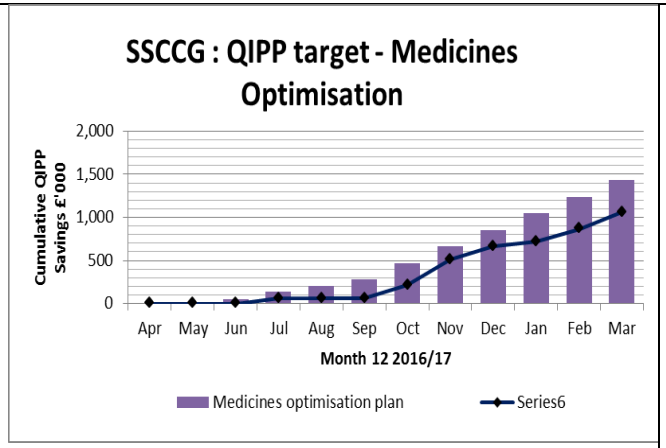
QIPP DASHBOARD SSCCG – Detail by scheme – Themes 3 & 4

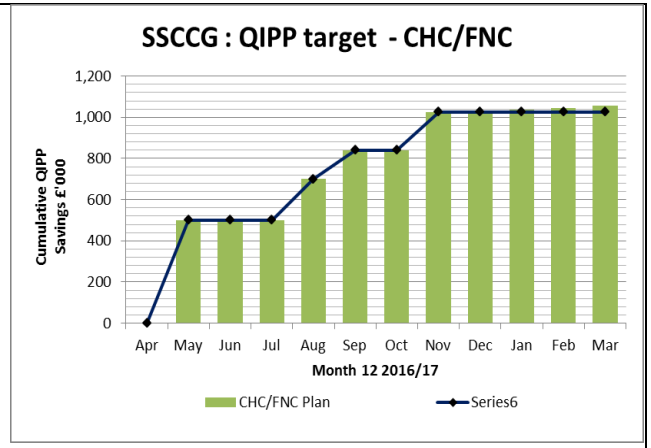
Individual packages of care	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
CHC reduction - No growth	0	0	0		500	500	0	
CHC prior year	0	0	0		525	525	0	
Implementation of ADAM procurement system (net savings)	10	0	(10)		30	0	(30)	
Total	**10**	**0**	**(10)**		**1,055**	**1,025**	**(30)**	
Discretionary spend	**In month plan**	**In month actual**	**Variance**		**YTD Plan**	**YTD Actual**	**Variance**	
Review other Expenditure - 3rd Sector	0	34	34		34	34	0	
Prior year spend	0	0	0		1,600	1,600	0	
Reduction in iLinks investment	0	0	0		53	53	0	
GPIT - Reduction on IM SLA	0	0	0		40	40	0	
LQC under-performance in 16/17	200	314	114		600	384	(216)	
Quality Premium 16/17	300	0	(300)		300	0	(300)	
Primary Care Collaborative Fees budget correction	0	0	0		30	30	0	
CQUIN Underperformance 16/17	200	0	(200)		400	200	(200)	
CQUIN Underperformance 15/16 (S&O)	0	0	0		42	42	0	
Slippage in Transformation Fund / SRG Funding (In year slippage)	0	0	0		937	937	0	
Provider Sanctions - Aintree	41	0	(41)		41	0	(41)	
Provider Sanctions - S&O	3	0	(3)		3	0	(3)	
Running Cost Contingency	0	78	78		106	184	78	
Move to bi monthly locality meetings	4	0	(4)		25	0	(25)	
Total	**748**	**426**	**(322)**		**4,211**	**3,504**	**(707)**	

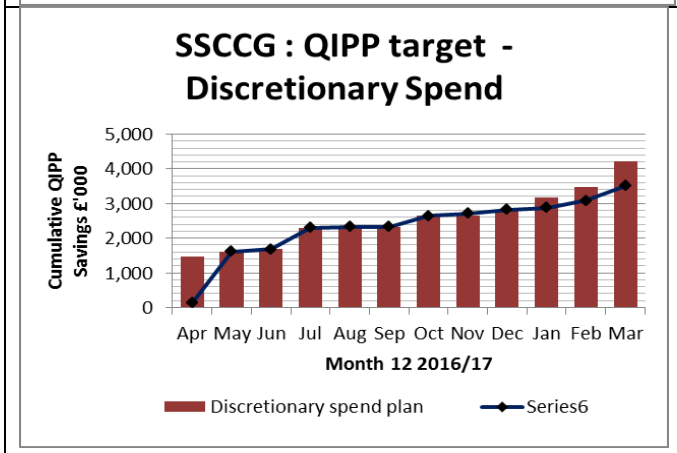
QIPP DASHBOARD SFCCG – Detail by scheme – Theme 5

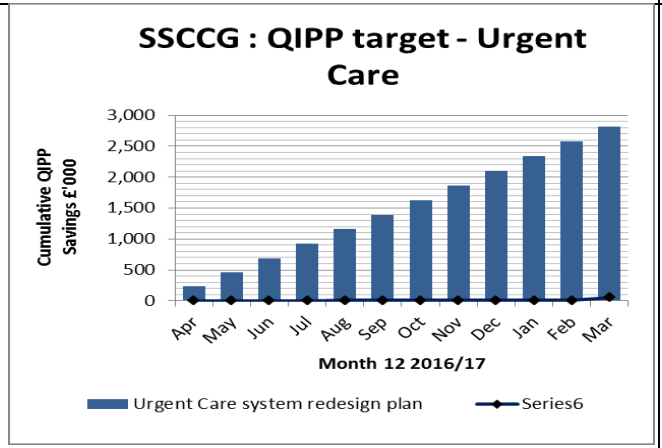
Urgent care system redesign	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Respiratory	123	0	(123)		1,480	0	(1,480)	
Telehealth	39	0	(39)		463	0	(463)	
AVS	69	0	(69)		823	0	(823)	
CQUIN - Zero LoS - S&O	7	40	33		40	40	0	
Cease GP Hotline	0	0	0		11	11	0	
Total	**238**	**40**	**(197)**		**2,817**	**51**	**(2,766)**	











NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MAY 2017

Agenda Item: 17/79	**Author of the Paper:** Karl McCluskey Chief Strategy & Outcomes Officer Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 247 7000
Report date: May 2017	
Title: South Sefton Clinical Commissioning Group Integrated Performance Report	
Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group (note time periods of data are different for each source)	
Recommendation The Governing Body is asked to receive this report.	Receive [x] Approve [ ] Ratify [ ]

Links to Corporate Objectives *(x those that apply)*	
	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 and as part of the North Mersey LDS.
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.

NHS
South Sefton
Clinical Commissioning Group

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

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

NHS
South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report

NHS
South Sefton
Clinical Commissioning Group

Contents

NHS
South Sefton
Clinical Commissioning Group

List of Tables and Graphs

NHS
South Sefton
Clinical Commissioning Group

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 11 (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
NHS E-Referral Service Utilisation		

NHS
South Sefton
Clinical Commissioning Group

Key information from this report

Financial position

The full year outturn position after the application of reserves is a surplus of £0.100m against an original planned surplus of £2.450m. The revised position includes release of the 1% uncommitted non recurrent reserve of £2.432m. The financial position has deteriorated during the year due to underperformance against the QIPP plan and increased cost pressures. The financial position on operational budgets as at Month 12 is an £1.177m against plan before the application of reserves, this is a £0.264m improvement against the forecast at Month 11. The majority of the cost pressure in year relates to over performance within acute provider contracts and the independent sector as well as the national increase in costs for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 12 is £6.151m against a target of £10.384m, an achievement of 59%. The impact of under delivery of QIPP has been the main factor affecting achievement of the original plan position.

Planned Care

Local referrals data from our main providers shows no change in the overall level of referrals comparing months 1-11 of 2016/17 with the previous year. GP referrals are slightly above comparing against the same period last year (0.4%%, 150 referrals). Discussions regarding referral management, prior approval, cataracts and consultant-to-consultant referrals continue.

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19. The latest data (January) for E-referral Utilisation rates reported 19%; a slight increase on previous month when 18% was recorded.

All of the cancer indicators are performing favourably for the CCG and Aintree year to date, apart from 62 day wait for first definitive treatment following a consultant's decision to upgrade. The CCG failed the local target of 85% recording 73.68% in February, 14 out of 19 patients were not upgraded within 62 days they are also are failing year to date recording 78.31%, but this is an improvement on last month's performance when 55.56% was recorded. Also Aintree failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in February reporting 75%, out of 56 patients there were 14 patient breaches. Year to date the Trust are now under plan recording 84.69%. A full review of all breaches has been completed by the Head of Performance and a paper with key recommendations has been produced,

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are now reporting under target (England average 25.1%) for February at 19.6%. The proportion of patients who would recommend is 1% lower than last month recording 96% (the same as the England average); the proportion who would not recommend has increased to 2% in February above the England average of 1%.

Performance at Month 11 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £1m, which is a percentage variance of 2%. At specific trusts, Renacres are reporting the largest cost variances with a total of £427k/30%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for January to March and has achieved over the 80% February plan agreed with NHS Improvement recording 86.4%.

At both a regional and county level, NWAS failed to achieve any of the response time targets. Ambulance turnaround times remain a key focus for improvement. Work with NWAS and all partners, including ECIP, is ongoing to ensure delivery of agreed actions. Aintree experienced a decrease in the number of delays in excess of 30 minutes during February 2017.

In February the CCG had 1 mixed sex accommodation breach (a rate of 0.20) and have therefore breached the zero tolerance threshold. The breach was at Wirral University Teaching Hospital NHS Foundation Trust. Year to date there have been a total of 9 breaches.

The CCG and Aintree are both under plan and achieving their C.difficile plans for 2016/17. The CCG and Aintree had no new cases of MRSA in February and year to date have 2 cases attributed to them bringing them over the zero tolerance target.

There are a total of 107 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. Of the 107, 80 are applicable to South Sefton CCG patients, 27 for Aintree University NHS Foundation Trust (UHA), 6 of these from South Sefton CCG.

Delayed Transfers of Care (DTOC's) at Aintree saw a reduction in February with 21 compared to January recording 29 (-28%). Patient and/or family choice resulted in 12 delayed transfers (57%), a further 4 were due to delays incurred whilst awaiting further NHS non acute care (19%), 4 were due to awaiting care package in own home (19%) and 1 due to completion of assessment (5%). Analysis of delays in February 2017 compared to February 2016 illustrates a 17% increase in total number of delays. The number of patients awaiting further NHS non-acute care has shown a reduction of 7 (-64%) from the previous year and 7 more delays due to patient or family choice (+140%).

Aintree University Hospital NHS Foundation Trust routinely achieves the Friends and Family 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 is under the England average reporting 86% in February compared to an England average of 87%. However this is an increase on January when 80% was reported. The not recommended percentage follows a similar pattern with performance at 10% in February compared to a 7% average.

Performance at Month 11 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£672k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£533k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £189/10% variance. Further analysis is taking place of the Alder Hey contract to understand the key areas of over performance alongside population measures such as birth rates.

Mental Health

The 95% target for the percentage of people under CPA followed up within 7 days of discharge was narrowly missed by Mersey care in February, reporting 93% (2 breaches out of 28 patients). This is the fourth time the target has failed this year.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported a 6.3% decrease on the previous month on South Sefton patients entering treatment in Month 11. The access

standard is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 13.3% 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 436 Referrals in Month 11, which was a slight increase compared to the previous month when there was 428. This is also the highest monthly total of 2016/17 to date. Of these, 50.0% were Self-referrals, which is the lowest monthly proportion of the year. GP Referrals increased to 123 compared to 100 for Month 10. 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 50.3% in Month 11, which meets the minimum standard of 50%, this is the first time this year that the monthly target has been met. A forecast outturn at Month 11 gives a year end position of 39.5%, 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 11 with 71 compared to 92 in Month 10.

Community Health Services

The Trust continues to deliver this service and send through their usual reports until the new contract with Mersey care commences in June 2017. Sefton Physio Service continues to report a high rate of DNAs (13%) in February, a slight improvement on the previous month. Adult Dietetics is also high this month at 15.9% compared to 21.8% last month, as well as Paediatric Dietetics at 13.6% compared to 15.7% last month. Total DNA rates at Sefton are green for this month at 8.3%.

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 February 2017. Total patient cancellations for Sefton have increased slightly in February 2017, increasing from 10.9% to 11.2%.

Adult SALT: This service had issues with long waiting times at the beginning of the financial year. The Trust did work to improve this, and waiting times were reduced significantly between July and November 2016. However, December and January data shows that waiting times are beginning to increase again over the 18 week threshold.

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. In January, on the incomplete pathway the average waiting time (92nd percentile) has increased again from 34 weeks to 36 weeks and is still breaching the 18 week target.

Primary Care

South Sefton CCG did not have any GP practices with CQC inspection results published in the past month.

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. A core set of indicators allowing benchmarking across a number of areas has been produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information to follow in phase II of this dashboard. There are various “views” of the data, for CCG level users to view the indicators across the CCG area with the ability to drill to locality and practice level.

Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

CCG Improvement & Assessment Framework

A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and beyond.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 March 2017 (Month 12).

The full year outturn position after the application of reserves is a surplus of **£0.100m** against an original planned surplus of £2.450m. The revised position includes release of the 1% uncommitted non recurrent reserve of £2.432m. The financial position has deteriorated during the year due to underperformance against the QIPP plan and increased cost pressures.

The financial position on operational budgets as at Month 12 is an £1.177m against plan before the application of reserves, this is a £0.264m improvement against the forecast at Month 11.

The majority of the cost pressure in year relates to over performance within acute provider contracts and the independent sector as well as the national increase in costs for Funded Nursing Care.

The value of QIPP savings delivered at the end of Month 12 is **£6.151m** against a target of £10.384m, an achievement of 59%. The impact of under delivery of QIPP has been the main factor affecting achievement of the original plan position.

The high-level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Key Performance Indicator		Full Year	Prior Month
Business Rule (Forecast Outturn)	1% Surplus	✓	✓
	0.5% Contingency Reserve	✓	✓
	1% Non-Recurrent Headroom	✓	✓
Surplus	Financial Surplus / (Deficit)	£0.100m	(£2.332m)
QIPP	QIPP Plan delivered – *(Red if shortfall against planned delivery)*	£6.151m	£5.370m
Running Costs (Forecast Outturn)	CCG running costs < CCG allocation 2016/17	✓	✓

2.2 Resource Allocation

Additional allocations have been received in Month 12 as follows:

- PMS Premium balance transfer to March 2017 - £0.030m

- Children and Young People IAPT backfill – Jan/Feb - £0.040m
- Additional RTT funding - £0.003m

These allocations have been utilised within the financial year.

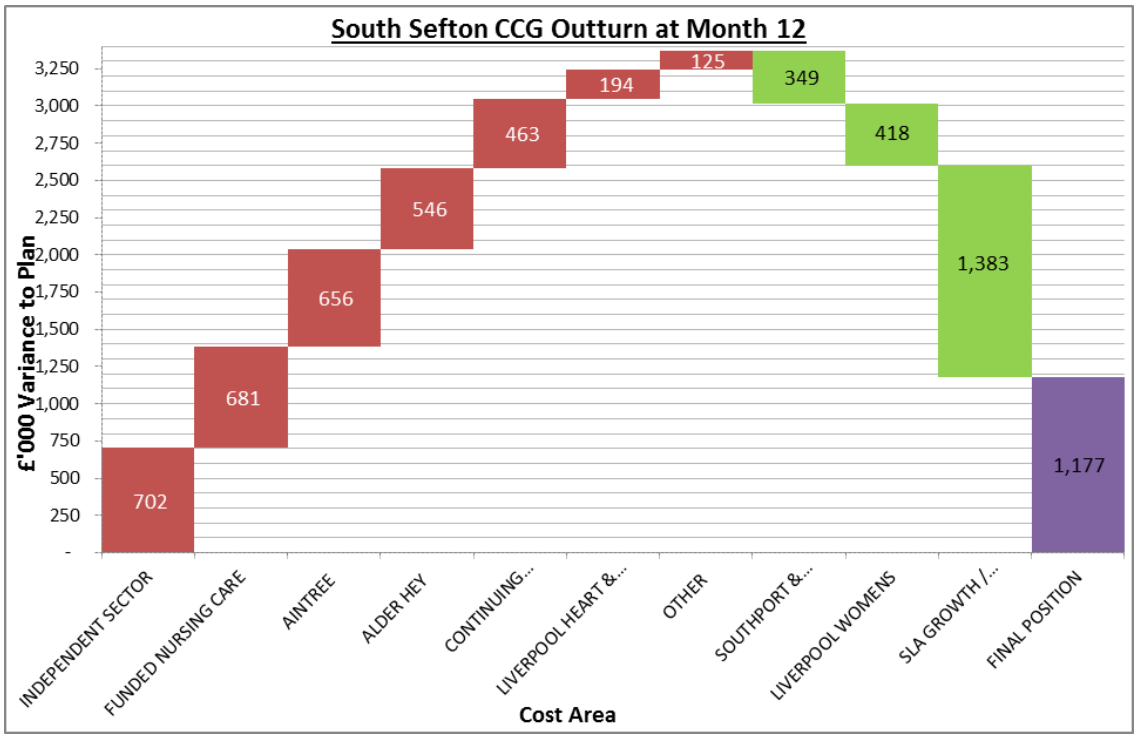
2.3 Position to date and forecast

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 Aintree, Alder Hey, Liverpool Heart & Chest and in the Independent Sector, mainly with Ramsay Healthcare. The overspend is supported by underspends with other acute providers, notably Southport & Ormskirk Hospital and Liverpool Women's Hospital.

It should be noted that whilst the financial report is up to the end of March 2017, the CCG has based its reported position on the latest information received from Acute and Independent providers which is up to the end of February 2017.

Figure 2 – Forecast Outturn



Independent Sector

The full year position on the budget for Independent Sector is an overspend of £0.702m mainly due to Ramsay Healthcare experiencing a £0.571m over performance against plan. The majority of the overspend relates to Ramsay Healthcare in respect of Trauma and Orthopaedic activity over performance against plan.

Prescribing

The full year position on the prescribing budget is an overspend of £0.035m after adjusting for QIPP savings of £1.056m delivered for the year.

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

The full year position for the Continuing Health Care and Funded Nursing Care (FNC) budget is an overspend of £1.144m, which reflects the current number of patients, average package costs, the nationally mandated FNC increase (£0.745m) and an uplift to CHC providers of 1.1% until the end of the financial year which has been communicated to providers.

2016/17 QIPP savings have been actioned against this budget to the value of £1.025m, relating to the additional growth budget of 5% included at budget setting and other efficiencies relating to prior year charges.

2.4 QIPP

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 determine whether they can be delivered in full. The detailed QIPP plan is projected to deliver **£6.151m** in total during the year.

Figure 3 – RAG rated QIPP plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned care plan	2,961	(2,090)	872	514	0	358	872
Medicines optimisation plan	4,003	(2,392)	1,429	1,056	0	373	1,429
CHC/FNC plan	1,311	(256)	1,055	1,025	0	30	1,055
Discretionary spend plan	8,427	(4,216)	4,211	3,504	0	707	4,211
Urgent Care system redesign plan	4,427	(1,575)	2,817	51	0	2,766	2,817
Total QIPP Plan	**21,129**	**(10,529)**	**10,384**	**6,151**	**0**	**4,234**	**10,384**
QIPP Delivered 2016/17				**6,151**	**0**	**0**	**6,151**

As shown in **Figure 4** and **5** below, £6.151m has been actioned at Month 12 against a phased plan of £10.384m.

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

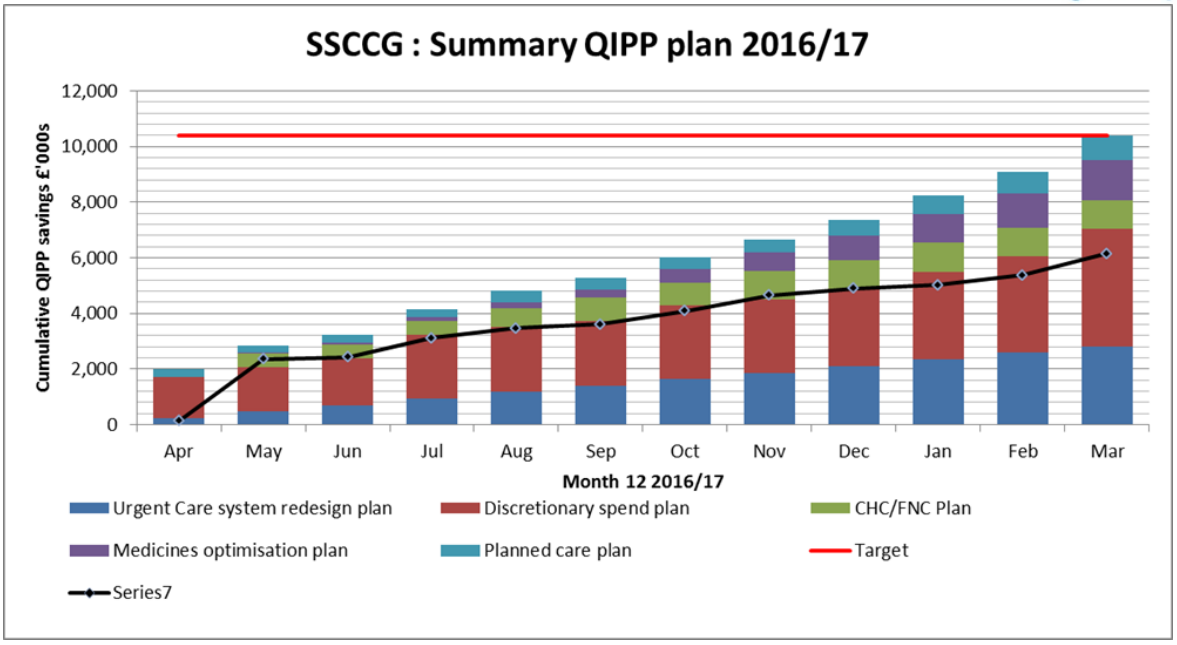


Figure 5 – QIPP performance at month 11

Scheme	In month current month (M12)						
	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance
Planned care plan	100	126	26		872	514	(358)
Medicines optimisation plan	192	188	(4)		1,429	1,056	(373)
CHC/FNC Plan	10	0	(10)		1,055	1,025	(30)
Discretionary spend plan	748	426	(322)		4,211	3,504	(707)
Urgent Care system redesign plan	238	40	(197)		2,817	51	(2,766)
Total	**1,288**	**781**	**(507)**		**10,384**	**6,151**	**(4,233)**

QIPP delivery is **£4.233m** below plan at Month 12, largely in respect of the urgent care scheme. Although Non Elective costs have reduced compared to plan it is difficult to attribute these to specific schemes.

Figure 6 shows the QIPP savings delivered in Month 12 against the savings planned at Month 11.

Figure 6 - QIPP Schemes delivered Month 12

2016/17 QIPP	Plan £000	Actual £000
PLCV procedures	(172)	(12)
Medicines Optimisation	(175)	(188)
CQUIN - S&O	(75)	(110)
OPPROC - S&O	0	(44)
LQC Underperformance	(350)	(314)
Third Sector	(34)	(34)
CCG Running Costs	0	(78)
Total All Schemes	**(806)**	**(781)**

2.5 CCG Running Costs

The running cost allocation for the CCG is £3.270m 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 £0.407m.

2.6 CCG Cash Position

In order to control cash expenditure within the NHS, limits are placed on the level of cash available to organisations for use 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.

The CCG is required to take part in an MCD submission to NHS England at Months 6 and 9 to incorporate any changes in the CCGs forecast cash position to ensure sufficient cash is available throughout the financial year. An increase in MCD cannot always be accommodated.

Month 12 position

At Month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.234m). At 31 March 2017 the CCG had a cash balance of £0.139m, therefore the cash target was achieved.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG during the financial year have been non-delivery of the QIPP target and increased performance within acute care, these risks will continue in future financial years and therefore require ongoing management and review.

QIPP

Overall management of the QIPP programme is monitored by the Joint QIPP committee. Although significant QIPP savings have been achieved during the year, the majority of savings were non-recurrent and require a recurrent solution. The focus must continue to ensure the required savings can be delivered in the new financial year.

Acute contracts

The CCG has experienced significant growth in acute care year on year, and this trend has continued in the current financial year. Risk in relation to providers included in the Acting as one Contract agreement is mitigated for the next financial year. There remains risk on other NHS contracts which are not included in the acting as one agreement.

Other risks that require ongoing monitoring and managing include:

- Prescribing - This is a volatile area of expenditure but represents one of the biggest opportunities for the CCG, and as such this makes up a significant element of the QIPP programme for 2016/17. The monthly expenditure and forecast is monitored closely as QIPP schemes continue to be delivered.

1% Non-Recurrent reserve

The CCG has released the 1% uncommitted reserve in Month 12. Release of this reserve improved the financial position by £2.432m from a forecast deficit of £2.332m to a reported surplus of £0.100m. The CCG statutory accounts for 2016/17 will report the financial surplus of £0.100m.

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.

Figure 7 – Final Outturn Position for 2016/17

	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)
Actual Outturn (against operational budgets)	(0.550)	(0.628)	(1.178)
Reserves Budget	0.629	0.000	0.629
Management action plan			
QIPP Achieved	1.991	4.159	6.151
Total Management Action Plan	**1.991**	**4.159**	**6.151**
Year End Surplus / (Deficit)	**(0.401)**	**(1.932)**	**(2.332)**
Release 1% Risk Reserve	0.000	2.432	2.432
Reported Surplus / (Deficit)	**(0.401)**	**0.500**	**0.100**

2.9 Recommendations

- The year-end position is a surplus of **£0.100m** which includes release of the 1% uncommitted risk reserve.
- The CCG has delivered **£6.151m** QIPP savings during the year against a target of £10.384m. Further work is required to deliver recurrent savings.

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

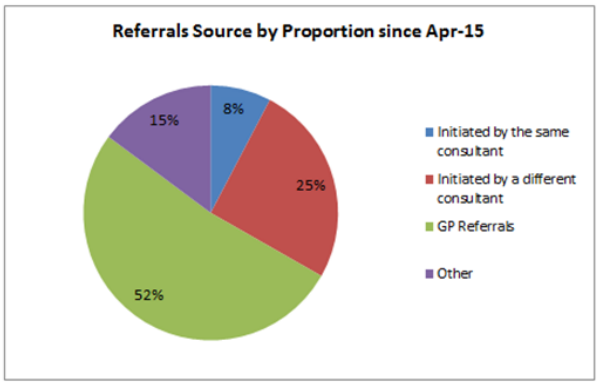
- In order to deliver the long term financial plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to deliver a reduction in costs. The focus must be on reducing access to clinical services that provide no or little clinical benefit for patients.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve value for money.

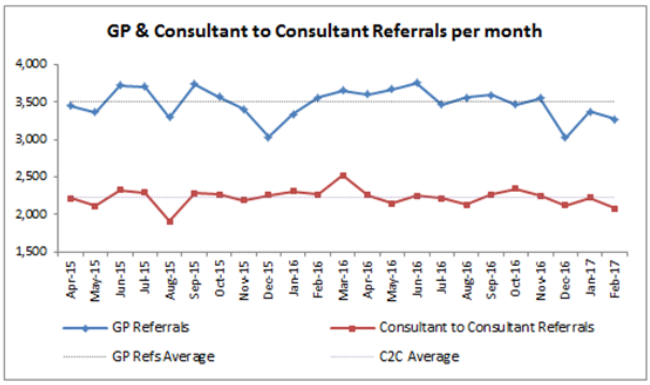
3. Planned Care

3.1 Referrals by source

Figure 8 - 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	38,158	38,308	150	0.4%
GP Total			38,158	38,308	150	0.4%
Other	01	following an emergency admission	1,806	1,546	-260	-14.4%
	02	following a Domiciliary Consultation	18	8	-10	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	4,624	4,551	-73	-1.6%
	05	A CONSULTANT, other than in an Accident and Emergency Department	14,169	14,163	-6	0.0%
	06	self-referral	3,357	3,053	-304	-9.1%
	07	A Prosthetist	15	11	-4	-26.7%
	08	Royal Liverpool Code (TBC)	770	864		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	1,038	1,079	41	3.9%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	2,790	2,965	175	6.3%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	67	68	1	1.5%
	13	A Specialist NURSE (Secondary Care)	100	90	-10	-10.0%
	14	An Allied Health Professional	1,359	1,618	259	19.1%
	15	An OPTOMETRIST	13	10	-3	-23.1%
	16	An Orthoptist	3	4	1	0.0%
	17	A National Screening Programme	63	67	4	6.3%
	92	A GENERAL DENTAL PRACTITIONER	1,459	1,532	73	5.0%
	93	A Community Dental Service	16	3	-13	-81.3%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	3,852	3,407	-445	-11.6%
Other Total			35,519	35,039	-480	-1.4%
Unknown			19	1	-18	-94.7%
Grand Total			**73,696**	**73,348**	**-348**	**-0.5%**





Local referrals data from our main providers shows no significant change in the overall level of referrals comparing months 1-11 of 2016/17 with the previous year.

Discussions regarding referral management, prior approval, cataracts and consultant-to-consultant referrals continue. A paper will be presented to March QIPP Clinical Advisory Group to update on the development of a Referral Optimisation and Support System (ROSS) and explore preferences with the clinical members of the group with regards to clinical and community triage.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	16/17 - Jan	80% or 20% increase on previous year (42%)	19.00%	↑

The national NHS ambition is that E-referral Utilisation Coverage should be 80% by end of Q2 2017/18 and 100% by end of Q2 2018/19.

The latest data for E-referral Utilisation rates reported 19%; a slight increase on previous month when 18% was recorded.

3.2 Diagnostic Test Waiting Times

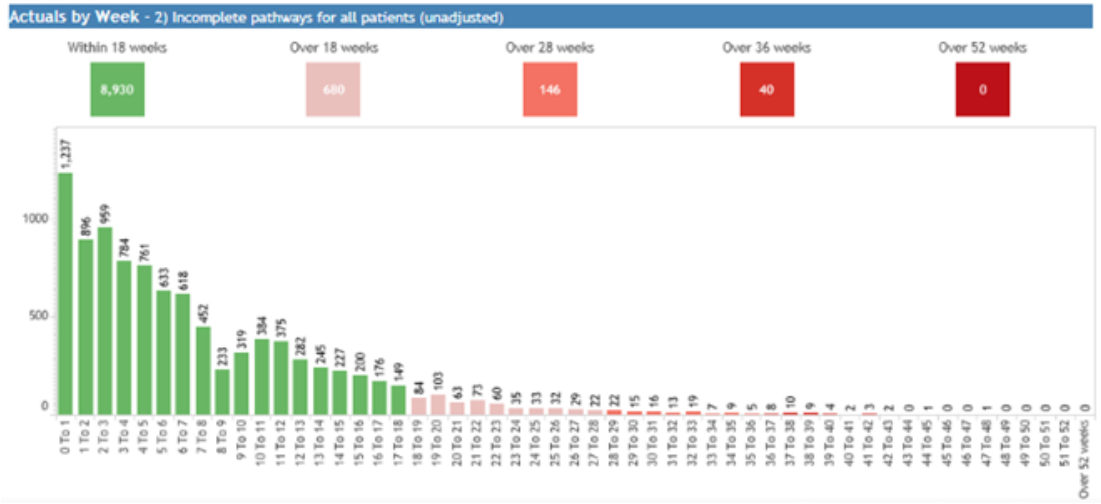
Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test **(CCG)**	16/17 - Feb	1.00%	0.80%	↓
% of patients waiting 6 weeks or more for a Diagnostic Test **(Aintree)**	16/17 - Feb	1.00%	0.90%	↓

3.3 Referral to Treatment Performance

Referral To Treatment waiting times for non-urgent consultant-led treatment				
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(CCG)**	16/17 - Feb	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. **(Aintree)**	16/17 - Feb	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(CCG)**	16/17 - Feb	92%	92.92%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% **(Aintree)**	16/17 - Feb	92%	92.0%	↑

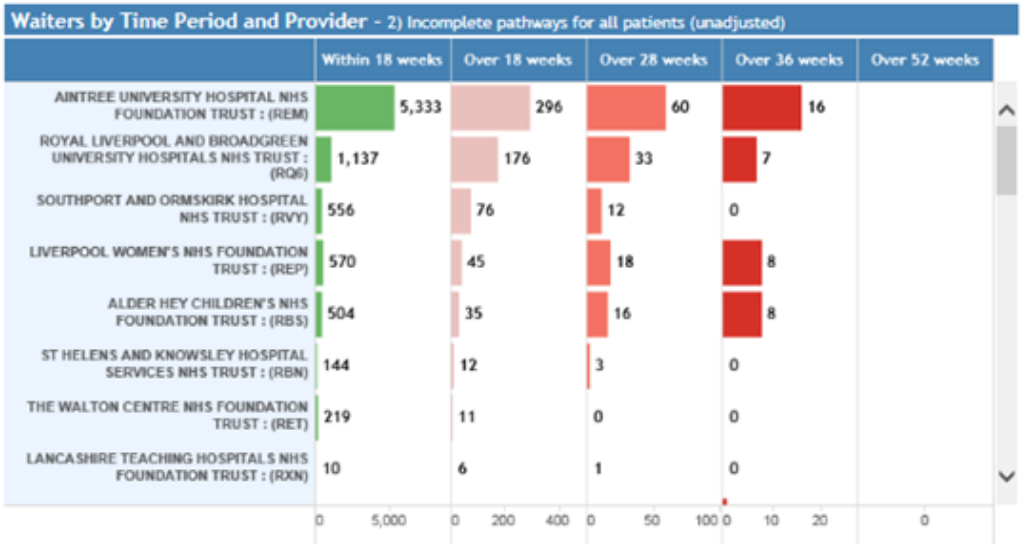
3.3.1 Incomplete Pathway Waiting Times

Figure 9 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 10 - Patients waiting (in bands) on incomplete pathway for the top 5 Providers



3.3.3 Long Waiters analysis: Top 2 Providers split by Specialty

Figure 11 - Patients waiting (in bands) on incomplete pathways by Speciality for Aintree University Hospitals NHS Foundation Trust

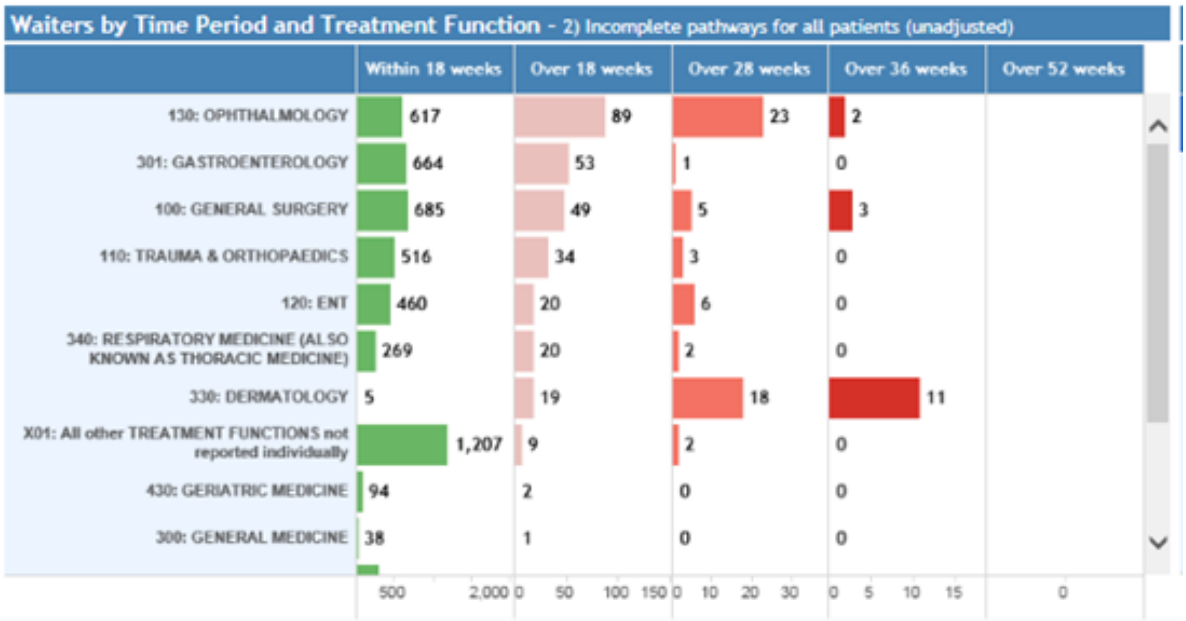
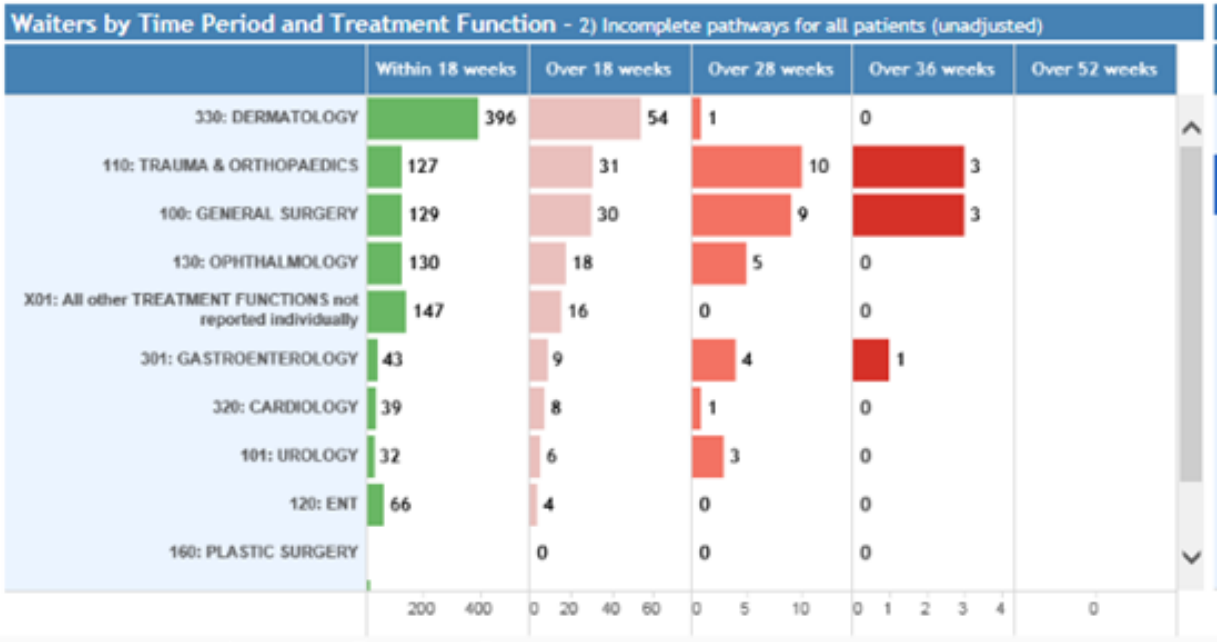


Figure 12 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust

NHS
South Sefton
Clinical Commissioning Group



3.3.4 Provider assurance for long waiters

CCG	Trust	Specialty	Wait band	Exact No. of weeks waite	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Aintree	Dermatology	40		Clock stopped 09/03/17 - TCI	Capacity issue
South Sefton CCG	Royal Liverpool	T&O	40	Trust only provides updates for 42 plus week waiters		
South Sefton CCG	Aintree	General Surgery	41		Clock stopped 10/03/17 - TCI	Capacity issue
South Sefton CCG	Royal Liverpool	General Surgery	41	Trust only provides updates for 42 plus week waiters		
South Sefton CCG	Royal Liverpool	T&O	41	Trust only provides updates for 42 plus week waiters		
South Sefton CCG	Aintree	Opthalmology	42		Clock stopped 17/03/17 - Active Monitoring	Capacity issue
South Sefton CCG	Alder Hey	All other	42		15/03/2017 seen and treated	capacity constrained specialty
South Sefton CCG	Alder Hey	All other	44		28/03/2017 seen & treated	capacity constrained specialty
South Sefton CCG	Alder Hey	All other	47	51	28/03/2017 seen and treated	capacity constrained specialty

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 - **Aintree**	16/17 - Feb	0	0	↔

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 - **Aintree**	16/17 - Feb	0	0	↔

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) **(CCG)**	16/17 - Feb	93%	95.71%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) **(Aintree)**	16/17 - Feb	93%	95.67%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(CCG)**	16/17 - Feb	93%	94.83%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) **(Aintree)**	16/17 - Feb	93%	94.58%	↔

NHS
South Sefton
Clinical Commissioning Group

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) **(CCG)**	16/17 - Feb	96%	98.25%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) **(Aintree)**	16/17 - Feb	96%	98.83%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(CCG)**	16/17 - Feb	94%	96.62%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) **(Aintree)**	16/17 - Feb	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(CCG)**	16/17 - Feb	94%	96.58%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) **(Aintree)**	16/17 - Feb	94%	98.05%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(CCG)**	16/17 - Feb	98%	98.86%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) **(Aintree)**	16/17 - Feb	98%	99.62%	↔

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) **(CCG)**	16/17 - Feb	85% local target	78.31%	↓
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) **(Aintree)**	16/17 - Feb	85% local target	88.60%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(CCG)**	16/17 - Feb	90%	98.18%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) **(Aintree)**	16/17 - Feb	90%	94.54%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(CCG)**	16/17 - Feb	85%	86.65%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) **(Aintree)**	16/17 - Feb	85%	84.69%	↓

The CCG failed the 62 day wait for first definitive treatment following a consultant's decision to upgrade 85% local target in February reporting 73.68%, 14 out of 19 patients were not upgraded within 62 days. Of the 5 patients 3 had a delay due to referral between trusts, 1 had a complex pathway and the last patient was referred from lung to haematology then needed further tests. Year to date the CCG are failing at 78.31%, a decline on last months' performance.

Aintree failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in February reporting 75%, out of 56 patients there were 14 patient breaches. Year to date the Trust are now under plan recording 84.69%. A full review of all breaches has been completed by the Head of Performance and a paper with key recommendations has been produced, this will be shared with CCG colleagues at the next CQPG.

There is no evidence that the patients suffered any harm or received sub-optimal care or treatment as a result of her prolonged pathway. Documentation supports that in a number of cases the patients have chosen to delay their care in these instances the patient's right to choice has been respected. The cancer wait times guidance V9 does not enable any pathway timing adjustments to be made for patient choice. Documentation also shows that the staff communicated with the patients regarding their pathway.

- The Trust develops an internal escalation process for all cancer pathways with clearly defined roles, times, responsibilities and escalation expectations
- The Trust utilises the processes detailed in their cancer peer review documentation to ensure that discussions take place outside of MDT meetings to progress the patient's treatment.
- The Trust revisits their SLA with LCL and ensures that the timescales for processing of histology results are fit for purpose and agrees a formal process for escalation of delays.

- The Trust increases the capture of information recorded at the Cancer Performance Group within the minutes to include patient escalations both for the CBUs and LCL.
- The Trust considers commissioning an audit of the effectiveness of bowel preparation prior to endoscopic procedures.
- The Trust Considers reviewing the process for communicating the positive radiological and histological results to possibly include all members of the MDT including the cancer tracker for each tumour group.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: **Feb-17**

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	25.0%	19.1%		96%	96%		1%	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 in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are now reporting under target (England average 25.1%) for February at 19.6%. The proportion of patients who would recommend is 1% lower than last month recording 96% (the same as the England average), the proportion who would not recommend has increased to 2% in February above the England average of 1%.

Aintree's Patient Experience Lead will present an update to the CCG Engagement and Patient Experience Group in April. The Trust will demonstrate how FFT serves to inform the Trust where to improve services for its patients. This presentation is welcomed by EPEG and gives assurances that patient engagement and experience is considered as important as clinical effectiveness and safety in making up quality services.

The CCG Experience and Patient Engagement Group have created a dashboard to incorporate information available from FFTs, complaints and compliments.

The Trust readily engages with Healthwatch and welcomes visits from the organisation.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 11 of financial year 2016/17, against planned care elements of the contracts held by NHS South Sefton CCG shows an over-performance of £1m, which is a percentage variance of 2%. At specific trusts, Renacres are reporting the largest cost variances with a total of £427k/30%.

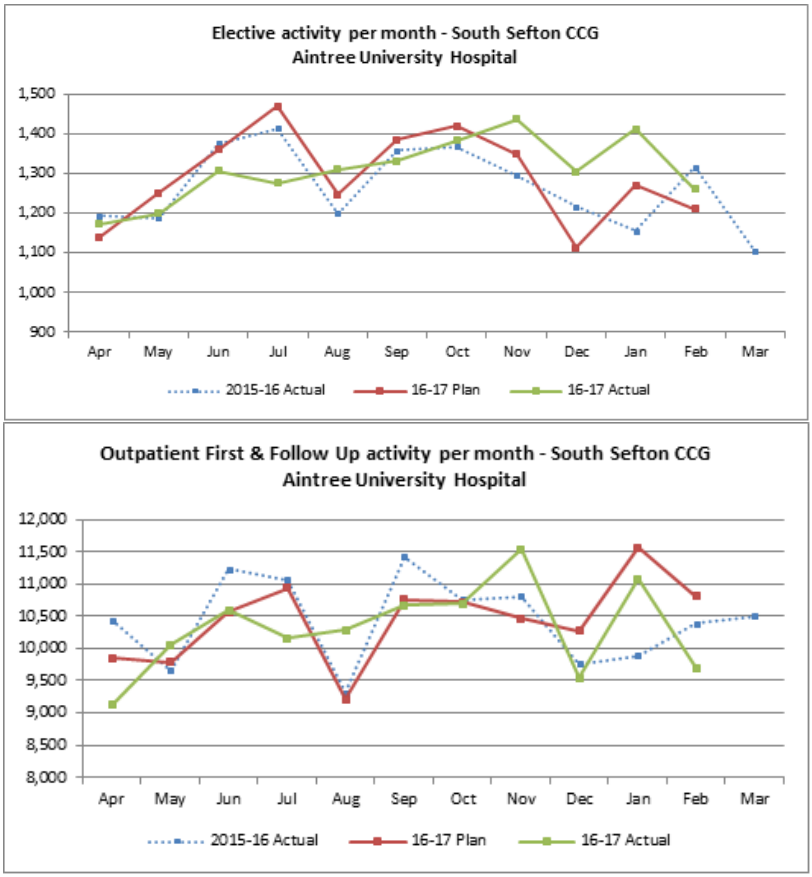
Figure 13 - Planned Care - All Providers

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	164,089	163,344	-745	0%	£30,017	£30,001	-£17	0%
Alder Hey Childrens NHS F/T*	6,174	12,792	6,618	107%	£1,535	£1,843	£308	20%
Central Manchester University Hospitals Nhs Foundation Trust	79	174	95	121%	£20	£31	£11	56%
Countess of Chester Hospital NHS Foundation Trust	0	154	154	0%	£0	£22	£22	0%
East Cheshire NHS Trust	0	6	6	0%	£0	£3	£3	0%
Fairfield Hospital	114	173	59	51%	£21	£47	£26	127%
ISIGHT (SOUTHPORT)	485	795	310	64%	£110	£176	£66	60%
Liverpool Heart and Chest NHS F/T	1,063	1,109	46	4%	£351	£434	£82	24%
Liverpool Womens Hospital NHS F/T	14,725	14,792	67	0%	£3,050	£3,004	-£46	-2%
Renacres Hospital	4,089	5,842	1,753	43%	£1,439	£1,866	£427	30%
Royal Liverpool & Broadgreen Hospitals	27,887	29,467	1,580	6%	£5,224	£5,488	£264	5%
Southport & Ormskirk Hospital*	13,190	12,276	-914	-7%	£2,834	£2,521	-£313	-11%
SPIRE LIVERPOOL HOSPITAL	2,624	2,240	-384	-15%	£826	£784	-£42	-5%
ST Helens & Knowsley Hospitals	3,762	4,010	248	7%	£987	£1,100	£112	11%
University Hospital Of South Manchester Nhs Foundation Trust	99	120	21	21%	£15	£23	£9	59%
Walton Neuro	3,080	3,140	60	2%	£782	£771	-£11	-1%
Wirral University Hospital NHS F/T	422	373	-49	-12%	£112	£101	-£11	-9%
Wrightington, Wigan And Leigh Nhs Foundation Trust	775	1,107	332	43%	£279	£430	£151	54%
Grand Total	**242,659**	**251,914**	**9,255**	**4%**	**£47,602**	**£48,646**	**£1,043**	**2%**
*PbR Only								

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 14 - 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	12,342	12,752	410	3%	£7,989	£8,171	£182	2%
Elective	1,865	1,638	-227	-12%	£5,209	£4,986	-£223	-4%
Elective Excess BedDays	733	587	-146	-20%	£162	£129	-£34	-21%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	414	299	-115	-28%	£74	£58	-£17	-23%
OPFANFTF - *Outpatient first attendance non face to face*	2,321	3,030	709	31%	£66	£78	£12	18%
OPFASPCL - *Outpatient first attendance single professional consultant led*	30,840	30,802	-38	0%	£4,639	£4,744	£106	2%
OPFUPMPCL - *Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).*	1,384	1,035	-349	-25%	£151	£136	-£15	-10%
OPFUPNFTF - *Outpatient follow up non face to face*	2,991	4,585	1,594	53%	£72	£111	£38	53%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	76,981	73,670	-3,311	-4%	£6,144	£5,936	-£208	-3%
Outpatient Procedure	20,016	20,148	132	1%	£3,308	£3,397	£89	3%
Unbundled Diagnostics	12,859	13,366	507	4%	£1,177	£1,189	£12	1%
Wet AMD	1,343	1,432	89	7%	£1,025	£1,066	£41	4%
Grand Total	**164,089**	**163,344**	**-745**	**0%**	**£30,017**	**£30,001**	**-£17**	**0%**



Planned Care at Aintree University Hospital is recording comparable year to date costs against plan with a £17k/0% under performance.

Day cases, outpatient first attendances and outpatient procedures are the PODs reporting a significant over performance within planned care. Elective inpatients are under performing by -£223k/-4%.

Cardiology is showing the largest cost variance in month 11 (£1m/33%) with £446k of this applicable to South Sefton CCG. The cardiology over performance is largely related to day case activity.

ENT is also showing an over performance of £343k/8% against plan with South Sefton seeing an increase of £104k/8%. Knowsley are also seeing an over performance of £112k/24%. Day cases being a key driver for over performance within ENT.

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	508	£441,787	-2	-£4,659	-8	-£1,821	585	£52,416	112	-£58,827	99	£17,292	1,293	£446,187
Ent	24	£33,154	-20	£55,368	14	£3,127	-74	-£8,038	-2	£544	154	£20,481	97	£104,636
Clinical haematology	98	£18,924	-9	-£5,994	-59	-£13,878	259	£77,540	132	£16,400	4	£862	424	£93,853
Colorectal surgery	-11	£18,774	-13	£90,716	-214	-£46,300	-6	-£5,947	-211	-£18,768	265	£48,085	-189	£86,560
Physiotherapy							27	£24	2,489	£80,037	1	£33	2,517	£80,094
Rheumatology	2	£471	-1	-£863	6	£1,309	57	£13,302	480	£43,109	2	£278	546	£57,606
Acute internal medicine	-5	-£2,218	0	-£6,353	-4	-£897	800	£72,425	-29	-£4,488	-54	-£7,801	708	£50,668
General surgery	28	£30,398	-20	£2,949	71	£14,699	96	£9,227	-145	-£15,221	2	£450	33	£42,502
Nephrology	21	£19,743	-14	-£18,646	-12	-£2,921	192	£54,246	-214	-£10,207	-9	-£1,498	-36	£40,716
Respiratory medicine	2	-£29,856	-8	-£10,054	-6	-£1,259	100	£43,687	227	£495	144	£31,438	458	£34,451
Dietetics							-58	-£1,170	-149	-£9,162			-207	-£10,332
Vascular surgery	-11	-£10,441	-3	-£3,462			5	£843	-32	-£3,466	1	£58	-40	-£16,468
Interventional radiology	19	£10,521	-7	-£22,725	-4	-£844	78	£11,458	-22	-£1,903	-79	-£21,704	-15	-£25,198
Diabetic medicine	58	£22,827	1	£2,396	-14	-£3,350	-142	-£29,906	-169	-£17,425	-66	-£8,677	-331	-£34,134
Anticoagulant service									-3,156	-£81,164			-3,156	-£81,164
Hepatobiliary & pancreatic surgery	10	£15,147	-21	-£106,722	-2	-£521	17	£3,847	-49	-£5,069			-45	-£93,319
Gastroenterology	-32	-£77,385	-22	-£30,490	16	£3,426	-140	-£25,949	-75	£15,987	32	£9,497	-223	-£104,914
Dermatology	-47	-£26,846	1	£539			-474	-£52,651	-703	-£51,093	-24	-£11,644	-1,246	-£141,695
Urology	-15	-£34,165	-47	-£108,977	-61	-£12,715	-428	-£57,725	77	£4,990	-26	£42,104	-500	-£166,489
Trauma & orthopaedics	1	-£80,509	-59	-£91,289	94	£20,516	-88	-£11,772	-72	-£7,256	-104	-£7,378	-227	-£177,689
Ophthalmology	-219	-£157,014	5	£1,950			-261	-£31,215	106	-£32,164	-226	-£25,846	-595	-£244,290
Grand Total	**410**	**£182,015**	**-227**	**-£222,876**	**-146**	**-£33,674**	**557**	**£100,761**	**-2,066**	**-£184,954**	**132**	**£88,815**	**-1,340**	**-£69,912**

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 15 - 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	864	816	-48	-6%	£700	£597	-£103	-15%
Elective	206	174	-32	-16%	£595	£504	-£91	-15%
Elective Excess BedDays	1	36	35	2555%	£0	£8	£8	2680%
OPFAMPCL - *OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)*	260	92	-168	-65%	£39	£15	-£24	-61%
OPFASPCL - *Outpatient first attendance single professional consultant led*	2,042	2,149	107	5%	£303	£314	£11	4%
OPFUPMPCL - *OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)*	537	216	-321	-60%	£53	£24	-£29	-55%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	4,806	4,599	-207	-4%	£431	£414	-£18	-4%
Outpatient Procedure	3,683	3,416	-267	-7%	£653	£587	-£66	-10%
Unbundled Diagnostics	789	778	-11	-1%	£60	£59	-£1	-2%
Grand Total	**13,190**	**12,276**	**-914**	**-7%**	**£2,834**	**£2,521**	**-£313**	**-11%**

* PbR only

Planned care elements of the contract continue to underperform against plan with the majority of areas below year to date.

Elective and Day case procedures have struggled throughout the year with low numbers of theatre staff a factor. January saw a number of elective operations cancelled which has also impacted on the annual activity levels.

Recent Outpatient activity levels have also reduced with one factor affecting performance being the first to follow-up CQUIN. This aims to reduce the number of follow up activity closer to national levels.

3.7.3 Renacres Hospital

Figure 16 - 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	525	597	72	14%	£589	£754	£165	28%
Elective	94	131	37	39%	£447	£629	£183	41%
OPFASPCL - *Outpatient first attendance single professional consultant led*	1,113	1,103	-10	-1%	£160	£159	-£1	-1%
OPFUPSPCL - *Outpatient follow up single professional consultant led*	1,332	3,111	1,779	134%	£111	£181	£70	63%
Outpatient Procedure	639	393	-246	-39%	£94	£91	-£3	-3%
Unbundled Diagnostics	386	507	121	31%	£38	£52	£14	36%
Grand Total	**4,089**	**5,842**	**1,753**	**43%**	**£1,439**	**£1,866**	**£427**	**30%**

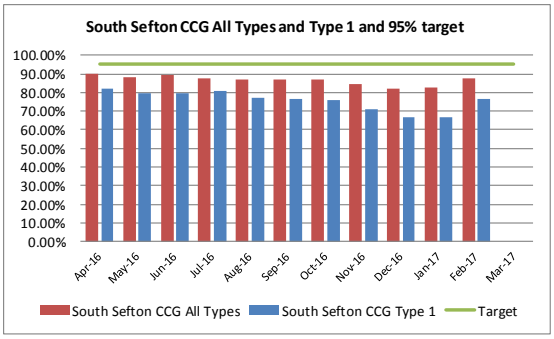
Renacres over performance of £427/30% is largely driven by a £183k over performance in Electives and £165k over performance in Day Cases. Major Hip Procedures is the largest over performing HRG followed by Reconstruction Procedures. Combined costs for these two HRG's is £121k. The over performance at Renacres is mirrored by underperformance at other Trusts, namely Spire and Southport and Ormskirk Hospitals suggesting a shift in patient and GP choice.

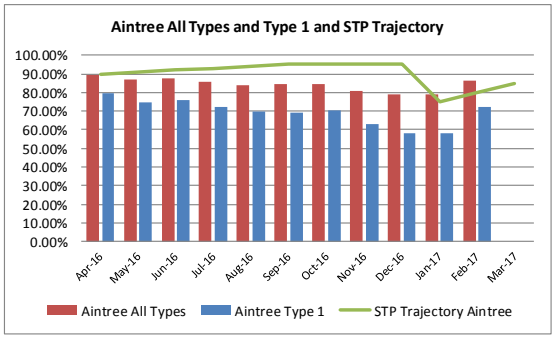
4. Unplanned Care

4.1 Accident & Emergency Performance

A&E waits					
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) All Types**	16/17 - Feb	95%	86.61%	↔	The CCG have failed the target in February reaching 87.80% and year to date reaching 86.61%. In month 907 attendances out of 7,432 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(CCG) Type 1**	16/17 - Feb	95%	75.33%	↔	The CCG have failed the target in February reaching 76.76% (year to date 75.33%). In month 903 attendances out of 3,885 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Aintree) All Types**	16/17 - Feb	STP Trajectory Target 80%	84.41%	↔	Aintree have achieved their revised target of 80% in February reaching 84.41% YTD and 86.40% in month; 1,713 attendances out of 12,595 were not admitted, transferred or discharged within 4 hours.
Percentage of patients who spent 4 hours or less in A&E (Cumulative) **(Aintree) Type 1**	16/17 - Feb	95%	69.42%	↔	Aintree have failed the target in February reaching 72.45% and year to date reaching 69.42%. In month 1,713 attendances out of 6,217 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
STP Trajectory Aintree	90%	91%	92%	93%	94%	95%	95%	95%	95%	75%	80%
Aintree All Types	89.48%	86.88%	87.50%	85.95%	84.10%	84.46%	84.76%	81.11%	79.05%	79.25%	86.40%





Aintree have revised their Cheshire & Merseyside 5 year Formal View (STP) trajectory for January to March and has achieved over the 80% February plan agreed with NHS Improvement recording 86.4%. There were no 12-hour breaches of the emergency access standard during February 2017.

Trust actions taken for improvement:

- Continue to embed all aspects of the AED stream of the Emergency and Acute Care Plan and regularly monitor performance.
- Continue to progress with recruitment strategy. One Consultant due to commence in March 2017. Further recruitment campaign has now also commenced.
- Whilst recruitment is underway, additional sessions are being arranged to fill gaps in the existing rota, continue discussions with UC24 to improve out of hours GP provision and utilisation of available slots.
- Follow-up review on ambulance handover processes undertaken by ECIP/NWAS in February 2017 to review progress made to date and identify further areas for improvement. Improvement made so far noted in report with recommendations to support further improvements to be progressed.
- Further collaborative work planned with NWAS and ECIP as part of national improvement campaign. Awaiting further information from NWAS Review current structures and develop a workforce plan which will deliver sustained performance levels. Project underway to identify the medical workforce required to consistently deliver KPIs.
- Following implementation of the new frailty model, next steps have been agreed. These include development of an in-reach model, development of the Advanced Nurse Practitioner role, further discussions with the site team to improve patient flow out of the unit and progress with the medical recruitment strategy.
- Follow-up review on Acute Medicine undertaken by ECIP in February 2017 to review progress made to date and identify further areas for improvement. Improvements made so far noted in report with recommendations to support further improvements to be progressed.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(CCG)** (Cumulative)	16/17 - Feb	75%	69.95%	↓	The CCG is under the 75% target year to date reaching 69.95%. In February out of 68 incidents, 44 were within 8 mins (64.71%)
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(CCG)** (Cumulative)	16/17 - Feb	75%	59.48%	↔	The CCG is under the 75% target year to date reaching 56.72%. In February out of 790 incidents, 448 were within 8 mins (56.72%).
Ambulance clinical quality - Category 19 transportation time **(CCG)** (Cumulative)	16/17 - Feb	95%	90.24%	↔	The CCG is under the 95% target year to date reaching 90.24%. In Febuary out of 858 incidents, 774 were within 19 mins (90.21%)
Ambulance clinical quality – Category A (Red 1) 8 minute response time **(NWAS)** (Cumulative)	16/17 - Feb	75%	67.94%	↓	NWAS reported under the 75% target year to date reaching 67.94%. In the month of February 64.71% was reported.
Ambulance clinical quality – Category A (Red 2) 8 minute response time **(NWAS)** (Cumulative)	16/17 - Feb	75%	62.60%	↔	NWAS failed to achieve the 75% target year to date reaching 62.60%. In the month of February 60.96% was reported.
Ambulance clinical quality - Category 19 transportation time **(NWAS)** (Cumulative)	16/17 - Feb	95%	88.93%	↔	NWAS failed to achieve the 95% target year to date reaching 88.93%. In the month of February 88.38% was reported.

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - **Aintree**	16/17 - Feb	0	133	↓	The Trust recorded 133 handovers between 30 and 60 minutes, this is an improvement on last month when 190 was reported but is still breaching the zero tolerance threshold.
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - **Aintree**	16/17 - Feb	0	84	↓	The Trust recorded 84 handovers over 60 minutes, an improvement on the previous month when 261 was reported but is still breaching the zero tolerance threshold.

The CCG achieved none of 3 indicators for ambulance service performance. (See above of number of incidents / breaches).

Ambulance turnaround times remain a key focus for improvement. Work with NWAS and all partners, including ECIP, is ongoing to ensure delivery of agreed actions.

Aintree are collaborating with ECIP (Emergency Care Improvement Programme) to identify reasons for delayed ambulance hand over and agree actions to recurrently improve ambulance handover performance.

The Trust experienced a decrease in the number of delays in excess of 30 minutes during February 2017. The number of ambulance waits exceeding 30 minutes decreased to 217 (-234). Of those 217, 84 were delayed in excess of 60 minutes which represents an increase of +9. The average time from notification to handover standard of 15 minutes improved in February 2017. The Trust achieved an average of 17:25 minutes compared to the 28:11 minutes reported in the previous month (an improvement of 10:46 minutes).

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 **(Aintree)**	16/17 - Feb	80%	80.65%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours **(Aintree)**	16/17 - Feb	60%	100%	↔

Stroke performance exceeded the 80% national standard at 80.6% during February 2017. There were 31 patients discharged from the Trust with a diagnosis of stroke and 25 of those spent at least 90% of their time on the stroke unit.

The team continue to perform positively against the Transient Ischaemic Attack (TIA) standard reporting 100% performance for patient scanned and treated within 24 hours during February 2017.

4.3.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(CCG)**	16/17 - Feb	0.00	0.20	↑
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE **(Aintree)**	16/17 - Feb	0.00	0.00	↔

In February the CCG had 1 mixed sex accommodation breach (a rate of 0.20) and have therefore breached the zero tolerance threshold. The breach was at Wirral University Teaching Hospital NHS Foundation Trust. Year to date there have been a total of 9 breaches.

4.3.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(CCG)**	16/17 - Feb	48	42	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) **(Aintree)**	16/17 - Feb	42	43 (20 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(CCG)**	16/17 - Feb	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) **(Aintree)**	16/17 - Feb	0	2	↔

The CCG has had 3 new C.difficile cases reported in February, a total of 42 cases year to date against a year to date plan of 48.

For Aintree this year there have been 43 patients with Trust apportioned C.difficile including 3 new cases reported in February, compared to a year to date plan of 42. There has been 23 successful appeals year to date giving a total of 20 cases following appeal.

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 have had no new cases of MRSA in February therefore reporting a total of 2 MRSA cases YTD. The first case of MRSA was reported in September (trust acquired), the second in January (community acquired).

Aintree have reported no further cases of MRSA in February, 2 cases year to date. The first case in December was assigned to the Trust, the second case in January was attributed to a third party, this is the first time an MRSA case has been attributed to another party as opposed to the Provider or CCG.

4.3.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	16/17 - Feb	100	94.14	↑
Summary Hospital Level Mortality Indicator (SHMI)	Jul-15 to June 16	100	107.59	↓

HSMR is reported for the period November 2015 to October 2016. In February performance remains below expected at 94.14, a slight decline on last month's performance.

SHMI for the period July 2015 – June 2016 is as expected at 107.59.

4.4 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 11.

There are a total of 107 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner. Of the 107, 80 are applicable to South Sefton CCG patients, 27 for Aintree University NHS Foundation Trust (UHA), 6 of these from South Sefton CCG.

Aintree University Hospitals NHS Foundation Trust - 27 open Serious Incidents on StEIS with 4 reported in February 2017 making a total of 28 year to date. 18 remain open for >100 days. 4 cases are subject to Safeguarding Adult Board (SAB) processes (Liverpool, West Lancashire and Knowsley CCGs) and 1 subject to police investigation now completed with the CCG serious incident process now progressing.

Liverpool Community Health NHS Trust - 41 open serious incidents on StEIS affecting South Sefton CCG patients. 21 remain open for >100 days, 1 case is under Local Safeguarding Children Board processes. There were 3 serious incidents reported in February 2017, a total of 41 year to

date, 22 year to date relate to pressure ulcers. The Trust has a composite pressure ulcer action plan in place; this continues to be monitored at the monthly Clinical Quality and Performance meeting.

Mersey Care NHS Foundation Trust - 20 incidents open on StEIS for South Sefton CCG patients, with 14 remaining open >100 days. 2 serious incidents reported in February 2017 making a total of 18 year to date. Two incidents reported in June relate to Secure Services and are managed by NHS England Specialist Commissioning.

4.5 CCG 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 (DTOC's) at Aintree saw a reduction in February with 21 compared to January recording 29 (-28%). Patient and/or family choice resulted in 12 delayed transfers (57%), a further 4 were due to delays incurred whilst awaiting further NHS non acute care (19%), 4 were due to awaiting care package in own home (19%) and 1 due to completion of assessment (5%).

Analysis of delays in February 2017 compared to February 2016 illustrates a 17% increase in total number of delays. The number of patients awaiting further NHS non-acute care has shown a reduction of 7 (-64%) from the previous year and 7 more delays due to patient or family choice (+140%).

Delayed Transfers of Care at Aintree April – February 2017

	2015-16												2016-17										
Reason For Delay	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
A) COMPLETION ASSESSMENT	0	0	0	0	1	0	0	1	1	0	0	0	0	0	3	2	3	4	0	0	2	1	1
B) PUBLIC FUNDING	0	0	0	0	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	8	5	6	14	4
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	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	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	4	2	5	4	4
F) COMMUNITY EQUIPMENT/ADAPTIONS	2	1	0	0	0	1	0	0	0	1	1	1	1	0	1	1	0	0	0	0	0	1	0
G) PATIENT OR FAMILY CHOICE	6	11	14	5	5	11	14	12	8	3	5	20	14	18	17	14	14	14	6	16	9	9	12
H) DISPUTES	1	1	1	0	0	0	0	0	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	0	0	0	0	0
Grand Total	**20**	**22**	**24**	**13**	**16**	**20**	**27**	**24**	**17**	**11**	**18**	**30**	**33**	**30**	**36**	**35**	**32**	**33**	**18**	**23**	**22**	**29**	**21**

In terms of actions taken by the CCG to reduce the number of Delayed Transfers of Care within the acute setting, the Urgent 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.

At times of severe pressure and high escalation the CCG Urgent Care lead participates in a system wide teleconference, which incorporates all acute trusts within the North Mersey AED delivery board, NWAS, local authorities, intermediate care providers, community care providers and NHSE to work collaboratively and restore patient flow.

Additionally, the Urgent Care Commissioning Lead attends a focused MADE (Multi Agency Discharge Event) on the Aintree site each Wednesday. The event focuses on a small number of themes associated with delayed discharges and seeks to achieve rapid change to systems and processes which have the potential to extend patients stay within the acute setting.

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: **Feb-17**

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	15.0%	16.7%		87%	86%		7%	10%	

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.

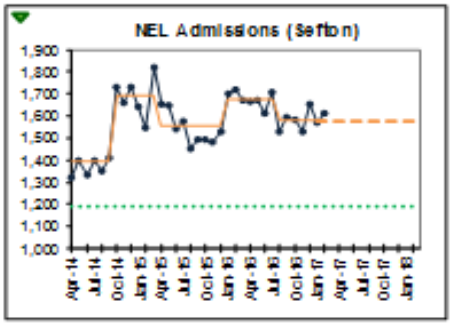
The percentage of people that would recommend A&E is under the England average reporting 86% in February compared to an England average of 87%. However this is an increase on January when 80% was reported. The not recommended percentage follows a similar pattern with performance at 10% in February compared to a 7% average; this again is an improvement on the previous month.

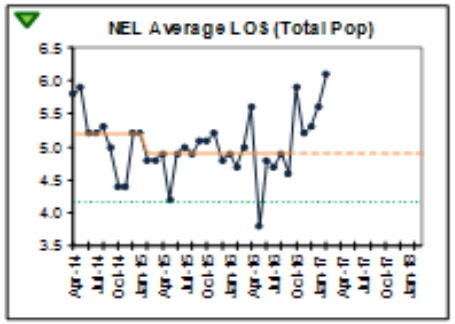
Aintree's Patient Experience Lead will provide an update in April to the CCG Engagement and Patient Experience Group. The Trust will provide feedback in how FFT serves to inform the Trust where to improve services for its patients. This presentation is welcomed by EPEG and gives assurances that patient engagement and experience is considered as important as clinical effectiveness and safety in making up quality services.

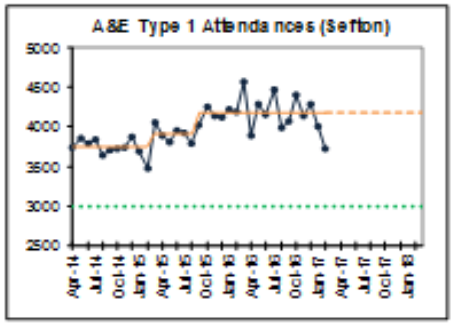
The CCG Experience and Patient Engagement Group have created a dashboard to incorporate information available from FFTs, complaints and compliments.

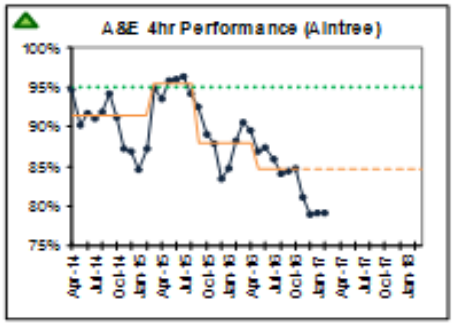
4.7 South Sefton Urgent Care Dashboard

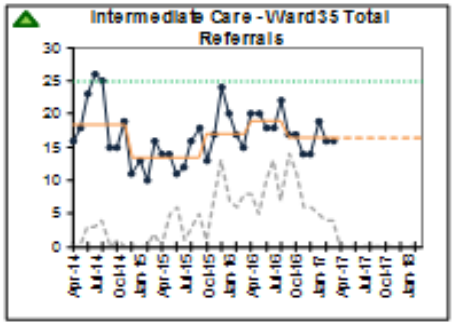
An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 12 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.

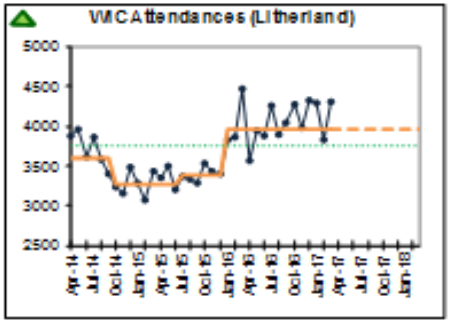

NEL Admissions (Sefton)

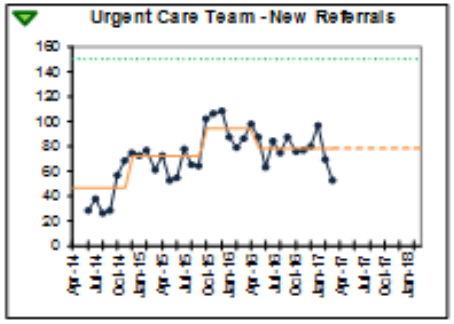

NEL Average LOS (Total Pop)

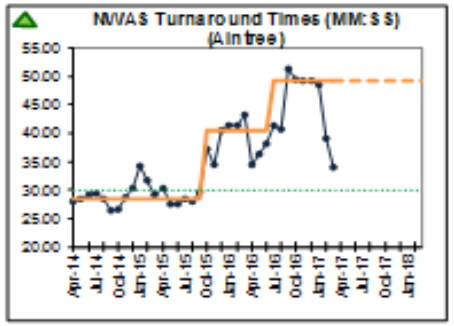

A&E Type 1 Attendances (Sefton)

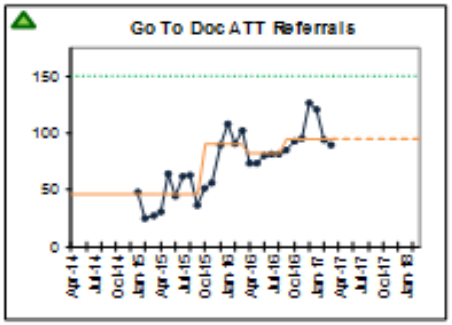

A&E 4hr Performance (Aintree)

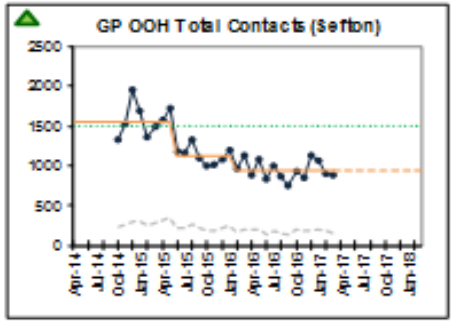

Intermediate Care - Ward 35 Total Referrals

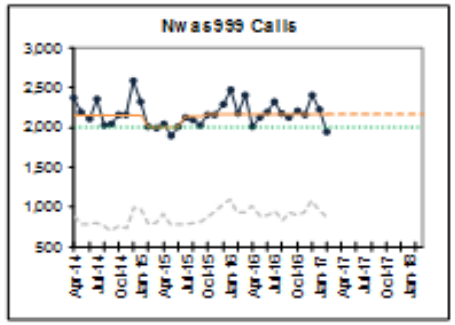

WIC Attendances (Litherland)

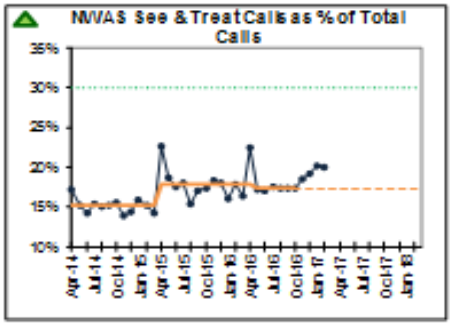

Urgent Care Team - New Referrals

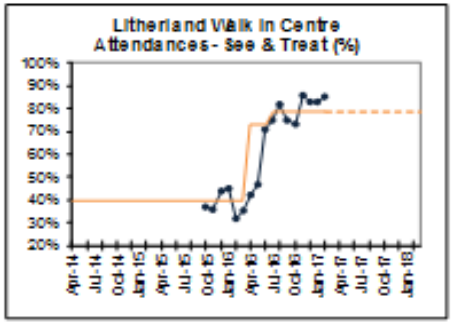

NWAS Turnaround Times (MM:SS) (Aintree)

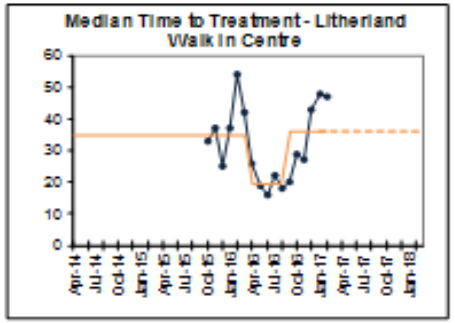

Go To Doc ATT Referrals

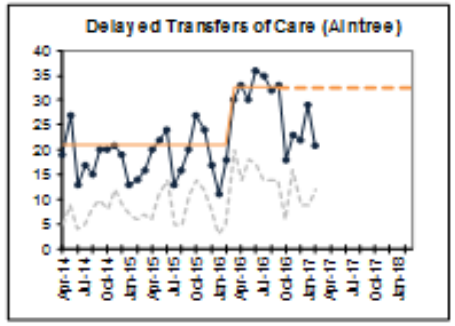

GP OOH Total Contacts (Sefton)


Nwas999 Calls


NWAS See & Treat Calls as % of Total Calls


Litherland Walk In Centre Attendances - See & Treat (%)


Median Time to Treatment - Litherland Walk In Centre


Delayed Transfers of Care (Aintree)

NHS
South Sefton
Clinical Commissioning Group

Definitions

Measure	Description	Expected Directional Travel	
Non-Elective Admissions (O#1)	Spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.	↓	Commissioners aim to reduce non-elective admissions by 15%
Non-Elective Admissions Length of Stay (O#2)	The average length of stay (days) for spells with an admission method of 21-28 where the patient is registered to a South Sefton GP practice.	↓	Commissioners aim to see a reduction in average non-elective length of stay.
A&E Type 1 Attendances (O#3)	South Sefton registered patients A&E attendances to a Type 1 A&E department i.e. consultant led 24 hour service with full resus facilities and designated accommodation for the reception of A&E patients.	↓	Commissioners aim to see fewer patients attending Type 1 A&E departments.
A&E 4hr % Aintree - All Types (O#4)	The percentage of A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge. Refers to Aintree University Hospital Trust catchment activity across all A&E department types (including walk-in centres).	↑	Commissioners aim to improve A&E performance to ensure that it meets/exceeds the 95% target.
Walk-in Centre Attendances (P#1)	All attendances (irrespective of patient registered GP practice) to Litherland walk-in centre.	↑	Commissioners aim to see an increase in patients attending walk-in centres (thus avoiding Type 1 A&E departments where possible).
Urgent Care Team New Referrals (P#2)	New patients seen by the Community Urgent Care Team in South Sefton.	↑	Commissioners aim to see an increase in patients being referred to the Community Urgent Care Team.
Intermediate Care - Ward 35 Total Referrals (P#3)	New referrals for South Sefton patients to Ward 35 Intermediate Care Unit at Aintree University Hospital.	↑	Commissioners aim to see an increase in patients being referred to Ward 35 Intermediate Care Unit.
Go to Doc ATT Referrals (P#4)	All South Sefton referrals to the Alternative to Transfer (ATT) service.	↑	Commissioners aim to see an increase in referrals to the ATT service.
Go to Doc Out of Hours Activity (P#5)	Total contacts to the South Sefton out of hours provider.	↑	Commissioners aim to see an increase in out of hours contacts.
NWAS Turnaround Times - Aintree (P#6)	Average time of Ambulance arrival (geofence or button press) to Ambulance clear and available (of All attendances) at Aintree University Hospital.	↓	Commissioners aim to see a reduction in average turnaround times so that they are less than or meet the 30 minute standard.
NWAS 999 Calls (B#1)	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.	↓	Commissioners aim to see a decrease in the number of emergency calls.
NWAS Cat Red Calls (B#2)	South Sefton - A combination of Red 1 and Red 2 Calls. Red 1 refers to life-threatening requiring intervention and ambulance response. Red 2 refers to immediately life-threatening requiring ambulance response.	↓	Commissioners aim to see a decrease in the number of life-threatening emergency calls.
NWAS See & Treat Calls	South Sefton - The number of incidents, following emergency or urgent calls, resolved with the patient being treated and discharged from ambulance responsibility on scene. There is no conveyance of any patient.	↑	Commissioners aim to see an increase in the number of patients who can be seen and treated on scene (where possible) to avoid an unnecessary conveyance to hospital.

4.8 Unplanned Care Activity & Finance, All Providers

4.8.1 All Providers

Performance at Month 11 of financial year 2016/17, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£672k/-2%. This under-performance is clearly driven by Aintree Hospital reporting an under performance of -£533k/-2%. Alder Hey Hospital is reporting the largest year to date over performance with a £189/10% variance. Further analysis is taking place of the Alder Hey contract to understand the key areas of over performance alongside population measures such as birth rates.

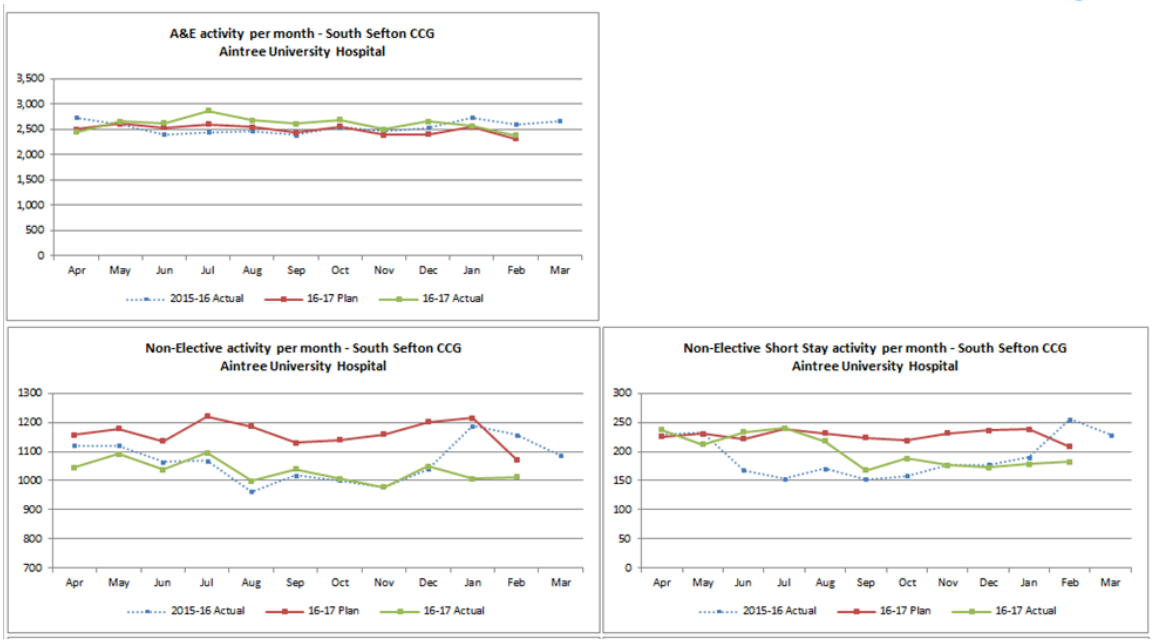
Figure 17 - Month 11 Unplanned Care – All Providers

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	87,235	96,604	9,369	11%	£31,997	£31,465	-£533	-2%
Alder Hey Childrens NHS F/T	8,696	8,761	65	1%	£1,821	£2,010	£189	10%
Central Manchester University Hospitals Nhs Foundation Trust	61	72	11	17%	£15	£24	£9	59%
Countess of Chester Hospital NHS Foundation Trust	0	57	57	0%	£0	£21	£21	0%
Liverpool Heart and Chest NHS F/T	211	100	-111	-53%	£240	£267	£27	11%
Liverpool Womens Hospital NHS F/T	3,536	3,209	-327	-9%	£3,142	£3,040	-£102	-3%
Royal Liverpool & Broadgreen Hospitals	5,977	5,362	-615	-10%	£2,214	£1,892	-£321	-15%
Southport & Ormskirk Hospital	11,786	11,787	1	0%	£2,653	£2,641	-£12	0%
ST Helens & Knowsley Hospitals	807	924	117	15%	£327	£380	£53	16%
University Hospital Of South Manchester Nhs Foundation Trust	37	32	-5	-14%	£13	£13	£0	1%
Wirral University Hospital NHS F/T	223	190	-33	-15%	£82	£69	-£13	-16%
Wrightington, Wigan And Leigh Nhs Foundation Trust	38	39	1	1%	£14	£23	£9	62%
Grand Total	**118,608**	**127,137**	**8,529**	**7%**	**£42,517**	**£41,845**	**-£672**	**-2%**

4.8.2 Aintree University Hospital NHS Foundation Trust

Figure 18 - Month 11 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	37,108	44,158	7,050	19%	£883	£883	£0	0%
A&E - *Accident & Emergency*	27,419	28,666	1,247	5%	£3,392	£3,576	£185	5%
NEL - *Non Elective*	12,755	11,326	-1,429	-11%	£24,375	£23,181	-£1,194	-5%
NELNE - *Non Elective Non-Emergency*	40	33	-7	-18%	£113	£108	-£6	-5%
NELNEXBD - *Non Elective Non-Emergency Excess Bed Day*	37	94	57	156%	£9	£20	£11	123%
NELST - *Non Elective Short Stay*	2,504	2,205	-299	-12%	£1,643	£1,558	-£85	-5%
NELXBD - *Non Elective Excess Bed Day*	7,371	10,122	2,751	37%	£1,583	£2,139	£556	35%
Grand Total	**87,235**	**96,604**	**9,369**	**11%**	**£31,997**	**£31,465**	**-£533**	**-2%**



4.8.3 Aintree Hospital Key Issues

The overall Urgent Care over spend of £122k/0% is driven by a £1.2m over performance in Non Elective Excess Bed Days. This over performance offsets the £1.7m under performance seen in Non Elective activity. 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 19 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG Caseload as at 28/02/2017	2016/17 Plan	Variance from Plan	Variance on 29/02/2016
0 Variance	112	88	24	13
1 Common Mental Health Problems (Low Severity)	55	42	13	20
2 Common Mental Health Problems (Low Severity with greater need)	30	22	8	-
3 Non-Psychotic (Moderate Severity)	127	217	(90)	(65)
4 Non-Psychotic (Severe)	293	215	78	86
5 Non-psychotic Disorders (Very Severe)	86	62	24	26
6 Non-Psychotic Disorder of Over-Valued Ideas	44	40	4	(2)
7 Enduring Non-Psychotic Disorders (High Disability)	280	192	88	62
8 Non-Psychotic Chaotic and Challenging Disorders	142	98	44	35
10 First Episode Psychosis	151	138	13	12
11 On-going Recurrent Psychosis (Low Symptoms)	368	433	(65)	(66)
12 On-going or Recurrent Psychosis (High Disability)	382	307	75	75
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	112	(5)	(4)
14 Psychotic Crisis	26	21	5	10
15 Severe Psychotic Depression	6	6	-	-
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	41	34	7	5
17 Psychosis and Affective Disorder – Difficult to Engage	49	58	(9)	(3)
18 Cognitive Impairment (Low Need)	245	223	22	23
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	443	505	(62)	(42)
20 Cognitive Impairment or Dementia Complicated (High Need)	420	332	88	74
21 Cognitive Impairment or Dementia (High Physical or Engagement)	142	76	66	44
Cluster 99	684	402	282	252
Total	4,233	3,623	610	555

5.1.1 Key Mental Health Performance Indicators

Figure 20 - 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	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
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%	93%	95%	96%	94%	93%

There were 2 breaches out of a total of 28 CPA discharges in South Sefton. The CCG requested further information from the Trust regarding the 2 breaches, 1 breach was due to an administrative error by the team and will be following up to prevent a re-occurrence. The second breach went AWOL from the ward and was discharged in their absence on the 13th February. Whereabouts of patient unknown. Staff attempted contact continuously; however to no avail.

Figure 21 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
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%	100%	100%	100%	100%	100%

Figure 22 - Figure 16 EIP 2 week waits

	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
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%	50%	86%	100%	75%	83%	50%	50%
Rolling Quarter				37.50%	50%	50%	73%	100%	86%	85%	50%	50%

5.1.2 Mental Health Contract Quality Overview

Commissioners continue to be involved in the Trust's review of the acute care pathway (including crisis). 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 initial draft of the review has been received by commissioners and has been commented upon.

The recommendations from the review will be considered by both Mersey Care NHS Foundation Trust and the North Mersey Transformation Board. 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.

In response to ongoing concerns around access and communication a bi-monthly referral interface meeting has been established involving clinical commissioners and operational staff from the Trust and it includes Access Sefton IAPT staff.

The Trust has confirmed that the RIO clinical information system will be delayed with an end date for April 2018. The Trust has created a joint implementation team with the 5 Boroughs Partnership Foundation NHS Foundation Trust. The key milestones are:

- Single governance approach for RIO to be agreed by 1st April 2017.
- Planned go live for Complex Care services – November 2017.
- Planned go live for Adult Services - February 2018.
- Planned go live for Specialist and other services - April 2018.

From April 2017 the primary data source for reporting of Early Intervention Psychosis RTT will switch from Unify to the Mental Health Services Data set (MHSDS), as RIO has been delayed the Trust is actively testing the R32 upgrade for its existing Epex system to as ensure that EIP data will flow from the Trust to MHSDS as Unify reporting will be discontinued in June 2017. The recent tripartite meeting held on 22nd February 2017 with NHS England highlighting this as a significant risk. The Trust has highlighted MHSDS reporting as a risk within their risk register.

5.2 Improving Access to Psychological Therapies

Figure 23 - **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 defininiton of those who have entered into treatment	2015/16	143	158	201	204	166	232	184	252	267	343	262	256
	2016/17	282	294	293	272	246	268	269	253	197	303	284	
2016/17 approx. numbers required to enter treatment to meet monthly Access target of 1.25%	*Target*	*303*	*303*	*303*	*303*	*303*	*303*	*303*	*303*	*303*	*303*	*303*	*303*
	Variance	*-21*	*-9*	*-10*	*-31*	*-57*	*-35*	*-34*	*-50*	*-106*	*0*	*-19*	
	%	*-6.8%*	*-2.8%*	*-3.1%*	*-10.1%*	*-18.7%*	*-11.4%*	*-11.1%*	*-16.4%*	*-34.9%*	*0.2%*	*-6.1%*	
Access % ACTUAL *- Monthly target of 1.3%* *- Year end 15% required*	2015/16	0.59%	0.65%	0.83%	0.84%	0.68%	0.95%	0.76%	1.04%	1.10%	1.41%	1.08%	1.05%
	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.10%	1.11%	1.04%	0.81%	1.25%	1.17%	
Recovery - National Target	2016/17	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
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	41.1%	37.9%	30.7%	38.9%	35.0%	42.0%	38.6%	41.3%	36.7%	40.1%	50.3%	
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%	98.0%	99.5%	98.0%	98.8%	99.4%	
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%	100.0%	100.0%	99.3%	100.0%	100.0%	
National definition of those who have completed treatment (KPI5)	2015/16	134	117	120	136	119	143	117	132	119	124	114	162
	2016/17	166	162	156	164	146	171	161	211	153	169	171	
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	3	9	3	7	6	9	8	10	6	12	10	
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	67	58	47	61	49	68	59	83	54	63	81	
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	87.9%	89.4%	91.3%	84.2%	85.7%	84.2%	88.2%	83.0%	80.7%	84.1%	79.4%	

The provider (Cheshire & Wirral Partnership) reported 284 South Sefton patients entering treatment in Month 11, which is a 6.3% decrease to the previous month. The access standard (access being the number of patients entering first treatment as a proportion of the number of people per CCG estimated to have common mental health issues) is currently set at 15% for 2016/17 year end. Current activity levels provide a forecast outturn of 13.3% 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 436 Referrals in Month 11, which was a slight increase compared to the previous month when there was 428. This is also the highest monthly total of 2016/17 to date. Of these, 50.0% were Self-referrals, which is the lowest monthly proportion of the year. GP Referrals increased to 123 compared to 100 for Month 10. 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 50.3% in Month 11, which meets the minimum standard of 50%, this is the first time this year that the monthly target has been met. A forecast outturn at Month 11 gives a year end position of 39.5%, 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 11 with 71 compared to 92 in Month 10.

There was a slight decrease in DNAs in Month 11 (from 164 in Month 10 to 162 in Month 11); 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.

In month 11 99.4% 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 eleven months of 2016/17 for South Sefton CCG.

5.3 Dementia

Summmary for NHS South Sefton dementia registers at 28-02-2017

People Diagnosed with Dementia (Age 65+)	1,191
Estimated Prevalence (Age 65+)	2,091
Gap - Number of addition people who could benefit from diagnosis (all ages)	981
NHS South Sefton - Dementia Diagnosis Rate (Age 65+)	56.9%
National estimated Dementia Diagnosis Rate	67.3%
Target	66.70%

Latest guidance from Operations and Guidance Directorate NHS England has confirmed that following a review by NHS Digital a decision has been made to change the way the dementia diagnosis rate is calculated for April 2017 onwards. The new methodology is based on GP registered population instead of ONS population estimates. Using registered population figures is more statistically robust than the previous mixed approach.

The latest data on the NHS England site (in the above table) is not using the new methodology until April 2017; hence a lower rate than the new methodology will show.

6. Community Health

6.1 Liverpool Community Health Contract

The Trust continues to deliver this service and send through their usual reports until the new contract with Mersey care commences in June 2017.

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 13.1% in Feb-17, a slight improvement on last month's performance. Adult Dietetics is also high this month at 15.9% compared to 21.1% last month, as well as Paediatric Dietetics at 13.6% compared to 15.7% last month. Total DNA rates at Sefton are green for this month at 8.3%.

Provider cancellation rates are reporting green this month for all services with the exception of treatment rooms reporting 5.3% in February and Podiatry reporting 4.1%. Total hospital cancellation rate for Sefton is green at 2.3% 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 February 2017. Total patient cancellations for Sefton have increased slightly in February 2017, increasing from 10.9% to 11.2%.

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 January 2017;

Adult SALT: This service had issues with long waiting times at the beginning of the financial year. The Trust did work to improve this, and waiting times were reduced significantly between July and November 2016. However, December and January data shows that waiting times are beginning to increase again over the 18 week threshold. In December an average (92nd percentile) wait on the incomplete pathway of 19 weeks was reported, however this has decreased again to 15 weeks in January. An average (95th percentile) wait of 20 weeks was reported on the completed pathway in December; this has worsened to 23 weeks in January. The longest waiting patient is currently at 20 weeks. 2 patients were breaching the 18 week target at this point compared to 8 last month.

Physiotherapy: Waiting times have steadily increased over the past 6 months, resulting in this service failing the 18 week target again in January for completed pathways at 20 weeks. However this is an improvement on last month. Performance on the incomplete pathway has also improved from 20 weeks in November to 15 in December and January, with 2 patients over 18 weeks compared to 8 last month. The longest waiter was 1 patient waiting at 20 weeks.

Occupational Therapy: Waiting times on the completed pathways (95th Percentile) have gradually increased over the past 5 months resulting in a breach of the 18 week target. An average of 22 weeks was reported in January, a slight decline on last month's performance. The longest waiter was at 21 weeks with the number of patients breaching falling from 7 to 2.

Nutrition & Dietetics: Waiting times on the completed pathways have increased to 24 weeks from the 20 weeks reported in December, therefore this service is still reporting a breach of the 18 week target, whilst the incomplete pathway is still achieving. The longest waiter was at 27 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. In January, on the incomplete pathway the average waiting time (92nd percentile) has increased again from 34 weeks to 36 weeks and is therefore still breaching the 18 week target. The longest waiting patient was waiting at 49 weeks. This service has consistently breached the 18 week target since it began reporting in August, showing no signs of improvement.

6.2 Any Qualified Provider LCH Podiatry Contract

The trust continues to use the £25 local tariff. At Month 11 2016/17 the YTD costs for the CCG are £286,855 with attendances at 3,053. At the same time period last year the costs were £327,021 and attendances at 3,547.

6.2.1 Liverpool Community Health Quality Overview

The Trust regularly revises 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 (CF) and CQPG.

A Quality Handover document has been developed with NHSE and stakeholders incorporating the Risk Profile Tool to share with the new community providers, this will be monitored at the new CQPGs. In addition

The following has occurred and continues regarding Quality Handover of LCH services:

- CCG represented at the NHSI Clinical Quality Oversight Group
- Quality Risk Profile Tool has been completed for a final time and agreed with commissioners, regulators and provider (separate agenda item at Quality Committee)
- Enhanced Surveillance document completed by NHSE with input from the CCG
- CCGs attended Quality Handover event on 16th March 2017.

6.3 Southport and Ormskirk Trust Community Services

<u>EMIS Migration</u>

The Trust has migrated over from the old IPM clinical system to EMIS. However due to the contract transferring over to a different provider for June 2017 onwards, they did not commence phase 2 of this migration. Phase 2 was meant to ensure that all services were recording data properly and allow for any variances from previous activity to be investigated and accounted for. Due to limited staffing and the implementation of MCAS taking priority, phase 2 was delayed.

<u>New Community Provider</u>

The Trust is currently liaising with the new community provider, Lancashire Care, to arrange to share their instance of EMIS for a temporary period. Although concerns over information governance issues have been raised with regards to this proposal, it has been agreed that this is

the only safe option for patients, to ensure that no records are lost during the handover. However this will mean that the level of detail in terms of reporting will be limited to basic information reporting such as contacts and referrals. The proposal will be for 6 months and in the meantime the receiving organisation, Lancashire Care, will be expected to take steps towards getting their own instance of EMIS.

Members of both the CCG BI team and the new provider's BI team have met on a couple of occasions to establish relationships and form an information sub group, which will be a monthly meeting where any data quality issues can be raised by either party. Initial discussions have been around improving on existing reports, firstly by making sure the quality of the data is to a high standard, and eventually moving towards creating new activity plans, waiting times targets, and key performance indicators.

7. Third Sector Contracts

Most NHS Standard Contracts and Grant Agreements for 2017-18 are now complete and have been issued to providers for signature. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans. It is anticipated that all NHS Standard Contracts and Grant Agreements will be signed by both parties by the end of April 2017. Reports detailing outcomes for 2016-17 are underway and will be finalised in May for review by commissioners.

8. Primary Care

8.1 Primary Care Dashboard progress

Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle. A core set of indicators allowing benchmarking across a number of areas has been produced first (practice demographics, GP survey patient satisfaction, secondary care utilisation rates, CQC inspection status), followed by further indicators and bespoke information to follow in phase II of this dashboard. There are various "views" of the data, for CCG level users to view the indicators across the CCG area with the ability to drill to locality and practice level. Another report requiring further development will allow individual practices to review individual patients where the practice may have been identified as an outlier in the benchmarking dashboard. It will allow patients to be identified to support local schemes for example A&E frequent attenders, alcohol related admissions etc. The dashboard makes information 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. Phase One rollout is planned as follows:

NHS
South Sefton
Clinical Commissioning Group

Locality roll out in South Sefton is planned for Q2 as part of the South Sefton locality work plan that has been developed. This will support the South Sefton LQC 'Part 2 - Data Review' element of the contract

In Southport & Formby, Data Review is not part of LQC but the Southport & Formby locality lead is discussing the dashboard (and other elements of Aristotle and the use of data and tools) with GP leads to develop a work plan.

Use of Aristotle has also been built into the iMerseyside Informatics Team SLA and work plan for the Informatics Team. The SLA will be presented to LMC for review in April, and also to CCG for review and sign off.

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. South Sefton CCG did not have any GP practices with CQC inspection results published in the past month. All the results are listed below:

Figure 24 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84002	**Aintree Road Medical Center**	**n/a**	**Not yet inspected the service was registered by CQC on 20 July 2016**					
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Center	17 June 2016	Good	Good	Good	Good	Good	Good
N84019	**North Park Health Center**	**n/a**	**Not yet inspected the service was registered by CQC on 20 July 2016**					
N84028	The Strand Medical Center	19 February 2015	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	23 April 2015	Good	Good	Good	Good	Good	Good
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	10 November 2016	Good	Requires Improvement	Good	Good	Good	Good
N84011	Eastview Surgery	07 January 2016	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84020	Blundellsands Surgery	24 November 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	29 October 2015	Requires Improvement	Good	Good	Good	Good	Requires Improvement
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	THORNTON - ASHURST HEALTHCARE LTD	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good
N84626	HIGHTOWN - ASHURST HEALTHCARE LTD	18 February 2016	Requires Improvement	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	05 March 2015	Good	Requires Improvement	Good	Good	Good	Good
N84010	**Maghull Family Surgery (Dr Sapre)**	**n/a**	**Not yet inspected the service was registered by CQC on 20 July 2016**					
N84025	Westway Medical Center	23 September 2016	Good	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	10 May 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Center	15 June 2016	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good
N84035	15 Sefton Road	23 November 2016	Good	Requires Improvement	Good	Good	Good	Good
N84605	**Litherland Town Hall Hth Ctr (Taylor)**	**n/a**	**Not yet inspected the service was registered by CQC on 13 November 2014**					
N84630	**Netherton Health Center (Dr Jude)**	**n/a**	**Not yet inspected the service was registered by CQC on 21 July 2016**					

Key	
	= Outstanding
	= Good
	= Requires Improvement
	= Inadequate
	= Not Rated
	= Not Applicable

9. Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England relating to Quarter 3 of 2016/17. The guidance for BCF 2017/18 is awaited but due for imminent release.

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 NHS England assess and manage their 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.

A dashboard is released each quarter by NHS England consisting of sixty indicators. Performance is reviewed quarterly at CCG Senior Management Team meetings, and Senior Leadership Team, Clinical and Managerial Leads have been identified to assign responsibility for improving performance for those indicators. This approach allows for sharing of good practice between the two CCGs, and the dashboard is released for all CCGs nationwide allowing further sharing of good practice.

Quarter 4 data will be published on the 27th April.

NHS
South Sefton
Clinical Commissioning Group

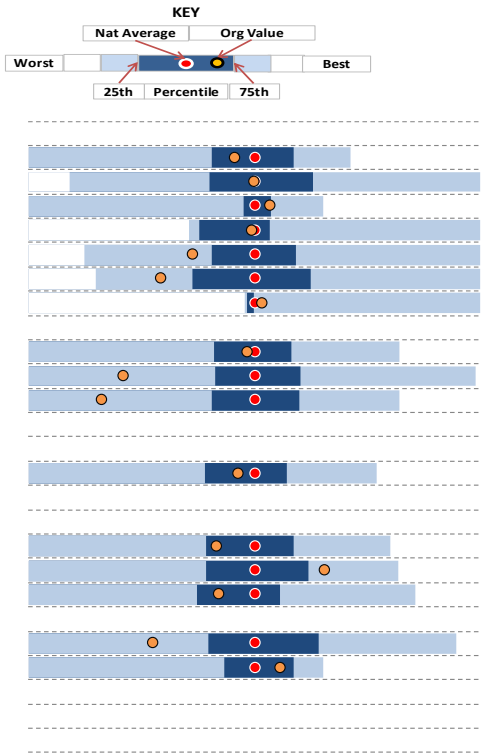
10.2 Q3 Improvement & Assessment Framework Dashboard

Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

KEY
H = Higher
L = Lower
<> = N/A

	Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
	Better Health					
▼	Maternal smoking at delivery	Q2 16/17	12.3%	10.4%		L
◀▶	Percentage of children aged 10-11 classified as overweight or obese	2014-15	33.3%	33.2%		L
▼	Diabetes patients that have achieved all the NICE recommended treatment targets:	2014-15	42.4%	39.8%		H
▼	People with diabetes diagnosed less than a year who attend a structured education	2014-15	5.4%	5.7%		H
▼	Injuries from falls in people aged 65 and over	Jun-16	2,479	1,985		L
▲	Utilisation of the NHS e-referral service to enable choice at first routine elective	Sep-16	21.1%	51.1%		H
▲	Personal health budgets	Q2 16/17	31.0	18.7		H
▼	Percentage of deaths which take place in hospital	Q1 16/17	50.3%	47.1%		<>
▲	People with a long-term condition feeling supported to manage their condition(s)	2016	63.8%	64.3%		H
▲	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive	Q4 15/16	1,537	929		L
▼	Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	3,643	2,168		L
▲	Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Sep-16	1.2	1.1		<>
▼	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in	Sep-16	7.9%	9.1%		<>
▲	Quality of life of carers	2016	0.79	0.80		H
	Better Care					
◀▶	Provision of high quality care	Q3 16/17	61.0			H
◀▶	Cancers diagnosed at early stage	2014	47.7%	50.7%		H
▼	People with urgent GP referral having first definitive treatment for cancer within 62	Q2 16/17	87.9%	82.3%		H
▲	One-year survival from all cancers	2013	69.1%	70.2%		H
◀▶	Cancer patient experience	2015	8.8			H
▲	Improving Access to Psychological Therapies recovery rate	Sep-16	40.2%	48.4%		H
▲	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	Nov-16	85.7%	77.2%		H
▼	Children and young people's mental health services transformation	Q2 16/17	35.0%			H
◀▶	Crisis care and liaison mental health services transformation	Q2 16/17	42.5%			H
◀▶	Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	12.5%			H



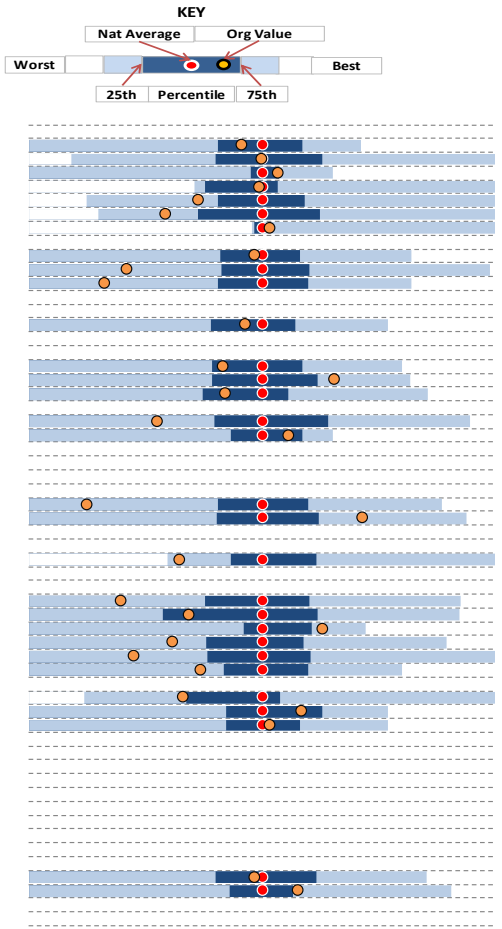
NHS
South Sefton
Clinical Commissioning Group

Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date

If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

KEY
H = Higher
L = Lower
<> = N/A

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	66			L
Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	10.4%	37.1%		H
Neonatal mortality and stillbirths	2014-15	4.5	7.1		L
Women's experience of maternity services	2015	81.2			H
Choices in maternity services	2015	67.0			H
Estimated diagnosis rate for people with dementia	Nov-16	56.6%	68.0%		H
Dementia care planning and post-diagnostic support	2015/16	73.9%			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	Nov-16	84.4%	88.4%		H
Delayed transfers of care per 100,000 population	Nov-16	7.2	15.0		L
Population use of hospital beds following emergency admission	Q1 16/17	1.2	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 access	Q3 16/17	0.0%			H
Primary care workforce	H1 2016	0.9	1.0		H
Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	92.3%	90.6%		H
People eligible for standard NHS Continuing Healthcare	Q2 16/17	43.7	46.2		<>
Sustainability					
Financial plan	2016	Amber			<>
In-year financial performance	Q2 16/17	Red			<>
Outcomes in areas with identified scope for improvement	Q2 16/17	CCG not include			H
Expenditure in areas with identified scope for improvement	Q2 16/17	Not included in			H
Local digital roadmap in place	Q3 16/17	Yes			<>
Digital interactions between primary and secondary care	Q3 16/17	60.0%			H
Local strategic estates plan (SEP) in place	2016-17	Yes			<>
Well Led					
Probity and corporate governance	Q2 16/17	Fully compliant			H
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			H
Quality of CCG leadership	Q2 16/17	Green			<>



NHS
South Sefton
Clinical Commissioning Group

Appendix – Summary Performance Dashboard

Aristotle Business Intelligence

South Sefton CCG - Performance Report 2016-17

NHS
Midlands and Lancashire Commissioning Support Unit

Metric	Reporting Level		2016-17												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Preventing People from Dying Prematurely															
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) 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	G	G	G	G		G
		Actual	94.772%	94.697%	95.563%	96.604%	96.918%	97.661%	94.505%	95.971%	95.879%	94.005%	95.736%		95.706%
		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%
1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) 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						G
		Actual	95.021%			96.99%			95.489%						95.832%
		Target	93.00%			93.00%			93.00%			93.00%			93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) 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	R	R	G	G	G		G
		Actual	100.00%	96.078%	89.091%	94.118%	94.34%	95.455%	90.00%	92.727%	96.104%	95.522%	98.876%		94.83%
		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%
1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) 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						G
		Actual	95.062%			94.706%			93.145%						94.138%
		Target	93.00%			93.00%			93.00%			93.00%			93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		Actual	96.61%	98.305%	98.387%	100.00%	98.795%	100.00%	98.507%	96.471%	98.529%	96.97%	98.551%		98.253%
		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%
1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G			G			G						G
		Actual	97.253%			99.522%			97.727%						98.20%
		Target	96.00%			96.00%			96.00%			96.00%			96.00%

NHS
South Sefton
Clinical Commissioning Group

26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	R	G	G	G	G	G	R	R		G
		Actual	90.909%	100.00%	100.00%	91667%	100.00%	100.00%	100.00%	100.00%	100.00%	91667%	92.857%		96.581%
		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%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G			G			G						G
		Actual	96.774%			96.552%			100.00%						97.802%
		Target	94.00%			94.00%			94.00%			94.00%			94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	R	G	G	G	G	G	R	G		G
		Actual	100.00%	100.00%	100.00%	94.737%	100.00%	100.00%	100.00%	100.00%	100.00%	93.75%	100.00%		98.864%
		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%	98.00%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G			G			G						G
		Actual	100.00%			98.734%			100.00%						99.446%
		Target	98.00%			98.00%			98.00%			98.00%			98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	R	G	R	G	R	G	G	G	R	G		G
		Actual	100.00%	93.333%	100.00%	91667%	95.238%	93.548%	100.00%	100.00%	100.00%	90.909%	100.00%		96.861%
		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%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G			R			G						G
		Actual	97.674%			93.75%			100.00%						97.125%
		Target	94.00%			94.00%			94.00%			94.00%			94.00%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) 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	R	R	R	R		G
		Actual	88.462%	91429%	92.105%	90.323%	86.957%	86.667%	96.97%	81818%	77.778%	83.333%	75.00%		86.835%
		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%
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) 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
		Actual	90.099%			87.85%			87.097%						88.372%
		Target	85.00%			85.00%			85.00%			85.00%			85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) 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	G	G	G	R		G
		Actual	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%		98.182%
		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%

NHS
South Sefton
Clinical Commissioning Group

1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) 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
		Actual	100.00%		100.00%		100.00%							100.00%
		Target	90.00%		90.00%		90.00%							90.00%

Ambulance

1887: Category A Calls Response Time (Red1) 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	R	R	R	R		R
		Actual	76.47%	74.28%	73.06%	70.45%	72.60%	69.49%	64.59%	62.80%	61.63%	61.79%	64.71%		67.947%
		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%
	South Sefton CCG	RAG	G	G	R	R	R	G	R	R	R	R	R		R
		Actual	76.56%	78.00%	74.50%	71.43%	72.92%	77.55%	62.50%	68.89%	66.67%	59.68%	64.71%		69.946%
		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%
1889: Category A (Red 2) 8 Minute Response Time 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	R	R	R	R		R
		Actual	67.46%	66.26%	66.20%	62.69%	65.25%	61.75%	63.05%	60.35%	57.31%	58.78%	60.96%		62.593%
		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%
	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	72.10%	66.50%	62.40%	57.55%	62.18%	54.78%	62.05%	56.19%	49.50%	55.52%	56.72%		59.463%
		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%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	92.01%	91.47%	91.49%	89.81%	91.09%	89.04%	88.23%	86.79%	85.42%	85.74%	88.38%		88.931%
		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%
	South Sefton CCG	RAG	G	R	R	R	R	R	R	R	R	R	R		R
		Actual	95.08%	94.50%	91.20%	91.44%	93.48%	87.91%	91.61%	87.03%	83.77%	87.67%	90.21%		90.234%
		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%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G		G		G							G
		Actual	98.148%		98.00%		96.721%							97.576%
		Target	95.00%		95.00%		95.00%							95.00%

NHS
South Sefton
Clinical Commissioning Group

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. 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	G	G	G	G		G
		Actual	0.00%	100.00%	33.333%	50.00%	50.00%	85.714%	100.00%	75.00%	83.333%	50.00%	50.00%		66.667%
		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%

IAPT (Improving Access to Psychological Therapies)

2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as	South Sefton CCG	RAG	R			R									R
		Actual	48.475%			43.974%									45.658%
		Target	50.00%			50.00%			50.00%			50.00%			50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	56.432%	56.337%	56.863%	57.102%	54.28%	56.528%	55.906%	52.511%	56.145%	55.045%	54.902%		55.641%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	R	R	G	R	G	G	G	R		R
		Actual	0	0	0	1	4	0	3	0	0	0	1		9
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	R	R	G	R	G	G	G	R		R
		Actual	-	-	-	0.25	1.01	-	0.35	-	-	-	0.24		9.00
		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

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	R	R	G	R	G	G		G
		Actual	94.954%	95.213%	93.919%	93.33%	92.354%	91.272%	91.919%	92.263%	91.289%	92.658%	92.924%		92.938%
		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%

NHS
South Sefton
Clinical Commissioning Group

1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	G	R	G	G	G	G	G	G	G	G		R
		Actual	1	0	1	0	0	0	0	0	0	0	0		2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	G	R	G	G	R	G	G	G	R	R	G		G
		Actual	0.748%	1.001%	0.494%	0.711%	1.418%	0.527%	0.403%	0.85%	1.792%	1.211%	0.781%		0.902%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Cancelled Operations

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

E-Referrals

2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	20.224%	20.746%	20.431%	19.315%	19.208%	21.136%	20.209%	18.06%	18.06%	19.00%			20.19%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	R	R	R	R	R	R		R
		YTD	0	0	0	0	0	1	1	1	1	2	2		2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		YTD	3	9	14	18	23	27	29	36	38	39	42		42
		Target	5	11	14	18	23	28	34	39	43	45	48	54	54

NHS
South Sefton
Clinical Commissioning Group

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) %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	R	R	R	R		R
		Actual	90.124%	88.35%	89.13%	87.648%	86.873%	86.836%	87.066%	84.323%	82.247%	82.611%	87.809%		86.611%
		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%
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) %of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R	R	R		R
		Actual	89.484%	86.885%	87.505%	85.955%	84.103%	84.458%	84.763%	81.108%	79.046%	79.251%	86.399%		84.409%
		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%
1928: 12 Hour Trolley waits in A&E 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	G	R	R	G		R
		Actual	5	0	0	0	2	2	1	0	5	34	0		49
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Activity

Activity

1936: Total Referrals (MAR) Total number of referrals (GP written referrals made & other referrals - MAR)	South Sefton CCG	RAG	G	G	R	G	G	G	G	G	G	G	G		G
		YTD	5,606	11,220	17,042	22,533	27,975	33,634	39,259	44,893	49,872	55,280	60,500		60,500
		Target	5,650	11,317	16,928	23,199	28,535	34,283	40,461	46,047	51,165	57,164	62,637	68,846	62,637
2015: Number of Endoscopy Diagnostic Tests/Procedures Total number of endoscopy diagnostic tests/procedures carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		YTD	464	1,009	1,519	2,126	2,761	3,387	3,993	4,637	5,192	5,890	6,453		6,453
		Target	573	1,114	1,750	2,412	3,014	3,604	4,278	4,968	5,541	6,190	6,807	7,481	6,807
2016: Number of Diagnostic Tests/Procedures (excluding Endoscopy) Total number of diagnostic tests/procedures (excluding endoscopy) carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		YTD	3,864	8,431	13,366	17,991	22,737	27,416	32,269	37,457	41,770	46,926	51,265		51,265
		Target	4,691	9,885	14,639	19,112	23,856	28,502	33,852	38,535	43,013	48,581	52,782	58,257	52,782
2017: Number of DiagnosticTests/Procedures Total number of diagnostic tests/procedures carried out	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G		G
		YTD	4,328	9,440	14,885	20,117	25,498	30,803	36,262	42,094	46,962	52,816	57,718		57,718
		Target	5,264	10,999	16,389	21,524	26,870	32,106	38,130	43,503	48,559	54,771	59,589	65,738	59,589

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MAY 2017

Agenda Item: 17/80	**Author of the Paper:** Leah Robinson Chief Accountant Email: Leah.Robinson@southseftonccg.nhs.uk Tel: 0151 247 7070
Report date: May 2017	

Title: Pension Auto Enrolment

Summary/Key Issues:

This report updates the Governing Body on the change in legislation regarding pension scheme membership under the Pensions Act 2008, all employers are required to auto enrol eligible workers into a workplace qualifying pension scheme to help them save for their pension. The CCG must commence Auto Enrolment for eligible jobholders with effect from 1 July 2017.

Recommendation

Recommendations within this paper have been endorsed by Remuneration Committee. The Governing Body is asked to approve this report.

Receive	
Approve	x
Ratify	

Links to Corporate Objectives *(x those that apply)*	
	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 and as part of the North Mersey LDS.
	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.

NHS
South Sefton
Clinical Commissioning Group

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

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

South Sefton
Clinical Commissioning Group

Report to Governing Body
May 2017

1. Executive Summary

This report seeks approval from the Governing Body to appoint an Alternative Qualifying Pension Scheme (AQPS) provider to deliver Auto-Enrolment.

Pension Auto Enrolment (AE) is a government initiative where all employers are required to auto enrol eligible workers into a workplace pension scheme to enable them to save for their pension. This report provides background to the overall Auto Enrolment (AE) process and presents to the CCG Governing Body the proposed staging date. A decision is required on the level of Employer Scheme contribution rate to be applied.

An SFI waiver is not required as the contract value is below the required amount.

2. Introduction and Background

The law regarding pension scheme membership has changed and under the Pensions Act 2008, all employers are required to auto enrol eligible workers into a workplace qualifying pension scheme to help them save for their pension.

Auto Enrolment is a Government initiative and is primary legislation to be implemented as instructed by the Regulatory Body, The Pensions Regulator. The CCG must commence Auto Enrolment for eligible jobholders with effect from 1 July 2017 (CCG Staging Date).

3. Postponement of staging date

Within the Auto Enrolment regulations, there is provision for postponement of the staging date in respect of any workers employed on the staging date, (1 July 2017) for up to a maximum of 3 months after.

When making this decision, the CCG should consider the outcome they wish to achieve through using postponement. Postponement gives an employer the flexibility to align the administration of the employer duties to their existing business and payroll processes. Generally, postponement is in respect of a single worker. However, if an employer chooses to use postponement at their staging date, they can choose to use it in respect of one worker, or groups of workers, or all their workers in employment at the staging date. This can be done to stagger the introduction of the employer duties over a three-month period in order to help with the administration of a large number of new joiners to a pension scheme. To do this, an employer may postpone different groups of workers for different periods of time.

The deadline for issuing a postponement notice is six weeks and a day from when the CCG wishes to use postponement. If the notice is not issued, postponement cannot be applied.

The number of expected new joiners is not significant, see section 7, it is therefore not recommended that the CCG apply the postponement of staging date

4. Transitional Period for Defined Benefit Schemes

Within the Auto Enrolment regulations, there is provision for a transitional period for defined benefit pension schemes which allows the employer to choose to delay automatic enrolment. The transitional period is only available for employers who provide 'Defined Benefit' pension schemes and can only be used in respect of eligible jobholders who meet certain conditions.

The NHS Pension Scheme is a defined benefit scheme (defined pension and lump sum for example) and as such, the CCG is able to exercise a choice to apply the transitional period to those workers who meet the criteria and who would have otherwise have been auto enrolled into the NHS Pension Scheme with effect from 1 July 2017 (CCG Staging Date).

Practically, the transitional period removes the original auto enrolment date and delays auto enrolment for these eligible jobholders until after the end of the transitional period (currently set as 30 September 2017).

If the CCG decides to apply the transitional period arrangements, then all eligible jobholders must be issued with a notice of such action and this must be issued before the end of the period of one month from the first enrolment date.

It is recommended that the CCG does not utilise the Transitional Period for defined benefit pension schemes and does not delay auto enrolment until 30 September 2017.

5. Alternative Qualifying Pension Scheme

Auto Enrolment requires all employers to set up a qualifying scheme. The NHS Pension Scheme is a qualifying scheme and all new staff are contractually auto enrolled into the scheme. As such, many staff are already members of and subject to its scheme benefits.

There are also a number of workers who are eligible to join the NHS Pension Scheme but who have opted out of the current contractual enrolment, these staff will be auto enrolled back into the NHS Pension Scheme on the 1 July 2017, as the CCG is advised not to apply the transitional period arrangements.

There are certain categories of workers who cannot join the NHS scheme and for these workers, the CCG will need to set up an Alternative Qualifying Pension Scheme which will need to satisfy The Pension Regulator auto enrolment criteria.

The CCG is able to select its alternative scheme provider from any commercial pension and insurance provider however; the dynamics of the potential scheme membership (low overall volumes, total pension contributions) may well restrict the actual choice.

In April 2013, two commercial pension scheme providers were contacted by the CCG's payroll provider, St Helens & Knowsley NHS Trust, to establish if they were able to offer alternative scheme provision and both declined. Both Legal and General and Standard Life stated that given the numbers of potential scheme members and the overall total scheme contribution level, the provision of a scheme would not be financially viable. Market intelligence suggests that other commercial pension providers will provide a similar response and will therefore not offer an alternative scheme.

Recognising the potential for commercial pension providers to be unable to offer alternative schemes to employers, the Government set up NEST which is specifically designed to support

auto enrolment. As such, NEST have a statutory obligation to accept any employer who wishes to appoint them as its alternative scheme provider.

The NEST proposition includes:

- Regulated by the Pension Regulator
- Trustee Body
- There is no requirement to enter into a contract with NEST and therefore there will be no procurement implications (Sign up on-line / can cancel arrangement at any time)
- Dedicated members website 24/7
- Fully managed Opt Out process
- Pension fund travels with the member
- Tax relief claimed by NEST and added to retirement fund
- Mixed portfolio of Fund Investment – Pooled Funds
- Fund Choices
    - Ethical Fund (Environmental concerns)
    - Sharia Fund (Islamic Law)
    - Lower Growth Fund (Conservative)
    - Higher Risk Fund (Higher Risk – greater growth potential)
    - Pre-retirement Fund (Join NEST close to retirement)
- Help with retirement income - Retirement Panel
- No Set Up Charges
- Low Charges – 0.3% Annual Maintenance Charge (AMC)
- Member can take their money out of NEST at any age from at least 55 and up to just before their 75th birthday
- Members who suffer ill health may be able to take their money out of NEST before age 55
- Cannot accept transfers from other pension schemes
- Annual member contribution cap of £4,900 for 2016/17

It is recommended that the CCG appoint NEST as its Auto Enrolment Alternative Qualifying Pension Scheme provider with effect from 1st July 2017.

6. Scheme Contribution Rates

The Pensions Regulator has set out minimum standards for all alternative scheme providers and a schedule of minimum employee and employer contribution rates. The CCG must agree a contribution rate above the regulatory minimum.

	Employer Minimum	Employee	Total Minimum
From Staging Date to 5.04.2018	1%	1%	2%
6.04.2018 to 5.04.2019	2%	3%	5%
6.04.2019 onwards	3%	5%	8%

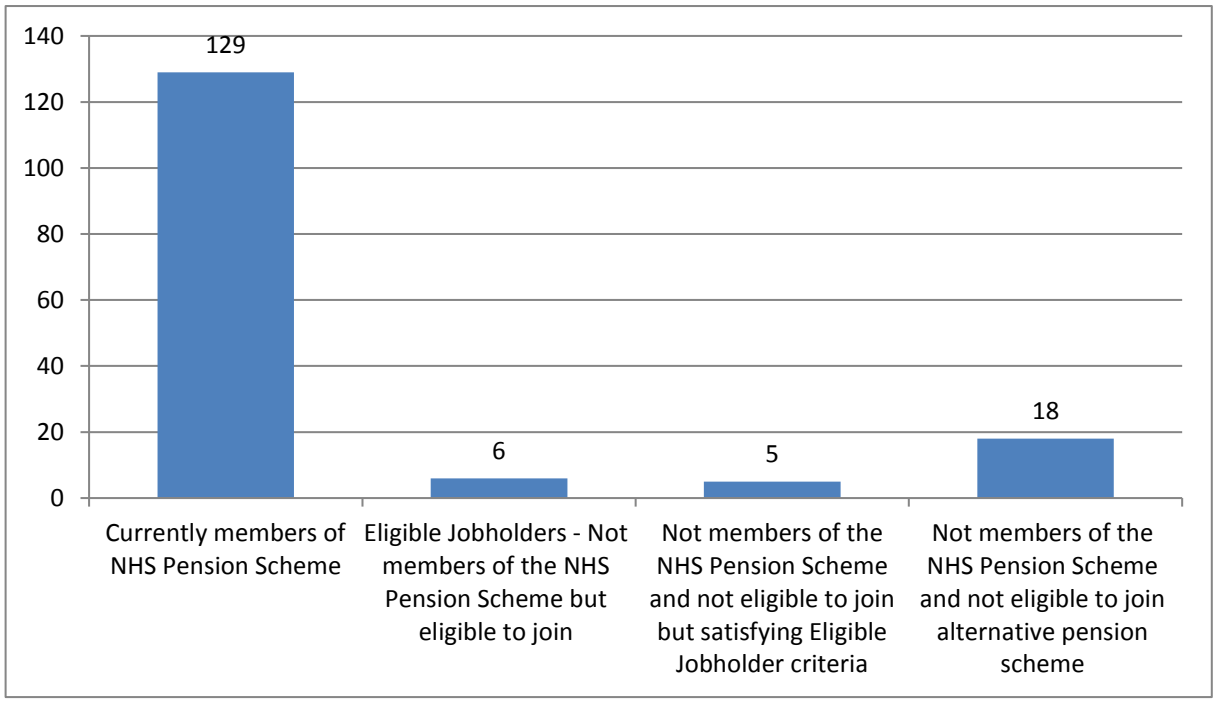
Due to the number of new joiners to the alternative qualifying pension scheme involved, see section 7, it is recommended that the CCG apply the employer minimum contribution rates.

NHS
South Sefton
Clinical Commissioning Group

7. Assessment of Workforce and Costs

Diagram A provides a profile of workers and pension scheme membership as at 31 December 2016

Diagram A



Based on this profile the following action will be necessary:

Category	Number of staff	Action
Currently members of NHS Pension Scheme	129	No Auto Enrolment.
Eligible Jobholders - Not members of the NHS Pension Scheme but eligible to join (Workers age 22 to State Pension Age and earning over £11,000 PA / £917 in month of assessment)	6	Auto Enrolled into NHS Pension Qualifying Scheme with effect from 1 July 2017.
Not members of the NHS Pension Scheme and not eligible to join but satisfying Eligible Jobholder criteria	5	Auto Enrol into Alternative Qualifying Pension Scheme with effect from 1 July 2017.
Not members of the NHS Pension Scheme and not eligible to join alternative pension scheme e.g. Below minimum qualifying earnings	18	None.

Auto Enrolment will have cash flow and potential on-going cost implications for the CCG. For the CCG in respect of workers to be auto enrolled into the NHS Pension Qualifying Scheme, this will result in an additional 14.3% of qualifying pensionable earnings.

For workers to be auto enrolled into the Alternative Qualifying Pension Scheme, this will result in an additional minimum 1% employer contributions of qualifying pensionable earnings with effect from 1 July 2017.

8. Recommendations

The CCG does not utilise the postponement period of auto enrolment

The CCG does not utilise the Transitional Period for defined benefit pension schemes and does not delay auto enrolment until 30 September 2017.

The CCG appoint NEST as its Auto Enrolment Alternative Qualifying Pension Scheme provider with effect from 1 July 2017.

The Alternative Pension Scheme contribution rates are set in line with the Pensions Regulator minimum percentage contribution rates.

Leah Robinson
Chief Accountant
May 2017

NHS
South Sefton
Clinical Commissioning Group

MEETING OF THE GOVERNING BODY
MAY 2017

Agenda Item: 17/81	**Author of the Paper:** Jan Leonard Chief Redesign and Commissioning Officer Email: jan.leonard@southportandformbyccg.nhs.uk Tel: 01512477000
Report date: May 2017	

Title: Joint Commissioning of Primary Medical Care

Summary/Key Issues:

South Sefton CCG applied to NHSE to become Joint Commissioners for Primary Medical Care services. The application was successful and the CCG has been granted Joint Commissioning Status from 1st April 2017. This report presents to the Governing Body the Terms of Reference for the Joint Commissioning Committee and the Operational Group that serves it.

Recommendation

The Governing Body is asked to receive/approve/ratify* this report.

Receive	
Approve	x
Ratify	

Links to Corporate Objectives *(x those that apply)*	
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 and as part of the North Mersey LDS.
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.

NHS
South Sefton
Clinical Commissioning Group

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

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

NHS
South Sefton
Clinical Commissioning Group

Report to Governing Body
May 2017

1. Introduction and Background

South Sefton CCG applied to NHS England to become Joint Commissioners of Primary Medical Care services. The CCG has been running a joint committee in shadow form during 2016/17.

The aim of Joint Commissioning is to ensure a sustainable General Practice. We are committed to ensuring stability and subsequently expand the delivery of primary care services for our residents, and to enable us to address local workforce issues in line with the GP 5 year forward view. Patients will benefit by aligning the commissioning of General Practice with the overall CCG vision.

Joint commissioning arrangements will enable us to ensure that local schemes complement National schemes and we can maximise funding through reducing duplication.

The establishment of a joint commissioning committee will ensure that the CCG has greater responsibility for commissioning General Practice and can therefore have greater involvement in improving quality and reducing variability. This will benefit both member practices and the public through a more local presence, with knowledge of key local issues.

This will also ensure that the CCG has the ability to shape changes to General Practice provision and re-investment of General Practice funding when contractual changes occur (for example the PMS review and retendering APMS contracts). The CCGs local knowledge will ensure that services are designed to meet the needs of the local population and support the CCGs strategy.

2. Key Issues

There is currently an Operational Group that meets monthly and reports to the shadow committee to oversee day to day issues. This group is a joint group with Southport and Formby CCG. Once the Terms of Reference have been approved by the Governing Body the membership of the committee will be expanded to include members from the Local Authority, Healthwatch and the Local Medical Committee.

3. Recommendations

The Governing Body is asked to approve the Terms of Reference for the Joint Commissioning Committee and the Operational Group.

Jan Leonard
Chief Redesign and Commissioning Officer
May 2017

NHS South Sefton CCG and NHS England (Cheshire and Merseyside) Joint Commissioning Committee

Terms of Reference

Background
Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (CCGs) to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England and CCGs would jointly commission primary medical services.

Area covered by Joint Commissioning arrangements
The NHS England (Cheshire and Merseyside) and NHS South Sefton CCG joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of South Sefton.

Statutory Framework
The National Health Service Act 2006 (as amended) ("**NHS Act**") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England (Cheshire and Merseyside) and the CCG.

Role of the Joint Committee
The role of the Joint Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England

This includes the following activities:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and

- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

It excludes the following NHS England Reserved Functions:[1]

- management of the national performers list
- management of the revalidation and appraisal process
- administration of payments in circumstances where a performer is suspended and related performers list management activities
- Capital Expenditure functions
- section 7A functions under the NHS Act
- functions in relation to complaints management
- decisions in relation to the Prime Minister's Challenge Fund, and
- such other ancillary activities that are necessary in order to exercise the reserved Functions

In performing its role the Joint Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England (Cheshire and Merseyside) and NHS South Sefton CCG, which will sit alongside the delegation and terms of reference.[2]

Geographical coverage

The Joint Committee will comprise NHS England (Cheshire and Merseyside) and NHS South Sefton CCG. It will undertake the function of jointly commissioning primary medical services for South Sefton.

Membership

The Joint Committee shall consist of:

- Lay Chair
- Director – NHS England (Cheshire and Merseyside) or other Senior Manager as nominated by NHS England (Cheshire and Merseyside) with delegated authority to make decisions
- Primary Care Lead – NHS England (Cheshire and Merseyside)
- South Sefton CCG Chief Commissioning and Re-design Officer
- GP Clinical Lead – South Sefton CCG
- GP Clinical Lead – South Sefton CCG
- Nursing and Quality Team Representative – South Sefton CCG
- Finance Team Representative – South Sefton CCG
- Medicines Management Representative – South Sefton CCG

The Director and Primary Care Lead roles may be delegated to a single NHS England (Cheshire and Merseyside) Senior Representative. The membership will meet the requirements of NHS South Sefton CCG's constitution.

---

[1] *Delegation by NHS England , June 2015, Publications Gateway Reference 03593*

[2] *This is the proposed agreement to deal with such as information sharing, resource sharing, contractual mechanisms for service delivery (and ownership) and interplay between contractual and performance list management.*

The Chair of the Joint Committee shall be a Lay Chair.

The Vice Chair, who shall be a Lay Member[3] of the Joint Committee will be determined by the Committee at the inaugural meeting.

Non-voting attendees
The following representatives will have a standing invitation to all meetings of the committee

- Healthwatch Representative
- Health and Wellbeing Board Representative

Meetings and Voting
The Joint Committee shall adopt the Standing Orders of NHS South Sefton CCG insofar as they relate to the:
a) Notice of meetings;
b) Handling of meetings;
c) Agendas; and
d) Circulation of papers;

Conflicts of Interest
The committee shall, at all times, have regard for NHS South Sefton CCG policy on Conflicts of Interest that now incorporates the guidance issued by NHS England in December 2014 and any subsequent revisions published by NHS England.

All members are required to maintain accurate statements of their register of interest with the Governing Body and NHS England (Cheshire and Merseyside). Members should notify the committee Chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS South Sefton CCG Conflicts of Interest Policy and any guidance issued by NHS England.

Voting
NHS England (Cheshire and Merseyside) shall have one vote and the CCG shall have one vote.

For matters relating to statutory duties of the CCG, the CCG shall have a casting vote.

For matters relating to statutory duties of NHS England, NHS England (Cheshire and Merseyside) shall have a casting vote.

The one organisational vote for each organisation shall be exercised by the nominated lay or executive member.

[3] A Lay Member is defined as a “non clinician”

Quorum
The quorum shall comprise the Chair or Vice Chair, at least 1 representative from NHS England (Cheshire and Merseyside), and at least 2 representatives from NHS South Sefton CCG one of which must be a clinician.

Frequency of meetings
Meetings shall be time-tabled monthly and held no less than bi-monthly.

Meetings of the Joint Committee
Meetings of the Committee shall be held in public.

The Joint Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the joint committee in which event these shall be observed.

Administration
Administrative support will be provided by the CCG

The Administrator to the Joint Committee will:
a) Circulate the minutes and action notes of the committee with 3 working days of the meeting to all members.
b) Present the minutes and action notes to NHS England (Cheshire and Merseyside) and the governing body of NHS South Sefton CCG

Review of the Terms of Reference
These Terms of Reference will be reviewed from time to time, reflecting experience of the Joint Committee in fulfilling its functions and the wider experience of NHS England and CCGs in primary medical services co-commissioning.

These terms of reference will also be formally reviewed by NHS England (Cheshire and Merseyside) and NHS South Sefton CCG in April of each year, following the year in which the joint committee is created, and may be amended by mutual agreement between NHS England (Cheshire and Merseyside) and NHS South Sefton CCG at any time to reflect changes in circumstances which may arise.

Decisions
The Joint Committee will make decisions within the bounds of its remit.

The decisions of the Joint Committee shall be binding on NHS England and NHS South Sefton CCG

Decisions will be published by both NHS England and NHS South Sefton CCG via the NHS South Sefton CCG Governing Body meeting papers.

Key Responsibilities
The Committee has been established to deliver the main objective of aligning the commissioning of primary care with delivery of the Clinical Commissioning Groups (CCG) Primary Care Quality Strategy to enable transformation within primary care.

NHS South Sefton CCG and NHS England (Cheshire and Merseyside) are keen to explore alternative models of care in order to support the transformation agenda within primary care. Closer alignment of primary care commissioning with the CCG vision means that patients will benefit from the outcomes delivered which include primary and community care services delivered within localities.

Key activities will involve (but are not limited to)
- improving clinical quality
- improving patient experience
- improving value for money

Signature provisions

[Schedule 1 – Delegation by CCG to joint committee – CCG functions - The CCG is not delegating any of its statutory functions to this joint committee

Schedule 2 - List of Members –
TBA populate once membership agreed

Terms of Reference
Southport & Formby and South Sefton Operational Group

1. Authority

The Operational Group shall be established as a sub-committee of the Joint Commissioning Committees to perform the following function on behalf of the Southport and Formby CCG, South Sefton CCG and NHS England.

The principal function is to explore operational issues in relation to commissioning of primary medical services in Southport and Formby and South Sefton (excluding those relating to individual GP performance management) to improve health outcomes for patients and reduce inequalities in health across the CCG.

The Operational Group will have the authority to make decision that relate to the Roles and Responsibilities of the group outlined in section 3 below.

2. Membership

The following will be members:

- Chief Commissioning and Redesign Officer (CCG) Chair
- Primary Care Programme Manager (CCG)
- Assistant Contracts Manager (NHSE) Vice Chair
- Primary Care Project Officer (CCG)
- Primary Care Accountant (CCG)
- Locality Manager (CCG)
- Representation from the Quality Team (CCG)
- Representation from the Medicines Management Team (CCG)
- Clinician/GP representation as and when required

The Chairs of either Governing Body will not be a member of the Sub-committee although he/she will be invited to attend one meeting each year in order to form a view on and understanding of, the Sub -committee's operations.

Other members of the CCG or NHSE may be invited to attend as required.

Members are expected to personally attend a minimum of 75% of meetings held.

3. Role and Responsibilities of the Operational Group

- To ensure the smooth running of Primary Care within Southport and Formby CCG and South Sefton CCG.
- Operationally support any proposed changes to GMS, PMS and APMS contracts / contractors locally e.g. list closures, practice mergers, boundary changes, workforce planning and development of new models of primary care.
- Operationally support the implementation of the 5 year forward view and any other national initiatives aimed at transforming primary care.
- Recommend/advise the Joint Commissioning Committee on any primary care issues relevant in the CCG area.

- Discuss financial planning applicable through joint commissioning arrangements including the design of local incentive schemes as an alternative to Quality Outcomes Framework (QOF) or enhanced services.
- Report quality and provision of primary medical services bi-annuallly or ad hoc as required
- Making decisions on discretionary payments e.g. returner / retainer schemes
- Co-ordinate and review transformational change of medical primary care.
- Work in collaboration to ensure good communication links are maintained.
- Link directly into the CCG Quality Committee via a key issues log.

4. Administration

The agenda for the meetings will be agreed by the Chair of the Sub-committee and papers will be distributed one week in advance of the meeting.

Minutes and action plans will be circulated to the members within 7 working days of the meeting.

5. Quorum

The group will be quorate when both the CCG and NHSE are represented.

6. Frequency and Notice of Meetings

The Operational Group shall meet monthly, two weeks prior to the Joint Commissioning Committee.

7. Task and Finish Groups

The Operation Group will have the ability to request the set up of task and finish groups to complete actions decided at meetings.

8. Reporting

The ratified minutes of the Operational Group will be submitted to the Joint Commissioning Committee.

9. Conduct

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

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements. The Nolan Principles are: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.

10. Review

Version Number: 3
Review dates July 2017

Key Issues Report to Governing Body

NHS South Sefton Clinical Commissioning Group

Finance and Resource Committee Meeting held on Thursday 16th February 2017	Chair: Graham Morris

Key Issue	Risk Identified	Mitigating Actions
• Delivery of statutory financial duties. The CCG is reporting a likely case deficit of £2.332m which has been reported to NHS England. • The January 2017 QIPP has updated forecast QIPP delivery and a reduction of £228k is estimated.	• Failure to achieve statutory financial duties. • Financial sustainability is the key risk facing the CCG. • Under delivery of QIPP will impact on the ability of the CCG to deliver statutory financial duties.	• Close monitoring and review of real time financial issues - report to LT/SLT. • Continued focus by QIPP leads to ensure delivery of QIPP schemes. Chief Operating Officer and Deputy Chief Finance Officer to meet weekly to review QIPP.

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

- RAG rating for QIPP schemes. Agreement for introduction of two new ratings to aid understanding of scheme progress - not yet started and achieved/ completed.
- Deep Dive QIPP outcome report received. Chief Operating Officer and Deputy Chief Finance Officer to meet weekly on a Monday to allow significant issues to be escalated to SLT.
- Finance report received. Month 10 report noted best case scenario of £2.132m deficit, most likely case as £2.332m deficit and the worst case as £2.532m deficit. Focus on QIPP delivery and cost reduction is essential in the remainder of the financial year.
- Agreement that the likelihood post mitigation rating of 4 and the consequence post mitigation rating of 5 should stay as is for risk FR001 (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).
- Update received on change in legislation regarding pension auto enrolment. A paper will be presented to the Remuneration Committee for decision making.

- Draft terms of reference for joint Estates Working Group received. Feedback to be sent to the Chief Finance Officer by the end of February 2017.

- Update on Repeat Prescription Ordering Service (RPOS) Pilot received.
  - Practices involved in the pilot show a reduction of 1.8% in items dispensed.
  - Practices not involved in the pilot show an increase of 2.2% in items dispensed

- Pan Mersey APC recommendations for the commissioning of the following medicines approved.
  - BIOLOGICAL AGENTS for Peripheral Spondyloarthropathy (peripheral SpA)
  - TICAGRELOR tablets (Brilique®) for Preventing atherothrombotic events after myocardial infarction

- Update on Better Care Fund received.

- Update on progress against Quality Premium Dashboard received.

Key Issues Report to Governing Body

NHS
South Sefton
Clinical Commissioning Group

Quality Committee Meeting held on 15th February 2017	Meeting Chaired by: Dr Rob Caudwell

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

- ECIP reports were presented to the JQC
- MIAA review received by the JQC – Significant Assurance received. Next steps regarding lessons learnt discussed
- EPACCs - concerns raised by the committee regarding progress and were unable to support sign-off of the action plan. Issue to be raised with CCG End of Life leads

Key Issues Report to Governing Body

NHS
South Sefton
Clinical Commissioning Group

Audit Committee Meeting held on Thursday 12th January 2017	Chair: Graham Morris

Key Issue	Risk Identified	Mitigating Actions

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

- Revised Scheme of Delegation approved. Changes designed to extend number of people able to raise orders, whilst maintaining segregation of duties.
- Internal audit plan on course for delivery in 16/17.
- External audit plan presented to Committee by KPMG – no significant risks identified at this stage. Final submission date of Wednesday 31st May for the annual report and accounts has been confirmed.
- Standards of Business Conduct - proposed changes discussed. Committee agreed to delegate responsibility to the Audit Committee Chair to approve policy after agreed changes have been made.
- Annual Governance Statement Q1/Q2 – approved subject to amendments agreed at meeting.
- Risk Register and GBAF approved subject to changes discussed at the meeting.
- Register of Interests noted and received.
- Delegated authority given to Audit Committee Chair and Chief Finance Officer to approve IG Toolkit and SRT Counter Fraud Submission.
- Investigation into allegations being progressed by MIAA.

NHS
South Sefton
Clinical Commissioning Group

Finance and Resource Committee Minutes

Thursday 16th February 2017, 1.00pm to 3.00pm
3rd Floor Board Room, Merton House

Attendees (Membership)		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Lin Bennett	Practice Manager & Governing Body Member	LB
Dr Sunil Sapre	GP Governing Body Member	SS
Alison Ormrod	Deputy Chief Finance Officer	AO
Debbie Fagan	Chief Nurse & Quality Officer	DF
In attendance		
Janet Faye	Senior Pharmacist	JF
Ex-officio Member*		
Fiona Taylor	Chief Officer	FLT
Apologies		
Dr John Wray	GP Governing Body Member	JW
Martin McDowell	Chief Finance Officer	MMcD
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Susanne Lynch	CCG Lead for Medicines Management	SL
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

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

Name	Membership	Jan 17	Feb 17	Mar 17	May 17	June 17	July 17	Sept 17	Oct 17	Nov 17	Jan 18
Graham Morris	Lay Member (Chair)	✓	✓								
Graham Bayliss	Lay Member	✓	✓								
Dr Sunil Sapre	GP Governing Body Member	✓	✓								
John Wray	GP Governing Body Member	A	A								
Lin Bennett	Practice Manager & Governing Body Member	✓	✓								
Martin McDowell	Chief Finance Officer	✓	A								
Alison Ormrod	Deputy Chief Finance Officer	✓	✓								
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓								
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A								
Susanne Lynch	CCG Lead for Medicines Management	✓	A								
Fiona Taylor	Chief Officer	*	*								

No	Item	Action
FR17/23	**Apologies for absence** Apologies for absence were received from Dr John Wray, Martin McDowell, Jan Leonard and Susanne Lynch.	
FR17/24	**Declarations of interest regarding agenda items** Committee members were reminded of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group. Declarations declared by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southseftonccg.nhs.uk/media/1858/ssccg-register-of-interests.pdf. **Declarations of interest from today's meeting** Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.	
FR17/25	**Minutes of the previous meeting and key issues** The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
FR17/26	**Action points from the previous meeting** **FR17/06: HR Performance Report** – TK provided an update that she has received from Tracy Jeffes (TJ) re. how the ethnicity profile target is derived and if there is any other action the CCG should take. TJ has confirmed the CSU have reviewed this and are waiting for updated ONS data to confirm. TJ has spoken to Andy Woods (Senior Governance Manager - Merseyside CCGs Equality & Inclusion Service) and his view is that the figure should be nearer 3% and therefore improving the CCG's performance against the target. The CSU will update the dashboard for the next prevention of the data in April. Action closed. **FR17/08: Estates Working Group** - a draft terms of reference for a joint estates working group is on the agenda. Action closed. **FR17/18: Committee Work Plan 2017/18** - this action has been deferred to May 2017.	
FR17/27	**RAG rating for QIPP schemes** AO presented the QIPP Scheme RAG rating, which provides an indication of the deliverability of schemes and moderates the anticipated financial return in accordance with the level of risk to delivery. AO provided a summary of the Red, Amber and Green ratings as detailed in the paper. AO noted that the Southport & Formby F&R Committee has agreed to introduce the following new ratings: blue for schemes that have not yet started and gold for schemes that have been achieved / completed. The South Sefton F&R Committee agreed there should be two new ratings but agreed the colour gold was too close to amber. They agreed for the QIPP team to decide on final colours for the two new ratings and to ensure consistency with Southport & Formby, as there is a Joint QIPP Committee between both CCGs. The Committee also agreed that if a scheme remains red for more than two	AO

No	Item	Action
	months, a decision will be made to either expedite the scheme or delete if it is not achievable. AO to inform Debbie Fairclough of this. ***The Committee approved the RAG assessment for QIPP schemes subject to the addition of further categories for schemes not yet started and completed projects.***	AO
	AOB item *Deep Dive – QIPP outcome report* was covered prior to item FR17/28.	
FR17/28	**Month 10 Finance Report** AO provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31 January 2017. The following was highlighted. • The CCG is forecasting a best case scenario of £2.132m deficit and a most likely case scenario of £2.332m deficit. These figures are not reflective of the 1% non-recurrent reserve (£2.432m) which is expected to be released at the end of the financial year. This will not count towards NHS England financial performance management but it is expected that the reserve will be reported in the CCG accounts for 2016/17. • The CCG has been notified by NHS England that there is no opportunity prior to the year end to request additional cash. AO explained that risk to the CCG is low and that an assessment of cash flow requirements has determined that the CCG should have sufficient cash to meet its obligations. The Finance team will continue to liaise with NHS England on this issue. • Non delivery of QIPP targets and increased costs across providers continue as the primary financial risks to the delivery of the 2016/17 forecast out turn. AO emphasised that the QIPP figures within the month 10 report reflect anticipated delivery before the recent QIPP review and that the reduction in estimated QIPP delivery creates an additional cost pressure of £228k. This will be reflected in future financial reports. • The Director of Finance, Cheshire & Mersey – NHS England wrote to all Chief Finance Officers in February to set out NHS England expectations of CCGs in relation to formal reporting for the remainder of the financial year. Broadly, NHS England expectation is that there will be no further deterioration in financial positions from month 10 reported forecasts for 2016/17. ***The Committee received the Finance Report.***	
FR17/29	**Finance & Resource Committee Risk Register** AO presented the committee risk register. The Committee agreed that the likelihood post mitigation rating of 4 and the consequence post mitigation rating of 5 should stay as is for risk FR001 *(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).* DF stated that although FR001 is a high risk, the CCG has in place a QIA process to ensure that any risks to quality and patient safety are identified and mitigated. AO to ensure this is captured in the register. ***The Committee approved the risk register.***	AO
FR17/30	**Pensions – Auto Enrolment** AO informed the Committee that from 1st July 2017, a change in legislation will	

No	Item	Action
	come into effect whereby all eligible employees will need to be enrolled into a qualifying workforce pension scheme. The NHS pension scheme is a qualifying scheme and all new staff are contractually auto-enrolled. There are certain categories of workers who are not eligible to join the existing scheme. Therefore, with the change in legislation, the CCG must set up an alternative qualifying pension scheme which satisfies the Pension Regulator auto enrolment criteria. The Government have developed NEST which is specifically designed to support auto enrolment. Work is ongoing to identify/ notify affected individuals within the CCG. AO said that this update is provided for information and to advise the Committee that there may be a financial impact. The potential impact is expected to be between 1% and 14.3% of qualifying pensionable earnings for auto enrolled workers depending which scheme workers join. Constitutionally, decision making around the implementation of the requirements of auto enrolment is delegated to the Remuneration Committee and a meeting will be scheduled in March 2017. ***The Committee received this verbal update.***	
FR17/31	**Draft Terms of Reference: Joint Estates Working Group** AO presented the draft terms of reference which have been sent by Liverpool CCG as a first draft. She asked for comments to be sent to MMcD by the end of the month. AO noted the following comments were made at the Southport & Formby F&R meeting. • The word 'used' should be 'use' in the following sentence. "To identify opportunities for its used for development/reconfiguration, to ensure that it is fit for purpose, efficient and effective and sustainable in response to evolving clinical strategies." • The membership needs to be reviewed to ensure a balance of representatives between the different CCGs. ***The Committee received the draft Terms of Reference and noted that comments are to be sent to MMcD by the end of this month.***	
FR17/32	**Prescribing Spend Report – Month 8 2016/17** JF noted the South Sefton position for month 8 shows an underspend of £842k or -3% on a budget of £28,567,866. Overall South Sefton GP surgeries are forecasting an underspend. ***The Committee received this report.***	
FR17/33	**Repeat Prescription Ordering Service (RPOS) Pilot Report** JF provided an update on the RPOS pilot for November 2016 (month 3). She confirmed practices involved in the pilot (excluding Hightown) show a reduction of 1.8% in items dispensed, whilst practices not involved in the pilot show an increase of 2.2% in items dispensed. GM thanked the Medicines Management team for the work done on the RPOS pilot. ***The Committee received this report.***	
FR17/34	**Pan Mersey APC recommendations** JF asked the Committee to consider approving Pan Mersey APC	

No	Item	Action
	recommendations for the commissioning of the following medicines: • BIOLOGICAL AGENTS for Peripheral Spondyloarthropathy (peripheral SpA) • TICAGRELOR tablets (Brilique®) for Preventing atherothrombotic events after myocardial infarction ***The Committee approved both Pan Mersey APC recommendations.***	
FR17/35	**Better Care Fund Update** AO said the Better Care Fund guidance for 17/18 is still awaited. She said that a joint CCG and Sefton MBC pooled budget meeting took place in January. The Integrated Commissioning Group has also met. A draft integration strategy has been produced and sent to the CCG for feedback. AO to bring an update to the next Committee meeting if the BCF guidance has been received by that time. ***The Committee received this verbal update.***	AO
FR17/36	**Quality Premium Dashboard** AO provided an update on the CCG's progress against the Quality Premium (QP) requirements for 2016/17. Three of the Quality Premium four constitution measures are failing to achieve the national target. NHS England have indicated that payments may be withheld if financial and quality measures are not achieved. Based on current assessment the CCG are unlikely to meet the required targets or receive quality premium payments for 2016/17.	
FR17/37	**Minutes of Steering Groups to be formally received** • Sefton Property Estate Partnership (SPEP) Group – December 2016 ***The Committee received the minutes of the SPEP steering group.***	
FR17/38	**Any Other Business** <u>Deep Dive – QIPP outcome report</u> AO introduced an unscheduled paper on the 'deep dive' assessment of QIPP schemes; in order for the Committee to be provided with the most up to date information, it was agreed that this paper could be tabled at the meeting. AO said the Joint QIPP Committee and Leadership Team had requested a 'deep dive' assessment in January 2017, to review key QIPP schemes and determine the likelihood of delivery by the current financial year. AO thanked the CCG staff members involved in collating the required information. Learning from the deep dive review will be applied as appropriate to QIPP processes in the future. AO provided an overview of the schemes that were subject to the deep dive together with the QIPP delivery requirement by the end of Month 12. As a result of the deep dive some uncertainty is apparent in relation to the delivery of the procedures of lower clinical priority (PLCP) and medicines optimisation schemes. This means that there is an increased risk of £228k to the delivery of required QIPP by the end of the financial year.	

No	Item	Action
	PLCP schemes previously assessed as green at £172k will be amended to £34k green and £138k assessed as red. Medicines optimisation initiatives previously assessed as green at £350k are now assessed as £170k green rated and the remaining £180k as amber rated. The Committee noted there was a typographical error in the paper re. the total risk adjusted QIPP target; the correct figure should be £1103k. AO to inform Debbie Fairclough to amend the paper. AO confirmed that a recommendation in respect of the risk adjustment will be taken to the Joint QIPP Committee meeting on 28th February for approval. No plans will be risk adjusted until the Joint QIPP Committee has confirmed the action to be taken. The F&R Committee noted that additional support and data will be assessed between now and the meeting of the Joint QIPP Committee on 28th February. AO said she and Debbie Fairclough would be meeting on a weekly basis to review the QIPP schemes through to 31st March 2017 to review delivery and any emerging risks. GM suggested AO and Debbie Fairclough meet on a Monday so that any issues that need reporting to SLT can be done prior to the SLT meeting, which takes place on a Tuesday. ***The Committee received the report.***	AO
FR17/39	**Key Issues Review** AO highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.	
	Date of Next Meeting Thursday 23rd March 2017 1.00pm to 3.00pm 3rd Floor Board Room, Merton House	

NHS
South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Joint Quality Committee Minutes

Date: Wednesday, 15th February 2017, 11.30am to 1.30 pm
Venue: The Marshside Surgery, 117 Fylde Road, Southport PR9 9XL

Membership

Dr Rob Caudwell	Chair & GP Governing Body Member	RC
Lin Bennett	Practice Manager, Ford	LB
Graham Bayliss	Lay Member	GBa
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
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor	JSi

Ex Officio Member

Fiona Taylor	Chief Officer	FT

In attendance

Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Programme Manager – Quality and Performance	JS
David Warwick	Urgent Care Commissioning Lead	DW

Apologies

Lin Bennett	Practice Manager, Ford	LB
Dr Doug Callow	GP Quality Lead S&F	DC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	PC
Billie Dodd	Head of Commissioning	BD
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Paul Shillcock	Primary Care Informatics Manager	PS

Minutes

Vicky Taylor	Quality Team Business Support Officer	VT

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	L	√		√	√	
Paul Ashby	Practice Manager, Ainsdale Medical Centre	√	A		L		√	A	√				
Graham Bayliss	Lay Member for Patient & Public Involvement	A	√		A		√	√	A		√	√	
Lin Bennett	Practice Manager, Ford				√		A	√	A		A	A	
Gill Brown	Lay Member for Patient & Public Involvement	√	A		√		√	A	√		A	√	
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	√	A		L		L	A	√		A	A	
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A	√		√		A	A	A		A	A	
Billie Dodd	Head of CCG Development	√	√		√		√	L	√		√	A	
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√		√	√	√		√	√	
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A		√		√	A	A		√	L	
Dr Dan McDowell	Secondary Care Doctor	A	√		A		A	A	A		√	A	
Martin McDowell	Chief Finance Officer	A	A		√		√	A	A		√	A	
Dr Andrew Mimnagh	Clinical Governing Body Member	√	√		A		A	√	√		√	L	
Dr Jeffrey Simmonds	Secondary Care Doctor						√	A	A		A	A	

✓ Present
A Apologies
L Late or left early

No.	Item	Action
17/017	**Apologies for Absence** Apologies for absence were received from LB, Dr DC, Dr PC, BD, Dr DMcD, MMcD, BP, PS and Dr JS. The meeting was declared quorate with Alison Ormrod, Deputy Chief Finance Officer attending on behalf of MMcD.	
17/018	**Declarations of interest regarding Agenda items** The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Southport & Formby Clinical Commissioning Group (SFCCG) or South Sefton Clinical Commissioning Group (SSCCG). Declarations declared by members of the Joint Quality Committee are listed in the CCG's Registers of Interests. The Registers are available either via the secretary to the governing bodies or the CCG websites at the following links: www.southportandformbyccg.nhs.uk/media/1760/sfccg-register-of-interests.pdf www.southseftonccg.nhs.uk/media/1858/ssccg-register-of-interests.pdf **Declarations of interest from today's meeting** CCG Officers holding dual roles in both Southport & Formby and South Sefton CCGs declared their potential conflict of interest.	
17/019	**Minutes and Key Issue Logs from the previous meetings** The Minutes of the Joint Quality Committee (JQC) were agreed as an accurate reflection of the previous meeting. The Key Issues for SFCCG and SSCCG were approved.	
17/020	**Matters Arising/Action Trackers** There were no matters arising. **Action Tracker** **16/115(ii) Dementia Diagnosis Rates – Improvement Plan for South Sefton - *SSCCG*** In accordance with the Spec, all IAPT referrals are screened / triaged appropriately to determine the level of intervention (ie Step 2 or Step 3) or patient pathway. There is no prioritisation service beyond this. **Outcome: The JQC agreed that this action could be closed.** **16/128 Southern Health Report *SFCCG & SSCCG*** The JQC agreed to defer this action until the next meeting in March 2017. **Outcome: The JQC agreed to defer this action until March 2017.** **16/130 Access Sefton IAPT Performance *SFCCG & SSCCG*** JS had established that all IAPT referrals are triaged and dealt with appropriately. RC asked for clarification as to whether a prioritisation system can be built into waiting times. **Outcome: JS to seek a response to RC's question concerning a prioritisation system in IAPT waiting times.** **16/150 Any Other Business -** *Laboratory process issue – Vitamin D* ***SSCCG*** It was agreed that this action could be closed as a recent clinical discussion re: management had taken place. **Outcome: The JQC agreed that this action could be closed.**	**BP** **JS**

	17/006(i) Provider Quality Performance Reports DF confirmed that the lack of submission of data and narrative from reports had been discussed at both the S&O Exec to Exec meeting and Contract Review Meeting / Clinical Quality Performance Group. **Outcome: The JQC agreed that this action could be closed.**	
17/021	**Chief Nurse Report** DF presented the Committee with a number of key issues which had occurred since the report submitted in January 2017. <u>Joint local area special educational needs and disability (SEND) inspection in Sefton</u> The Committee were advised that the CCGs and Local Authority had been requested to attend an Improvement Meeting on 20th February 2017 Chaired by NHSE. DF will provide further feedback via the CCGs' formal governance arrangements going forward. <u>MRSA – Aintree University Hospital NHS Foundation Trust</u> Three recently reported cases of MRSA (two identified at AUH and one at S&O). Post Infection Review (PIR) meetings were held on 1st February 2017 with the outcomes included within the report. These cases will be reported through the Integrated Performance Report. <u>MIAA Review – Assurance on Quality of Services Commissioned Review - LCH</u> The Committee were advised that work on the MIAA Review had now been completed. This is a separate agenda item at the meeting today and will be presented to the Audit Committee and the Governing Bodies. Plans in place to inform lessons learnt at the Governing Body development session. <u>NHSE Letter – Notification of the outcome of 2016 Quality Surveillance Annual Assessment for Cancer & Specialist Services and Confirmation of National Visiting Programme from 1st April 2017 – Southport & Ormskirk Hospitals NHS Trust</u> The results of the 2016 visits were shared with the JQC following receipt of the Outcome letter from NHSE. This letter has also been shared with the CCGs' Head of Commissioning for cascading to the relevant commissioning managers for any appropriate action.	
	The Committee received the report	
17/022	**Mersey Internal Audit Agency - Assurance on Quality of Services Commissioned Review – Assignment Report 2016/17** DF presented this report on behalf of BP and advised the Committee of the background to the commissioning of the MIAA review which was undertaken jointly by SSCCG, SFCCG and LCCG. The report will also be presented to the forthcoming meetings of the GBs and Audit Committee. As part of the process, DF and LCCG's Chief Nurse along with other members of the CCGs team were interviewed and an assessment made with current systems and processes compared with those in place in April 2013. The report detailed 'significant assurance' and highlighted five recommendations consisting of four medium and one low. CCGs Oversight Role with Providers (page 38 of pack) – In relation to the three lines of defence model, GH asked whether Monitor should be involved. DF confirmed she had spoken to Hazel Richards, Director of Nursing & Quality, NHS England Cheshire & Merseyside regarding the report to advise of the wider recommendations which need to be considered across the system. GH noted that names of some Committees appeared to be recorded incorrectly.	

	DF was aware that there were subtle differences between Committee titles at SF/SSCCGs and LCCG but would review the report for accuracy. **ACTION: DF to check accuracy of titles of Committees within the MIAA report and ensure any necessary amendments are carried out.** GH formally thanked DF in recognition of the work involved in preparing for and contributing to this report. DF advised Committee members that the Chief Officer (CO) had received a letter and Terms of Reference from NHSI regarding a review they had commissioned following the Parliamentary Adjournment Debate. GBa asked whether this NHSI review would have any impact on the new provider. DF confirmed that this should not affect the transition of community services in Sefton.	**DF**
	The Committee received the report.	
17/023	**Cheshire & Merseyside Quality Surveillance Group Exception Report** JS presented this report on behalf of BP following a meeting held in February 2017. The paper provides an exception report on quality issues for providers incorporating Healthwatch Sefton reports and Local Authority issues relating to care provision. It was noted that the date of the attached report should read 20th January' 2017. The current surveillance level of providers was reported. <u>Aintree University Hospital NHS Foundation Trust</u> A&E12 hour breaches – 30 breaches reported by the Trust in the year to date which has subsequently risen to 43. 48 hour timelines have been shared with the Quality Team for review for the purposes of assurances. The further walk around planned of the A&E Unit has been changed to be incorporated as part of the MADE event as agreed at the last CCF. Executive Level Appointments – The posts of Director of Nursing and Medical Director have now been recruited to with positions to be taken up on 1st April 2017. <u>Southport & Ormskirk NHS Hospitals Trust</u> 12 hour A&E Breach – 7 breaches reported in the year to date, with a further one reported subsequently. Executive Level Appointments – New appointments to the posts of Chief Operating Officer and Director of Nursing have been in place since November 2016. Pressure Ulcer Action Plan – The CCG are due to meet with the Trust next week with updates included in the Serious Incidents reports and monitored by the CQPG. <u>Mersey Care</u> Timeliness of GP Communications / Discharge Letters - Delays in communications and discharge letters largely affects SS and S&F. The roll out of RiO was expected to have a positive impact on performance however the Trust confirmed in December 2016 that the roll out has been put on hold due to technical issues. RC has some concerns regarding the interoperability between RIO and EMIS and undertook to obtain more detail regarding the specification. **ACTION: RC will find out more details about the specification and plan to ascertain what has been agreed.** GB was concerned regarding whether the Trust had taken due consideration and appropriate action with regard to the recent Healthwatch report. JS reported that	**RC**

	this has already been raised at the last MerseyCare CQPG and it has been escalated accordingly. **ACTION: JS to liaise with Colette Page to have a further discussion at EPEG where Healthwatch are in attendance.** DF sought assurance as to whether Mersey Care attended EPEG. JS said this was being planned. **ACTION: JS will prepare email for DF to forward to Ray Walker to invite a representative from Mersey Care attends EPEG meetings in future.** LCH Subsequent to this report being written, positive CQC feedback has been received by the Trust. Paediatric Speech and Language Therapy – This service will be provided by AHCH as from 1st April 2017 as a result of the NHSI-led Transaction process.	**JS** **JS**
	The Committee received the report.	
17/024	**Emergency Care Improvement Programme (ECIP)** • **Southport and Ormskirk Health Economy SFCCG (West Lancashire)** • **South Sefton CCG** The JQC received the above reports relating to the ECIP reviews held at S&O between the 7th and 14th November 2016 and AUH between 31st October 2016 and 4th November 2016. The Committee noted the performance reported under AED attendances at both S&O and AUH observing how S&O had more recently achieved performance in type 3 attendance (Walk in Centres). The recommendations of ECIP and details of the next steps were included within the reports which involved the participation in Multi Agency Discharge Events (MADE). The Committee discussed the attendance levels at A&E in an attempt to establish Levels of unwarranted visits. DW explained that from an AUH perspective when applying data 44% of attendance to A&E were made by ambulance with 32% of attendees discharged from A&E. In total 42% of attendees were admitted and a large percentage were discharged without follow up. RC considered this performance was similar to that at S&O. DF reflected upon how the substantive leadership posts have now been filled at S&O and how this was reportedly having a positive impact re: Executive-level visibility for staff. DF considered that commissioners within SS and S&F areas needed to ensure that the new community services providers were aware of report content detailed on page 67 item 7.1.2 regarding the Community service element as their input into the local system would be important going forward. DF also suggested the JQC workplan include details of when Key Milestones are expected to be reached to ensure the Committee is kept informed of developments but stressed that this was for the purposes of assurance rather than to take away from where the action plans are to be routinely monitored across the system. RC looked forward to an effective community service response being available for patients to prevent escalation to GPs/hospital. JS was mindful of the LCH CQUIN	

	which had been put in place to promote admission avoidance that the provider was currently underperforming on. GH drew the JQCs attention to page 90 where details of commissioning and the procurement process was given, expressing concerns about support for Chronic Obstructive Pulmonary Disease (COPD) patients and the continuation of the delivery of evidence based pathways for this cohort of patients. **ACTION: DW to address the recommendation in the ECIP report in relation to a rapid response respiratory service.**	**DW**
	The Committee received the report.	
17/025	**Serious Incident Report** The following issues were highlighted from within the SI report: Pressure Ulcer work continues with regard to LCH in collaboration with LCCG. All SIs open beyond 100 days were included within the report with accompanying narrative. S&O - DF confirmed that a meeting is due to take place next week to go through the S&O Pressure Ulcer Action Plan with the Trust noting that the Tissue Nurse Viability Specialist has inputted into this re-iteration. Changes to the plan will be agreed on the day and will then be ready for consideration at the Collaborative Commissioning Forum to inform closedown of the Pressure Ulcer related contract query. AUHT – SI's were discussed at Aintree's CCF with some concerns raised re themes being identified in relation to Bank staff and implementation of early warning scores and appropriate escalation. . Never Events – Three surgical never events in the year have been reported - one at AUH and two at S&O. NHSE have recognised a rise in never events across the system and will be facilitating an event in May 2017 to see what can be done to prevent such instances occurring and promote system leaning. Since September 2016 there has been a requirement for providers to evidence progress against the implementation of LoCSSIPs. JS reported that these are in the contract for 2017/18.	
	The Committee received the report.	
17/026	**CCG CQ Quarterly Reporting Schedule MLCSU Nursing Home Clinical Quality Q3** JC presented this report to the JQC which included updated guidance and home by home information with regard to Clinical Quality activity throughout Quarter 3 2016/17. SSCCG - Five reviews have been undertaken in the last quarter leaving one outstanding however, JS stated this will be completed within agreed CCG timescales. SFCCG - Ten reviews have been undertaken in the last quarter with the remaining four to be completed by the end of Quarter 4 2016/17. NHSE Specialist Tissue Viability Nurse (TVN) 'React to Red Campaign' - this pilot scheme is now underway with eight homes identified to participate in the scheme to improve the rates of Pressure Ulcers (PUs) within this care environment.	

	Nine care homes are now compliant from a clinical quality stance and one partially; with ongoing support provided by JC. Twenty one homes have received clinical assessments with 4 rated as non- compliant. Monitoring revisits will be undertaken prior to Q4 reporting. SSCCG – Four homes are rated good; with six requiring improvement and one rated overall inadequate. SFCCG – 10 homes are rated good; with 13 requiring improvement and one rated inadequate. The inclusion of one care home appeared within the report by error and this will be verified by JC outside of the meeting. Safeguarding –JC provided the JQC with an update on a number of Section 42 enquiries within both CCGs. In relation to a particular patient incident that occurred within one of the nursing homes, GBr questioned what spot checks on care homes entailed and suggested the involvement of Healthwatch. JC confirmed a series of planned visits from February 2017 are underway and that Healthwatch representatives have been invited to attend a number of meetings. **ACTION: DF will talk to Tracy Jeffes regarding how the CCGs can work more closely with Healthwatch during 2017/18.**	**DF**
	The Committee received the report.	
17/027	**Diabetes Study Recruitment** DF presented this report on behalf of BP which presented the research proposals for three diabetic studies co-ordinated by Liverpool University - ROMANCE. RESILIENT and VENTURE. The JQC is asked to approve the three studies subject to confirmation of no excess treatment costs being assigned to the NHS South Sefton and NHS Southport and Formby CCGs. AM suggested a mechanism is put in place to ensure monitoring can be undertaken to provide ongoing assurance that no costs are being incurred. GBr was concerned about the use of medical terms and suggested the document is presented in a more patient friendly language. **ACTION: BP to ensure changes to medical language are made and a system put in place to give continued assurance of no costs being incurred.**	**BP**
	The Committee approved the CCGs' involvement in the studies subject to no costs being incurred and changes to medical language as raised at the meeting	
17/028	**EPaCCS in South Sefton and Southport & Formby Localities Quarterly Update** Paul Shillcock had been due to present this report on behalf of Aaron Brizell but had forwarded his apologies earlier today. The Committee received the report which provided an update on the eight key areas within the EPaCCS programme. GH commented that there were no EPaCCs leaflets at GP practices and was concerned that the recordings on page 184 of the pack had been developed on the basis of using EMIS but may not be EMIS specific. GH also noted her concerns that there had been no response from S&O. DF referred to the timelines on page 184 of the pack and felt she could not see	

	any pace or evidence of where the plan is up to. GH asked that Moira McGuiness be informed of the JQC's concerns. Given the issues with the report, the Committee felt that they could not approve the action plan in light of concerns raised. The JQC are not assured regarding the progress to date and a conversation was had regarding the place for EPaCCS within the procurement system due to local developments around it. Concern was also expressed regarding the extent of providing engagement into this process. **Action: DF will raise with commissioning leads for End of Life who will liaise across with GP clinical leads for further discussion and for them to then liaise with Paul Shillcock as IT lead.**	**DF**
	The Committee received the report but were unable to approve the Action Plan	
17/029	**GP Quality Lead / Locality Update** • AM and RC advised they had written to the Medical Director regarding concerns around the stroke services at S&O.	
	The Committee received the report	
17/030	**Key Issue Logs:** **EPEG:** • Presentation received from Healthy Liverpool Transformation Programme considered Liverpool centric. EPEG suggested groups which could support wider access to other areas across Sefton. • Repeat prescription pilot – positive feedback received and individual problems addressed. • Healthwatch – Mersey Care issues discussed earlier • STP discussions took place • Meeting held with S&O Director of Nursing • Young Persons EPEG – looked further at how to use advisers. • Demonstration of the EPEG dashboard **Corporate Governance Support Group**: The Key Issues report from the meeting held on 10th January 2017 was received by the JQC.	
	The Committee received the report	
17/031	**Any Other Business** 1. GH – spoke of services to be developed inside GPs practices which would provide support to patients who do not generally access any other services and live in isolation 2. JQC Away Day – The Patient Experience dashboard which is being developed and overseen by EPEG will be brought to QC Away day later in the year. We will also be exploring feasibility of sharing with other CCG colleagues who are interested. 3. DF advised the JQC of the success of the CHIP programme with Dr Debbie Harvey and Dr Pete Chamberlain winning a prestigious North West Award. The JQC offered their congratulations.	
17/032	**Key Issues Log** The following key issues were raised to be informed to the Governing Bodies: <u>Southport & Formby CCG</u> • ECIP reports were presented to the JQC • MIAA review received by the JQC – Significant Assurance received. Next steps regarding lessons learnt discussed	

	• EPACCs - concerns raised by the committee regarding progress and were unable to support sign-off of the action plan. Issue to be raised with CCG End of Life leads <u>South Sefton CCG</u> • ECIP reports were presented to the JQC • MIAA review received by the JQC – Significant Assurance received. Next steps regarding lessons learnt discussed • EPACCs - concerns raised by the committee regarding progress and were unable to support sign-off of the action plan. Issue to be raised with CCG End of Life leads	
	Date of Next Meeting The next meeting will be held on Wednesday 22nd March 2017, 11.30 am -1.30 pm at Chapel Lane Surgery, 13 Chapel Lane, Formby, Liverpool, Merseyside, L37 4DL	

Chair : _____ _____

PRINT NAME **SIGNATURE**

Date : _____

NHS
South Sefton
Clinical Commissioning Group

Audit Committee Minutes

Thursday 12th January 2017
1.00pm to 2.30pm
3rd Floor Board Room, Merton House

Attendees		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	AO
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Adrian Poll	Senior Audit Manager, MIAA	AP
Jerri Lewis	Manager, KPMG	JL
Leah Robinson	Chief Accountant, SSCCG	LR
Danielle Love	Programme Lead – Community Services Procurement, SSCCG	DL
Apologies		
John Prentice	Audit Director, KPMG	JP
Minutes		
Tahreen Kutub	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	A	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	A	N	N
Alison Ormrod	Deputy Chief Finance Officer						✓
David Smith	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	
Tracy Jeffes	Head of Corporate Delivery and Integration	A	N	N	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	N	N
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	✓	N	N	✓	✓
Adrian Poll	Audit Manager, MIAA	✓	✓	A	✓	A	✓
Ann Ellis	Audit Manager, MIAA	N	A	N	N	✓	N
Amanda Latham	Audit Director, KPMG	✓					
Jillian Burrows	Audit Senior Manager	A					
Andrew Smith	Audit Director, KPMG		✓	✓	N	✓	
Jerri Lewis	Audit Manager, KPMG		✓	✓	✓	N	✓
John Prentice	Audit Director, KPMG						A

No	Item	Action
A17/01	**Apologies for absence** Apologies for absence were received from John Prentice. JL informed the Committee that Andrew Smith has left KPMG and the new Engagement Lead for the CCG is John Prentice.	
A17/02	**Declarations of interest** Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group. Declarations declared by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southseftonccg.nhs.uk/media/1858/ssccg-register-of-interests.pdf. **Declarations of interest from today's meeting** Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.	
A17/03	**Advance notice of items of other business** The following advance notice of items of other business were received. • IG Toolkit submission • SRT counter fraud submission • Investigation of Allegations •	
A17/04	**Minutes of the previous meeting and key issues** The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.	
A17/05	**Action points from previous meeting** ***A16/23: A16/05 (A15/79) - Whistleblowing Policy*** – Action still open. DL said she would ensure the Whistleblowing Policy is distributed to Audit Committee members. ***A16/23: A16/13 IG Toolkit Submission*** – Action still open. ***A16/74: Audit Committee Recommendations Tracker*** – Action complete and closed. ***A16/77: Review of Counter Fraud Progress Report*** – A policy tracker has been created and is on the agenda. Action closed. ***A16/79: Risk Registers*** – DL confirmed this action has been completed and the risk register has been updated. Action closed.	DL
A17/06	**Losses and Special Payments** LR said outstanding debt has been reviewed up to 31st December 2016 and that there are no items above the £5k threshold which are greater than 6 months old.	

	The Committee received this report.	
A17/07	**Audit Committee Recommendations Tracker** LR reported on the audit committee recommendations tracker and highlighted the following: • HMRC Office Holders review - LR said a letter has been received by the CCG. A response is required by 16th January, which the finance team is working on. • Proactive Exercise CHC review (December 2015) table - LR said two actions are listed as ongoing. The first issue, Personal Demographics, has now been completed as there has been a national update called Spine to link between Broadcare and Exeter. In reference to the second issue (*'Nine discrepancies in charges applied identified in sample of 40 items tested'*), LR said the figure here is incorrect and that there are actually two discrepancies, which are being investigated further. • There is one ongoing action in the table for Proactive Exercise Conflict of Interest exercise (June 2016). NHS England is to provide a training exercise to be undertaken with staff, regarding declaration of interest forms. DL confirmed this has been deferred to February 2017. ***The Committee received this report.***	
A17/08	**Liaison Accounts Payable Review** LR said the report in the meeting pack notifies the Committee of recoveries made as part of the Liaison Accounts Payable review undertaken. The Liaison report states that as a result of the reviews, the CCG has realised just over £27k in savings. The report also confirms that based on Liaison's experience, 'the level of issues identified is exceptionally low.' ***The Committee received this report.***	
A17/09	**Scheme of Delegation** LR provided an overview of the two key changes proposed to the Scheme of Delegation: an invoice limit of £20k for the Unplanned Care Lead and an invoice limit of £25k for the PA to Chief Finance Officer. The invoice limit for the PA to the Chief Finance Officer is in relation to Senior Buyer access to the ledger; this is only for purchase orders. MMcD noted that segregation of duties remained in place with regard to ordering goods. ***The Committee approved the changes to the Scheme of Delegation.***	
A17/10	**Review of Internal Audit Progress Report** AP provided a brief overview of this report. He referred to the section that states, *'The CCG has a Joint Commissioning Committee with NHS England in shadow form and the Chair of the Joint Commissioning Committee is a lay member and is not a member of the CCG Audit Committee.*' AP confirmed there is an error in this; the correct statement should be, *'the Chair of the Joint Commissioning Committee is a lay member and is not the* ***Chair*** *of the CCG Audit Committee.'* GB confirmed that he is the Chair of the Joint Commissioning Committee. The Committee agreed on the intention to continue having GB as a member	

	of the Audit Committee with the acknowledgement that he could chair a Committee meeting as Deputy Chair if the Chair is unable to attend. DL to check if this is acceptable with NHSE. If it is acceptable, AP is to change the wording in the document to reflect this. ***The Committee received this report.***	DL/AP
A17/11	**CHC Report – Anti-Fraud Proactive Detection Exercise** MM provided an overview of this report, noting it has been included for completeness to show Anti-Fraud activity for the financial year 2015/16. The work had been completed by the AFS during 2015/16 but had been omitted from the annual report of Anti-Fraud activity for 2015/16. ***The Committee received this report.***	
A17/12	**External Audit Technical Update** JL provided an overview of the External Audit Technical Update for December 2016. She there are three technical updates where action is required: Operational and planning guidance for 2017/18 and 2018/19, Department of Health group accounting manual 2016 to 2017 and Single Oversight Framework: shadow segmentation. ***The Committee received this report.***	
A17/13	**Agreement of External Audit Plan** JL provided an overview of the Audit Plan. She noted the details of the Engagement Lead would be changed from Andrew Smith to John Prentice. She highlighted two key areas that KPMG will be reviewing: the arrangements in place for the Sustainability and Transformation Plan and the progress in delivering financial targets and QIPP plans. It was noted that 31st May 2017 is the final submission date for accounts. MMcD noted that KPMG has worked on the LCH transaction; the CCG has not arranged this work but has been a part of it and that this should be noted within the appropriate section of the final accounts. ***The Committee received this report.***	
A17/14	**MacPherson Report** • **Use of estimating techniques** LR noted that this report is brought to the committee on an annual basis as good practice and provides assurance on how the CCG complies with the Macpherson review re. its estimation techniques. She confirmed the CCG has identified two business critical models in use that provide material accounting estimates for both the monthly management accounts and the year-end financial accounts. These are in the areas of prescribing and individual packages of care. MMcD noted that compliance with the Macpherson report is a requirement of the Annual Governance Statement, which will be discussed later in the meeting. ***The Committee received this report.***	
A17/15	**Review of NFI Matches** The CCG has taken part in the National Fraud Initiative for the 2016/17	

	financial year. All data was submitted in October 2016 in line with national guidance. Mismatches are to be received by the end of January. The Finance team will then review all mismatches and investigate as appropriate. An update will be brought to the next Committee meeting.	LR
A17/16	**Standards of Business Conduct** DL provided an overview of the Standards of Business Conduct policy for the CCG. She provided a summary of the comments that were made at the Southport and Formby Audit Committee meeting, which were: • The needed to be amended. It was felt the use of the term 'CCG staff' did not apply to appointed lay members. • There was no mention of the Whistleblowing Policy, which needed to be included. • Section 4 and 5 could be merged. • The document reiterates much of the wording from the Conflict of Interest and Gifts and Hospitality policy which would require this document to be amended in line with any changes to that policy. Document to be amended to refer to the Conflict of Interest and Gifts and Hospitality Policy without duplicating the wording. The South Sefton Audit Committee agreed with the above comments. DL to action the changes. ***The Committee agreed to provide delegated authority to GM to approve the Standards of Business Conduct once the changes have been made by DL.***	DL GM
A17/17	**Annual Governance Statement (AGS)** DL presented the CCG Governance Statement for Q1 and Q2, noting that this was the first time that the CCG had completed an interim AGS during the year. She raised comments made at the Southport & Formby Audit Committee meeting to do with duplication of information in the document and sections where information needed to be clearer. She confirmed she will be working with Debbie Fairclough to remove any duplication and to ensure clarity. A comment was also made at the Southport & Formby Audit Committee that the document does not mention the Clinical QIPP Committee, which it should do. The South Sefton Audit Committee agreed with these comments. DL to action the changes. ***The Committee approved the Governance Statement subject to the amendments raised at the meeting being made.***	DL
A17/18	**Risk Register and GBAF** DL confirmed the risk register and GBAF will be presented at every Audit Committee meeting and will come to this committee before going to the Governing Body meeting. GM noted some of the risks in the register seem to be related to Southport & Formby CCG. DL to review and amend. MMcD referred to risk 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'*) and said the score post mitigation should be kept at 20. MMcD referred to risk SS042 re. APMS procurement and commented that	DL

	the terminology is incorrect in this section and needs to be reworded. DL to liaise with the risk owner and reword. ***The Committee approved the Risk Register and GBAF subject to changes discussed at this meeting being made.***	DL
A17/19	**Register of Interests** DL confirmed the Register of Interests will be presented at every Audit Committee meeting. DL confirmed that when a staff member leaves the organisation, they will be taken off the register. DL said the following had been agreed at the Southport & Formby Audit Committee meeting: • A note would be included at the bottom of the register stating that the majority of employees hold dual posts. This would be done instead of specifying this declaration of interest against every individual it applies to. • It was agreed that Fiona Taylor (Chief Officer), Martin McDowell (Chief Finance Officer) and Debbie Fagan (Chief Nurse and Quality Officer) would specifically note their dual post as a possible conflict on the Register of Interests. The South Sefton Audit Committee agreed with the above. DL to action this for the South Sefton Register of Interests. ***The Committee received this report.***	DL
A17/20	**Policy Tracker** DL provided an overview of the policy tracker, noting it will support the strengthening of the audit trail between Policy authorisation and the wider sharing of the information within the CCG. DL noted three policies are beyond their review date: Infertility Policy, Commissioning Policy and Anti-Fraud Bribery and Corruption Policy. She confirmed the Infertility Policy is being reviewed as part of the Wider Commissioning Policy. MM confirmed that MIAA are currently awaiting national guidance on the Anti-Fraud Bribery and Corruption Policy. ***The Committee received this report.***	
A17/21	**Committee Work Plan 2017/18** The work plan for 2017/18 was reviewed. ***The Committee received the work plan 2017/18.***	
A17/22	**Committee Meeting Dates 2017/18** The list of meeting dates for 2017/18 was reviewed. ***The Committee received the meeting dates for 2017/18.***	
A17/23	• **Finance and Resource Committee - Key Issues Report** • **Quality Committee – Key Issues Report** ***The Committee received the key issues of the Finance and Resource***	

	Committee and the Quality Committee.	
A17/24	**Any other business** i) IG Toolkit submission – MMcD confirmed that the IG toolkit was required for submission for 31st March. The Committee agreed to provide delegated authority to GM and MMcD to approve the IG toolkit. ii) SRT Counter Fraud submission – The Committee agreed to provide delegated authority to MMcD and GM to approve the SRT counter fraud submission. iii) Investigation of Allegations – GM notified the Committee that the CCG has received an allegation, which is under investigation. GM will report back to the Audit Committee once the investigation has concluded.	GM
A17/25	**Key Issues Review** MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.	
	Date and time of next meeting Thursday 20th April 2017 12.30pm to 2pm 3rd Floor Board Room, Merton House	