

Governing Body Meeting in Public Agenda

Date: Thursday 6th July 2017, 13:00 to 15:30 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 Members

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

In Attendance

Nigel Bellamy	Deputy Chief Executive Officer, CVS, <i>presentation</i>	NB
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Judy Graves	<i>(Minute taker)</i>	

'Working Together for a Healthier Community'
presentation by Nigel Bellamy, CVS

Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
General					13:35hrs
GB17/108	Apologies for Absence	Chair	Verbal	R	2 mins
GB17/109	Declarations of Interest	Chair	Verbal	R	3 mins
GB17/110	Minutes of Previous Meeting - May 2017	Chair	Report	A	5 mins
GB17/111	Action Points from Previous Meeting - May 2017	Chair	Report	A	5 mins
GB17/112	Business Update	Chair	Verbal	R	5 mins
GB17/113	Chief Officer Report	FLT	Report	R	10 mins
Finance and Quality Performance					
GB17/114	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB17/115	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
Governance					
GB17/116	Strengthening Commissioning: Establishing a Joint Committee across Liverpool, South Sefton and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan	FLT	Report	A	10 mins
GB17/117	Audit Committee Annual Report	GM	Report	R	10 mins
GB17/118	Governing Body Assurance Framework (GBAF)	TJ	Report	R	10 mins
For Information					
GB17/119	Key Issues Reports: a) Finance & Resource Committee (F&R): March and May 2017 b) Quality Committee: Key Issues: March & April 2017 Annual Report 2016/17 c) Audit Committee: None d) Joint Commissioning Committee: None e) Locality Meetings: Quarter 1 2017/18	Chair	Report	R	10 mins
GB17/120	F&R Committee Approved Minutes: - March and May 2017		Report	R	
GB17/121	Joint Quality Committee Approved Minutes: - March and April 2017		Report	R	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB17/122	Audit Committee Approved Minutes: - None		x	x	
GB17/123	Joint Commissioning Committee Approved Minutes: - None		x	x	
GB17/124	CIC Realigning Hospital Based Care Key Issues: - November 2016 - December 2016		Report	R	
GB17/125	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB17/126	Date of Next Meeting Thursday 7th September 2017, 13:00 hrs in the Boardroom, 3rd Floor, Merton House. <u>Future Meetings:</u> From 1 st 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: 2nd November 2017 4th January 2018 1st March 2018 3rd May 2018 5th July 2018 All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3 rd Floor Merton House.				-
Estimated meeting close					15:30 hrs

Motion to Exclude the Public:

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

Governing Body Meeting in Public Draft Minutes

Date: Thursday 4th May 2017, 13:05 to 13:20hrs, then 13:30hrs to 14:40 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

Dr Andrew Mimmagh	Chair & GP Clinical Director	AM
Dr Craig Gillespie	Clinical Vice Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Lin Bennett	Practice Manager	LB
Dr Peter Chamberlain	GP Clinical Director	PC
Maureen Kelly	Chair, Health Watch (<i>co-opted Member</i>)	MK
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

In Attendance

Lyn Cooke	Head of Comms and Engagement	LC
Brendan Prescott	Deputy Chief Nurse/ Head of Quality and Safety	BP
Angela Price	Chief Delivery & Integration Officer	AP
Becky Williams	Strategy and Outcomes Officer	BW
Judy Graves	(<i>Minute taker</i>)	

Quorum: Majority of voting members.

Name	Governing Body Membership	Jan 17	Mar 17	May 17	July 17	Sept 17	Nov 17	Jan 18
Dr Andrew Mimmagh	Chair & GP Clinical Director	✓	✓	✓				
Dr Craig Gillespie	Clinical Vice Chair & GP Clinical Director	✓	✓	✓				
Graham Morris	Vice Chair & Lay Member - Governance	A	✓	✓				
Matthew Ashton <i>or deputy</i>	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	✓	✓	A				
Graham Bayliss	Lay Member for Patient & Public	✓	✓	✓				
Lin Bennett	Practice Manager	✓	✓	✓				
Dr Peter Chamberlain	GP Clinical Director	✓	A	✓				
Debbie Fagan	Chief Nurse & Head of Quality & Safety	✓	✓	A				
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	✓	A	A				
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	✓	A	✓				
Dr Dan McDowell	Secondary Care Doctor	✓	✓	✓				
Martin McDowell	Chief Finance Officer	✓	✓	✓				
Dr Ricky Sinha	GP Clinical Director	A	✓	A				
Dr Sunil Sapre	GP Clinical Director	✓	A	✓				

Name	Governing Body Membership	Jan 17	Mar 17	May 17	July 17	Sept 17	Nov 17	Jan 18
Fiona Taylor	Chief Officer	✓	A	✓				
Dr John Wray	GP Clinical Director	✓	A	A				

No	Item	Action
Public	<p>Questions from the Public</p> <p>1. A member of the public asked what new initiatives were in place to tackle the problems of GP appointments lost when patients fail to attend. A challenge faced by many GP practices is the high number of patients who fail to attend their scheduled appointments. This reduces the efficiency of service provision; a months missed appointments can add up to a whole day of service provision lost.</p> <p>Response:</p> <p>CG confirmed that “do not attend” (DNA) patients pose a major problem to all health services, in terms of time, resource and cost. There are a number of different initiatives and each practice has a different approach. Some of the initiatives include letters to patients and text reminders. There is currently new software being looked at in conjunction with EMIS, the GP IT system, which links directly to the patient and has the potential for the patient to view their own information as well as provide appointment alerts.</p> <p>A discussion was held in relation to the member of the public’s involvement within the local Patient Participation Group and whether anything further could be done. LB updated on the developments of the Local Quality Contract (LQC) and how the practices are going to collectively look at the issues of those who “do not attend” (DNA) and what further can be done.</p> <p>2. Question: A member of the public asked that, for those members of the public who find it difficult to attend a particular Board meeting and have an item of interest on the agenda, whether it is possible to submit a question in advance through an online contact point?</p> <p>Response:</p> <p>It was confirmed that members of the public have an opportunity to submit questions in advance of the meeting and the CCG would ensure that the question is raised, responded to, minuted and fed back, as has been done previously. This can be done via e-mail to the general e-mail address (southsefton.ccg@nhs.net), telephone (0151 247 7000) or using the online form available on the internet (www.southseftonccg.nhs.uk).</p> <p>The CCG requested as much notice as possible be given, so as to enable enough time to answer the more complex questions.</p> <p>3. Question: A member of the public gave details about concerns relating to the care and treatment of a young relative with ADHD and challenging health issues. They had been advised that the relative’s medication needed to be changed. However, was experiencing trouble in requesting the ADHD medication to be titrated up by a community consultant at Alder Hey. The consultant had tried to contact the member of the public on one occasion, but the call was not able to be taken. A number of conversations had since been had with the consultants’ secretary, but it had not been possible to talk to the consultant. The GP and School Nurse had also tried to call on the</p>	

No	Item	Action
	<p>relative's behalf, but to no avail. Concern was expressed at the length of time it was taking, given that this had been ongoing since March 2017.</p> <p>Due to the nature of the individual resident's concerns, the issue was taken up outside of the meeting with the CCG's Deputy Chief Nurse in order to facilitate a speedy resolution.</p> <p>4. Another local resident gave details of poor care relating to a relative with epilepsy and with Lennox-Gastaut Syndrome, and therefore at high risk of sudden death. They explained that they had been trying to get some assistance since last August, but to no avail. Two complaints had also been written to the CCG.</p> <p>FLT asked for a break in the meeting to enable the issues to be dealt with immediately.</p> <p>The Chief Officer left the meeting with the member of the public to discuss the matter further.</p>	
	<p>Members agreed to continue the meeting in the absence of FLT. AM confirmed that the meeting remained quorate. The meeting re-convened at 13:30hrs.</p>	
GB17/72	<p>Apologies for Absence</p> <p>Apologies were received on behalf of Matthew Ashton Sefton MBC, Dr Ricky Sinha, Dr John Wray, Debbie Fagan and Dwayne Johnson.</p> <p>Brendan Prescott attended on behalf of Debbie Fagan, Chief Nurse.</p> <p>Becky Williams attended on behalf of Karl McCluskey to present the IPF: planned and unplanned care (item GB17/79).</p>	
GB17/73	<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Brendan Prescott, Martin McDowell and Fiona Taylor. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p> <p>Dr Peter Chamberlain informed members of his secondment to Mersey Care, due to commence 8th May 2017. PC would remain a Governing Body member and any conflicts of interest would be managed in line with the CCG's policy.</p>	
GB17/74	<p>Minutes of Previous Meeting: 30th March 2017</p> <p>Maureen Kelly had not been in attendance at the meeting. Judy Graves to correct the minutes accordingly.</p> <p>RESOLUTION</p> <p>The minutes of the previous meeting held 30th March 2017 were accepted as a true and accurate record, subject to the amendment highlighted.</p>	JG
GB17/75	<p>Action Points from Previous Meetings: 30th March 2017</p> <p><u>17/04: Action Points from Previous Meeting: 26th January 2017</u></p> <p><i>GB17/09: Corporate Risk Register & Governing Body Assurance Framework Update</i></p>	

No	Item	Action
	<p>SS016: Concern was raised regarding the 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. 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.</p> <p><i>Update</i></p> <p><i>It was confirmed that the ECIP report had been presented to the Quality Committee and the CRR updated accordingly.</i></p> <p><u>17/57: Any Other Business: March 2017</u></p> <p><u>17/57.1 Attendance Tracker</u></p> <p>Consideration was requested to be given to the introduction of an attendance tracker for the governing body, as provided for other CCG committees.</p>	<p>Closed</p> <p>JG</p>
GB17/76	<p>Business Update</p> <p>The Chair noted that work continues in challenging times at the start of his verbal report.</p> <p>AM thanked MMcD and his team for advice during the year that enabled the CCG to deliver its statutory target.</p> <p>AM reported that the outcome of the transaction process for the provision of community services in South Sefton had resulted in Mersey Care being appointed as preferred provider. He noted that financial discussions were ongoing but was hopeful that 1st June deadline could be met.</p> <p>There were two matters of strategic importance. Namely Community Services provider and the recent article in the Liverpool Echo regarding the possible CCG merger.</p> <p>AM explained that South Sefton, Southport & Formby and Liverpool CCG's were currently looking at the feasibility of merging as, given the programme to be delivered, it had been recognised that it may be more feasible to deliver on a larger footprint across the North Mersey area. The CCG continues to evaluate the logistics of the merger, including how it keeps a local focus.</p> <p>AM reminded the members that any merger would need to be approved by NHSE and preliminary meetings had been held with NHSE to discuss the proposals.</p> <p>AM noted that a Wider Member Engagement meeting is due to be held and a key item for discussion will be whether the CCG enters into a joint commissioning arrangement with NHS England for General Practitioner delivered medical services.</p> <p>RESOLUTION</p> <p>The governing body received the report.</p>	

No	Item	Action
GB17/77	<p>Chief Officer Report</p> <p>The members and the public were presented with and updated as per the report with the following areas highlighted:</p> <p>2. <u>North Mersey Local Delivery System (NM LDS)</u></p> <p>An end of year report has been compiled which is very positive. For 2017/18 there will be continued focus on successfully implementing the “Acting as One” arrangement to deliver strategic solutions through effective commissioning.</p> <p>3. <u>Strengthening Commissioning</u></p> <p>Discussions continue with South Sefton, Southport & Formby and Liverpool CCGs. A further meeting of the Tri-board will be organised.</p> <p>4. <u>SEND Inspection</u></p> <p>The CCG and LA were among the first 12 or so areas to be inspected in the country and were accessing local support for the improvement journey from NHSE and the DfE. FLT advised that a government minister had written to her to note interest in the delivery of the action plan that had been developed in response to the outcome of the inspection.</p> <p>6. <u>Liverpool Community Health NHS Trust Transition of Services</u></p> <p>The transition of services from Liverpool Community Health (LCH) to Mersey Care is scheduled for 1st June 2017. As the transaction draws closer, extra attention is being given to clinical risks and progress is being reported through Clinical Quality Performance Group.</p> <p>9. <u>Local Quality Contract</u></p> <p>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 patients. A further non-recurrent allocation to support transformational change (£3 per patient) has also been included in the scheme. In addition to this other schemes will be commissioned eg phlebotomy, which will be paid on an activity basis.</p> <p>10. <u>Hightown GP Practice</u></p> <p>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 and the members of the public should refer to the CCG website for full details.</p> <p>11. <u>Community Services – Mobilisation Update</u></p> <p>We continue to work with Mersey Care as part of the NHS Improvements (NHSI) led transaction process for the transfer of services from Liverpool Community Health.</p> <p>It was noted that Lancashire Care FT have taken over the provision of community</p>	

No	Item	Action
	<p>services to the Southport and Formby area.</p> <p>12. <u>Making It Happen – Sefton’s Health and Wellbeing Integration Strategy</u></p> <p>BCF guidance has been delayed however work continues 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 during quarter 2 of this year.</p> <p>13. <u>Annual Report and Accounts 2017</u></p> <p>The CCG had submitted its draft annual report and accounts in line with deadlines set by NHS England and the Department of Health. This has now been signed off.</p> <p>RESOLUTION</p> <p>The governing body received the reports.</p> <p>FLT thanked the governing body members, MMcD and the team for their support through 2016/17.</p>	
GB17/78	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report: Month 12</p> <p>The report presented provided the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains; planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.</p> <p>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 in the report.</p> <p>The members discussed the report and highlighted the following areas;</p> <p>The CCG had achieved a £6.151m saving and, although falls short of the QIPP plan, it represents good performance by the CCG.</p> <p>As the CCG moves into 2017/8 it is expected that there will be an increase in the level of savings needed, meaning that more difficult decisions will need to be made. Each proposed saving will be Quality Impact Assessed (QIA) and the public consulted where required.</p> <p>Further discussion was had in relation to other opportunities for savings. The members were briefed on the menu of opportunity of plans that is available and which lists CCG savings from across England. This document is currently being reviewed in terms of savings, benefits and quality for 2017/18. The CCG will be having a dedicated QIPP week. This would provide an opportunity for all staff to contribute QIPP suggestions that can be explored and the outcome will be reported in the next Governing Body meeting.</p> <p>RESOLUTION</p> <p>The governing body received the report and noted the update.</p>	MMcD

No	Item	Action
GB17/79	<p data-bbox="284 181 687 215">Integrated Performance Report</p> <p data-bbox="284 244 1246 338">The members and public were presented with a report which provided summary information on the activity and quality performance of South Sefton CCG. It was asked to be noted that the time periods of data are different for each source.</p> <p data-bbox="284 367 379 400">Quality</p> <p data-bbox="284 430 1305 584">Dynamic Purchasing System for Individual Packages of Care and Domiciliary Care Packages has gone live. The system introduces quality and cost control measures, with a number of other CCG's also introducing the system. To date system training has been delivered to local providers. Teething problems are to be expected and the CCG has requested to be notified of these.</p> <p data-bbox="284 613 1310 707">The information reported for Paediatric SALT (18 week target) conflicts with that which was reported at Liverpool CQPG in March which could relate to a cross-over of data. Another meeting is soon to be held, clarity on the position will be obtained.</p> <p data-bbox="284 736 1305 864">A large number of serious incidents (SI's) relating to pressure ulcers have now been closed in relation to Southport & Ormskirk Hospitals NHS Trust due to composite action plan being received. Performance against the action plan would be monitored at the Clinical Quality Performance Group Meeting.</p> <p data-bbox="284 893 389 927">Finance</p> <p data-bbox="284 956 1315 1019">The members were presented with the CCG's finance position as detailed on page 44 of the report.</p> <p data-bbox="284 1048 1299 1140">The CCG's reported position for 2016/17 is a £100k surplus. Therefore the statutory duty to break even has been met. The revised position includes release of the 1% uncommitted non recurrent reserve.</p> <p data-bbox="284 1169 1299 1263">The majority of cost pressure in year relates to over performance with acute provider contracts and the independent sector, as well as the national increase in costs for Funded Nursing Care.</p> <p data-bbox="284 1292 603 1326">FLT re-joined the meeting.</p> <p data-bbox="284 1355 459 1388">Planned Care</p> <p data-bbox="284 1417 1273 1545">Local referral data from the main providers shows no change in the overall level of referrals comparing months 1-11 of 2016-17. GP referrals are slightly above comparing against the same period last year. Discussions regarding referral management, prior approval and consultant-to-consultant referrals continue.</p> <p data-bbox="284 1574 1315 1729">The cancer indicators are performing favourably for the CCG and Aintree University Hospitals, apart from the 62 day target which has not been reached at both CCG and provider level. The breaches have been reviewed and a paper has been presented to the Trust Board and the CCG with key recommendations and actions. The CCG have been assured that there was no harm as a result of the breaches.</p> <p data-bbox="284 1758 1315 1852">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 variance.</p> <p data-bbox="284 1881 496 1915">Unplanned Care</p> <p data-bbox="284 1944 1273 1977">Aintree have achieved their sustainability and Transformation Fund target for A&E.</p>	

No	Item	Action
	<p>At both a regional and county level, NWS failed to achieve any of the response time targets. Work with NWS and all partners, including ECIP, is ongoing to ensure delivery of agreed actions.</p> <p>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.</p> <p>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.</p> <p>The CCG have had no new cases of MRSA in February therefore reporting a total of 2 MRSA cases year to date.</p> <p>Work continues to try and reduce Delayed Transfers of Care within the acute setting, with teleconferences held each Monday.</p> <p>In relation to the Friends and Family Test, 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 CCG Engagement and Patient Experience Group are updated on the test and a dashboard has been created to incorporate information available from FFTs, complaints and compliments.</p> <p>Stroke</p> <p>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.</p> <p>Mental Health</p> <p>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. This is being looked at to ensure lessons learnt.</p> <p>IAPT provider performance has decreased as per the report. A remedial action plan is in place.</p> <p>Primary Care</p> <p>Phase one of Primary Care Dashboard development is now complete. A live version of the dashboard is available in Aristotle.</p> <p>Community Health Services</p> <p>Liverpool Community Health NHS Trust continues to deliver this service and send through their usual reports until the new contract with Mersey Care commences in June 2017.</p> <p>Dementia</p> <p>Latest guidance has confirmed that a decision has been made to change the way the 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.</p>	

No	Item	Action
	<p>BW was thanked for the update on behalf of KMCC.</p> <p>Reference was made to the Q3 Improvement and Assessment Framework Dashboard (page 84 and 85). FLT requested the clinical leads review the year end reports for each of their domains, as well as present on each of their areas of speciality to future development sessions.</p> <p>RESOLUTION</p> <p>The governing body received the report. It was noted that there were a number of improvements in relation to both performance and business intelligence however, it was recognised that there were still areas for improvement.</p> <p>It was requested for 'Delayed Transfers of Care' to include a year on year comparison</p> <p>FLT updated on the Chief Officer Report: see item GB17/77</p>	<p>Clinical Leads: Judy Graves</p> <p>Brendan Prescott</p>
GB17/80	<p>Pension Auto Enrolment</p> <p>The Governing Body were presented with a report that updated 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 pensions. The CCG must commence Auto Enrolment for eligible job holders with effect from 1 July 2017.</p> <p>The change in legislation had been presented, discussed and recommendations made, as per the detailed report, by the Remuneration Committee.</p> <p>RESOLUTION</p> <p>The governing body approved the report and the endorsement by the Remuneration Committee and as per the recommendations outlined in section 8:</p> <ul style="list-style-type: none"> - 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 Pension Regulator minimum percentage contribution rates <p>It was suggested that the process be checked for those that are auto enrolled and have more than one employer as an error if the employee is enrolled twice.</p>	GM
GB17/81	<p>Joint Commissioning of Primary Medical Care: Terms of Reference</p> <p>The governing body was presented with a report on South Sefton CCG's application 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. The report presents the Terms of Reference for the committee and the Operational Group that serves it.</p> <p>The following areas were highlighted:</p> <p>The status of Joint Commissioners will enable the CCG to ensure that local schemes complement national schemes and the CCG can maximise funding through reducing</p>	

No	Item	Action
	<p>duplication.</p> <p>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.</p> <p>Further discussion was had in relation to the committee membership, quoracy and the invitation to be extended to the non-voting attendees once the terms of reference were approved.</p> <p>RESOLUTION</p> <p>The members approved the terms of reference presented subject to clarification of:</p> <ul style="list-style-type: none"> -GP Clinical Lead duplicated on page 103 -Clarity needed on the lay membership and position (page 103/104) -Consideration to be given to Practice Management membership and terms of reference to be amended to reflect the outcome of the decision <p>It was asked to be noted:</p> <ul style="list-style-type: none"> -that the committee had an option to invite others to attend as necessary -the Operational Groups role was to enact and serve the Joint Commissioning Committee 	<p>JL</p> <p>JL</p> <p>JL</p>
GB17/82	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource (F&R) Committee: February 2017 b) Quality Committee: February 2017 c) Audit Committee: January 2017 <p>RESOLUTION</p> <p>The governing body received the key issues reports.</p>	
GB17/83	<p>F&R Committee Approved Minutes:</p> <ul style="list-style-type: none"> - February 2017 <p>RESOLUTION</p> <p>The governing body received the approved minutes.</p>	
GB17/84	<p>Quality Committee Approved Minutes:</p> <ul style="list-style-type: none"> - February 2017 <p>RESOLUTION</p> <p>The governing body received the approved minutes.</p>	
GB17/85	<p>Audit Committee Approved Minutes</p> <ul style="list-style-type: none"> - January 2017 	
GB17/86	<p>Any Other Business</p> <p>None</p>	

No	Item	Action
GB17/87	<p>Date of Next Meeting</p> <p>Thursday 6th July 2017, 13:00 hrs, Boardroom, 3rd Floor, Merton House.</p>	
	<p>Meeting concluded</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>	<p>14:40hrs</p>

Draft

Governing Body Meeting in Public Action Points from Previous Meeting

Date: Thursday 4th May 2017, 13:05 to 13:20hrs, then 13:30hrs to 14:40 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

No	Item	Action
GB17/74	Minutes of Previous Meeting: 30th March 2017 Maureen Kelly had not been in attendance at the meeting. Judy Graves to correct the minutes accordingly.	Judy Graves
GB17/75	Action Points from Previous Meetings: 30th March 2017 <u>17/57: Any Other Business: March 2017</u> <u>17/57.1 Attendance Tracker</u> Consideration was requested to be given to the introduction of an attendance tracker for the governing body, as provided for other CCG committees.	Judy Graves
GB17/78	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report: Month 12 A dedicated QIPP week is to be held. This would provide an opportunity for all staff to contribute QIPP suggestions that can be explored and the outcome will be reported in the next Governing Body meeting.	MMcD
GB17/79	Integrated Performance Report Reference was made to the Q3 Improvement and Assessment Framework Dashboard (page 84 and 85). FLT requested the clinical leads review the year end reports for each of their domains, as well as present on each of their areas of speciality to future development sessions. 'Delayed Transfers of Care' to include a year on year comparison	Clinical Leads: Judy Graves Brendan Prescott
GB17/80	Pension Auto Enrolment Following governing body approval of the report and endorsement of the recommendations, the members suggested that the process be checked for those that are auto enrolled and have more than one employer as an error if the employee is enrolled twice.	GM
GB17/81	Joint Commissioning of Primary Medical Care: Terms of Reference The members approved the terms of reference subject to clarification of: -GP Clinical Lead duplicated on page 103 -Clarity needed on the lay membership and position (page 103/104) -Consideration to be given to Practice Management membership and terms of reference to be amended to reflect the outcome of the decision	JL

MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/113	Author of the Paper: Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7069						
Report date: July 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.	<table style="float: right;"> <tr><td>Receive</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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Links to Corporate Objectives (<i>x those that apply</i>)	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes 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.

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

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

Report to Governing Body July 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

In February 2017 the Governing Body was asked to sign off the 2017/18 QIPP plan for submission to NHSE. Since that submission, CCG leads have continued to review the existing QIPP schemes and assess the likelihood of delivery. In February 2017 the CCG held a facilitated event in which leads were tasked with the identification of new schemes for 2017/18 as it was apparent that the 2017/18 original plan was at risk and all mitigating action needed to take place to identify new schemes.

In May 2017, with a view to mitigating any potential risk to under delivery it was agreed by the Finance & Resource Committee that a QIPP plan of £20M was required and that every effort should now be made to fulfil that requirement. During May the Chief Operating Officer implemented “QIPP week” during which a series of events and workshops were held enabling the CCG to focus solely on this challenge. The output from that week resulted in a draft revised QIPP plan that was discussed at the Joint QIPP committee on 20th June. Officers have now been asked to work up project plans to support delivery of each of the newly identified schemes that will be submitted to the committee in July.

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) – Prevention

The CCG is actively involved with the NM LDS Prevention work stream, which is being led by Eileen O’Meara on behalf of the Cheshire and Merseyside footprint. Fiona Taylor, Chief Officer, is taking a leadership role for North Mersey on this work stream, working with Gina Perigo, Programme Manager (Alcohol & Preventions) at Liverpool CCG. The key areas of work include Hypertension, Alcohol Harm and Anti-Microbial Resistance.

In addition, in North Mersey we are currently exploring work around physical activity.

The Governing Body will continue to receive regular updates.

3. Strengthening Commissioning

NHS South Sefton CCG, NHS Southport and Formby CCG and NHS Liverpool CCG have made the decision so they can spend more time considering the implications of a merger for their patients, staff and partners. Governing body members agreed the pause at a joint meeting on 6 June 2017 and their decision will now be formally approved at their next governing body meetings. The three CCGs were required by NHS England to submit their formal merger application by July 2017, ahead of any agreed organisational change from April 2018.

Governing body members have instead agreed to delay submitting their application and revisit their proposal in a year's time. Importantly, this step takes account of the increasing challenges and demands placed on the NHS as a whole and, in particular at this time, by the three local health commissioners. At the tri-governing body meeting, members agreed that the original July 2017 application deadline would divert the CCGs' efforts away from their priority work over the coming year – a crucial period for each CCG. So, this additional time created by a pause will allow the CCGs to concentrate their efforts in two areas.

Firstly, in ensuring the CCGs' continued focus is on improving financial and health service performance for the distinct populations they serve in line with their individual statutory duties, whilst secondly, developing a more considered and robust business case that clearly demonstrates the benefits of merging to their GP practice members, local residents and other key partners. Membership of the North Mersey Local Delivery System (LDS) means the CCGs will continue to work together on system wide programmes that benefit and affect the populations they serve. Good progress and pace has already been made, without the upheaval that organisational or structural change would bring to the CCGs at this present time.

4. Commissioning Policy Review

Both Sefton CCGs have come together with some of their counterparts in the region to review a number of policies for Procedures of Lower Clinical Priority (PLCP). PLCPs form part of the CCGs' commissioning policies and they are routine procedures that have some medical benefit but only in very specific situations, or for a small group of people.

Over 100 policies for PLCPs are being reviewed to ensure they reflect the latest clinical evidence, so the local NHS can be sure it is targeting its resources as effectively as possible on procedures that have the best outcomes. PLCPs are reviewed regularly to reflect the greater understanding of ongoing medical advancements. This latest review and any associated engagement or consultation with stakeholders and the public is being carried out in phases.

The first phase of engagement will begin over the summer and is being carried out by Midlands and Lancashire Commissioning Support Unit (CSU) on behalf of the participating CCGs. It focuses on 18 out of 36 initial policies that have been updated in line with the latest medical evidence and that involve a degree of change for patients. Groups and individuals who may be particularly affected by the changes will be invited to give their views, in addition to the general public and other stakeholders.

Full information about the process will be available from each CCG website when the 12 week exercise launches on 10 July 2017.

5. Elective Care Transformation Programme (ECTP)

At the end of May, NHSE launched an Elective Care Transformation Programme nationally and have provided CCGs with guidance to support delivery. The programme has the following two core functions:

1. Transformation (speciality-based transformation, high referring practices, diversion of referrals and Right Care and supporting projects);
2. Improving operations and delivery work stream (demand and capacity, data quality, diagnostic waits, performance management, intensive support team and NHSI transformation).

The objectives of the programme are to improve the patient journey and experience, reduce referrals/waiting times and ensure they do not worsen, standardisation of pathways to help improve clinical outcomes and greater efficiency/less waste.

The ECTP has allocated funding to sub-regions, with Cheshire & Merseyside receiving £281,000. This requires the development of a local plan for delivery of the elective care programme with NHSI colleagues, which should include:

- a description of how each of the programme deliverables are to be met, with timescales;
- the local governance structure for the programme;
- the proposed use of the resources; and
- programme risks.

The local plans will also need to align with work being undertaken locally on Right Care and QIPP.

As a CCG we are developing our own plan to meet the key deliverables and will be working with colleagues across North Mersey to advance this.

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

6. Cyber Attack Update

Local NHS organisations were subjected to an attack on their IT infrastructure on Friday 12 May 2017 as part of a wider global attack on business information systems. This attack was widely reported in the press and had widespread implications for all parts of the NHS including NHS trusts and GP practices. Informatics Merseyside implemented its business continuity plan (BCP) on behalf of the CCG, local practices and other partner organisations. The prompt escalation of the BCP which included turning off the CCG’s main network point (N3) meant that nearly all the IT desktop machines were protected and not infected with the virus. The CCG took part in a number of situation reporting calls chaired by NHSE during the day and over the weekend following.

Informatics Merseyside provided emergency support to all organisations over the weekend and was able to systematically re-instate IT machines on the network after determining that the appropriate “patch” had been applied to protect the machine against further infection. This meant that GP practices opening on Saturday 13 May 2017 had access to limited IT systems. GP practices had implemented paper recording systems as part of their local BCP whilst access to the network was not available and access to the network was uniformly available for GP practices as they opened for normal business on Monday 15 May 2017.

The impact on local providers was variable. Southport and Ormskirk Trust declared a “major incident” at around 1pm on 12 May and implemented its Major Incident Plan. This remained in place until the afternoon of Tuesday 16th May when the Trust “stepped down” to its BCP arrangements. The Trust returned to normal functioning on Thursday 18 May and stepped down its BCP at 9am on Monday 22 May. The Trust reported that during the major incident and BCP period, it was able to protect the A&E department and the emergency and urgent elective surgery list to ensure patient safety.

Other local Trusts implemented their business continuity plans as access to the N3 network was restricted. The main operational issues reported related to radiology equipment and ability to send images across the network. This area is being reviewed across Cheshire and Merseyside as a priority.

Locally, the NHS was able to respond quickly particularly with the willingness of IT professionals and other staff to work long periods to respond to the emergency situation and I would personally like to offer my thanks to staff involved and also offer our thanks on behalf of the CCG.

The CCG, along with other organisations has responded to a “lessons learned” exercise and will participate in events scheduled to add extra-preparedness in the event of future attacks. From an IT security perspective, the CCG will be reviewing whether there is need for further investment to augment existing arrangements and a report will be taken to the F&R committee outlining options.

7. SEND Written Statement of Action – Response from OfSTED and CQC

On 9 June 2017, the Local Authority and CCG received a feedback letter from the regulators regarding the submitted Written Statement of Action. Feedback had been delayed due to Purdah. Further work is required on the plan in order to provide assurances that it is fit for purpose and there is a requirement to re-submit within a 20 working day timeframe (6 July 2017). The CCG has been working alongside the identified NHSE support at both a local and regional level along with local area support from the DfE. External support has been secured to assist the CCG in revising pertinent elements of the plan in order to make it more specific, measurable, relevant and timely.

The Chief Nurse represented the CCG at the Overview & Scrutiny Committee (Children’s Services & Safeguarding) on 21 July 2017 for a discussion regarding the Written Statement of Action. The CCG and Local Authority have been requested to return to an extraordinary meeting on 30 June 2017 for a further discussion and scrutiny of the action plan prior to submission to the regulators.

Due to timings, the Senior Leadership Team (SLT) will receive the Written Statement of Action before 6 July 2017 for any comment before final submission.

8. Mersey Care NHS Foundation – Community Services Contract

The first meeting of the Mersey Care NHS Foundation Trust CRM/CQPG is scheduled for 13 July 2017. A Quality work plan has been developed which focusses on key issues and risks post transition of services.

Work is on-going with NHSE colleagues on the development of a number of enhanced KPIs to provide further assurance post transition of Liverpool Community Health NHS Trust services with a specific focus on patient safety and staff support

9. Provider Cost Improvement Plans

Information of provider Cost Improvement Plans have now been received by the majority of providers and is in the process of commissioner review for the purposes of assurance. Information from Aintree Hospitals NHS Foundation Trust remains outstanding and this has been requested by the Quality Team on 22 June 2017 – this will be escalated to the Chief Officer if not received within 2 weeks.

10. Learning Disabilities Mortality Review Programme (LeDeR)

The LeDeR programme has been commissioned by NHSE to support local areas in England to review the deaths of people with a learning disability to:

- Identify common themes and learning points;
- Provide support to local areas in their development of action plans to take forward the lessons learned.

The specific ways that healthcare professionals may be involved in the LeDeR programme are as follows:

- Notifying the death of any of their patients with a learning disability;
- Providing input for a review into the circumstances leading to the death of those aged 4 years and over. This may involve the sharing of information about a patient who has died or participating in a multi-agency review where knowledge and perspectives in primary care will be of significant importance

The CCG has in place an identified local area contact (Head of Vulnerable People) who has undertaken the necessary area contact training. The local area contact has access to the LeDeR dashboard to monitor the number and progress of cases. The CCGs have access to 2 LeDeR reviewers locally.

Across Sefton there are currently four cases requiring review – three in the South Sefton CCG area and one in the Southport & Formby CCG area. There is a risk of a delay for the learning from the deaths of people with a Learning Disability under the LeDeR Programme due to limited access to local reviewers – this has been placed on the Corporate Risk Register (Risk Register Score 15).

11. Repeat Prescription Ordering Scheme

All GP practices in the borough will be part of the joint CCG repeat prescription ordering scheme by the end of July 2017. The scheme was initially introduced as a pilot in September 2016, when 19 practices volunteered to take part. It has proved successful in saving valuable NHS money by reducing the cost of wasted medicines, which totalled more than £220,000 in the scheme's first three months of operation. Additionally the scheme offers a number of important patient safety improvements. A further 17 practices have signed up to launch the scheme from 11 July 2017, achieving complete coverage of surgeries in the borough.

More information can be found on the CCGs' websites, including links to their You Tube channels and short films explaining how the scheme works. Visit www.southportandformbyccg.nhs.uk and www.southseftonccg.nhs.uk.

12. NHSE Quarter 4 Annual Improvement and Assessment – 22 Jun 2017

The CCG had its final Q4 Improvement and Assurance Framework meeting with NHSE on 22 June 2017. The summary of the conversation outlined that NHSE acknowledged the challenging year and environment in which the CCG had operated.

In respect of performance, improvements in NHSE Constitutional Standards were recognised, however the issues in relation to A&E 4 hour, IAPT, dementia, and two-week cancer were noted. NHSE are now awaiting national moderation of all the elements of the CCG Improvement and Assessment Framework for 2016/17, the result of which will be published within the next month on MyNHS website.

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.

13. Primary Care Procurement

The decision to go out to market to find a new provider has been made following the recent six week listening exercise, which sought the views of registered patients about the future delivery of primary care services in Hightown.

NHSE and NHS South Sefton Clinical Commissioning Group carefully considered all the patient feedback, along with other key information including an independent transport survey and independent premises audit.

All patients and stakeholders have received relevant communications to keep them apprised.

The procurement process is likely to start later in the summer. More information will be made available in the practice when detailed timescales are known.

In the meantime, the contract with the current providers at Hightown Surgery runs until 31 December, 2017, and patients can continue receiving services as normal while the longer term arrangements are put in place.

You can view the listening event report and Q&A from the listening events from the [get involved](#) section of our website.

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

14. Community Services

In a transaction process led by NHS Improvement, Mersey Care NHS Foundation Trust took over the running of community services in south Sefton on 1 June 2017 from Liverpool Community Health. In addition, a number of specialist children's community services are now being provided by Alder Hey.

Mersey Care NHS Foundation Trust is now working closely with the CGG and other stakeholders to optimise service delivery. The Quality team, as noted in item 7 is working with Mersey Care to develop robust systems and processes.

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

15. Integration

The CCG and Sefton Council continue to work closely together on our strategic approach to integration as outlined in “Making it Happen”. Good progress has been made on the proposed key areas to be included in the Better Care Fund (BCF) submission and the associated Section 75 and the CCG has met the requirement to achieve a minimum value for the BCF (which includes a 1.790% annual uplift) in the sum of £12,401m. The BCF is anticipated to be formalised pending publication of the final technical guidance and all appropriate approvals from all three organisations involved.

16. Additional Social Care Funding

On 8 March 2017 the Chancellor announced in his Budget, that an additional three year non-recurring tapered grant would be made available to Councils. For Sefton this means in year one Sefton MBC will receive £6.945M, year two £4.352M and in year three £2.156M. Its overall purpose is to meet unmet adult social care needs and to support local authorities to pay for increases in adult social care packages and to improve the performance of delayed discharges from hospitals. The funding will be paid direct to Local Authorities from 2017-18 and to be agreed by the Clinical Commissioning Groups and ‘approved’ by the Health and Well Being Board.

The additional funding is a welcome and important step in making Adult Social Care sustainable. However Sefton is forecasting Adult Social Care budget pressures of at least **£25M** by 2020. The pressures in the main relate to three areas; the introduction of the National Living Wage, the increase in the average age of the population, which means that new demand for Adult Social Care services will continue to be created, and the complexity of the service users requiring support. These long-term and permanent pressures in Adult Social Care will not be solved through this extra one-off funding. For these reasons, when deciding how to allocate this new non-recurrent funding it is important to avoid using it to address permanent spending pressures. The Government has very recently issued draft grant conditions and specify that consultation with local Clinical Commissioning Groups must agree local implementation plans. The guidance states that the money is to be spent on Adult Social Care for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.

Specifically the conditions require local authorities to:

- Pool the grant funding into the local Better Care Fund;
- Work with the relevant Clinical Commissioning Group(s) and providers to meet conditions around delayed discharges from hospital. Sefton already performs relatively well in this area, but there may still be a requirement for improvement; and
- Provide quarterly reports as required by the Secretary of State;

- Utilise the Association Directors of Adult Social Services eight high impact changes to support NHS systems.

The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the grant conditions, as soon as plans have been locally agreed.

Whilst the non-recurrent three year grant is welcomed there are some risks, in particular the increasing pressures on the NHS and care market and it will be essential that we do not commit ourselves to long term commitments knowing that the funding will not be available beyond April 2020.

As stated above one of the main drivers for receiving the funding is to avoid delayed transfers of care (DTC) which are attributable to adult social care. Attached is the list of proposals which the Council and Clinical Commissioning Group are exploring to meet the criteria. It is envisaged that these discussions will be completed by the beginning of August and thereafter the Council proposes to submit the final agreement to its Cabinet on the 7th September 2017.

Proposed Commitments for Additional BCF spend					
Proposed Commitments	Value of Grant by Year			High Impact Change Model Expected Change	iBCF Conditions
	£m 17/18	£m 18/19	£m 19/20		
National Living Wage	(1.900)	(1.900)	(1.900)	- DTC market shaping	Protection - social care
Fees	2.100	2.100	2.000	- Manage the risk of market	
Quality Assurance Team	0.250	0.250	-	- failure	
Care Home acquisition	0.300	-	-		
Transformation Programme	0.600	-	-	- Demand management	Protection - social care
Re-ablement				Change 1	Manage demand in social care
D2A/Trusted assessors	0.300	0.200	0.156	Early discharge planning	
Community Care Budget	0.135	-	-	Change 3	
	2.800	1.500	-	Multidisciplinary/multi-agency discharge teams, including the voluntary and community	
				Change 4 Home first/discharge to assess	
				Change 6 Trusted assessors	
				Change 5 Seven day working	
Transformation at LCR Level	0.500	0.300			Manage demand - social care
Total* in year one (17/18) there is an over commitment v slippage	6.985	4.352	2.156		

17. Sefton CVS “CCG/VCF Fund Impact Report 2014-17”

Between April 2014 and March 2017, Southport and Formby Clinical Commissioning Group and South Sefton Clinical Commissioning Group have invested £2.5m in the Voluntary, Faith and Community Sector through a grant scheme that has enabled 52 different groups and organisations to deliver projects which have benefited more than 2,881 children and young people, 3,291 older people and 3,443 adults.

The main aim of the grants was to improve people's sense of inclusion and involvement which in turn helps their health, wellbeing and independence.

The grants managed by Sefton CVS have clearly highlighted the potential 'reach' of the funding – far beyond the direct beneficiaries – deep into people's families and communities.

The publication "CCG/VCF Fund Impact Report 2014-17", a copy of which is available on the [CCG website](#), gives a comprehensive insight into the impact of the various schemes.

18. Governing Body Administration

18.1 Conflicts of Interest

In June 2017 NHSE published additional guidance to provide clarity on the scope of the existing conflict of interest policies and procedures. The CCG's existing policy will be updated to reflect these changes and submitted to the audit committee for approval at its meeting in July. The key changes are as follows:

Registers of interest: the guidance has been updated to require that CCGs have systems in place to satisfy themselves as a minimum on an *annual* basis that their registers of interest are accurate and up-to-date, and to require that only decision-making staff are included on the published register.

Gifts from suppliers or contractors: In line with the NHS-wide guidance, gifts of low value (up to £6), such as promotional items, can now be accepted.

Gifts from other sources: Also in line with the wider guidance, gifts of under £50 (rather than £10) can be accepted from non-suppliers and non-contractors, and do not need to be declared; and gifts with a value of over £50 can now be accepted on behalf of an organisation, but not in a personal capacity.

Hospitality - meals and refreshments: the thresholds have been revised to enable hospitality to be accepted without the need to be declared. Hospitality between £25 and £75 can be accepted, but must be declared, and hospitality over £75 should be refused unless senior approval is given.

New care models: The guidance now includes an annex to provide further advice on identifying, declaring and managing conflicts.

19. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
July 2017

MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/114	Author of the Paper: Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071						
Report date: June 2017							
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
Summary/Key Issues: The QIPP Plan and QIPP performance dashboard 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.							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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x	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	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 20 th June 2017.

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

South Sefton CCG QIPP: May 2017 (Month 2)

Total QIPP Plan – 2017/18

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,442	0	1,442	41	0	1,401	1,442
Medicines optimisation plan	2,734	0	2,734	2,604	0	130	2,734
CHC/FNC plan	281	0	281	281	0	0	281
Discretionary spend plan	100	30	130	30	0	100	130
Urgent Care system redesign plan	200	0	200	0	0	200	200
Shaping Sefton Plan	693	0	693	0	0	693	693
Other Schemes Plan	3,000	0	3,000	0	0	3,000	3,000
Total QIPP Plan	8,450	30	8,480	2,956	0	5,524	8,480
QIPP Delivered 2017/18				400	0	0	400

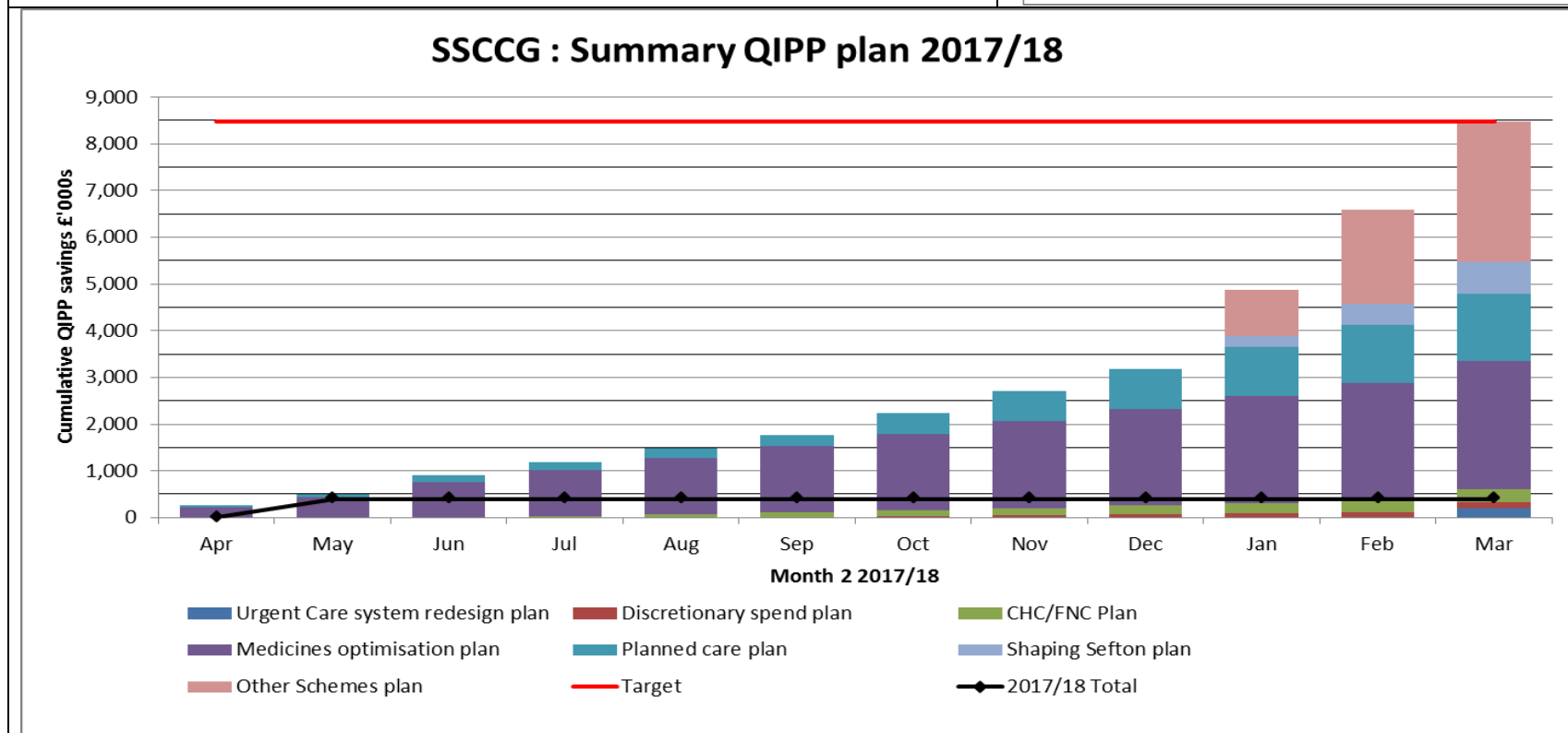
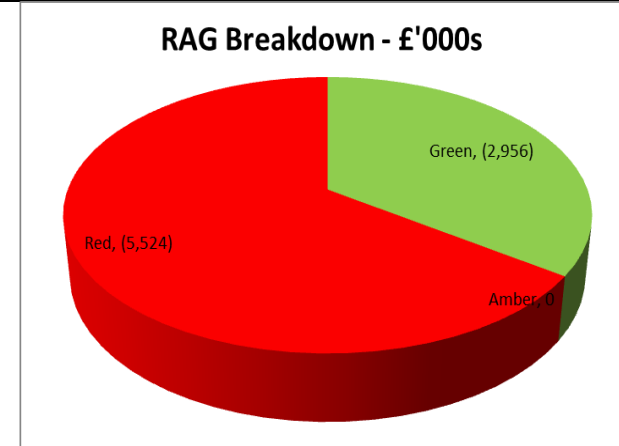
SOUTH SEFTON CCG				
	2017/18			
	Recurrent	Non-Rec	Total	RAG
Opening QIPP Target	9,346	4,651	13,997	
QIPP Phase 1:				
Reduce 1% Surplus		(2,400)	(2,400)	
Care at the Chemist	(100)		(100)	
National Policy Pressures	(490)		(490)	
CNST Cost pressure	(954)		(954)	
0.5% Non-rec reserve		(1,234)	(1,234)	
QIPP Phase 2:				
Transformation Fund	(2,030)		(2,030)	
Third Sector	(189)		(189)	
CVS investment	(720)		(720)	
HRG4+ Adjustment - Cost Pressure	1,300		1,300	
Community Contract	1,300		1,300	
Revised Target	7,463	1,017	8,480	
SCHEME 1: ELECTIVE CARE PATHWAYS				
Cataract Policy	(25)		(25)	R
Right Care - MCAS	(300)		(300)	R
Right Care - Neurology	(80)		(80)	R
Right Care - Gastro	(142)		(142)	R
Right Care - Urology	(310)		(310)	R
Right Care - Respiratory	(186)		(186)	R
Referral Optimisation Support Service (ROSS)	(100)		(100)	R
Pain Management	0		0	R
Health Optimisation Scheme - BMI & Smoking	(258)		(258)	R
Mersey Care DISH Patient	(41)		(41)	G
Sub-Total - Scheme 1: ELECTIVE CARE PATHWAYS	(1,442)	0	(1,442)	

SCHEME 2: MEDICINES OPTIMISATION			
Individual Patient Reviews	(248)		(248) G
Pregabalin - IPR Savings	(298)		(298) G
RightCare - Respiratory - IPR Savings	(443)		(443) G
Blood Glucose Variance to previous FY	(42)		(42) G
Rebates	(220)		(220) G
Optimise Savings/Avoidance (Actuals)	(53)		(53) G
Gluten Free Spend	(100)		(100) R
Focus on reduced waste (repeat prescribing)	(1,200)		(1,200) G
High Cost Drugs and Biosimilars	0		0 G
Care at the Chemist (Self Care)	(100)		(100) G
Continence (via S&O Contract Spend)	(30)		(30) R
Sub-Total - Scheme 2: MEDICINES OPTIMISATION	(2,734)	0	(2,734)
SCHEME 3: CHC / FNC			
Linking Broad Care system to Exeter (Spine)	(149)		(149) G
Implementation of ADAM procurement system (net savings)	(132)		(132) G
Sub-Total - Scheme 3: CHC / FNC	(281)	0	(281)
SCHEME 4: DISCRETIONARY EXPENDITURE			
Estates	(100)		(100) R
Running cost reductions		(30)	(30) G
Sub-Total - Scheme 4: Discretionary Expenditure	(100)	(30)	(130)

SCHEME 5: Non Elective/System Opportunities				
GP Streaming - AVS/ATT	(200)		(200)	R
Sub Total SCHEME 5: Non Elective/System Opportunities	(200)	0	(200)	
SCHEME 6: Shaping Sefton Programmes				
CVD and stroke	(120)		(120)	R
Mental Health	(100)		(100)	R
Cancer	(50)		(50)	R
Primary care	(50)		(50)	R
Intermediate Care	(100)		(100)	R
Diabetes	(100)		(100)	R
End of Life	(100)		(100)	R
Children's	(73)		(73)	R
Sub Total SCHEME 6: Shaping Sefton Programmes	(693)	0	(693)	
SCHEME 7: Other Potential Schemes				
Contract Challenges	(300)		(300)	
Strengthening Commissioning for the Future	(100)		(100)	
Other Schemes	(2,600)		(2,600)	
Sub Total SCHEME 7: Other Potential Schemes	(3,000)	0	(3,000)	
Total All Schemes	(8,450)	(30)	(8,480)	

QIPP DASHBOARD – SUMMARY SOUTH SEFTON CCG AT MONTH 2

South Sefton CCG				
£'000s				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	1,442	71	0	(71)
Medicines optimisation plan	2,734	439	400	(39)
CHC/FNC Plan	281	0	0	0
Discretionary spend plan	130	0	0	0
Urgent Care system redesign	200	0	0	0
Shaping Sefton Plan	693	0	0	0
Other Schemes	3,000	0	0	0
Total	8,480	510	400	(110)



QIPP DASHBOARD SSCCG – Detail by scheme

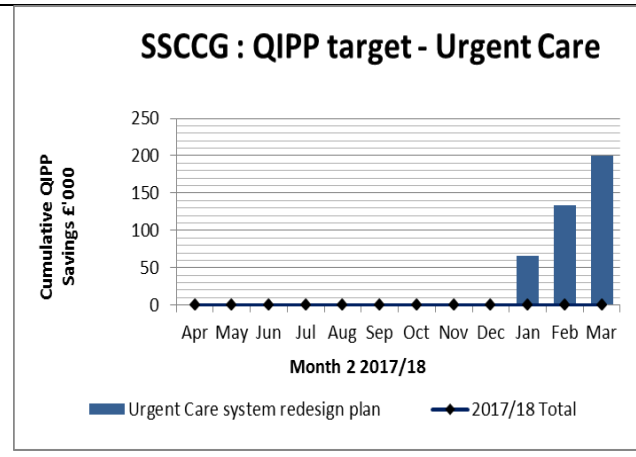
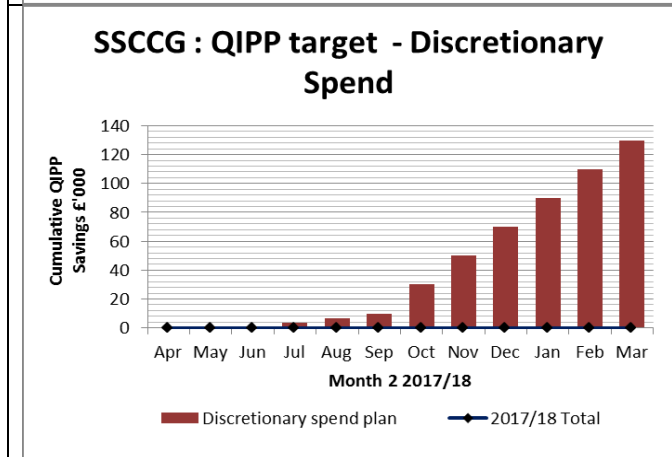
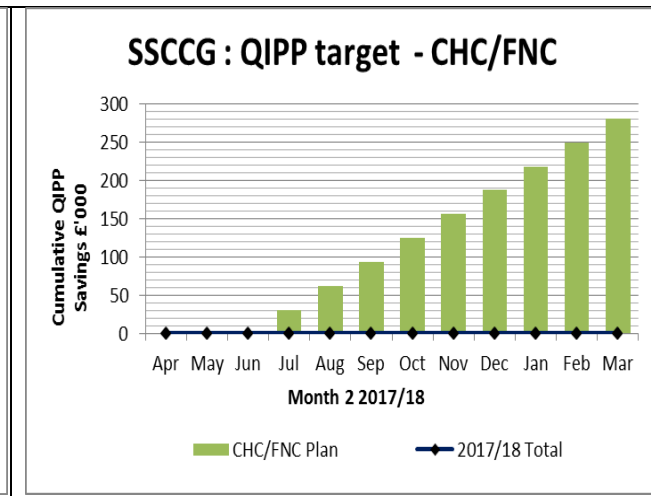
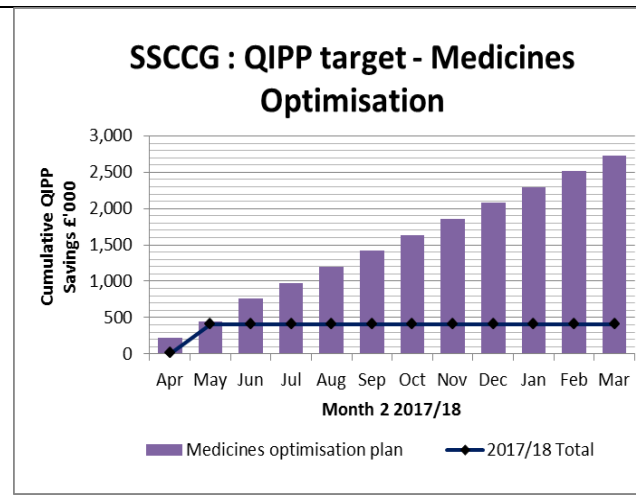
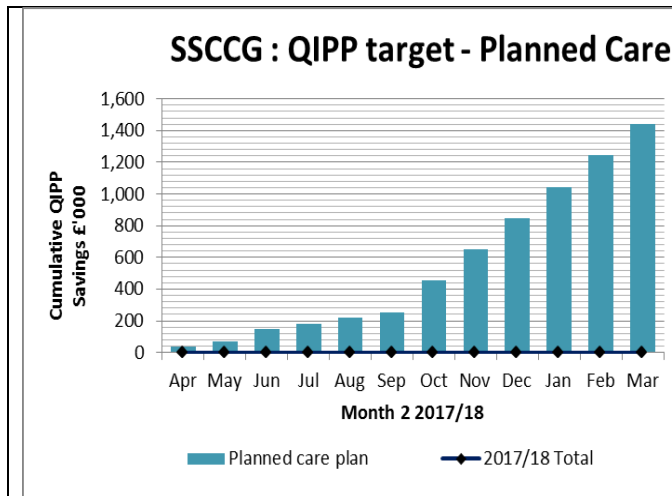
Planned care	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Cataract Policy	2	0	(2)	●	4	0	(4)	●
Right Care - MCAS	25	0	(25)	●	50	0	(50)	●
Right Care - Neurology	0	0	0	●	0	0	0	●
Right Care - Gastro	0	0	0	●	0	0	0	●
Right Care - Urology	0	0	0	●	0	0	0	●
Right Care - Respiratory	0	0	0	●	0	0	0	●
Referral Optimisation Support Service (ROSS)	8	0	(8)	●	17	0	(17)	●
Pain Management	0	0	0	●	0	0	0	●
Health Optimisation Scheme - BMI & Smoking	0	0	0	●	0	0	0	●
Mersey Care DISH Patient	0	0	0	●	0	0	0	●
Total	35	0	(35)		71	0	(71)	
Medicines optimisation	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Individual Patient Reviews	21	42	21	●	41	42	1	●
Pregabalin - IPR Savings	25	0	(25)	●	50	0	(50)	●
RightCare - Respiratory - IPR Savings	37	0	(37)	●	74	0	(74)	●
Blood Glucose Variance to previous FY	4	0	(4)	●	7	0	(7)	●
Rebates	18	58	40	●	37	58	21	●
Optimise Savings/Avoidance (Actuals)	4	100	96	●	9	100	91	●
Gluten Free Spend	8	0	(8)	●	17	0	(17)	●
Focus on reduced waste (repeat prescribing)	100	200	100	●	200	200	0	●
High Cost Drugs and Biosimilars	0	0	0	●	0	0	0	●
Care at the Chemist (Self Care)	0	0	0	●	0	0	0	●
Continence (via S&O Contract Spend)	3	0	(3)	●	5	0	(5)	●
Total	220	400	181		439	400	(39)	

QIPP DASHBOARD SSCCG – Detail by scheme

	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Individual packages of care								
Linking Broad Care system to Exeter (Spine)	0	0	0	●	0	0	0	●
Implementation of ADAM procurement system (net savings)	0	0	0	●	0	0	0	●
Total	0	0	0		0	0	0	
Discretionary spend								
Estates	0	0	0	●	0	0	0	●
Running cost reductions	0	0	0	●	0	0	0	●
Total	0	0	0		0	0	0	
Urgent care system redesign								
GP Streaming - AVS/ATT	67	0	(67)	●	0	0	0	●
Total	67	0	(67)		0	0	0	
Shaping Sefton								
CVD and stroke	0	0	0	●	0	0	0	●
Mental Health	0	0	0	●	0	0	0	●
Cancer	0	0	0	●	0	0	0	●
Primary care	0	0	0	●	0	0	0	●
Intermediate Care	0	0	0	●	0	0	0	●
Diabetes	0	0	0	●	0	0	0	●
End of Life	0	0	0	●	0	0	0	●
Children's	0	0	0	●	0	0	0	●
Total	0	0	0		0	0	0	

QIPP DASHBOARD SFCCG – Detail by scheme

Other Schemes	In month plan	In month actual	Variance		YTD Plan	YTD Actual	Variance	
Contract Challenges	0	0	0	●	0	0	0	●
Strengthening Commissioning for the Future	0	0	0	●	0	0	0	●
Other Schemes	0	0	0	●	0	0	0	●
Total	0	0	0		0	0	0	



MEETING OF THE GOVERNING BODY JULY 2017	
Agenda Item: 17/115	Author of the Paper: Karl McCluskey Chief Strategy & Outcomes Officer Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 247 7000
Report date: July 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	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive this report.	

Links to Corporate Objectives <i>(x those that apply)</i>	
	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.

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

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

South Sefton Clinical Commissioning Group

Integrated Performance Report

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1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 1 (note: time periods of data are different for each source).

CCG Key Performance Indicators

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

Key information from this report

Financial position

The forecast financial position and in year position for 2017/18 is breakeven. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk adjusted plan (adjusted in accordance with the RAG rating methodology approved and recommended by the Finance and Resources Committee) indicates that there is a risk to delivery, of the in-year position.

In May 2017, the Finance & Resource Committee agreed that a QIPP plan should be developed which is 200% of its target to allow for a contingency against non-delivery of high risk schemes. In May 2017, the Chief Operating Officer implemented “QIPP week” during which a series of events and workshops were held enabling the CCG to focus solely on this challenge. The output of the week will be presented to the Governing Body in July 2017.

QIPP savings anticipated for the first two months of the financial year have not been delivered in full, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.

Planned Care

Local referrals data from our main providers illustrates that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, a significant decrease in referrals has occurred in April 2017. GP referrals and consultant to consultant referrals have decreased when compared to previous months. However, an influencing factor on this decrease is the number of working days within the month (18 in April 2017 compared to 23 in March 2017).

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 (March) for E-referral Utilisation rates reported is 22%; no change from the previous month.

The CCG has failed the diagnostic target for less than 1% of patients to wait more than 6 weeks for a diagnostic test. Out of 2,537 patients, 56 waited over 6 weeks. Aintree failed the diagnostic target for less than 1% of patients to wait more than 6 weeks for a diagnostic test; out of 4,863 patients, 76 waited over 6 weeks. Endoscopy has experienced continued pressure over the last quarter resulting in extensive additional activity in order to meet the Trust's 2 week wait cancer pathways. This has made it difficult to support non-urgent 6 weeks performance targets. The Trust has an action plan in place.

Aintree had 1 cancelled operation in April. A patient who had a TCI scheduled on the 6th April cancelled on the day due to an urgent cancer case taking priority. The patient breached the 28 day cancelled operations standard on the 4th May. The patient was offered to have their surgery on the 4th May (the day of the 28 day breach date) but this was not with reasonable notice and the patient refused due to family commitments and asked to have their surgery after the 5th May. The patient was offered a TCI date of the 11th May and the procedure was completed on this date.

Aintree achieved all of the 2 week wait and 31 day wait targets; however the CCG failed the 31 day wait for subsequent treatment target due to 1 patient breach out of a total of 15 patients. Both the CCG and Aintree failed the 85% target for the 62 days standard, with the CCG recording 83.87%, 5 breaches out of 31 patients, and Aintree reporting 82.5%, 10.5 breaches out of 60 patients. Aintree also failed the 90% target for 62 days screening due to a half patient breach out of a total of 3 patients, recording 83.33%.

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 for April at 19.4%. The proportion of patients who would recommend is 1% higher than last month recording 96% (England average 96%) the proportion who would not recommend is lower than the previous month 1%, the same as the England average of 1%.

Performance at Month 1 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of £108k, which is a percentage variance of 3%. At specific trusts, Renacres are reporting the largest over performance with a cost variance with a total of £53k/47%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. Quarter 1 performance is anticipated for July's report.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Formal View (STP) trajectory for 2017/18 and has failed the 89% March plan agreed with NHS Improvement recording improved performance of 86.13%.

At both a regional and county level, NWS failed to achieve any of the response time targets. With the significant dip in performance around national ambulance targets the CCG are working with all partners to improve performance against these targets.

An increase in the number of handover delays in excess of 30 minutes was also noted during April 2017. The number of waits exceeding 30 minutes increased to 283 (71) and of the 283 delays, 126 were in excess of 60 minutes (44).

Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 59.5%. This is a slight improvement from the previous month when the Trust recorded 56.1%. Out of 42 patients only 25 spent more than 90% of their hospital stay on a stroke unit. The Trust continues to achieve the TIA measure.

The CCG and Aintree both achieved their C.difficile plans for April. The CCG and Aintree had no new cases of MRSA in April.

There are a total of 104 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner, and 71 as responsible commissioner. There are 22 for Aintree University NHS Foundation Trust (UHA), 6 of these being South Sefton CCG patients.

The average number of delays per day in Aintree hospital increased to 28 during April 2017 from 22 reported in March. On average, 13 were patient or family choice (46%), 11 were awaiting further NHS non-acute care (39%), and 4 were awaiting care package in own home (14%).

Analysis of average delays in April 2017 compared to April 2016 shows a reduction in the average number of patients, from 30 to 28.

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 equal to the England average reporting 87% in April. However this is slight reduction on March when 89% was reported. The not recommended percentage is at 7% in April compared to a 7% average; this is the same as the previous month.

At month 1 of 2017/18, Planned Care at Aintree University Hospital is recording a £64k/3% under performance against plan. Day cases and Outpatient Follow Up non-face to face are the PODs reporting a significant over performance within planned care, with a combined variance of £64k. Outpatient first attendances and outpatient follow up attendances ((single professional consultant led) are under performing by a combined total -£93k. Cardiology is showing the largest cost variance in month 1 (£109k/96%). The cardiology over performance is largely related to day case activity. Conversely, Trauma & Orthopaedics is under performing by £33k/9% against plan.

Mental Health

The 3 Key Mental Health Performance Indicators are achieving.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported a 30.2% reduction on the previous month of South Sefton patients entering treatment in Month 1. The access standard is currently set at 16.8% for 2017/18 year end.

There were 329 Referrals in Month 1, which was a 14.1% decrease compared to the previous month when there were 382. Of these, 65% were Self-referrals which is comparable to 62% for the previous month. GP Referrals decreased slightly from 75 in Month 12 to 74 for Month 1. 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 36.2% in Month 1, which is a decrease from 52.3% for the previous month, and a failure to meet the target of 50%. 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 60.9% decrease in Month 1 with 45 compared to 115 in Month 12.

Community Health Services

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health continues to provide their usual reports as per the 2016/17 information schedule, as part of an agreement to support Mersey care with initial reporting for 6 months.

Discussions are taking place in weekly contract meetings between the CCG and Mersey Care around the commissioners reporting requirements. Liverpool Community Health is supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators.

For patient DNAs, Sefton Physio Service continues to report high rates with 31.7% in Apr-17. Diabetes reported 15.2% compared to a 16/17 outturn of just 8.2%. Adult Dietetics also continues to report high rates at 13.4% in April. Total DNA rates at Sefton are green for this month at 7.8%.

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 April 2017. Total patient cancellations for Sefton are high at 11.5%.

Adult SALT: Completed pathways are reporting over the standard 18-week target, at 20 weeks. However, the incomplete pathway was reporting 13 weeks, well under the threshold with the longest waiting patient at 15 weeks.

Paediatric SALT: In April 2017, 21 weeks was reported for incomplete pathways against the 18 week target. A total of 70 patients were waiting over 18 weeks, with the 3 longest waiters at 27 weeks.

Primary Care

The latest GP practice within South Sefton CCG to receive CQC inspection results published in the last month, High Pastures Surgery, which achieved a 'Good' rating.

Better Care Fund

A Better Care Fund monitoring report was submitted to NHS England for Quarter 4 of 2016/17. We continue to meet the national BCF conditions. The guidance for BCF 2017/18 and associated planning requirements are awaited but due for imminent release

CCG Improvement & Assessment Framework

A dashboard is released each quarter by NHS England consisting of fifty seven 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.

Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 2017/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 31 May 2017 (Month 2).

The forecast financial position and in year position for 2017/18 is breakeven. The CCG has a QIPP plan that addresses the requirement in 2017/18 to achieve the planned breakeven position. However, the risk adjusted plan (adjusted in accordance with the RAG rating methodology approved and recommended by the Finance and Resources Committee) indicates that there is a risk to delivery, of the in-year position.

In May 2017, the Finance & Resource Committee agreed that a QIPP plan should be developed which is 200% of its target to allow for a contingency against non-delivery of high risk schemes. In May 2017, the Chief Operating Officer implemented “QIPP week” during which a series of events and workshops were held enabling the CCG to focus solely on this challenge. The output of the week will be presented to the Governing Body in July 2017.

QIPP savings anticipated for the first two months of the financial year have not been delivered in full, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✗
		0.5% Contingency Reserve	✓
		0.5% Non-Recurrent Reserve	✓
2	Breakeven	Financial Balance	✓
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.400m
4	Running Costs	CCG running costs < 2017/18 allocation	✓
5	BPPC	NHS - Value YTD > 95%	99.99%
		NHS - Volume YTD > 95%	95.67%
		Non NHS - Value YTD > 95%	92.91%
		Non NHS - Volume YTD > 95%	96.57%

2.2 Resource Allocation

No additional allocations were received in Month 2. The 2017/18 total allocation was increased in month as follows:

- 16-17 Surplus carried forward - £0.100m

This reflects an increase on to the CCGs funding allocation for 2017-18 in respect of the historic surplus brought forward from the previous financial year.

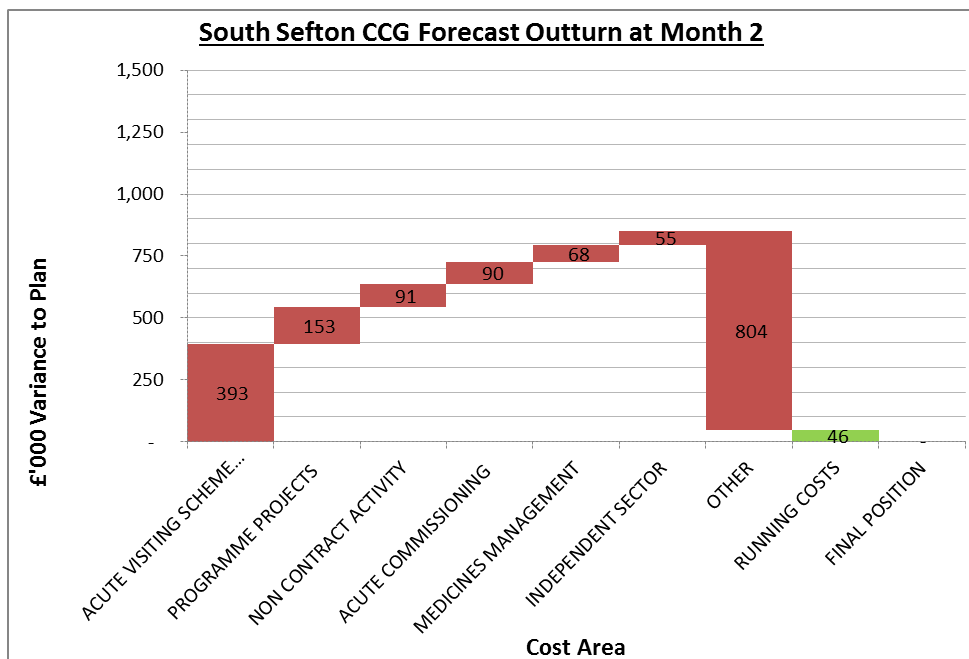
2.3 Position to date and forecast

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.

The main pressure to the CCG is the full year cost £0.393m for the Acute Visiting Scheme (AVS) service charges which has continued in the first part of the financial year following review of decision taken by the QIPP committee. Other areas of forecast over spend are £0.153m within programme projects. This is due to the over spend on referral management, £0.084m and prior approval Individual Funding Request (IFR) £0.069m.

It should be noted that whilst the financial report is up to the end of May 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 April 2017.

Figure 2 – Forecast Outturn



Independent Sector

The month 2 position on the budget for Independent Sector is an overspend of £0.055m mainly due to Ramsay Healthcare experiencing a £0.042m over performance against plan for orthopaedic and gastroenterology activity.

Continuing Health Care and Funded Nursing Care

The Adam Dynamic Procurement System (DPS) became operational on 2nd May 2017. The Finance and Quality teams have been working with colleagues at Midlands and Lancashire Commissioning Support Unit (MLCSU) and Adam during the transitional period to resolve emerging issues. Insufficient reliable data was available during the month 2 close down period to enable accurate forecasting consequently the month 2 forecast position for the Continuing Health Care and Funded Nursing Care (FNC) budget is shown at breakeven.

Work to resolve outstanding data migration issues will continue to progress in June including weekly conference calls between all parties to provide a forum for discussion of risks and issues. It is anticipated that data to enable robust forecasting will be in place for the next reporting period. Similarly, an assessment of any potential financial risks in relation to local authority invoices for the final quarter of the previous financial year will be performed.

2.4 QIPP

The 2017/18 QIPP target is £8.480m. The plan is phased evenly across the financial year at this stage. The CCGs QIPP plan has been fully evaluated and further work is ongoing to determine the expected delivery of schemes and phasing throughout the year.

The QIPP plan submitted to NHS England as part of the 2017-18 financial plan will be updated following this work.

Month 2 QIPP Delivery

The CCG has identified £0.400m QIPP savings at Month 2, this relates to savings are within the prescribing budget resulting in reduced costs in the last two months of 2016/17 which were notified to the CCG in May 2017.

2.5 CCG Running Costs

The running cost allocation for the CCG is £3.237m and the CCG must not exceed this allocation in the financial year. The month 2 position shows a small underspend of £0.013m and forecast outturn of £0.046m underspend.

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 2017)
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 2 position

The CCG MCD was set at £241.250m at Month 2. The actual cash utilised at Month 2 was £37.225m (15.43% MCD) against a target of £40.208m (16.67% MCD). Cash will continue to be monitored daily by the finance team to ensure that cash targets set by NHS England are met.

2.7 Evaluation of risks and opportunities

The primary financial risks for the CCG for the financial year are non-delivery of the QIPP target and increased performance within acute care. These risks 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 in the previous financial year, the majority of savings in 2016/17 were non-recurrent. The focus must continue to ensure the required savings can be delivered to achieve the agreed financial plan and long term financial stability.

Acute Contracts

The CCG has experienced significant growth in acute care year on year in Acute Costs. Although the year to date performance for the main provider is below plan at Month 2, and actions are required to mitigate over performance in year.

All members of the CCG have a role to play in managing this risk including GPs and other Health professionals to ensure individuals are treated in the most clinically appropriate and cost effective way, and the acute providers are charging correctly for the clinical activity that is undertaken.

Actions to mitigate the risk of further over performance have been implemented and include:

Implementation of contract challenges for data validation and application of penalties for performance breaches.

Scrutiny and challenge of all activity over performance and other areas of contested activity. Implementation of a robust referral management process, which will ensure adherence to the CCGs existing policies for procedures of limited clinical value.

Other risks that require ongoing monitoring and managing include:

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

2.8 Reserves budgets / Risk adjusted surplus

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

Figure 3 – 2017/18 Forecast Outturn Position

	Recurrent £000	Non- Recurrent £000	Total £000
Agreed Financial Position	0.000	0.000	0.000
QIPP Target	(3.329)	(5.151)	(8.480)
Revised surplus / (deficit)	(3.329)	(5.151)	(8.480)
Forecast Outturn (Operational budgets)	0.000	0.000	0.000
Reserves Budget	0.000	0.000	0.000
Management action plan			
QIPP Achieved	0.400	0.000	0.400
Remaining QIPP to be delivered	2.929	5.151	8.080
Total Management Action plan	3.329	5.151	8.480
Year End Surplus / (Deficit)	0.000	0.000	0.000

2.9 Recommendations

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

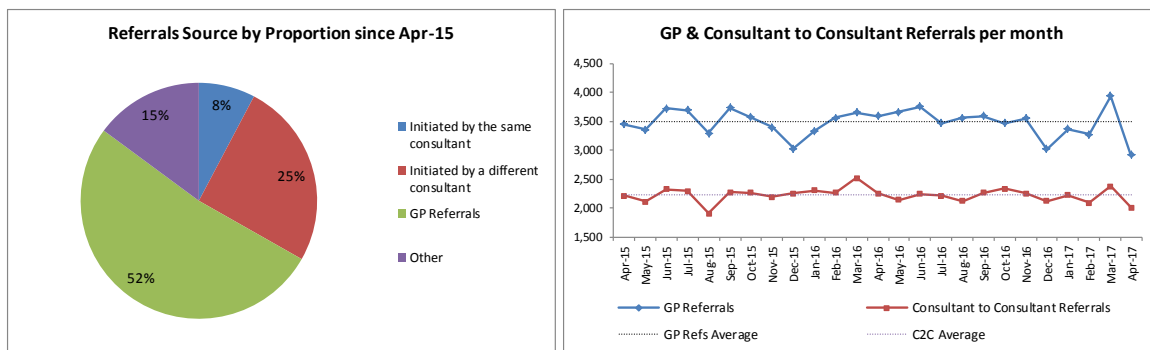
- Both the year to date financial position and forecast is breakeven. This assumes that the CCG will deliver the 2017/18 QIPP plan.

- QIPP savings anticipated for the first two months of the financial year have not been achieved, therefore at this stage; the CCG is below its financial plan. This position is expected to improve in the next reporting period as efficiencies generated through the QIPP programme begin to take effect.
- As part of the financial strategy, the CCG will undertake extensive benchmarking against our peers to demonstrate that it has explored all opportunities available to deliver savings. Our target will be to attain top quartile performance in all aspects of our commissioning portfolio to demonstrate that we are achieving value for money from our resources.
- In order to deliver the long term financial recovery 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 4 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17 and M1 2017/18



GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17, 2017/18

Referral Type	DD Code	Description	Apr-17	1516 YTD	1617 YTD	Variance	% Variance
GP	03	GP Ref	2,919	41,813	42,247	434	1.0%
GP Total			2,919	41,813	42,247	434	1.0%
Other	01	following an emergency admission	149	1,945	1,770	-175	-9.0%
	02	following a Domiciliary Consultation		20	9	-11	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	416	5,099	4,908	-191	-3.7%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,142	15,608	15,564	-44	-0.3%
	06	self-referral	253	3,676	3,380	-296	-8.1%
	07	A Prosthetist		15	14	-1	-6.7%
	08	Royal Liverpool Code (TBC)	74	842	926		
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	1,119	1,196	77	6.9%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	183	3,176	3,246	70	2.2%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	70	76	6	8.6%
	13	A Specialist NURSE (Secondary Care)	7	103	41	-62	-60.2%
	14	An Allied Health Professional	131	1,538	1,821	283	18.4%
	15	An OPTOMETRIST	1	13	11	-2	-15.4%
	16	An Orthoptist		3	4	1	0.0%
	17	A National Screening Programme	3	67	72	5	7.5%
	92	A GENERAL DENTAL PRACTITIONER	137	1,621	1,708	87	5.4%
	93	A Community Dental Service		16	3	-13	-81.3%
	97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	4,160	3,838	-322	-7.7%
Other Total			2,871	39,091	38,587	-504	-1.3%
Unknown			1	21	1	-20	-95.2%
Grand Total			5,791	80,925	80,835	-90	-0.1%

Local referrals data from our main providers illustrates that there was no significant change in the overall level of referrals comparing 2016/17 year end with the previous year. Nevertheless, a significant decrease in referrals has occurred in April 2017. GP referrals and consultant to consultant referrals have decreased when compared to previous months. However, an influencing factor on this decrease is the number of working days within the month (18 in April 2017 compared to 23 in March 2017).

Discussions regarding referral management, prior approval, and consultant-to-consultant referrals continue. A paper was 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	17/18 - April	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	22.00%	↔

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 (April) for E-referral Utilisation rates reported is 22%; no change from the previous month.

3.2 Diagnostic Test Waiting Times

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - April	1.00%	2.21%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - April	1.00%	1.20%	↑

The CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test. Out of 2,537 patients, 56 waited over 6 weeks with 1 waiting over 13 weeks the majority being for Gastroscopy (28).

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test. Out of 4,863 patients, 76 waited over 6 weeks and 1 over 13 weeks. The majority of these again were waiting for gastroscopy (46).

Waiting times for general MR imaging are at 6 weeks 4 Days. Pressure from Inpatient referrals has led to a reduction in outpatient capacity to prioritise flow through the hospital.

Endoscopy has experienced continued pressure over the last quarter resulting in extensive additional activity in order to meet the Trust's 2 week wait cancer pathways. This has made it difficult to support non-urgent 6 weeks performance targets. The performance position is consistent with reporting throughout Q1 as a result a lack of endoscopists due to sickness/maternity leave with SPR cover.

Trust Action Plan

- Additional WLI activity is planned to support recovery of the Joint Advisory Group performance. This is expected to continue to improve the position.

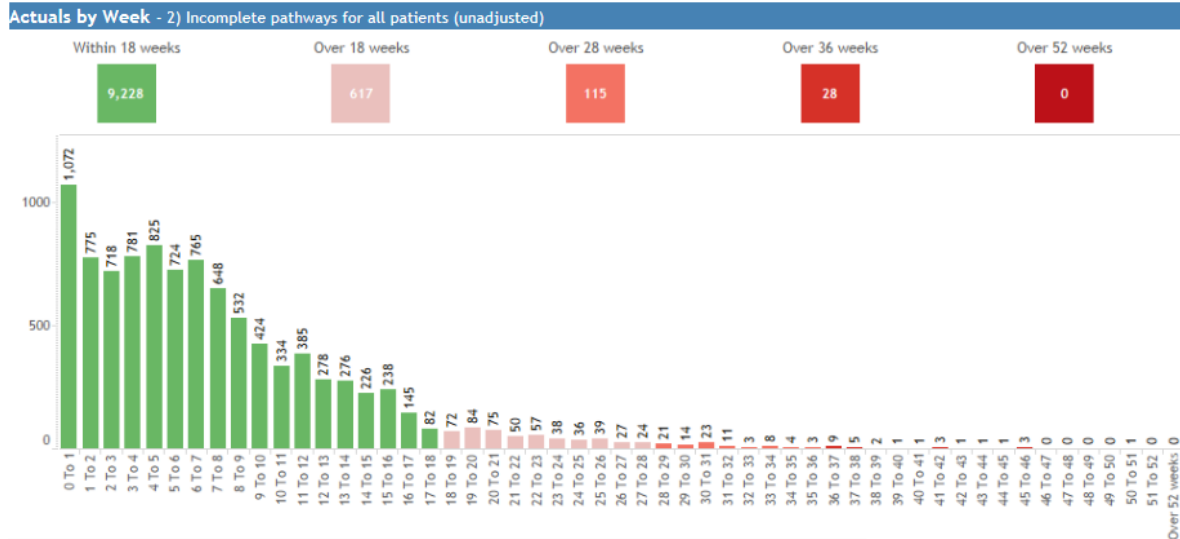
- A sustainability plan is in the process of being worked through requiring the development of a demand and capacity model across endoscopy services. This will require IT support.
- Interim plan – monitor weekly and run additional sessions as required to meet demand.
- Unisoft Add In – discussions ongoing with Unisoft Medical Systems. Training to be completed.

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)	17/18 - April	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - April	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)	17/18 - April	92%	93.73%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	17/18 - April	92%	92.8%	↔

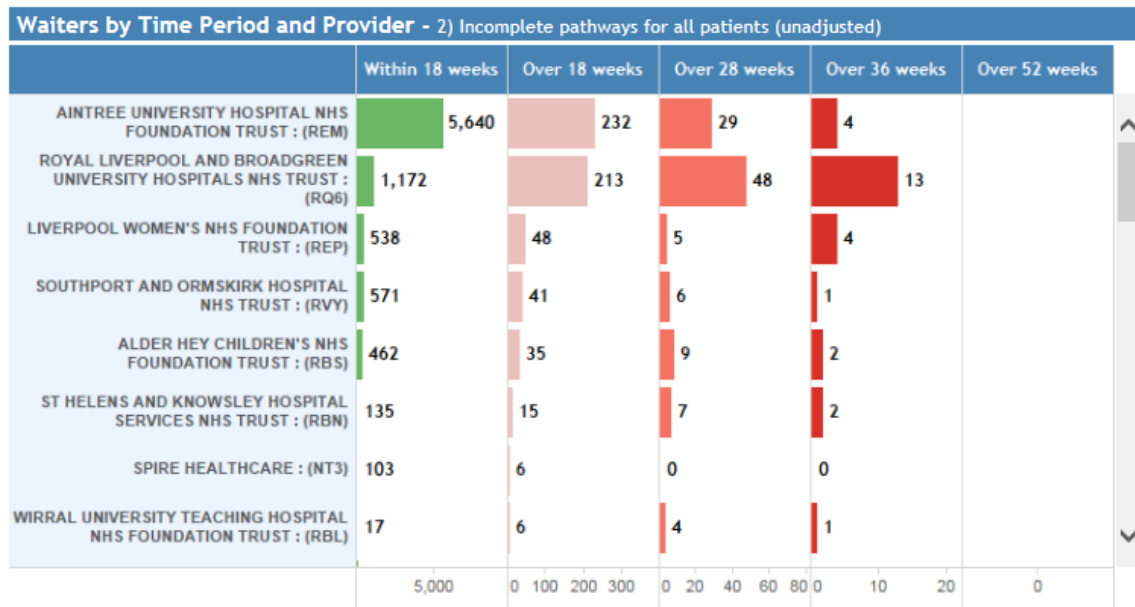
3.3.1 Incomplete Pathway Waiting Times

Figure 5 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 6 - 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 7 - Patients waiting (in bands) on incomplete pathways by Specialty for Aintree University Hospitals NHS Foundation Trust

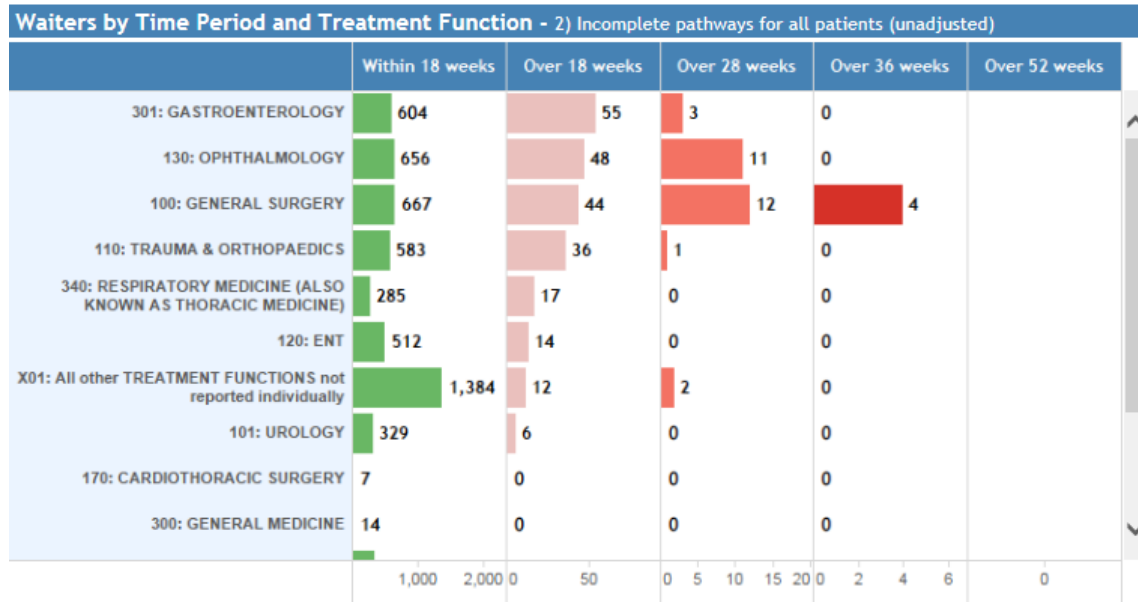
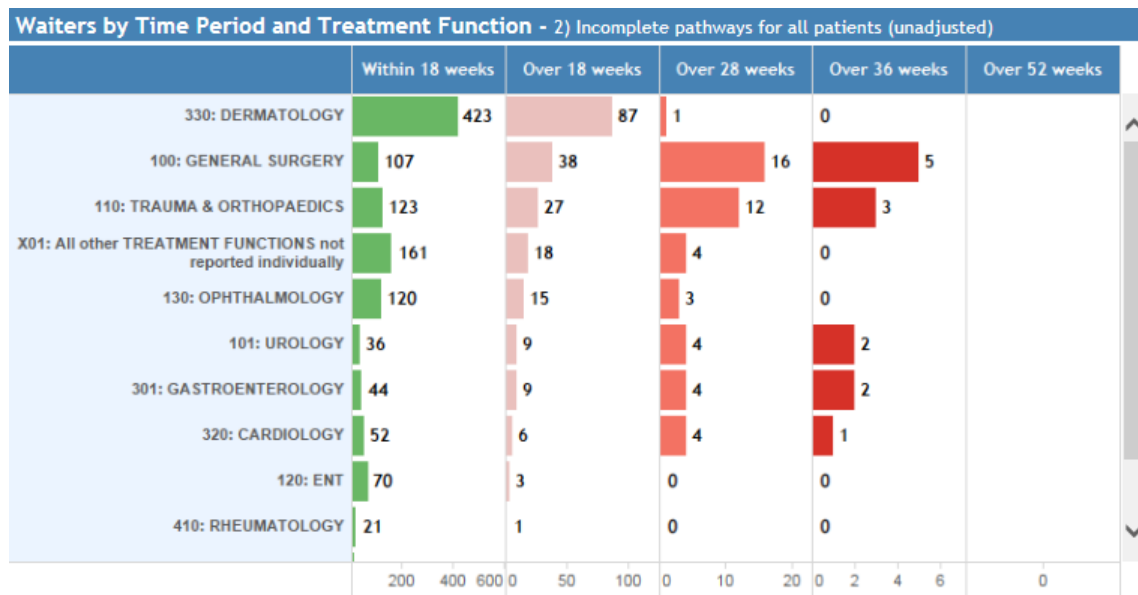


Figure 8 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton	Aintree	GENERAL SURGERY	41	Clock stopped 19/05/2017 - 1st treatment	Capacity issue
South Sefton	Aintree	GENERAL SURGERY	46	N/A	Admin error
South Sefton	Royal Liverpool	UROLOGY	40	Pathway Stopped	Capacity
South Sefton	Royal Liverpool	GENERAL SURGERY	42	No Date Yet	Long Wait on Waiting List
South Sefton	Royal Liverpool	GENERAL SURGERY	43	Pathway Stopped	Capacity
South Sefton	Royal Liverpool	T&O	44	Pathway Stopped	Capacity
South Sefton	Wirral	ALL OTHER	45	No response received from Trust	
South Sefton	Liverpool Womens	GYNAECOLOGY	41	Treated 04/05/2017	Numerous patient cancellations (5).
South Sefton	Liverpool Womens	GYNAECOLOGY	41	Treated 04/05/2017	Numerous patient cancellations (7).
South Sefton	Alder Hey	ALL OTHER	45	Patient DNA 04/05/17 sent back to the team for review	Constrained capacity specialty
South Sefton	Guys & St Thomes	DERMATOLOGY	51		Elective Assurance have informed that this patient cancelled x4 OPA's and has since advised that he has been treated locally and has been discharged.

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	17/18 - April	0	1	↑ ↓

Aintree had 1 cancelled operation in April. A patient who had a TCI scheduled on the 6th April cancelled on the day due to an urgent cancer case taking priority. The patient breached the 28 day cancelled operations standard on the 4th May. The patient was offered to have their surgery on the 4th May (the day of the 28 day breach date) but this was not with reasonable notice and the patient refused due to family commitments and asked to have their surgery after the 5th May. The patient was offered a TCI date of the 11th May and the procedure was completed on this date.

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	17/18 - April	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)	17/18 - April	93%	93.57%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - April	93%	95.03%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	17/18 - April	93%	93.85%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	17/18 - April	93%	93.03%	↓

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)	17/18 - April	96%	100.00%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - April	96%	98.29%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - April	94%	100.00%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - April	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - April	94%	93.33%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - April	94%	96.15%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - April	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - April	98%	100.00%	↑

The CCG failed the 94% target for 31 day subsequent surgery due to 1 patient breach out of a total of 15 patients. This patient waited 38 days in total and the reason for delay was down to ENT capacity. Performance is expected to recover next month.

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)	17/18 - April	85% local target	91.67%	↑
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)	17/18 - April	85% local target	90.32%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - April	90%	100.00%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - April	90%	83.33%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - April	85%	83.87%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - April	85%	81.50%	↓

The CCG failed the 85% target for the 62 days standard recording 83.87%, out of 31 patients there were the equivalent of 5 breaches. The delay reasons were:

- Patient requiring numerous investigations, that patient also deferred treatment
- Referred from external Trust on day 56 of pathway
- Delay due to referral between trusts day 46
- Patient choice, thinking time and 2nd opinion, unavoidable breach

- Complex patient

Aintree failed the 90% target for 62 days screening due to a half patient breach out of a total of 3 patients, recording 83.33%. The lower gastro breach waited 69 days and the delay was due to referral between trusts. The Trust undertakes Bowel screening only and so treatment numbers are low in comparison to other organisations.

Aintree also failed the 85% target for 62 day wait from urgent GP referral to first definitive treatment in April reporting 82.5%, out of 60 patients there were 10.5 patient breaches. The main reason for breaches was delay in referral between trusts, longest wait being 110 days.

Trust Action Plan:

- Continued monitoring and intervention by the Clinical Business Units to managed the patient pathway and remove any barriers which may be preventing treatment.
- Escalation of delays and constraints to the individual patient journey at the weekly Cancer Performance Meeting.
- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalations of issues to Divisional Directors of Operations.
- Provision of additional support from the Head of Performance in to the Cancer Services Team.
- Implementation of changes to the Chair of the Cancer Performance Meeting in order to support the teams on delivery of all cancer standards.
- Review and re-issue the Cancer Escalation SOP to support CBU's who have a number of management vacancies.

NHS England's National Plan identifies particular Trusts with a small number of excess breaches (referred to as 'quick wins') and with numbers of avoidable breaches that should take quick actions to deliver the standard. Action plans have been developed to achieve sustainable compliance on the 62 days standard by Quarter 2 17/18

- Warrington and Halton Hospital NHS Trust
- Southport and Ormskirk NHS Hospitals Trust
- Aintree Hospital NHS Trust
- Liverpool Women's Hospital NHS Trust
- Clatterbridge Hospital NHS Trust

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Apr-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%	19.4%		96%	96%		1%	1%	

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 for April at 19.4%. The proportion of patients who would recommend is 1% higher than last month recording 96% (England average 96%) the proportion who would not recommend is lower than the previous month 1%, the same as the England average of 1%.

The Trust Patient Experience Lead attended the CCG Engagement and Patient Experience Group (EPEG) in April to provide updates regarding the Trust FFT. This presentation was well received and highlighted the excellent work the Trust do to give assurance that patient engagement and experience is considered as important as clinical effectiveness and safety in making up quality services. Information about the Aintree Champions Excellence (ACE) awards was delivered to the group. The framework awards areas for exceptional care provision. 33 wards have been assessed with 11 achieving ACE status so far.

The CCG dashboard for patient experience will be updated for the July EPEG meeting.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 1 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of £108k, which is a percentage variance of 3%. At specific trusts, Renacres are reporting the largest over performance with a cost variance with a total of £53k/47%.

Figure 9 - 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 HOSPITAL NHS FOUNDATION TRUST	12,202	11,717	-485	-4%	£2,065	£2,002	£64	-3%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,049	945	-104	-10%	£132	£90	£42	-32%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION	7	11	4	53%	£2	£1	£0	-23%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	8	8	0%	£0	£1	£1	0%
FAIRFIELD HOSPITAL	15	11	-4	-26%	£4	£2	£2	-42%
ISIGHT (SOUTHPORT)	43	0	-43	-100%	£10	£0	£10	-100%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	93	104	11	12%	£31	£38	£6	20%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,229	1,226	-3	0%	£250	£233	£17	-7%
RENACRES HOSPITAL	321	307	-14	-4%	£113	£166	£53	47%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS	2,361	2,403	42	2%	£396	£411	£15	4%
SALFORD ROYAL NHS FOUNDATION TRUST	0	3	3	0%	£0	£1	£1	0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	1,105	966	-139	-13%	£206	£160	£46	-22%
SPIRE LIVERPOOL HOSPITAL	182	229	47	26%	£56	£68	£12	20%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	299	341	42	14%	£83	£80	£3	-3%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	41	1	-40	-98%	£11	£1	£9	-89%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION	9	0	-9	-100%	£1	£0	£1	-100%
WALTON CENTRE NHS FOUNDATION TRUST	237	208	-29	-12%	£76	£59	£17	-22%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	9	9	0%	£0	£1	£1	0%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUS	36	26	-10	-29%	£10	£3	£6	-64%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	70	137	67	94%	£25	£47	£22	85%
Grand Total	19,298	18,652	-646	-3%	£3,471	£3,363	£108	-3%

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 10 - 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	985	940	-45	-5%	£585	£631	£46	8%
Elective	137	121	-16	-11%	£386	£365	£21	-5%
Elective Excess BedDays	45	22	-23	-52%	£11	£5	£6	-51%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	32	15	-17	-53%	£7	£4	£3	-48%
OPFANFTF - Outpatient first attendance non face to face	205	248	43	21%	£6	£6	£1	9%
OPFASPCL - Outpatient first attendance single professional consultant led	2,458	2,085	-373	-15%	£392	£344	£48	-12%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	105	73	-32	-30%	£9	£8	£1	-13%
OPFUPNFTF - Outpatient follow up non face to face	252	1,004	752	298%	£6	£24	£18	298%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,291	5,518	-773	-12%	£440	£394	£45	-10%
OPPROCF A - Outpatient Procedure First Attendances	635	648	13	2%	£91	£90	£1	-1%
OPPROCFUP - Outpatient Procedure Follow Up	1,058	1,043	-15	-1%	£133	£130	£3	-3%
Grand Total	12,202	11,717	-485	-4%	£2,065	£2,002	£64	-3%

At month 1 of 2017/18, Planned Care at Aintree University Hospital is recording a £64k/3% under performance against plan.

Day cases and Outpatient Follow Up non-face to face are the PODs reporting a significant over performance within planned care, with a combined variance of £64k. Outpatient first attendances and outpatient follow up attendances ((single professional consultant led) are under performing by a combined total -£93k.

Cardiology is showing the largest cost variance in month 1 (£109k/96%). The cardiology over performance is largely related to day case activity. Conversely, Trauma & Orthopaedics is under performing by £33k/9% against plan.

The table below illustrates the Planned Care year to date variance by Specialty, focussing on the top and bottom 5 specialties in terms of cost variances against plan at month 1:

Top/Bottom 5 Specialties	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATTENDANCE		OUTPATIENT FUP ATTENDANCE		OUTPATIENT PROCEDURES		TOTAL	
	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	Activity YTD Var	Price YTD Var
Cardiology	95	£117,357	2	-£852	3	£606	-31	-£7,961	139	-£2,163	25	£2,727	232	£109,714
Hepatobiliary & Pancreatic Surgery	1	£1,587	6	£16,883			-1	-£72	-2	-£373	0	£0	4	£18,026
Breast Surgery	6	£10,994	-3	-£2,941			-6	-£1,182	-19	-£1,191	11	£905	-10	£6,586
Interventional Radiology	1	£4,735	1	£1,299			-1	-£216	5	£412	5	-£173	10	£6,057
Transient Ischaemic Attack							25	£8,385	-2	£0	-22	-£2,792	1	£5,593
Respiratory Medicine	-4	-£6,495	-5	-£4,037	-1	-£128	-31	-£3,270	-37	-£4,416	9	£1,249	-68	-£17,097
General Surgery	-2	-£2,465	-5	-£8,004	0	-£49	-23	-£3,904	-52	-£3,760	-2	-£217	-84	-£18,399
Colorectal Surgery	-7	-£6,111	-4	-£6,102	-22	-£5,198	-19	-£4,418	16	£594	-4	-£717	-41	-£21,954
Gastroenterology	-31	-£13,281	-2	-£6,531	-4	-£1,077	-1	-£171	-93	-£4,961	7	£1,417	-125	-£24,604
Trauma & Orthopaedics	-17	-£23,890	0	-£1,458	5	£1,172	-22	-£3,386	-10	-£545	-45	-£5,767	-89	-£33,875
Grand Total	-45	£46,185	-16	-£20,863	-23	-£5,631	-346	-£50,890	-53	-£28,343	-2	-£4,316	-485	-£63,858

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 11 - 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	69	64	-5	-7%	£50	£38	£-11	-23%
Elective	14	12	-2	-14%	£41	£21	£-20	-49%
Elective Excess BedDays	3	0	-3	-100%	£1	£0	£-1	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First Attendance (Consultant Led)	18	7	-11	-61%	£3	£1	£-2	-60%
OPFASPCL - Outpatient first attendance single professional consultant led	165	135	-30	-18%	£27	£22	£-5	-18%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	40	24	-16	-40%	£3	£1	£-2	-60%
OPFUSPCL - Outpatient follow up single professional consultant led	351	277	-74	-21%	£27	£22	£-5	-20%
Outpatient Procedures	381	370	-11	-3%	£50	£48	£-2	-4%
Unbundled Diagnostics	64	77	13	20%	£5	£6	£1	24%
Grand Total	1,105	966	-139	-13%	£206	£159	£-47	-23%

*PbR only

Planned care elements of the contract continue to underperform against plan in month 1 2017/18 as they had throughout 2016/17 with the majority of areas below year to date.

The main areas of under-performance are Elective and Day Case procedures with a combined under spend of £21k. Two main factors contributed to the current performance surrounding planned inpatient care, the first being the impact of Joint Health with Trauma & Orthopaedics the foremost specialty under plan in April at -£19k. The second factor is the cancellation of a number of planned procedures due to decontamination issues. This affected a number of specialties including General Surgery, Ophthalmology, and Urology.

Outpatient activity is below plan across all the points of delivery with Trauma & Orthopaedics again the main specialty affected. Another notable specialty is Dermatology which currently is experiencing notable staffing issues. A shift in activity may be noticed between Outpatient attendances to Outpatient procedures within the year due to the introduction of HRG4+.

3.7.3 Renacres Hospital

Figure 12 - 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	41	41	0	0%	£46	£62	£16	35%
Elective	7	17	10	130%	£35	£78	£43	122%
OPFASPCL - Outpatient first attendance single professional consultant led	87	78	-9	-11%	£13	£13	£0	0%
OPFUPSPCL - Outpatient follow up single professional consultant led	104	135	31	29%	£9	£9	£0	5%
Outpatient Procedures	50	0	-50	-100%	£7	£0	£-7	-100%
Unbundled Diagnostics	30	36	6	19%	£3	£4	£1	39%
Grand Total	321	307	-14	-4%	£113	£166	£53	47%

Renacres over performance of £53k/47% is driven by a £43k over performance in Electives and £16k over performance in Day Cases, suggesting a continuing theme from 2016/17. The over performance at Renacres is mirrored by underperformance at other Trusts, namely Southport and Ormskirk Hospitals suggesting a shift in patient and GP choice.

3.8 Personal Health Budgets

South Sefton CCG – 2017/18 PHB Plans

E.N.1	Q1	Q2	Q3	Q4
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	48	52	56	60
2) New personal health budgets that began during the quarter (total number per CCG)	4	4	4	4
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	56	60	64
4) GP registered population (total number per CCG)	154,916	154,916	154,916	154,916
Rate of PHBs per 100,000 GP registered population	33.57	36.15	38.73	41.31

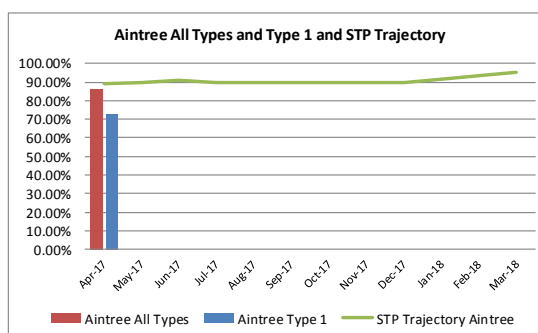
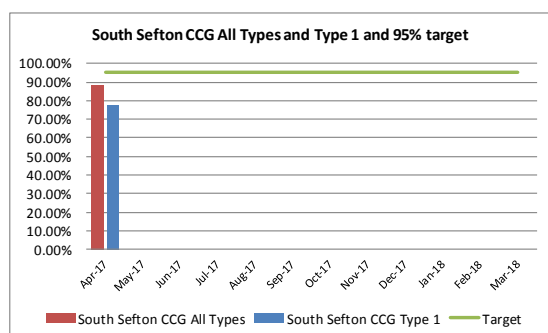
For 2017/18, the national ambition is to reach between 24,000 and 32,000 PHBs – that is between 40 and 55 per 100,000. Based on current numbers of PHBs in place, plus knowledge of plans to increase in 2017/18, plans have been submitted to almost achieve the 2017/18 trajectory but to miss national ambition by 2020/21 for South Sefton CCG (64 plan v 90 NHSE expectation). Plans for 2018/19 at this point have been submitted to meet the trajectory for 2018/19. This requires a significant increase in new PHBs and is subject to CCG expansion from Continuing Health Care to Mental Health, Learning Disability, children and Long Term Conditions which is subject to approval of a proposal to CCG Governing Bodies from the CCG PHB Lead. Quarter 1 performance is anticipated for July's report.

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	17/18 - April	95%	88.07%	↑	The CCG have failed the target in April reaching 88.07%. In month 960 attendances out of 8,046 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	17/18 - April	95%	77.70%	↑	The CCG have failed the target in April reaching 77.70%. In month 955 attendances out of 4,292 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	17/18 - April	STP Trajectory Target 89%	86.13%	↓	Aintree have failed their revised target of 89% in April reaching 86.13% ; 1,904 attendances out of 13,723 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	17/18 - April	95%	72.70%	↑	Aintree have failed the target in April reaching 72.70%. In month 1,904 attendances out of 6,981 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	YTD
STP Trajectory Aintree	89%	%
Aintree All Types	86.13%	86.13%



Aintree have revised their Cheshire & Merseyside 5 year Formal View (STP) trajectory for 2017/18 and has failed the 89% March plan agreed with NHS Improvement recording improved performance of 86.13%. This was a 3.8% decline compared to March 2017. There was also a decline in performance noted across all A&E clinical indicators in April 2017.

Trust actions for improvement include:

- Continue to embed all aspects of the Emergency and Acute Care Plan. Monitor and review performance on a daily basis to identify lessons learned, corrective actions and monitor.
- Progress with consultant recruitment. Whilst recruitment is underway, arrange additional sessions to cover gaps in the existing rota.
- Consider ways to fully implement GP streaming with a view to adopting the Luton and Dunstable model. Complete the audit across local Trusts to identify scope.
- 90 day improvement campaign launched by NNAS, with support from ECIP, to focus on improving direct access to A&E for appropriate patients arriving by ambulance.
- Implement actions arising from the follow-up review of Acute Medicine undertaken by ECIP.

- Review current structures and develop a workforce plan which will deliver sustained performance levels. A project is underway to identify the medical workforce required.
- Continue with the programme of facilitated ED team engagement sessions, supported by OD.

4.2 Ambulance Service Performance

Ambulance					
Ambulance clinical quality – Category A (Red 1) 8 minute response time (CCG) (Cumulative)	17/18 - April	75%	84.38%	↑	The CCG has achieved the 75% target in April, achieving 84.34%. Out of 64 incidents, 54 were within 8 mins.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (CCG) (Cumulative)	17/18 - April	75%	69.73%	↑	The CCG is under the 75% target reaching 69.73%. In April, out of 938 incidents, 654 were within 8 mins.
Ambulance clinical quality - Category 19 transportation time (CCG) (Cumulative)	17/18 - April	95%	93.83%	↑	The CCG is under the 95% target reaching 93.83%. In April out of 1,002 incidents, 940 were within 19 mins.
Ambulance clinical quality – Category A (Red 1) 8 minute response time (NWS) (Cumulative)	17/18 - April	75%	70.08%	↑	NWAS reported under the 75% target reaching 70.08% in April.
Ambulance clinical quality – Category A (Red 2) 8 minute response time (NWS) (Cumulative)	17/18 - April	75%	68.94%	↑	NWAS reported under the 75% target reaching 68.94% in April.
Ambulance clinical quality - Category 19 transportation time (NWS) (Cumulative)	17/18 - April	95%	92.54%	↑	NWAS reported under the 75% target reaching 92.54% in April.
Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - April	0	157	↓	The Trust recorded 157 handovers between 30 and 60 minutes, this is a decline on last month when 130 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	17/18 - April	0	82	↓	The Trust recorded 84 handovers over 60 minutes, a slight decline on the previous month when 82 was reported but is still breaching the zero tolerance threshold.

The CCG achieved only one of the 3 indicators for ambulance service performance, Category A (red 1). (See above of number of incidents / breaches).

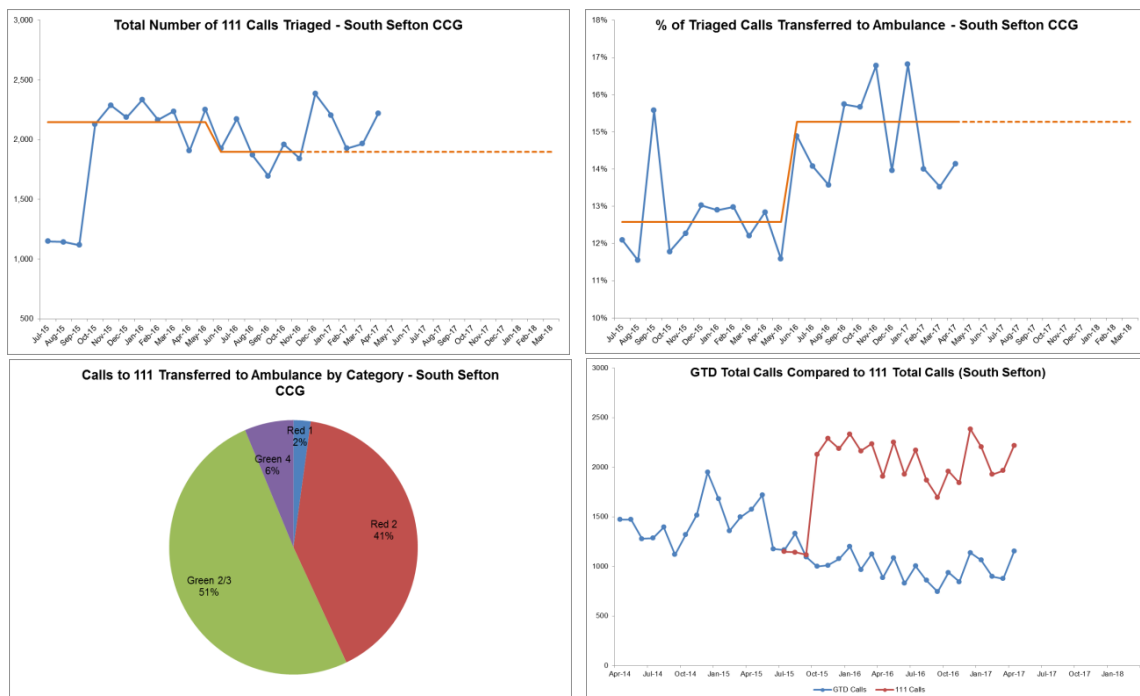
With the significant dip in performance around national ambulance targets we are working with all partners to improve performance against these targets. The Provider actions for improvement include an agreed Workforce Plan, establishment of a Performance Development Plan to be monitored twice a week. Senior Manager, Trust Board and NHSI focus on performance. Introduction of weekly telephone conferences with Commissioners to focus on performance and also a Remedial Performance Plan was introduced in January 2017 to focus on performance improvement. NWAS chaired a 90 day Improvement Forum facilitated by NHSI and attended by Lead Commissioners to focus on hospital issues, performance and any restrictions/barriers to achieving performance.

An increase in the number of handover delays in excess of 30 minutes was also noted during April 2017. The numbers of waits exceeding 30 minutes increased to 283 (+71) and of the 283 delays, 126 were in excess of 60 minutes (+44).

The average time from notification to handover standard of 15 minutes also declined in April 2017. The Trust achieved an average of 16:58 minutes compared to the 15:01 minutes reported in the previous month (+1.57 minutes).

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls



April 2017 saw an increase in the number of 111 calls made by South Sefton patients to 2,220 from 1,967 in March, an increase of 12.9%. There has also been an increase when compared to April 2016, from 1,908 or 15.9%.

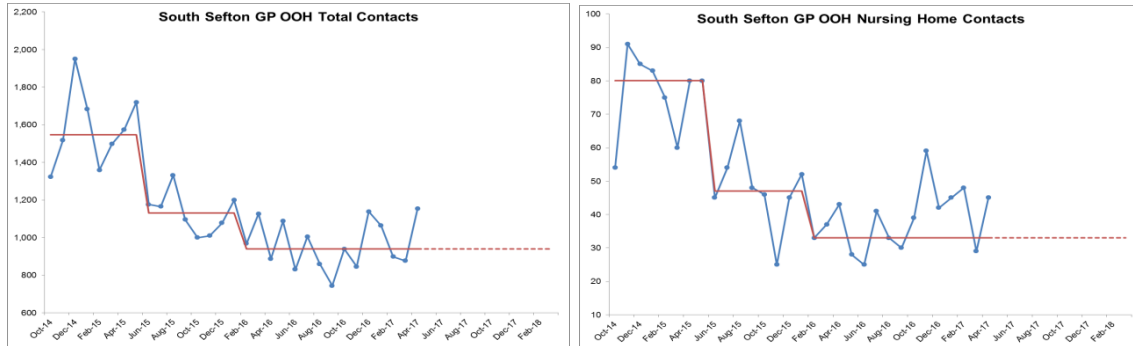
The breakdown for outcomes of 111 calls in April 2017 is as follows:

- 58% advised to attend primary and community care
- 18% closed with advice only
- 14% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service.

14.1% of all 111 calls were transferred to an ambulance which is a slight increase from March (13.5%) but is in line with previous months reporting.

The number of 111 calls continues to be lower than the number of GP out of hours (OOH) calls in April 2017, a trend which has remained consistent since September 2015.

4.3.2 GP Out of Hours Calls



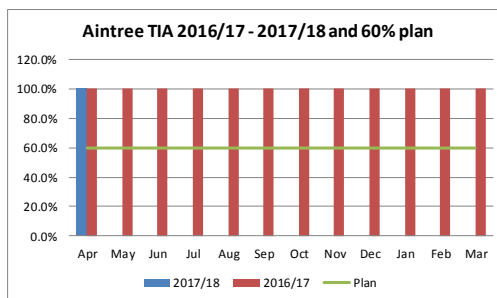
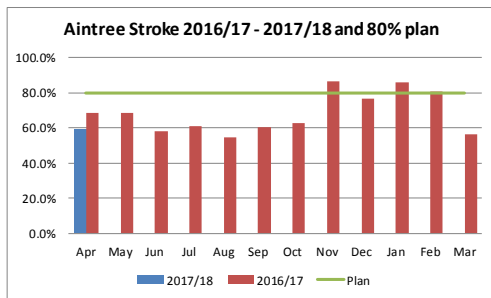
The number of calls from South Sefton patients to the GP OOH service has increased in April 2017 to 1,154 and increase of 31.7% since March. April had more calls than in any month of 2016/17 and is 30.1% higher than the same time in the previous year. However this is still on trend since the baseline shifted in February 2016.

GP OOH calls from nursing homes within South Sefton have increased to 45, by 55%, from March, however, as with total calls, this remains within trend.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	17/18 - April	80%	59.50%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - April	60%	100%	↔



Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 59.5%. This is a slight improvement from the previous month when the Trust recorded 56.1%. Out of 42 patients only 25 spent more than 90% of their hospital stay on a stroke unit.

A review of all breaches of the standard has been undertaken and shows;

- 14 patients required admission to the Stroke Unit but no beds were available.
- 1 patient was referred to the stroke team after an MRI diagnosed a stroke.
- 1 patient was discharged home before transfer to the Stroke Unit.
- 1 patient had an atypical presentation and was discharged without a referral.

Actions to improve include:

Finalise stroke bed modelling and business case to present at the June Business Case Review Group, discuss late referrals to the Stroke Team with Acute and Emergency Medicine to ensure lessons are learned, continue Registered Nurse and Therapy recruitment for funded HASU beds and transfer medical patients from the Stroke Unit in order to accommodate patients with a new diagnosis of stroke in ED or AMU.

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 April 2017.

4.4.2 Mixed Sex Accommodation

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	17/18 - April	0.00	0.00	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	17/18 - April	0.00	0.00	↔

4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - April	5	3	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - April	4	8 (3 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - April	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - April	0	0	↔

The CCG had 3 news cases of C.difficile reported in April 2017, against a plan of 5, (3 apportioned to acute trust and 0 apportioned to community). The year to date plan is 54.

For Aintree there have been 8 patients with Trust apportioned C.difficile in April against a monthly plan of 4 (there were 5 successful appeals upheld in June). The year-end plan is 46.

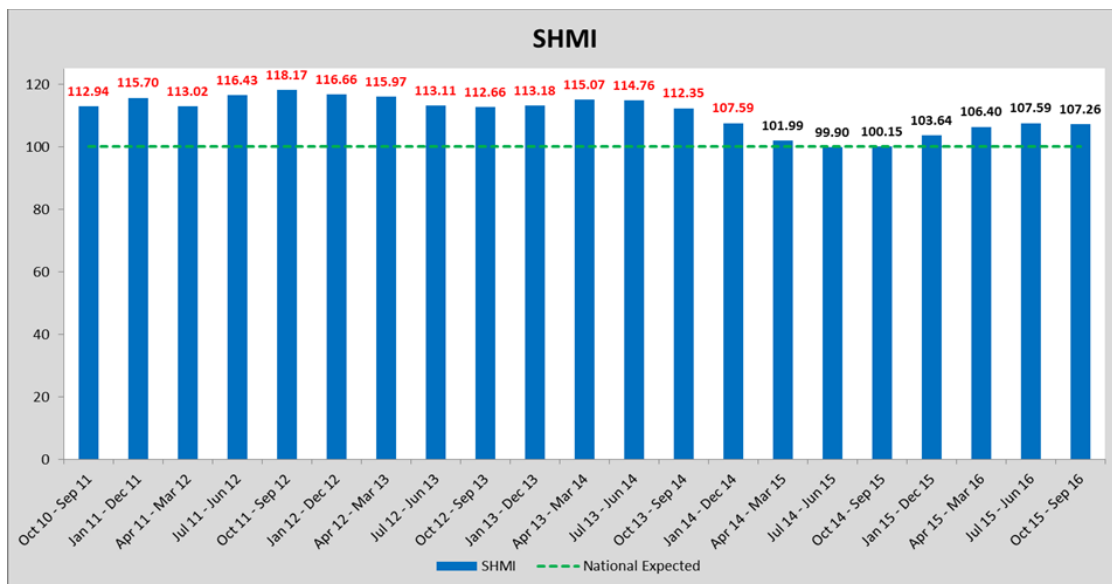
The National HCAI data capture system does not reflect appeal decisions taken locally therefore regional and national reporting of cases still includes those which have been successfully appealed.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - April	100	95.41	↑
Summary Hospital Level Mortality Indicator (SHMI)	Oct-15 to Sep 16	100	107.26	↔

HSMR is reported for the period January 2016 to December 2016. In April performance remains below expected at 95.41.

SHMI for the period October 2015 – September 2016 is as expected at 107.26.



The Trust has the 10th Highest SHMI of the 22 North West Trusts. There are 17 Trusts with a SHMI as expected, 1 trust is below expected and 4 Trusts have a SHMI higher than expected. The Trust remains in a positive position with the 4th lowest HSMR value of the 22 North West Trusts. There are 6 Trusts with a HSMR higher than expected and 16 Trusts have a HSMR as or below expected.

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 1.

There are a total of 104 serious incidents open on StEIS where South Sefton CCG are either lead or responsible commissioner, and 71 as responsible commissioner. There are 22 for Aintree University NHS Foundation Trust (UHA), 6 of these being South Sefton CCG patients.

Aintree University Hospitals NHS Foundation Trust - 22 open Serious Incidents on StEIS. In April 2017 1 incident has been reported, and 6 incidents have been closed. 14 incidents remain open for >100 days, a reduction of 4 cases compared to month 12 16/17.

Liverpool Community Health NHS Trust - 40 open serious incidents on StEIS affecting South Sefton CCG patients. 23 remain open for >100 days, 1 case remains subject to Local Safeguarding Children Board (LSCB) processes. There were 7 serious incidents reported in April 2017. One incident was closed in April 2017. The Trust has a composite pressure ulcer action plan in place, which will transfer over to the new provider Mersey Care NHS Foundation Trust, as part of transition arrangements, with monitoring at the Trust Clinical Quality and Performance meeting.

Mersey Care NHS Foundation Trust – There are 17 incidents open on StEIS for South Sefton CCG patients. No incidents were reported in April 2017.

4.6 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.

Please note the patient snapshot measure has been removed from the collection starting in April 2017. Since the snapshot only recorded the position on one day every month, it was considered unrepresentative of the true picture for DTOCs. NHS England are replacing this measure in some of the publication documents with a DTOC Beds figure, which is the delayed days figure divided by the number of days in the month. This should be a similar figure to the snapshot figure, but more representative. Removing the patient snapshot from the collection also reduces the burden on trusts, since NHS England can calculate a similar figure from the delayed days and number of days in the month.

The average number of delays per day in Aintree hospital increased to 28 during April 2017 from 22 reported in March. On average, 13 were patient or family choice (46%), 11 were awaiting further NHS non-acute care (39%), and 4 were awaiting care package in own home (14%).

Analysis of average delays in April 2017 compared to April 2016 shows a reduction in the average number of patients, from 30 to 28.

Average Delayed Transfers of Care per Day at Aintree April 2016 – April 2017

Reason for Delay	2016-17												2017/18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	9	8	8	6	7	19	9	6	10	10	8	7	11
D I) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
D II) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	3	5	4	6	5	7	3	4	4	5	5	3	4
F) COMMUNITY EQUIPMENT/ADAPPTIONS	2	1	1	1	0	1	0	0	0	0	0	0	0
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	1	0	0	0	0	0	0	0	0	0	0
O) OTHER													0
Grand Total	30	31	34	29	27	46	25	21	32	22	22	22	28

Agency Responsible for Days Delayed at Aintree April 2016 – April 2017

Agency Responsible	2016-17												2017/18
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS - Days Delayed	808	773	863	677	677	1,093	664	516	880	519	490	565	726
Social Care - Days Delayed	85	184	153	228	167	292	98	118	121	177	133	106	112
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 726, or 86.6% in April, an increase from 565 in March.

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.

4.7 Patient Experience of Unplanned Care

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Apr-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%	17.5%		87%	87%		7%	7%	

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

- % Response Rate
- % Recommended
- % Not Recommended

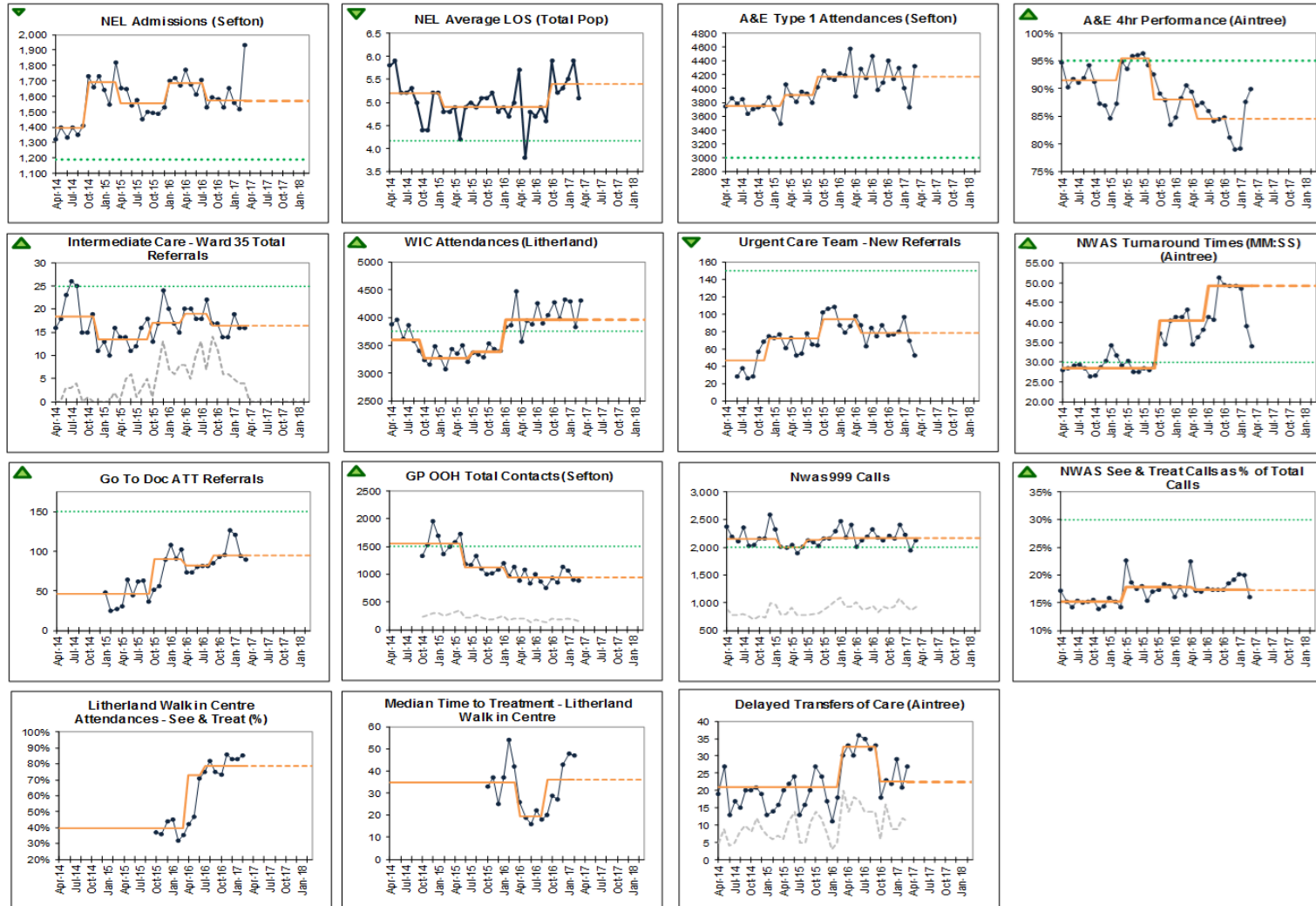
Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E.

The percentage of people that would recommend A&E is equal to the England average reporting 87% in April. However this is slight reduction on March when 89% was reported. The not recommended percentage is at 7% in April compared to a 7% average; this is the same as the previous month.

4.8 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 15 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.

The Urgent Care dashboard has not been updated as of April 2017 due to Southport and Ormskirk not submitting their month 1 data, so the figures would be artificially low.



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.

4.9 Unplanned Care Activity & Finance, All Providers

4.9.1 All Providers

Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an under-performance of circa -£219k/-6%. This under-performance is clearly driven by Southport & Ormskirk and Aintree Hospitals reporting an under performance of £105k/43% and -£79k/-3% respectively.

Figure 13 - Month 1 Unplanned Care – All Providers

Provider Name	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	8,601	8,518	-83	-1%	£2,960	£2,881	£-79	-3%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	815	723	-92	-11%	£176	£145	£-31	-17%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	6	5	-1	-10%	£1	£1	£-1	-60%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	5	5	0%	£0	£1	£1	0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	20	8	-12	-61%	£33	£29	£-5	-14%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	284	296	12	4%	£344	£347	£3	1%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	443	421	-22	-5%	£162	£163	£1	0%
Salford Royal NHS FOUNDATION TRUST	0	1	1	0%	£0	£0	£0	0%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	673	936	263	39%	£254	£167	£-87	-34%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	72	82	10	13%	£33	£37	£4	13%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	6	1	-5	-83%	£15	£5	£-10	-68%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	3	0	-3	-100%	£1	£0	£-1	-100%
WALTON CENTRE NHS FOUNDATION TRUST	1	0	-1	-100%	£5	£0	£-5	-100%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	20	20	0%	£0	£3	£3	0%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	20	23	3	13%	£7	£7	£0	0%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	3	6	3	71%	£1	£5	£4	287%
Grand Total	10,948	11,045	97	1%	£3,992	£3,791	£-201	-5%

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 14 - Month 1 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Care PODS	Urgent	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		4,078	4,078	0	0%	£81	£81	£0	0%
A&E - Accident & Emergency		2,561	2,608	47	2%	£345	£359	£13	4%
NEL - Non Elective		1,039	966	-73	-7%	£2,133	£2,077	£-56	-3%
NELNE - Non Elective Non-Emergency		4	4	0	-1%	£14	£12	£-3	-19%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day		2	18	16	981%	£0	£4	£4	829%
NELST - Non Elective Short Stay		343	302	-41	-12%	£247	£219	£-28	-11%
NELXBD - Non Elective Excess Bed Day		575	542	-33	-6%	£138	£130	£-9	-6%
Grand Total		8,601	8,518	-83	-1%	£2,960	£2,881	£-79	-3%

4.9.3 Aintree Hospital Key Issues

The overall Urgent Care under spend of -£79k/-3% is driven by a -£56k under performance in Non-Elective costs as well as a £38k under performance in Non-Elective Short Stays.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 15 - NHS South Sefton CCG – Shadow PBR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 30/04/2017	2017/18 Plan	Variance from Plan	Variance on 30/04/2016
1 Common Mental Health Problems (Low Severity)	44	42	2	8
2 Common Mental Health Problems (Low Severity with greater need)	18	22	- 4	14
3 Non-Psychotic (Moderate Severity)	92	217	- 125	101
4 Non-Psychotic (Severe)	310	215	95	105
5 Non-psychotic Disorders (Very Severe)	86	62	24	31
6 Non-Psychotic Disorder of Over-Valued Ideas	38	40	- 2	6
7 Enduring Non-Psychotic Disorders (High Disability)	280	192	88	58
8 Non-Psychotic Chaotic and Challenging Disorders	138	98	40	28
10 First Episode Psychosis	153	138	15	21
11 On-going Recurrent Psychosis (Low Symptoms)	348	433	- 85	76
12 On-going or Recurrent Psychosis (High Disability)	385	307	78	80
13 On-going or Recurrent Psychosis (High Symptom & Disability)	106	112	- 6	1
14 Psychotic Crisis	31	21	10	12
15 Severe Psychotic Depression	8	6	2	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	40	34	6	2
17 Psychosis and Affective Disorder – Difficult to Engage	46	58	- 12	7
18 Cognitive Impairment (Low Need)	227	223	4	2
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	428	505	- 77	32
20 Cognitive Impairment or Dementia Complicated (High Need)	425	332	93	62
21 Cognitive Impairment or Dementia (High Physical or Engagement)	136	76	60	33
Cluster 99	558	402	156	135
Total	3,997	3,623	374	354

5.1.1 Key Mental Health Performance Indicators

Figure 16 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%											
Rolling Quarter				100%									

Figure 17 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
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%	No Patients											
Rolling Quarter				No Patients									

Figure 18 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
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%	No Patients											
Rolling Quarter				No Patients									

5.1.2 Mental Health Contract Quality Overview

From April 2017 Liverpool CCG became the lead commissioner for the Mersey Care NHS Trust Foundation contract and as such joint contract and quality monitoring arrangements have been put in place to provide oversight and scrutiny to the contract.

The final report in respect of the review of the acute care pathway within Mersey Care NHS Foundation Trust has been received by the Trust. The Review was asked to identify inconsistencies and make recommendations for the future service models and functions in the context of the whole system, particularly where there are interfaces with non-Mersey Care services (e.g. primary care, A&E, acute hospitals, IAPT, etc.). Commissioners had the opportunity to be engaged and were able to comment on the initial draft. The review report will now also need to take into consideration the recent NHS England Benchmarking Report undertaken in relation to Crisis Resolution Home Treatment Team (CRHTT) core fidelity which identified areas area of development /improvement including the use of A&E as the default pathway. This fidelity review was facilitated by the North West Coast Strategic Clinical Network (NWC SCN). The NWC SCN will support both commissioners and Mersey Care NHS Foundation Trust to help develop a service improvement plan which will assist them to improve their overall fidelity score and develop a high performing CRHTT service.

As part of the work to improve access and communication the Trust is working on an EMIS referral form and revised triage process. In addition the Trust will regularly attend locality meetings to provide updates on the primary care interface.

In lieu of the delay to implementing RIO the Trust continues to test the R32 upgrade to its existing Epex system. The Trust has reported good progress has been made in ensuring data EIP data flow to the Mental Health Services Dataset is consistent and accurate.

The Trust was issued with a Performance Notice on 11th May 2017 following deterioration in Safeguarding related performance between Quarter 2 and Quarter 3 in 2016/17. This had previously been raised via Liverpool and Sefton CCGs' CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. The performance notice will remain open until the CCG Safeguarding Team is assured that all concerns have been addressed.

Sefton CCGs continue to seek assurance that the Trust is regularly reviewing individual packages of Individual Packages of Care funded by the CCGs (joint funded/Section 117) have had an annual CPA review by an appropriately trained person. Midlands and Lancashire CSU have advised the CCGs that there are reviews outstanding and there seems to be limited progress in completing reviews and providing assurance that they are being undertaken by an appropriately trained practitioner acting in a care co-ordination role.

Discussions are ongoing that involve the Trust and Midlands and Lancashire CSU to seek assurance, but the possibility of a Performance Notice being issued cannot be ruled out at this stage.

5.2 Improving Access to Psychological Therapies

Figure 19 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	282	294	294	272	246	269	269	254	198	307	284	315
	2017/18	220											
Access % ACTUAL - Monthly target of 1.3% - Year end 15% required	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.3%	1.17%	1.3%
	2017/18	0.91%											
Recovery % ACTUAL - 50% target	2016/17	41.1%	37.9%	30.7%	38.9%	34.5%	42.0%	39.0%	41.1%	36.7%	40.6%	50.3%	52.3%
	2017/18	36.2%											
ACTUAL % 6 weeks waits - 75% target	2016/17	93.5%	98.5%	96.4%	97.4%	97.7%	95.5%	98.0%	99.5%	98.0%	98.8%	99.4%	99.5%
	2017/18	98.8%											
ACTUAL % 18 weeks waits - 95% target	2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%
	2017/18	100.0%											
National definition of those who have completed treatment (KPI5)	2016/17	166	162	156	164	148	171	162	212	153	167	173	189
	2017/18	160											
National definition of those who have entered Below Caseness (KPI6b)	2016/17	3	9	3	7	6	9	8	10	6	12	10	13
	2017/18	8	0	0	0	0	0	0	0	0	0	0	0
National definition of those who have moved to recovery (KPI6)	2016/17	67	58	47	61	49	68	60	83	54	63	82	92
	2017/18	55											
Referral opt in rate (%)	2016/17	87.9%	89.4%	91.4%	84.2%	85.7%	84.2%	88.2%	83.2%	81.4%	84.1%	83.7%	80.4%
	2017/18	79.6%											

The provider (Cheshire & Wirral Partnership) reported 220 South Sefton patients entering treatment in Month 1, which is a 30.2% 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 16.8% for 2017/18 year end.

There were 329 Referrals in Month 1, which was a 14.1% decrease compared to the previous month when there were 382. Of these, 65% were Self-referrals which is comparable to 62% for the previous month. GP Referrals decreased slightly from 75 in Month 12 to 74 for Month 1. 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 36.2% in Month 1, which is a decrease from 52.3% for the previous month, and a failure to meet the target of 50%. 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.

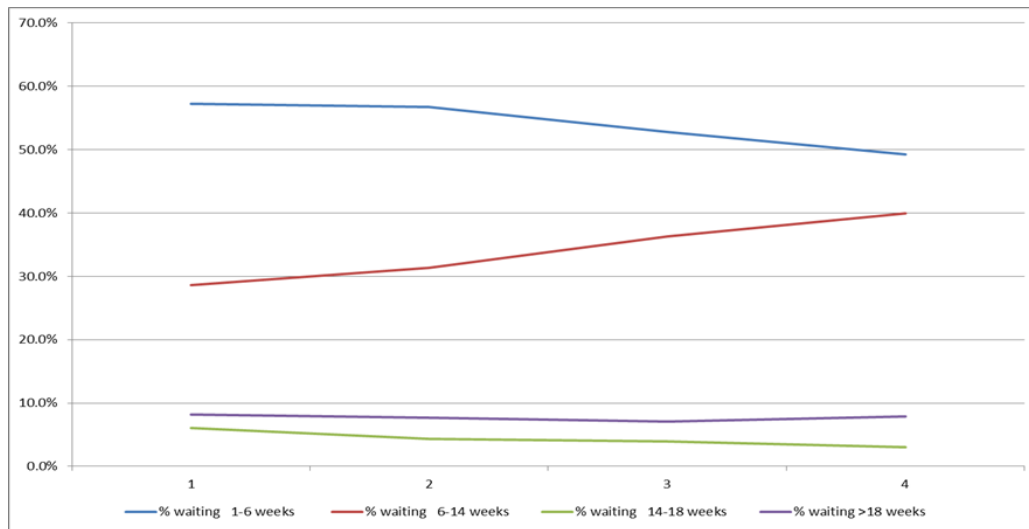
Cancelled appointments by the provider saw a 60.9% decrease in Month 1 with 45 compared to 115 in Month 12.

There was a 16.2% decrease in DNAs in Month 1 (from 167 in Month 12 to 140 in Month 1); 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 1 98.8% 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%).

Access Sefton have confirmed that there is no prioritisation for particular cohorts of patients being referred, but that a triage/initial assessment system is in place to ensure that referrals are directed to the appropriate IAPT practitioners for treatment.

NHS South Sefton CCG – Access Sefton % Internal waiters 03/04/2017 – 24/04/2017



5.3 Dementia

	Apr-17
People Diagnosed with Dementia (Age 65+)	1219
Estimated Prevalence (Age 65+)	1845
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.1%
Target	67.0%

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 dementia diagnosis rate in April 2017 for NHS South Sefton CCG was 66.1% which is close to the national dementia diagnosis ambition of 67%. This is a significant improvement on 2016/17 rates which is partly due to a change in the methodology used by NHS Digital which 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 work that has been done at a practice level to improve dementia coding in South Sefton has also contributed to this improvement.

5.4 Improve Access to Children & Young People’s Mental Health Services (CYPMH)

NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 Plans (30% Target)

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	2017/18 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	100	100	25	25	25	25	100
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	305	305	160	210	260	310	940
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3121	3121	-	-	-	-	3121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	9.8%	9.8%	-	-	-	-	30.1%

This indicator is designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people. For CCGs, the ambition is they increase activity to the level necessary to meet the national trajectories that at least 30% of CYP in 2017/18 and 32% in 2018/19 with a diagnosable MH condition receive treatment from an NHS-funded community MH service. This indicator has recently been requested to be added to the Mental Health Services Data Set (MHSDS) data reporting. Initial analysis of the management information data available suggests that coverage and data completeness is likely to be an issue nationally. NHS England has acknowledged that the baseline will be a crude approximation. CCGs have

therefore been provided with an opportunity to use local intelligence and additional information on prevalence to improve the estimates. As the indicators are new a decision has been made to use the pre-populated baselines in the planning templates until further data becomes available to provide intelligence to revise the plans in future, despite the fact that the crude estimates created by NHS England may have overestimated the CCG population. This has been queried with NHS England. In the meantime, plans have been devised to meet the national trajectories based on the estimates provided.

5.5 Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services

South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2017/18 Plans (95% Target)

E.H.10	Q1	Q2	Q3	Q4
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	2	2	2
Number of CYP with a suspected ED (routine cases) that start treatment	2	2	2	2
%	100.0%	100.0%	100.0%	100.0%

South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2017/18 Plans (95% Target)

E.H.11	Q1	Q2	Q3	Q4
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
%	100.0%	100.0%	100.0%	100.0%

The two waiting time standards are that 95% of children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within: one week for urgent cases (E.H.11), and four weeks for every other case. (E.H.10). As this is a new indicator and referral numbers nationally are acknowledged to be low, CCGs will be assessed quarterly. For planning purposes, the data for quarters 1 and 2 submitted to Unify by Alder Hey Children’s Hospital for the CCGs has been reviewed, and a July 2016 piece of work by the CAMHS lead at North West Coast SCNS for North Mersey based on admissions for ED to hospitals, by Provider 2015/16. Numbers are low, therefore there an average of one referral per quarter per CCG and to meet the 95% targets that one referral should be dealt with within the expected timescales meaning planning for 100% performance against the metric.

6. Community Health

6.1 Mersey Care Community Contract

The Liverpool Community Health contract has now ended and the new contract between the CCG and Mersey Care began on 1st June. Liverpool Community Health continues to provide their usual reports as per the 2016/17 information schedule, as part of an agreement to support Mersey care with initial reporting for 6 months.

Discussions are taking place in weekly contract meetings between the CCG and Mersey Care around the commissioners reporting requirements. Liverpool Community Health is supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators.

6.1.2 Quality

The CCG Quality Team holds regular planning meetings with Mersey Care Community to discuss Quality Schedule KPIs, Compliance Measures, Safeguarding and CQUIN development. A joint quality handover document was developed with colleagues from Liverpool CCG and NHSE in May 2017, this highlighted areas requiring enhanced surveillance during the transition, and this was also shared with Mersey Care Community Health Colleagues and forms the basis of the 17/18 work programme for the CQPG. Any focus areas highlighted in the QRP (Quality Risk Profile) has been incorporated into the handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for both new contracts (Mersey Care Community and Lancashire Care). This work will include LCH, Mersey Care Community BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised. Timescales are to be agreed at a planning meeting with Mersey Care 23rd June 2017. Any new local KPIs identified will be varied into the contract. Work Plan has been developed and shared with Trusts for discussion and agreement at the July CQPG meetings.

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 continues to report high rates with 31.7% in Apr-17. Diabetes reported 15.2% compared to a 16/17 outturn of just 8.2%. Adult Dietetics also continues to report high rates at 13.4% in April. Total DNA rates at Sefton are green for this month at 7.8%.

Provider cancellation rates are reporting green this month for all services and therefore the total hospital cancellation rate for Sefton is green at 0.7% 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 April 2017. Total patient cancellations for Sefton are high at 11.5%.

6.1.2 Waiting Times

The following issues have arisen in April 2017.

Adult SALT: Completed pathways are reporting over the standard 18-week target, at 20 weeks. However, the incomplete pathway was reporting 13 weeks, well under the threshold with the longest waiting patient at 15 weeks.

Nutrition & Dietetics: Completed pathways are reporting over the 18-week target at 19 weeks. The incomplete pathway was achieved at 13 weeks. However, 1 patient was waiting at 39 weeks and a total of 7 patients were waiting over 18 weeks.

6.2 Any Qualified Provider LCH Podiatry Contract

At Month 1 2016/17 the costs for the CCG for initial contacts were £8,132 with 109 contacts and for follow-ups costs were £15,276 with 523 contacts.

6.2.1 Liverpool Community Health Quality Overview

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.

Paediatric Therapy Services - From 1st May 2017, therapy services were transitioned across to Alder Hey; the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times. The new quality reporting requirements for adult core services are outlined above under Mersey Care Community Contract.

6.3 Alder Hey Community Services

6.3.1 Services

The following services have been taken over by the Trust for South Sefton CCG patients;

- Paediatric Continence
- Paediatric Dietetics
- Paediatric OT
- Paediatric SALT

Liverpool Community Health is currently providing activity reports to the CCG for these services as per the 2016/17 information schedule.

6.3.2 Waiting Times

Paediatric SALT: In April 2017, 21 weeks was reported for incomplete pathways against the 18 week target. A total of 70 patients were waiting over 18 weeks, with the 3 longest waiters at 27 weeks.

6.4 Percentage of Children Waiting More than 18 Weeks for a Wheelchair

South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 Plans (92% Target)

E.O.1	Q1	Q2	Q3	Q4
Number of children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less of being referred to the service	19	19	19	19
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made.	20	20	20	20
%	95.0%	95.0%	95.0%	95.0%

CCGs should set out improvement plans to halve the number of children waiting 18 weeks by Q4 2017/18 and eliminate 18 week waits for wheelchairs by the end of 2018/19. All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2017/18 and in 100% of cases by Q4 2018/19. Southport and Formby plans are based on historic activity. South Sefton CCG commissioning arrangements are still being clarified with Providers, so Unify submissions have not yet been made in 2016/17; therefore the plan is based on applied figures from local data.

7. Third Sector Overview

All NHS Standard Contracts and Grant Agreements for 2017-18 have been issued, signed and returned. Commissioners are currently working with providers to tailor service specifications and activity expectations in line with local requirement and CCG plans.

A detailed quarter 4 2016/2017 report detailing outcomes, activity, electoral ward information, age and gender is now available. The information contained within the report covers the following Third Sector providers:

- Age Concern Liverpool & Sefton – Befriending & Reablement Services
- Alzheimer’s Society – Dementia peer group support for people with dementias and their families
- Expect LTD – Mental Health Day Centre based at Bowersdale Resource Centre
- Imagine Independence – Mental Health Employment Services
- Sefton CVS – BME Support, Families, Children & Young People Support, Health & Wellbeing Development & Reablement
- Swan Women’s Centre – Women’s mental health counselling and outreach service
- Sefton Women’s and Children’s Aid (SWACA) – Support for Women & Children suffering Domestic Violence
- Sefton Advocacy – Adult advocacy services

- Sefton Pensioner’s Advocacy – Older People’s Advocacy and Advice Service
- Sefton Citizen’s Advice Bureau – In-patient advice and support service based at Clock View Hospital
- Sefton Carer’s Centre – Parent Carer’s support
- Stroke Association – Support for patients and families affected by Stroke

Further annual reports are awaited from the following providers and will be added to the quarter 4 report:

- Parenting 2000 – Support and advice for young mums and their families
- Netherton Feelgood Factory – Upstairs @83 Mental Health Counselling Service
- CHART – Crosby Housing Trust

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

South Sefton CCG - Extended Access at GP services 2017/18 Plans

E.D.14	Months 1-6	Months 7-12
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of ‘Full extended access’ are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%
Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of ‘Full extended access’ are: <ul style="list-style-type: none"> • Provision of pre-bookable appointments on Saturdays through the group or practice AND • Provision of pre-bookable appointments on Sundays through the group or practice AND • Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice 	-	-
Total number of practices within the CCG.	19	19
%	0.0%	0.0%

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in South Sefton 15 out of 30 practices and in Southport and Formby 18 out of 19 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices in either CCG are offering all three elements and there are no plans to do so at this stage.

The CCG are using 2017/18 to understand access and current workforce / skill mix including practice vacancies in order to produce a comprehensive workforce plan to develop a sustainable general practice model which is attractive to work in. Current initiatives through GPFV are being explored. A Primary Care Workforce plan will be developed in conjunction with other organisations including Mersey Deanery and Health Education England

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. High Pastures Surgery has been reviewed in the latest month and achieved a 'Good' rating. All the results are listed below:

Figure 20 - 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 for Quarter 4 of 2016/17. We continue to meet the national BCF conditions. The guidance for BCF 2017/18 and associated planning requirements are awaited but due for imminent release. An excerpt of the submission relating to the key metrics for BCF is detailed below.

Selected Health and Well Being Board:

Sefton

Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	As reported in Q1, additional targets for Non Elective activity for BCF have not been set over and above the CCG Operational Plans 2016/17 for Non Elective admissions (G&A). NHS England DCO team requested that the final version of all Cheshire & Merseyside CCG plans included growth in some Points of Delivery, namely 0.8% growth in Non Elective activity. Furthermore, contract arbitration with Aintree University Hospital in May 2016 resulted in a requirement from NHSE for further growth in Non Elective admissions to be built into CCG plans. Whilst Q1 NEL admissions were below plan by 0.6% (55 admissions), Q2 saw an increase in admissions of 1.1% against plan (99 admissions), and Q3 saw admissions 8.4% (818 admissions) significantly below plan, and Q4 saw admissions 3.6% below plan for that quarter. The overall 2016/17 position was 3% below plan (1108 admissions).
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Sefton Q4 is 2,539 delayed days which is over plan (rate of 1151.4 delayed days per 100,000 against plan 924.6). However the England rate for Q4 was 1340 (meaning Sefton was 16.4% below Eng average) Year end 2016/17 shows that Sefton rate of delayed days was 20% above plan (actual 4445.8 against 3697.7 plan). Sefton's rate of delayed days increased by 44% comparing 2016/17 to 2015/16, whilst the England rate increased by 25% over the same period. However Sefton's rate remains below the England rate (4445.8 or Sefton against 5183.3 for England, meaning Sefton's rate is 14% lower).
Local performance metric as described in your approved BCF plan	We provided local metric in BCF plan of dementia diagnosis rate. Clearly links to HWB Strategy in that we know we have high prevalence, but also a potentially high undiagnosed population too, and following engagement with communities, it is important we ensure early and effective support for those diagnosed and suffering with dementia. We have also developed a dementia strategy which will be implemented over the coming years, and this indicator directly links to the five year CCG strategic plan. All of the proposed targets if achieved would realise a statistically significant increase and have been tested with the significance tool.
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Published March 2017 dementia diagnosis rates at CCG level have remained steady towards the 66.7% target and now stand at 64.4% with 2,728 persons diagnosed. Southport & Formby diagnosis rates are above target at 71%, whilst South Sefton rates are below at 57.5%. The gap between the people diagnosed with dementia and estimated prevalence has reduced. Actions are in place to improve the South Sefton Dementia Diagnosis rate including a bespoke set of searches developed into a dementia toolkit which have been rolled out to the south Sefton Data facilitators who will work with each practice and run the searches to identify errors in diagnosis coding on practice clinical systems and identify patients with memory or associated cognitive difficulties that are not identified as having dementia. Clinical staff will be required to review some of the queries from the searches and also contact patients to attend for a review.
Local defined patient experience metric as described in your approved BCF plan	In the absence of the proposed national measure we propose to use two local survey based measures spanning both settings i.e. health and social care in the absence of a robust and readily available integrated metric. The Adult Social Care component will be measured through the use of the national Adult Social Care Framework combined metric 1A – Social care-related quality of life. Since this is a combined metric with relatively limited range between the top and bottom values and we are currently working through changes to our service provision as a result of significant budget pressures we intend to propose a maintenance level for this metric in particular since we already do well when compared nationally. Metric Value for this measure is 19.0 across baseline, 2014/15 and 2015/16. An additional measure will be monitored for patient experience of GP services with the metric of the proportion of survey responses where overall satisfaction was very good or good (weighted response rates). Combining survey results for the two Sefton CCGs over the past 3 years shows slight decrease in overall satisfaction, therefore a slight increase towards 2012 levels is considered a reasonable target. As we can only submit one metric into the spreadsheet we propose to submit the GP patient experience metric but will monitor both metrics internally.
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	GP Primary Care surveys were conducted bi-annually with results usually published in July and January each year. July 2016 results indicated an overall satisfaction rate (weighted responses 'very good' or 'good') as 85.4%. There has been a change to the publication schedule; results are now published annually with the next results expected in July 2017.
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	Sefton's changing demographics predict a continued and significant increase in our older population. As a result we anticipate an unavoidable increase in potential residential and nursing service user demand. We have significantly increased our preventative services such as reablement in order to help slow this demand pressure.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	No improvement in performance
Commentary on progress:	The early success of the reablement project has plateaued and review is underway to increase levels of reablement for more than just hospital discharges.

Footnotes:

For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.

For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the first time within the Q1 16-17 template.

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.

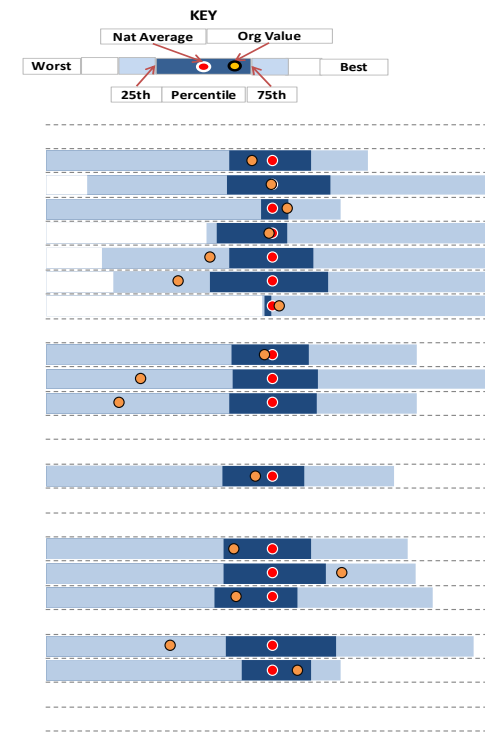
The framework draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership.

A dashboard is released each quarter by NHS England consisting of fifty seven 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.

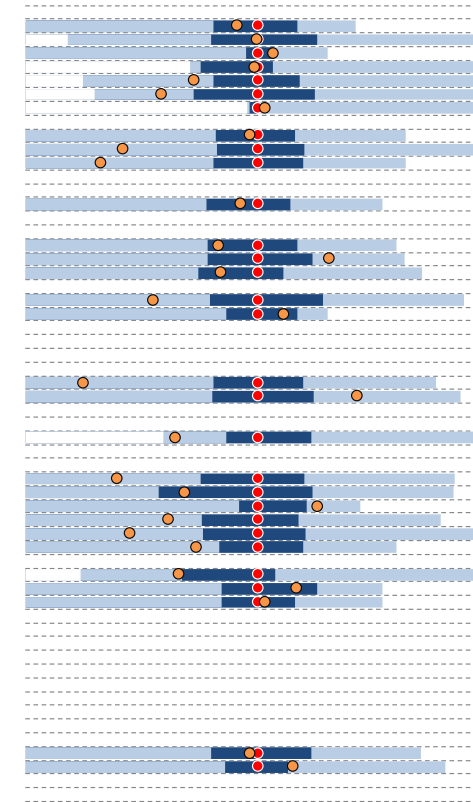
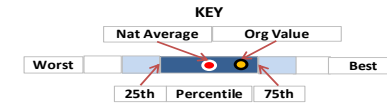
Publication of quarter 4 data has been delayed nationally and currently expected for release at the end of June 2017. This is to enable the analytical resource to focus on year-end updates and 17/18 framework. Publication of the 2017/18 IAF is currently not confirmed, however through informal discussions it is suggested that publication will not occur until end of June.

10.2 Q3 Improvement & Assessment Framework Dashboard

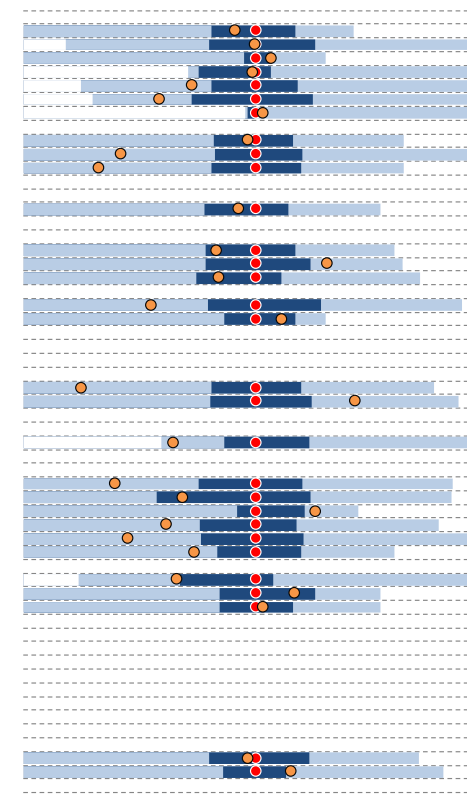
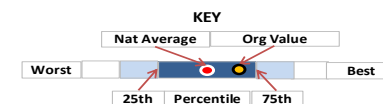
Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
<p>Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date</p> <p>If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.</p> <p>KEY H = Higher L = Lower <> = N/A</p>					
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



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 included			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			<>



Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...
<p>Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date</p> <p>If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.</p> <p>KEY H = Higher L = Lower <=> = N/A</p>					
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 included			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			<>



11. NHS England Monthly Activity Monitoring

South Sefton CCG's Month 12 Submission to NHS England

	Month 12 YTD Actual	Month 12 YTD Plan	Month 12 YTD Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (Specific Acute)				
GP	3,874	3,862	0.3%	
Other	2,335	2,347	-0.5%	
Total	6,209	6,209	0.0%	
Activity vs Plan YTD	66,710	68,846	-3.1%	Planned levels of referrals slightly outside the 3% threshold. NHSE require plans to be artificially inflated to accommodate request for increased Elective capacity. As such plan is slightly higher than actual levels.
16/17 Growth: Cum YTD v 15/16 (WD Adj)			1.0%	
Outpatient attendances (Specific Acute)				
All 1st OP	5,581	5,097	9.5%	Activity above plan in March but within statistical norm. Seasonality of plan may be a factor in latest month.
Activity vs Plan YTD	62,433	64,950	-3.9%	NHSE required CCGs to artificially inflate plans to accommodate request for increased Elective capacity. Actual activity levels have reduced against 2015/16 outturn on which the plans have been based.
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-2.7%	
Follow-up	12,453	12,120	2.7%	
Activity vs Plan YTD	133,659	139,955	-4.5%	Please see above
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-5.9%	Please see above
Total OP attends	18,034	17,217	4.7%	See comments for 'All 1st OP'.
Activity vs Plan YTD	196,092	204,905	-4.3%	Please see above
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-4.9%	Please see above
Admitted Patient Care (Specific Acute)				
Elective Day case spells	2,076	1,810	14.7%	Latest month shows highest levels of Day case activity for 2016/17. Increases within Royal Liverpool, Liverpool Women's, and Southport Trust have all contributed to the heightened levels. At both Liverpool women's and Southport Trust Gynaecology day case activity have noted slight increases. No clear increase in one main Trust or Specialty can be identified as the main cause.
Activity vs Plan YTD	22,292	21,946	1.6%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			4.4%	
Elective Ordinary spells	319	296	7.8%	Latest months increase against plan is focused within Aintree Trust (CCG main provider) with T&O and Urology the two specialties affecting levels most. The performance is not outside of the statistical norm. As mentioned in previous months reports, NHSE required plans be artificially inflated to accommodate request for increased capacity. As a result plans are not in line with actual activity for the year.
Activity vs Plan YTD	3,281	3,586	-8.5%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			-4.6%	
Total Elective spells	2,395	2,106	13.7%	See comments for 'Elective Day case spells'.
Activity vs Plan YTD	25,573	25,532	0.2%	
16/17 Growth: Cum YTD v 15/16 (WD Adj)			3.2%	
Non-elective spells	1,894	1,941	-2.4%	
Activity vs Plan YTD	19,909	20,672	-3.7%	Local monitoring suggests the variance is within the 3% margin. Current reporting based on flex point with variance expected to shorten on receipt of freeze data.
16/17 Growth: Cum YTD v 15/16 (WD Adj)			2.3%	
Attendances at A&E				
Type 1	4,267			
All types	8,940	8,876	0.7%	
Activity vs Plan All Types YTD	101,908	90,170	13.0%	As noted in previous months report variance against plan is not an accurate reflection of growth in the system. Growth against type 1 activity for the year is less than 1.5% with the variance caused by counting and coding changes within Walk in Centre activity. Post submission of plans, reporting of A&E Litherland WIC data changed to align all activity, regardless of patients CCG residency, to South Sefton CCG. This has resulted in the variance noted but is in fact not a genuine increase in patient flows.
16/17 Growth: Cum YTD v 15/16 (WD Adj)			13.0%	See above.

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18												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	
		Actual	93.573%													93.573%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
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	
		Actual	93.846%													93.846%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
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	
		Actual	100.00%													100.00%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 3+Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R												R	
		Actual	93.333%													93.333%
		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%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 3+Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G												G	
		Actual	100.00%													100.00%
		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%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 3+Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G												G	
		Actual	100.00%													100.00%
		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%	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	R													R	
		Actual	83.87%														83.87%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	
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		
		Actual	100.00%													100.00%	
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%		

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													
		Actual	70.08%												70.08%
		Target													
	South Sefton CCG	RAG													
		Actual	84.38%												84.38%
		Target													
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													
		Actual	68.94%											68.94%	
		Target													
	South Sefton CCG	RAG													
		Actual	69.73%												69.73%
		Target													
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG													
		Actual	92.54%											92.54%	
		Target													
	South Sefton CCG	RAG													
		Actual	93.83%												93.83%
		Target													

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												
		Actual												
		Target												

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												
		Actual	-											-
		Target												

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG												R
		Actual												
		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%

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												
		Actual	0	0										0
		Target												
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1000 FCE's)	South Sefton CCG	RAG												
		Actual	-											-
		Target												

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
		Actual	93.733%											93.733%
		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%

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																
		Actual	0															0
		Target																
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	R														R	
		Actual	2.207%															2.207%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

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	
		Actual																
		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%	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																
		YTD	0	0														-
		Target																0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG																
		YTD	3	9														9
		Target																0

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	
		Actual	88.069%															88.069%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%

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	R
		Actual	89.484%	86.885%	87.505%	85.955%	84.103%	84.458%	84.763%	81.108%	79.046%	79.251%	86.399%	89.93%	84.895%
		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	G	R
		Actual	5	0	0	0	2	2	1	0	5	34	0	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	G
		YTD	5,606	11,220	17,042	22,533	27,975	33,634	39,260	44,894	49,873	55,281	60,501	66,710	66,710
		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	68,846
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	G
		YTD	464	1,009	1,519	2,126	2,761	3,387	3,993	4,637	5,192	5,890	6,453	7,269	7,269
		Target	573	1,114	1,750	2,412	3,014	3,604	4,278	4,968	5,541	6,190	6,807	7,481	7,481
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	G
		YTD	3,864	8,431	13,366	17,991	22,737	27,416	32,269	37,457	41,770	46,926	51,265	55,910	55,910
		Target	4,691	9,885	14,639	19,112	23,856	28,502	33,852	38,535	43,018	48,581	52,782	58,257	58,257
2017: Number of Diagnostic Tests/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	G
		YTD	4,328	9,440	14,885	20,117	25,498	30,803	36,262	42,094	46,962	52,816	57,718	63,179	63,179
		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	65,738
2018: Number of Completed Admitted RTT Pathways The number of completed admitted RTT pathways in the reported period	South Sefton CCG	RAG	G	R	R	G	R	R	R	R	R	R	R	R	R
		YTD	628	1,292	1,999	2,621	3,289	3,996	4,755	5,531	6,170	6,855	7,528	8,258	8,258
		Target	649	1,274	1,907	2,626	3,194	3,866	4,567	5,249	5,798	6,483	7,107	7,775	7,775
2019: Number of Completed Non-Admitted RTT Pathways The number of completed non-admitted RTT pathways in the reporting period	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
		YTD	3,478	7,318	11,385	15,080	18,891	22,962	26,746	30,741	33,932	37,665	41,283	45,551	45,551
		Target	3,473	6,779	10,133	14,022	16,917	20,532	24,466	28,157	31,403	35,079	38,630	42,394	42,394

MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/116	Author of the Paper:
Report date: July 2017	Name Katherine Sheerin Position Chief Officer, Liverpool CCG Email: Helen.Galley@liverpoolccg.nhs.uk Tel: 0151 296 7000

Title: Strengthening Commissioning: Establishing a Joint Committee across Liverpool, South Sefton and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan

Summary/Key Issues:
This paper presents a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs, in order to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey.

That the Governing Body -	Receive <input type="checkbox"/>
1. Supports the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs	Approve <input checked="" type="checkbox"/>
2. Approve the Terms of Reference	Ratify <input type="checkbox"/>
3. That the Committee(s) in Common is then dissolved	

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.
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.
	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Report no: CIC XX-16

**NHS LIVERPOOL CCG GOVERNING BODY
TUESDAY 11TH JULY 2017**

Title of Report	Establishing a Joint Committee across Liverpool, South Sefton and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan
Lead Governor	Katherine Sheerin
Senior Management Team Lead	Katherine Sheerin
Report Author	Katherine Sheerin
Summary	This paper presents a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs, in order to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey.
Recommendation	That the Governing Body - <ul style="list-style-type: none"> i. Supports the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs. ii. Approves the Terms of Reference iii. That the Committee(s) in Common is then dissolved.

Page 1 of 16

Relevant standards/targets	Delivering Financial and Clinical Sustainability of hospital services. NHS Five Year Forward View
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Establishing a Joint Committee across Liverpool, South Sefton and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan

1. Purpose

The purpose of this paper is to present a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs, in order to agree options and take forward decision making on the future configuration of Hospital Services in North Mersey.

2. Recommendations

- iv. That the Governing Body supports the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs.
- v. That the Governing Body approves the Terms of Reference.
- vi. That the Committee(s) in Common is then dissolved.

3. Background

A Committee(s) in Common was established across Liverpool, South Sefton and Knowsley CCGs in October 2014 to consider changes in hospital services arising from the Healthy Liverpool Programme.

The remit of the Committee(s) in Common was -

- Responsibility for agreeing the options for changes to the delivery of hospital services across the city of Liverpool as part of the Healthy Liverpool Programme, taking full account of the work of the clinical reference group and the recommendations from the Leadership Group.

- To identify and make recommendations on a preferred option(s) where appropriate.
- To then steer and support the engagement and consultation process for the changes in hospital services, and recommend conclusions to each host statutory body for approval and implementation.

As a Committee(s) in Common, there was no delegated decision making powers, rather, decisions had to be referred back to each Governing Body.

4. Proposed new governance arrangements

Joint Committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making. CCGs are able to delegate their decision making function to one CCG joint committee, dramatically reducing administration and bureaucracy whilst increasing integration and facilitating greater strategic alignment.

The legal basis on which the CCGs can agree to jointly exercise a group of their functions through delegating them to a joint committee is through the powers under section 14Z3 of the NHS Act 2006 (amended) which provides that –

‘(1) Any two or more clinical commissioning groups may make arrangements under this section

(2) The arrangements may provide for

(a) One or more of the clinical commissioning groups to exercise any of the commissioning functions of another on its behalf, or

(b) All the clinical commissioning groups to exercise any of their commissioning functions jointly.

(2A) Where any functions are, by virtue of subsection (2) (b) exercisable jointly by two or more clinical commissioning groups, they may be exercised by a joint committee of the groups

(7) In this section, ‘commissioning functions’ means the functions of clinical commissioning groups in arranging for the provision of services as part of the health service (including the function of making a request to the Board for the purposes of section 14Z9).’

This is confirmed in each of the CCG Constitutions.

It is proposed that a Joint Committee is established across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs which will be delegated the capacity to propose, consult on and agree future hospital service configurations across North Mersey. The work to develop such proposals has been overseen by the Healthy Liverpool Hospital Programme. However, it is being proposed that this is replaced by the North Mersey Hospital Transformation Board, supported by the Healthy Liverpool Hospital Programme Team and relevant staff from each CCG. This North Mersey Hospital Transformation Board will report into the proposed Joint Committee.

The hospital provider organisations within the scope of the North Mersey Hospital Transformation Programme are –

- Aintree University Teaching Hospital Trust
- Alder Hey
- Royal Liverpool and Broadgreen University Hospitals Trust
- Liverpool Women’s Hospital
- Clatterbridge Centre for Oncology
- Walton Centre
- Liverpool Heart and Chest Hospital
- Southport and Ormkirk NHS Trust

The Joint Committee will have no contract negotiation powers meaning that it will not be the body for formal contract negotiations between commissioner and providers, nor will it have responsibilities regarding the monitoring of activity in relation to either finance or quality. These processes will continue to be the responsibility of the individual CCGs and NHSE.

Given the specialist nature of some services, it may be that the Joint Committee is required to work with neighbouring CCGs (including other Joint Committees) on some service configuration proposals. Changes in St Helen and Knowsley Trust and Wirral Foundation Trust will be of particular interest. Given the inclusion of Southport and Ormskirk NHS Trust, discussions are being held with West Lancashire CCG regarding their involvement as an Associate Member of the Joint Committee.

Appendix 1 contains a draft Terms of Reference for the proposed Joint Committee for discussion. Whilst the current proposal is for the Committee's scope of responsibility to be limited to changes in hospital services, it could be that this vehicle provides a good mechanism for other commissioning decisions which impact on a bigger footprint. This can be reviewed as the Committee develops.

5.0 STATUTORY REQUIREMENTS (only applicable to strategy & commissioning papers)

5.1 Does this require public engagement or has public engagement been carried out? Yes / No

- i. No – each CCG has the power to establish Joint Committees as described in their Constitutions.

5.2 Does the public sector equality duty apply? Yes/no.

- i. No.

5.3 Explain how you have/will maximise social value in the proposal: describe the impact on each of the following areas showing how this is constructed to achieve the most:

- a) Economic wellbeing
- b) Social wellbeing
- c) Environmental wellbeing

This will be taken account of in the decision making process on options for future configuration of hospital services.

5.4 Taking the above into account, describe the impact on improving health outcomes and reducing inequalities

This will be taken account of in the decision making process on options for future configuration of hospital services.

5.5 DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY

This will be taken account of in the decision making process on options for future configuration of hospital services.

6. Conclusion

Given the complexity of the hospital system in North Mersey and the need for change to sustain clinical and financial viability, commissioners need to work together to secure effective decision making in order to make progress. A Joint Committee with fully delegated responsibilities should support this, through coherence of approach and more stream lined decision making.

**Katherine Sheerin
Chief Officer
NHS Liverpool CCG**

Proposed Terms of Reference for the Realigning Hospital Based Care Committee(s) in Common

1. Introduction

- 1.1 The NHS Act 2006 (as amended) (**‘the NHS Act’**), was amended through the introduction of a Legislative Reform Order (“LRO”) to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act.
- 1.2 Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making and this can include NHS England too, who may also make decisions collaboratively with CCGs.
- 1.3 Although the North Mersey Hospital Transformation Programme will affect services commissioned by the Specialised Commissioning function of NHS England it has been decided that decisions will be undertaken on a collaborative basis, rather than as a single Joint Committee. This will allow sequential decisions to be undertaken allowing clarity of responsibility but also recognising the linkage between the two decisions.
- 1.4 Individual CCGs and NHS England will still always remain accountable for meeting their statutory duties. The aim of creating a joint committee is to encourage the development of strong collaborative and integrated relationships and decision-

making between partners.

- 1.5 The Joint Committee of Clinical Commissioning Groups is a joint committee of: NHS Liverpool CCG; NHS Knowsley CCG; NHS Southport and Formby CCG; NHS South Sefton CCG. It has the primary purpose of formal public consultation and decision making on the issues which are the subject of the North Mersey Hospital Transformation Programme.
- 1.6 In addition the Joint Committee will meet collaboratively with NHS England to make integrated decisions in respect of those services within the Programme which are directly commissioned by NHS England.
- 1.7 The North Mersey Local Delivery System Plan - Health leaders across North Mersey have collectively committed to change the way certain elements of health care are provided to the local population to deliver the highest quality of care possible within the resources available. This work is described in the North Mersey Local Delivery System Plan. A key strand of this is the Hospital Transformation Programme which is designed to deliver key clinical standards consistently across the patch so that all people receive the highest possible care and best outcomes and to secure clinically and financially sustainable hospital services.
- 1.8 Currently for those people who do need in-hospital treatment care can be variable in terms of outcomes because not all hospitals or services meet the agreed clinical quality standards, the hospitals are competing to provide the same services in a health economy that is constrained by both finance and capacity, particularly certain elements of the workforce, to deliver services at the levels required. From the work carried out to date, it is

clear that it is not sustainable to carry on without changing the way health services are delivered both regionally and locally.

1.9 A Programme Board for the North Mersey Hospital Transformation Programme will be established with the following remit -

- i. Establish unified clinical standards and clinical teams that will eliminate variation and drive up quality.
- ii. Design a hospital system which is fit for the future, by removing duplication in services and consolidating trusts to achieve our vision for single service, system wide delivery delivered through a centralised university hospital campus.
- iii. Maximize the benefits of clinical excellence and academic research to improve outcomes for patients.

This Programme Board will report into the Joint Committee. Terms of Reference will be developed for approval by the Joint Committee.

2. Statutory Framework for the Joint Committee

- 2.1 The NHS Act which has been amended by LRO 2014/2436, provides at s.14Z3 that where two or more clinical commissioning groups are exercising their commissioning functions jointly, those functions may be exercised by a joint committee of the groups.
- 2.2 The CCGs named in paragraph 1.5 above have delegated the functions set out in Schedule 1 to the JC CCGs.

3.0 Role of the Joint Committee

The Joint Committee will have the primary purpose of arranging and undertaking the formal public consultation and then making decision on the issues which are the subject of the consultation in relation to the North Mersey Hospital Transformation Programme. This includes but is not limited to –

- Determine the options appraisal process
- Determine the method and scope of the consultation process
- Act as the formal body in relation to consultation with the Joint Overview and Scrutiny Committees established for this Consultation by the relevant Local Authorities
- Make any necessary decisions arising from a Pre-Consultation Business Case (and the decision to run a formal consultation process)
- Approve the Consultation Plan
- Approve the text and issues on which the public's views are sought in the Consultation Document
- Take or arrange for all necessary steps to be taken to enable the CCGs to comply with their public sector equality duties
- Approve the formal report on the outcomes of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision
- Make decisions about future service configuration and service change, taking into account all of the information collated and representations received in relation to the consultation process. This should include consideration of any recommendations made by the Programme board or views expressed by the Joint Health Overview and Scrutiny Committees(s) or any other relevant organisations. It should also include consideration of the implications of the decisions in relation to potential risk to the sustainability and viability of the Trusts / Foundation Trusts included in the remit of the Programme.

4.0 Membership of the Joint Committee

- Liverpool CCG (3 Governing Body members)
- Knowsley CCG (3 Governing Body members)
- South Sefton CCG (3 Governing Body members)
- Southport and Formby CCG (3 Governing Body members)

(The Governing Body members will include a Lay Member)

Associate Member(s)

West Lancashire CCG

Co-opted Members (non-voting)

- NHSE (1 member with senior responsibility for commissioning specialised services)
- Liverpool LA (1 member to be nominated through the H and WB Board) - 1 member
- Knowsley LA (1 member to be nominated through the H and WB Board) – 1 member
- Sefton LA (1 member to be nominated through the H and WB Board) – 1 member
- A Healthwatch representative nominated by local Healthwatch groups
- Clinical Lead for North Mersey Hospital Transformation Programme
- SRO for North Mersey Hospital Transformation Programme

Others may be asked to attend to provide information and expertise as required.

Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the joint committee. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quoracy can be maintained.

No person can act in more than one role on the Joint Committee, meaning that each deputy needs to be an additional person from outside the Joint Committee membership.

LCCG Healthy Liverpool Programme Team will act as secretariat to the Committee to ensure the day to day work of the Joint Committee is proceeding satisfactorily.

The Joint Committee will be chaired by one of the CCG members (either Chair or Accountable Officer) to be determined by the Committee members.

5.0 Meetings

The Joint Committee shall adopt the standing orders of NHS Liverpool CCG insofar as they relate to the –

- Notice of meetings
- Handling of meetings
- Agendas
- Circulation of papers
- Conflicts of interest

6.0 Voting

The Joint Committee will aim to make decisions by consensus wherever possible. Where this is not achieved, a voting method will be used. The voting power of each individual present will be weighted so that each party (CCG) possesses 25% of total voting power.

It is proposed that recommendations can be approved if there is approval by at least 75%.

7.0 Quorum

At least one full voting member from each CCG must be present for the meeting to be quorate.

8.0 Frequency of meetings

Meetings will be held at least six times per year.

9.0 Meetings of the Joint Committee

Meetings of the Joint Committee shall be held in public unless the Joint Committee considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meetings. Therefore, 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 the 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.

The Joint Committee has the power to establish sub groups and working groups and any such groups will be accountable directly to the Joint Committee.

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 even these shall be observed.

10.0 Secretariat Provisions

The secretariat to the Joint Committee will:

- Circulate the minutes and action notes of the committee within five working days of the meeting to all members
- Present the minutes and actions notes to the Governing Bodies of the CCGs set out in 5.1 above.

11.0 Reporting to CCGs and NHS England

The Joint Committee will make a quarterly written report to the CCG member Governing Bodies and NHS England.

12.0 Decisions

The Joint Committee will make decisions within the bounds of the scope of the functions delegated.

The decision of the Joint Committee shall be binding on all member CCGs, which are:

- NHS Liverpool CCG;
- NHS Southport and Formby CCG;
- NHS Sefton CCG;
- NHS Knowsley CCG.

All decision undertaken by the Joint Committee will be published by the clinical Commissioning Groups set out above.

13.0 Review of the Terms of Reference

These terms of reference will be formally reviewed by the CCGs set out above annually. They may be amended by mutual agreement between CCGs at any time to reflect changes in circumstances as they arise.

14.0 Withdrawal from the Joint Committee

Should this joint commissioning arrangement prove to be unsatisfactory, the Governing Body of any of the member CCGs or NHS England can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the new financial year.

15.0 Signatures

NHS Knowsley CCG

NHS Liverpool CCG

NHS Southport and Formby CCG

NHS South Sefton CCG

MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/117	Author of the Paper: Graham Morris Chair of Audit Committee Governing Body Lay Member, Governance Graham.Morris@southseftonccg.nhs.uk Tel: 0151 247 7071 (PA to CFO)						
Report date: July 2017							
Title: Audit Committee Annual Report 2017							
<p>Summary/Key Issues:</p> <p>In the fourth full financial year in which the CCG has been in existence the work of the Audit Committee can continue to provide assurance to the Governing Body:</p> <ul style="list-style-type: none"> • an effective system of integrated governance, risk management and internal control remains in place to support the delivery of the CCGs objectives and that arrangements for discharging the CCGs statutory financial duties are well established; • there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the objective; and • ISA260 Audit Highlights Memorandum for 2015/16 accounts was reported to the May 2016 Audit Committee Meeting as part of the Annual Accounts approval process. This was reported through to the Governing Body via the approved Audit Committee minutes. • The content of this report in draft format was noted by the Audit Committee at the meeting on 20th April 2017. Minor amendments were agreed at this meeting which have been incorporated into this report. 							
<p>Recommendation</p> <p>The Governing Body is asked to note the work of the Audit Committee and receive the Annual Report for 2016/17.</p>	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives <i>(x those that apply)</i>	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes 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.

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

Links to National Outcomes Framework <i>(x those that apply)</i>	
X	Preventing people from dying prematurely
X	Enhancing quality of life for people with long-term conditions
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

Audit Committee Annual Report 2016/17

1. Role of the Audit Committee

The Codes of Conduct and Accountability, issued in April 1994, set out the requirement for every NHS Board to establish an Audit Committee. That requirement remains in place today and reflects not only established best practice in the private and public sectors, but the constant principle that the existence of an independent Audit Committee is a central means by which a Governing Body ensures effective internal control arrangements are in place. In addition, the Committee provides constructive support to Senior Officers to achieve the strategic aims of the Clinical Commissioning Group (CCG).

The principal functions of the Committee are as follows:

- i) to support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the CCGs activities to support the delivery of the CCGs objectives; and
- ii) to review and approve the arrangements for discharging the CCGs statutory financial duties.

The Audit Committee met five times during 2016/17 in April, May (to sign off the 2015/16 accounts), July and October 2016 and in January 2017.

The Committee comprises three members of the Clinical Commissioning Group Governing Body:

- Graham Morris - Lay Member (Governance) (Chair)
- Graham Bayliss - Lay Member (Patient Experience & Engagement)
- Dan McDowell - Secondary Care Doctor

The Audit Committee Chair and one other member will be necessary for quorum purposes. In addition to the Committee Members, Officers from the CCG are also asked to attend the committee. The core attendance comprises:

- Martin McDowell - Chief Finance Officer
- Debbie Fagan - Chief Nurse & Quality Officer
- Tracy Jeffes - Chief Corporate Delivery and Integration Officer
- Alison Ormrod - Deputy Chief Finance Officer
- Leah Robinson - Chief Accountant

In carrying out the above work, the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions as required. A number of representatives from external organisations attend to provide expert opinion and support:

- Adrian Poll & Ann Kyffin Ellis - Audit Managers MIAA
- Roger Causer & Michelle Moss - Local Counter Fraud Officers MIAA
- Andrew Smith - Director KPMG
- Jerri Lewis - Audit Manager KPMG

The Audit Committee supports the South Sefton CCG Governing Body by critically reviewing governance and assurance processes on which the Governing Body places reliance. The work of the Audit Committee is not to manage the process of populating the Assurance Framework or to become involved in the operational development of risk management processes, either at an overall level or for individual risks; these are the responsibility of the Governing Body supported by line management. **The role of the Audit Committee is to satisfy itself that these operational issues are being carried out appropriately by line management.**

2. Internal Audit

Role - An important principle is that internal audit is an independent and objective appraisal service within an organisation. As such, its role embraces two key areas:

- The provision of an independent opinion to the Accountable Officer (Chief Officer), the CCG Governing Body, and to the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives.
- The provision of an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.

During the year Mersey Internal Audit Agency (MIAA) have reviewed the operations of the CCG, have found no major issues and concluded that overall it has met its requirements. They have reported back on a number of areas. In all cases action plans have been implemented and are being monitored. In all areas reviewed to date '**Significant Assurance**', has been reported. There were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the review objective.

In April 2017, the Committee received and approved the Internal Audit Plan 2017/18. Regular progress reports will continue to be provided to each Audit Committee meeting.

In April 2017, the Committee also received the Director of Audit Opinion, which stated Significant Assurance could be given in respect of the CCG's system of internal control. A copy of his report is attached.

3. External Audit

Role - The objectives of the External Auditors are to review and report on the CCG's financial statements and on its Statement on Internal Control.

During the period covered in the report, the CCG's External Auditors (KPMG) concluded their review of the 2015/16 annual report and accounts and reported the Annual Audit Letter to the Audit Committee in May 2016 and reported through to the Governing Body via the approved minutes. Since then External Audit have concluded the audit of the 2016/17 annual report and accounts and reported the ISA260 Audit Highlights Memorandum at the

Audit Committee meeting on 24th May 2017. The publication of the 2016/17 Annual Audit Letter is still awaited.

In July 2016 six CCGs across Merseyside (St. Helens, Halton, Southport and Formby, South Sefton, Wirral and Knowsley) approached the market through the Crown Commercial Service's Framework in order to identify an appropriate external audit provider from April 2017.

The procurement was required as per guidance from the Department of Health, which required all CCGs to make an appointment for an external auditor by no later than 31 December 2016. The audit chairs from each CCG acted as the evaluation panel for the procurement scoring each element of each bid.

Presentations and interviews took place on 12 September 2016. Based on these presentations and interviews, the panel recommend that the contract for this service is awarded to Grant Thornton.

4. Counter Fraud Specialist

Role – To ensure the discharge of the requirements for countering fraud within the NHS, the role is based around four strategic areas: Strategic Governance; Inform and Involve; Prevent and Deter; and Hold to Account.

The Local Counter Fraud Specialist presented the Anti-Fraud Annual Report and the Anti-Fraud Work plan 2017/18 for approval at the April 2017 Audit Committee meeting and provided regular updates at subsequent meetings.

5. Regular Items for Review

The Audit Committee follows a work plan approved at the beginning of the year, which includes, as required:

- Losses and special payments;
- Outstanding debts;
- Financial policies and procedures;
- Tender waivers;
- Declarations of interest;
- Self-assessment of Committee's effectiveness;
- Information Governance Toolkit
- Risk Registers

6. Key Items in the Year for Noting

- Annual Governance Statement approved;
- Annual Accounts approved;
- Annual Report approved;
- ISA 260 unqualified audit report from KPMG;

7. Conclusions

The Audit Committee remains a key committee of the CCG Governing Body, with significant monitoring and assurance responsibilities requiring commitment from members and support from a number of external parties.

The annual work plans have been developed in line with best practice described in the Audit Committee Handbook and form the basis of our meetings. In all of these areas the Audit Committee seeks to assure the CCG that effective internal controls are in place and will remain so in the future. In summary, the work of the Audit Committee, in the fourth financial year in which the CCG has been in existence, continues to provide assurance to the Governing Body:

- an effective system of integrated governance, risk management and internal control is in place to support the delivery of the CCGs objectives and that arrangements for discharging the CCGs statutory financial duties are now well established;
- there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the objective; and
- External Audit have concluded the audit of the annual accounts and reported the ISA260 Audit Highlights Memorandum at the Audit Committee meeting on 24th May 2017. The publication of the 2016/17 Annual Audit Letter is still awaited.

8. Recommendation

The Governing Body is asked to note the content of this report.

Graham Morris

Lay Member - Governance
NHS South Sefton CCG

Appendix 1: Director of Audit's Opinion

2. Director of Internal Audit Opinion – Executive Summary

My opinion is set out as follows:

- Basis for the opinion;
- Overall opinion; and
- Commentary

2.1 Basis for the Opinion
1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes.
2. An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of systems reviewed and management's progress in respect of addressing control weaknesses identified.
3. An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

My opinion is one source of assurance that the organisation has in providing its AGS other third party assurances should also be considered. In addition the organisation should take account of other independent assurances that are considered relevant.

2.2 Overall Opinion

My overall opinion for the period 1 April 2016 to 31 March 2017 is:

Significant Assurance, can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

2.3 Commentary

This opinion is provided in the context that the Clinical Commissioning Group like other organisations across the NHS is facing some challenging issues in respect of financial performance. The Clinical Commissioning Group's financial plan has been rated as Amber by NHS England and the Clinical Commissioning Group and has taken action to



improve its the financial position. Regular updates on financial performance are provided at Governing Body meetings. The successful delivery of cost saving plans will be a key focus for the Governing Body throughout 2017/18 and beyond.

Senior management within the Clinical Commissioning Group has remained stable. NHS England has rated the quality of leadership at the Clinical Commissioning Group as Green.

Operationally the Clinical Commissioning Group has continued to regularly report providers' performance against a range of targets. The Clinical Commissioning Group's primary provider Aintree University Hospital NHS Foundation Trust has met cancer targets but has been challenged in year on referral to treatment and A&E waiting times. Primary Care performance is also regularly reported. The Clinical Commissioning Group needs to continue to work with providers to ensure required performance improvements are achieved.

NHS South Sefton CCG is a member of Cheshire & Merseyside STP and is part of the North Mersey Local Delivery System (LDS). A set of priorities has been identified for the LDS that align to the CCG's own strategic plans, known as Shaping Sefton. NHS South Sefton is working with other partners within the LDS, including NHS Southport & Formby CCG and NHS Liverpool CCG, whose transformational programmes are closely aligned.

In providing this opinion I can confirm continued compliance with the definition of internal audit (as set out in your Internal Audit Charter), code of ethics and professional standards. I also confirm organisational independence of the audit activity and that this has been free from interference in respect of scoping, delivery and reporting.

Tim Crowley

Director of Audit, MIAA
March 2017



MEETING OF THE GOVERNING BODY JULY 2017

Agenda Item: 17/118	Author of the Paper: Debbie Fairclough Chief Operating Officer Debbie.fairclough@southseftonccg.nhs.uk 0151 247 7000						
Report date: July 2017							
Title: Governing Body Assurance Framework 2017/18 Quarter 1							
Summary/Key Issues: The Governing Body is presented with the updated GBAF as at Quarter 1 (April to June 2017) following review by the Executives and is due to be presented to the Audit Committee in July 2017. The GBAF for Quarter 4 2016/17 was presented to the Audit Committee in April 2017 and was signed off following full review and scrutiny.							
Recommendation The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.	<table border="1" style="border-collapse: collapse;"> <tr><td>Receive</td><td style="text-align: center;">x</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	x	Approve		Ratify	
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.

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

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

South Sefton CCG
Governing Body Assurance Framework
2017/2018
Update: June 2017

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.	1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position	Debbie Fairclough	20	16	<ul style="list-style-type: none"> New plan has been developed
	2.2 There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements				
2. To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.	2.1 N/A	Karl McCluskey	15	9	<ul style="list-style-type: none"> RISK CLOSED Risk being assured through Strategic Objective 1
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	8	<ul style="list-style-type: none"> Performance continues to be maintained
	3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	Tracy Jeffes	5	4	<ul style="list-style-type: none"> CSU offering expert advice to refresh business continuity plans
4. To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.	4.1 Current work pressures reduce ability to engage on GP Five Year Forward View implementation.	Jan Leonard	9	9	<ul style="list-style-type: none"> Approvals panel to review LQC payments
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Community Service currently going through transaction process which increasing risk of instability in services.	Jan Leonard	9	9	<ul style="list-style-type: none"> Assurance received from Mersey Care that mobilisation is progressing

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					and that the mobilisation period has been extended to 1 June to enable full completion of the transaction process, including Due Diligence, Business Case approval and Self Certification
6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Tracy Jeffes	9	9	<ul style="list-style-type: none"> • “Making it Happen” – Sefton’s health and social care integration approach has now been approved by the HWBB and governing body. • Good progress on developing BCF plans

Strategic Objective 1		To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.		
Risk 1.1		Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position		
Risk 1.2		There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements		
Risk Rating		Lead Director		
Initial Score	5x4=20	Debbie Fairclough		
Current Score	5x4=16	Date Last Reviewed		
		27 th June 2017		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> QIPP plan remains under constant review by the Joint QIPP Committee and the Governing Body QIPP update provided at leadership team every week QIPP week held in May to identify new schemes QIPP week planned for July to identify further schemes and plan for 2018/19 Senior QIPP programme manager being recruited to lead on key schemes and support delivery Ongoing dialogue with provider to align QIPP with CIP Prioritisation session being held with Governing Body Implementation of a referral management system Stretch QIPP plan for medicines optimisation being developed 		Action	Responsible Officer	Due By
		<ul style="list-style-type: none"> Additional resource required to support QIPP schemes – support requested from NHSE 	Debbie Fairclough	July 2017
		<ul style="list-style-type: none"> Rapid implementation of big schemes required 	Debbie Fairclough	July 2017
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Outcome of audit by NHSE in March shows that we have good arrangements in place Delivery of QIPP targets – monitored month on month Full review of all QIPP activity undertaken in May – June providing assurances that the CCG is doing all it can to identify efficiencies 				
Additional Comments:		Link to Risk Register:		
		SF006		

Strategic Objective 2	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.								
Risk 2.1									
Risk Rating Initial Score 5 x 3 = 15 Current Score 3 x 3 = 9	Lead Director Karl McCluskey Date Last Reviewed								
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):								
<ul style="list-style-type: none"> 	<table border="1"> <thead> <tr> <th data-bbox="1133 564 1704 639">Action</th> <th data-bbox="1704 564 1942 639">Responsible Officer</th> <th data-bbox="1942 564 2121 639">Due By</th> </tr> </thead> <tbody> <tr> <td data-bbox="1133 639 1704 1110"></td> <td data-bbox="1704 639 1942 1110"></td> <td data-bbox="1942 639 2121 1110"></td> </tr> </tbody> </table>	Action	Responsible Officer	Due By					
Action	Responsible Officer	Due By							
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):								
<ul style="list-style-type: none"> 									
Additional Comments:	Link to Risk Register:								

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.										
Risk 3.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified										
Risk Rating	<table border="1"> <tr> <td>Initial Score</td> <td>4x4 = 16</td> <td>Lead Director</td> <td>Karl McCluskey</td> </tr> <tr> <td>Current Score</td> <td>2x4 = 8</td> <td>Date Last Reviewed</td> <td>March 2017</td> </tr> </table>			Initial Score	4x4 = 16	Lead Director	Karl McCluskey	Current Score	2x4 = 8	Date Last Reviewed	March 2017
Initial Score	4x4 = 16	Lead Director	Karl McCluskey								
Current Score	2x4 = 8	Date Last Reviewed	March 2017								
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):										
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings Links between Contracting team and CQPG to triangulate on quality aspects of performance 	Action	Responsible Officer	Due By								
	Continued monitoring of associated risks	All	on-going								
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):										
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Assurance from MIAA review of performance reporting Performance continues to be maintained 											
Additional Comments:	Link to Risk Register:										

Strategic Objective 3	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.2	Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.		
Risk Rating Initial Score Current Score	1 x 5 = 5 1 x 4 = 4	Lead Director Tracy Jeffes Date Last Reviewed June 2017	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> CCG Commissions EPRR and Business Continuity support from MLCSU CCG has in place business continuity plans Emergency Planning training taken place in last 12 months Corporate Governance Group has responsibility for ensuring compliance CCG Statutory Lead is Chief Delivery and Integration Officer 	Action	Responsible Officer	Due By
	Business continuity plans have been refreshed by all CCG teams	Tracy Jeffes	May 2017
	Composite plan and strategy to be finalised	M&L CSU lead	July 2017
	Ongoing training for key staff – multiagency response training event	Tracy Jeffes	September 2017
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> NHSE assurance through self-assessment and improvement plan 	NHSE assurance process to be repeated in September 2017		
Additional Comments:	Link to Risk Register:		

Strategic Objective 4	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.		
Risk 4.1	Current work pressures reduce ability to engage on GP Five Year Forward View implementation.		
Risk Rating Initial Score Current Score	3x3=9 3x3=9		Lead Director Jan Leonard Date Last Reviewed March 2017
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Joint Commissioning Committee with NHSE established LQC for 17/18 in place GPFV plan 	Action	Responsible Officer	Due By
	Supported emergent federation.	Jan Leonard	Ongoing
	Pilot looking at Informal List Closures in Crosby underway	Jan Leonard	Aug 17
	Workshop for Estates Developments planned for Maghull	Martin McDowell	Sept 17
	LDS Primary Care Group meeting monthly to deliver GPFV Plan	Jan Leonard	Monthly
Assurances (how do we know if the things we are doing are having an impact?):			
<ul style="list-style-type: none"> Primary Care Dashboard in development in Aristotle Transformation agenda and GPFV plan monitored through Joint Commissioning Committee 			
Additional Comments:	Link to Risk Register:		

Strategic Objective 5		To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.1		Community Service currently mobilising may delay ability to deliver transformation		
Risk Rating Initial Score 3x3=9 Current Score 3x3=9		Lead Director Jan Leonard Date Last Reviewed March 2017		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Community Services contract monitoring meetings EPEG monitor feedback on services Quality Committee monitoring of services 		Action	Responsible Officer	Due By
		Contract Monitoring Meetings in place	Jan Leonard	Monthly
		Weekly meeting regarding mobilisation established	Jan Leonard	On going
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
Additional Comments:		Link to Risk Register:		
Mobilisation has been extended to 1 June 2017				

Strategic Objective 6		To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.		
Risk 6.1		There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans		
Risk Rating		Lead Director		
Initial Score	3x3=9	Tracy Jeffes		
Current Score	3x3=9	Date Last Reviewed		
		June 2017		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ol style="list-style-type: none"> 1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. Number of key joint commissioning posts in place 4. Integrated Commissioning Group established 5. Making It Happen – joint approach to integration approved 6. Implementation of MIAA recommendations in development of new BCF, iBCF and Section 75 		Action	Responsible Officer	Due By
		Approach to implementation of “ Making it Happen” agreed	Mel Wright/ Tracy Jeffes	June 2017
		Initial pooled budget arrangements within BCF agreed	Martin McDowell	Aug 2016
		Finalise iBCF and BCF once final guidance published, aligned to “Making it Happen”	Tracy Jeffes	TBC
		New Section 75 agreed by all parties	Tracy Jeffes	September 2017
		Implementation of MIAA recommendations	Tracy Jeffes	November 2017
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ol style="list-style-type: none"> 1. MIAA review of BCF for 16/17 provided significant assurance. Action plan agreed 				
Additional Comments:		Link to Risk Register:		
		SS040		

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Thursday 23rd March 2017

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is likely to report a small surplus of £0.100m following the release of the 1% non-recurrent reserve. 	<ul style="list-style-type: none"> The CCG is on course to deliver its statutory duty although this is subject to final audit approval. 	<ul style="list-style-type: none"> The CCG remains focussed upon delivering all possible savings through its QIPP plans. The committee noted that it was now unlikely that the CCG would miss its financial target and reduced risk accordingly.

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

- Chief Finance Officer noted that the Governing Body will receive an update to its financial strategy on 30th March. This will include a revised QIPP plan with challenging target.
- Committee noted the Improvement and Assurance Framework Q3 update and asked for it to be shared with the Joint Quality Committee to triangulate areas identified for improvement by the CCG.
- Community contracts – Mersey Care remain on target to deliver contract start date of 1st June. Chief Finance Officer noted potential risks arising from transitional costs which had been excluded from the CCG's plan.
- North Mersey LDS Estates Group. First meeting to be confirmed.
- Significant underspend on prescribing noted by committee. The committee offered congratulations to the Medicines Management team and practices for their work in delivering this position.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Thursday 18th May 2017

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions

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

- Risk Register – F&R committee advised that 17/18 risk will focus on delivering statutory duty with two sub-risks: non-delivery of QIPP and over-performance against budgets.
- Reasonable Adjustment and Disability guidance approved.
- Consider impact on public in Governing Body meetings (e.g. induction loop, papers for visually impaired).
- CSU report – generally good performance / ongoing discussions regarding CHC performance.
- HR – CCG performs well in comparison through staff survey. Positive trends noted for sickness absence.
- Comparative QIPP performance – 2.6% in comparison with 2.2% average for CCGs in Cheshire and Merseyside.
- Focus on referral management system to ensure pressures from Independent sector evident in 16/17 are not repeated in 17/18.
- Detailed update on reserves received, noting requirement to increase the CCG QIPP target to £8.5m.
- Registration Authority policy approved subject to clarification on how this policy accommodates mobile workers. Clarification required from Corporate Governance Support Group as to what is considered 'except for'. This is also to be considered for other policies (e.g. smart phones).
- Quality Premium report received – CCG not expected to receive funding.

- Risks relating to pharmaceutical prescribing codes escalated to NHS England through the Primary Care Support (PCS) Services Stakeholder Group. Risks to CCG financial integrity.
- Approved pharmacy Medical and Educational Goods and Services (MEGS) in line with ABPI standards.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Quality Committee Meeting held on 22nd March 2017

Chaired by:
Debbie Fagan

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

- **SEND Inspection Update** – Work contains on the development of the joint Improvement Plan in partnership with Local Authority and key stakeholders / partners. Extraordinary meeting to take place of the Children’s Overview & Scrutiny Committee on 4th April 2017 to discuss the Improvement Plan – Chief Nurse to represent the CCG along with colleagues from the Local Authority. Deadline for submission to OfSTED and the CQC is towards the end of April 2017.
- **Liverpool Community Health Quality Handover** – Quality Handover documents received by the Quality Committee as a specific agenda item. General update contained within the Chief Nurse Report.
- **Southport & Ormskirk Hospitals NHS Trust Pressure Ulcer Contract Query / Open Serious Incidents on STEIS** - Composite action plan received and reviewed by commissioners at the Collaborative Forum. Decision made to close the contract query relating to pressure ulcers. 104 serious incidents now closed on STEIS. Monitoring of action plan will be undertaken at the CQPG. 3 pressure ulcer SIs remain open on STEIS. Community elements of the action plan will transfer across to new community provider post June 2017 and be monitored at the CQPG. NHSE informed for the purposes of assurance.

Key Issues Report to Governing Body

Quality Committee Meeting held on 19th April 2017

Chaired by:
Dr Rob Caudwell

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

- **LCH Sickness Absence Rates** – This is being reviewed at CQPG and 2:2 meetings with the Deputy Director of Nursing / Clinical Locality Lead.
- **Mersey Care NHS Foundation Trust Suicide Report** - The committee highlighted concerns in relation to the number of incidents related to suicides for Mersey Care NHS Foundation Trust. Whilst the Trust have indicated that they are not an outlier nationally, the CCG Quality Team has requested via the lead commissioner a presentation at CQPG.
- **NHS England Pharmacist Application** – CCG application was unsuccessful. Issue to be raised with NHSE at the next meeting to find out the rationale to support future learning.

Annual Report 2016/17

The joint quality committee is required to provide and update to the governing body on the key programmes of work covered during the year. In 2016/17 the key work programmes of the committee were as follows:

At each meeting the joint quality committee

- Monitored standards and provided assurance on the quality of commissioned services, by the CCG to ensure that local and national standards were being met
- Promoted a culture of continuous improvement and innovation with respect to safety, clinical effectiveness and patient experience

During the year the committee also:

- supported the CCGs QIPP priorities by providing quality advice and input to schemes
- supported the community services transition to ensure the safe and effective transfer of services
- approved and monitored the arrangements in respect of Safeguarding (children and adults)
- monitored the quality of commissioned services, compliance with Controlled Drugs Regulations 2013
- participated in quality surveillance arrangements

Key Issues Report South Sefton Localities

February – June 2017

Bootle Locality		
Key Issues	Risks Identified	Mitigating Actions
1. Primary Care Support England ongoing issues: <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of pension contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contracts 	<ul style="list-style-type: none"> • Escalated to PCSE and NHSE via CCG Locality Manger • PCSE and NHSE representatives to attend Practice Managers' meeting
2. Difficulties making referrals to Mersey Care provision for Crisis Team.	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Reported to Gordon Jones, Senior Programme Manager for Mental Health in the CCG. • Escalated to Mersey Care Crisis Team. Representative to attend Locality meeting in July.
3. Long waiting times for referrals to Access Sefton.	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Access Sefton invited to attend locality meeting. • Locality Manager assisted in finding room availability within Bootle to reduce waiting times.
4. DMC (Community Dermatology) delays responding to referrals	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to Planned Care Lead to contact DMC.
5. Out of house services. Concerns raised in relation to a patient who unexpectedly away in the early hours. Out-of-hours GP did not attend to certify death and asked relatives to contact their GP when surgery opened at 8am.	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Urgent Care Commissioning Lead has raised this concern during contract meetings with GTD who have agreed to investigate.
6. Referrals made to Urology services at Aintree University Hospital where no clinic is in place. Patients informed they will be notified when clinic is available. Subsequent delay in patient care	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to Planned Care Lead. Practice have been asked to provide further details for investigation.
7. Delays in obtaining Integrated Clinical Environment accounts at Aintree University	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to Head of Liverpool Laboratories for investigation.

Key Issues Report South Sefton Localities

February – June 2017

Hospital of up to 8 weeks. This is of concern to practices with locums and GP registrars.		
8. Acute Visit Scheme – concerns raised in relation to availability of slots and capacity issues with the service.	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • CCG have asked for data from the service and issues regarding capacity/availability of slots are discussed at monthly contact meetings. • Risk if this service is removed as practices use regularly. Clarity requested by practices on the continuation of the service.
9. Review of inappropriate requests of primary care to secondary care	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to AUH for a response.

Key Issues Report South Sefton Localities

February – June 2017

Crosby Locality		
Key Issues	Risks Identified	Mitigating Actions
1. Acute Visit Scheme – concerns raised in relation to availability of slots and capacity issues with the service.	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • CCG have asked for data from the service and issues regarding capacity/availability of slots are discussed at monthly contact meetings. • Risk if this service is removed as practices use regularly. Clarity requested by practices on the continuation of the service.
2. Ongoing issue in relation to closure of practices lists in Crosby. A number of patients have been seeking registration on a weekly basis.	<ul style="list-style-type: none"> • Patient care • Patient experience 	<ul style="list-style-type: none"> • NHSE invited to attend the April locality meeting to discuss the proposed action plan for Crosby. • Action plan is now in place and a project lead has been identified, a communication has been sent to practices and the project lead has engaged with individual practices to discuss concerns and a way forward.
3. Practices have experienced rejection of referrals to Neurologists due to patients not having an MRI prior to referral.	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • CCG aware and discussions have taken place at Board level.
4. Concerns raised in relation to a community pharmacy in Thornton not accepting urgent faxed acute prescriptions.	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • CCG Senior Pharmacist has met with the pharmacy who agreed to accept urgent acute prescription via fax. • GP still experiencing problems with urgent acute prescriptions. GP agreed to meet with the pharmacy and also send examples of faxed urgent acute prescriptions to the CCG Senior Pharmacist.
5. Primary Care Support England ongoing issues:	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to PCSE and NHSE via CCG

Key Issues Report South Sefton Localities



South Sefton

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February – June 2017

<ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of pension contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list 	<ul style="list-style-type: none"> • Patient quality • GP contracts 	<p>Locality Manger</p> <ul style="list-style-type: none"> • PCSE and NHSE representatives to attend Practice Managers' meeting
<p>6. Review of inappropriate requests of primary care to secondary care</p>	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to AUH for a response.
<p>7. Community Respiratory Physio (Children's) – children with disabilities who need respiratory physio in the community, however Alder Hey's service does not extend to Crosby.</p>	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Raised with the Peter Wong, CCG Commissioning Lead for Children.

Key Issues Report South Sefton Localities

February – June 2017

Seaforth & Litherland Locality		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Primary Care Support England ongoing issues:</p> <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contract 	<ul style="list-style-type: none"> • Escalated to PCSE and NHSE via CCG Locality Manger • PCSE and NHSE representatives to attend Practice Managers' meeting
<p>2. Issues raised in relation to GPs being asked by Aintree Weight Management Team to screen patients prior to referral to the Active Sefton programme.</p>	<ul style="list-style-type: none"> • Patient care • Patient experience 	<ul style="list-style-type: none"> • Active Sefton Team met with Aintree Weight Management Team who has agreed to refer patient directly to the Active Sefton Team and no longer ask GPs to screen patients prior to referral. However, this does not include the Physio Department.
<p>3. Concerns raised regarding DNAR-CPR policies and procedures in relation to District Nurse services.</p>	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Concerns escalated CCG End of Life Lead and Dave Warwick, Urgent Care Lead.
<p>4. Review of inappropriate requests of primary care to secondary care.</p>	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to Aintree University Hospital for a response.
<p>5. The locality raised concerns in relation to data sharing. Need to ensure all practices have appropriate paperwork in place.</p>	<ul style="list-style-type: none"> • Patient information • Information governance 	<ul style="list-style-type: none"> • Becky Williams agreed to contact iMersey Team and request a list of data sharing agreements that practices are already signed up to and where there are gaps. The Team will contact individual practices to obtain signatures to complete sign up of any outstanding agreements.

Key Issues Report South Sefton Localities

February – June 2017

Maghull Locality		
Key Issues	Risks Identified	Mitigating Actions
1. Acute Visit Scheme – concerns raised in relation to availability of slots and capacity issues with the service.	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • CCG have asked for data from the service and issues regarding capacity/availability of slots are discussed at monthly contact meetings. • Risk if this service is removed as practices use regularly. Clarity requested by practices on the continuation of the service.
2. PCSE ongoing issues: <ul style="list-style-type: none"> • Long delays for transfer of patient records • Delays in registration of patients • Registration of contribution for recruited salaried GPs • Pension contributions for GPs • Delays with performers list 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contract 	<ul style="list-style-type: none"> • Escalated to PCSE and NHSE via CCG Locality Manger • PCSE and NHSE representatives to attend Practice Managers' meeting
3. Community Heart Failure Team – practices have concerns raised regarding clinical governance as there is no team manager or oversight by specialist consultant.	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Concerns escalated to Community CVD Team Leader who confirmed that the service is not consultant led, however there is an arrangement in place for any issues/concerns to be raised with the Consultant at AUH.
4. Delays in treatment rooms' appointments were reported to practices by a number of patients.	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Investigated by Mersey Care Community Services who reported that there is sufficient capacity in the system. Practices agreed to report any further issues raised by patients.
5. Review of inappropriate requests of primary care to secondary care	<ul style="list-style-type: none"> • Patient care 	<ul style="list-style-type: none"> • Escalated to LMC and CCG. • Jan Leonard has passed all information to AUH for a response.

Key Issues Report South Sefton Localities

February – June 2017


*South Sefton
Clinical Commissioning Group*

Finance and Resource Committee Minutes

Thursday 23rd March 2017, 1.00pm to 3.00pm
3rd Floor Board Room, Merton House

Attendees (Membership)		
Graham Morris	Lay Member (Chair)	GM
Lin Bennett	Practice Manager & Governing Body Member	LB
Susanne Lynch	CCG Lead for Medicines Management	SL
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Governing Body Member	SS
In attendance		
Gareth James (Items FR17/40 – FR17/44)	Senior HR Business Partner, M&L CSU	GJ
Tracy Jeffes (Items FR17/40 – FR17/44, FR17/48 and FR17/54)	Chief Delivery and Integration Officer	TJ
Brendan Prescott	Deputy Chief Nurse / Head of Quality & Safety	BP
Jenny White	Head of Financial Management & Planning	JW
Ex-officio Member*		
Fiona Taylor	Chief Officer	FLT
Apologies		
Graham Bayliss	Lay Member	GB
Debbie Fagan	Chief Nurse & Quality Officer	DF
Alison Ormrod	Deputy Chief Finance Officer	AO
Jan Leonard	Chief Redesign & Commissioning Officer	JL
Dr John Wray	GP Governing Body Member	JW
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	✓	✓	A							
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓							
John Wray	GP Governing Body Member	A	A	A							
Lin Bennett	Practice Manager & Governing Body Member	✓	✓	✓							
Martin McDowell	Chief Finance Officer	✓	A	✓							
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A							
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A							
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	A							
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓							
Fiona Taylor	Chief Officer	*	*	*							

No	Item	Action
FR17/40	<p>Apologies for absence Apologies for absence were received from Graham Bayliss, Debbie Fagan, Alison Ormrod, Jan Leonard and Dr John Wray.</p>	
FR17/41	<p>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.</p> <p>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.</p> <p>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.</p>	
FR17/42	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR17/43	<p>Action points from the previous meeting</p> <p>FR17/18: Committee Work Plan 2017/18 - The update on the action for AO to work on benchmarking and VFM is due for the F&R meeting on 18th May. MMcD said he would ask AO to bring the CHC benchmarking report for Q3 to the next F&R meeting on 18th May as part of this action.</p> <p>FR17/27: RAG rating for QIPP schemes - MMcD confirmed two new ratings have been introduced for schemes that have not yet started and for schemes that have been achieved / completed. This is in addition to the proposed RAG rating. Action closed.</p> <p>FR17/27: RAG rating for QIPP schemes - AO has informed Debbie Fairclough of the agreement at the F&R meeting that if a scheme remains red for more than two months, a decision will be made to either expedite the scheme or delete if it is not achievable. Action closed.</p> <p>FR17/29: Finance & Resource Committee Risk Register - Risk FR001 now has the following noted in the risk register, under the section listing key controls assurances in place: "All QIPP schemes are subject to a Quality Impact Assessment (QIA). The CCG has in place a QIA process to ensure that any risks to quality and patient safety are identified and mitigated." Action closed.</p> <p>FR17/35 - Better Care Fund Update - TJ confirmed that BCF guidance has not been received as yet. Action still open.</p> <p>FR17/38 - Any Other Business (Deep Dive – QIPP outcome report)</p>	MMcD / AO

No	Item	Action
	<p>- AO has informed Debbie Fairclough about the typographical error in the paper, which has been corrected. Action closed.</p>	
FR17/44	<p>Apprenticeship Levy GJ provided an overview of the apprenticeship levy, which is being introduced from 6th April 2017 for organisations that have an annual pay-bill in excess of £3m per annum. The next steps for the CCG are outlined in the report for this meeting.</p> <p><i>The committee received this report.</i></p>	
FR17/45	<p>Month 11 Finance Report MMcD provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 28 February 2017. The following was highlighted.</p> <ul style="list-style-type: none"> • The most likely case scenario has been forecasted as a deficit of £2.3m, which includes the expenditure forecast delivery of QIPP savings for the remainder of the financial year. • The CCG is likely to report a surplus of £0.100m in its annual accounts, following the release of the 1% non-recurrent reserve. This delivers the CCG statutory financial duty to achieve a break even position. • The release of the 1% non-recurrent reserve will not count towards NHS England financial performance management but will be reflected in the statutory accounts. • The CCG expects to deliver a further £0.806m of QIPP in Month 12. An overview and commentary was provided on the QIPP schemes to be delivered, listed in Table D of the finance report. <p><i>The committee received this report.</i></p>	
FR17/46	<p>Finance & Resource Committee Risk Register The committee discussed the current scoring on the committee risk register for risk <i>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.</i></p> <p>The committee noted that the CCG is on target to deliver its statutory duty to break even following the release of the 1% non-recurrent reserve; therefore it was agreed that the score for likelihood post mitigation was to be adjusted from 'likely' to 'unlikely' (from 4 to 2). Register to be updated.</p> <p><i>The committee approved the risk register subject to the agreed changes being made.</i></p>	MMcD
FR17/47	<p>Financial Strategy Update MMcD provided an update on the CCG's financial strategy.</p> <p>It was noted that the Governing Body will receive an update to its financial strategy on 29th March. This will include a revised QIPP plan with a challenging target.</p>	

No	Item	Action
	<p>It was noted that the CCG's position needs to be made clear in the strategy in regards to risks associated with QIPP schemes and delivery.</p> <p><i>The committee received this verbal update.</i></p>	
FR17/48	<p>Statutory & Mandatory Training – Update</p> <p>The F&R committee was asked to approve the following changes to the statutory and mandatory training requirements: the inclusion of the Moving & Handling and Prevent for Healthcare modules into the CCG statutory and mandatory training framework, from 1st April 2017, in line with national guidance for Core Skills Framework at level 1.</p> <p><i>The committee approved the above changes to the statutory and mandatory training requirements.</i></p>	
FR17/49	<p>Improvement and Assessment Framework – Q3</p> <p>MMcD provided an overview of the Improvement and Assessment Framework for quarter 3.</p> <p>The committee noted the update and asked for it to be discussed in more detail at a future Governing Body Development Session. MMcD to action with Karl McCluskey, Chief Strategy & Outcomes Officer.</p> <p>It was agreed that this report should be taken to the Joint Quality Committee.</p> <p><i>The committee received this report.</i></p>	<p>MMcD (KMcC)</p> <p>DF</p>
FR17/50	<p>Community Contracts</p> <p>MMcD provided an update on the community contract. It was noted that Mersey Care remain on target to deliver the contract start date of 1st June 2017. The potential risks arising from transitional costs were noted; these costs have been excluded from the CCG's financial plan for 2017/18.</p> <p><i>The committee received this verbal update.</i></p>	
FR17/51	<p>Terms of Reference: North Mersey LDS – Estates Working Group</p> <p>MMcD provided an update on the Terms of Reference for the North Mersey LDS Estates Working Group. Comments noted at the last F&R meeting in February have been fed back to Paul Fitzpatrick (Estates Work Stream Lead, Liverpool CCG and Director of Estates and Facilities, Aintree University Hospital) who produced the first draft of the Terms of Reference.</p> <p>It was noted that the operational Sefton Property Estates Partnership group would stay in place.</p> <p>The first meeting of the North Mersey LDS Estates Group is to be confirmed.</p> <p><i>The committee received this verbal update.</i></p>	

No	Item	Action
FR17/52	<p>NHS England Financial Monitoring Reports</p> <p>MMcD provided an overview of the NHS England Financial Monitoring report for Month 11, which provides context on how the CCG is performing in comparison to other CCGs.</p> <p>MMcD noted that the CCG had the highest spend per head of population on Acute Care but the lowest recorded spend on Community Health Services. MMcD asked JW to investigate with specific assurances required regarding the CCG's accuracy in terms of completing the forms / classifying spend to the correct area.</p> <p><i>The committee received this report.</i></p>	MMcD (JW)
FR17/53	<p>Prescribing Spend Report – Month 9 2016/17</p> <p>It was noted that South Sefton's position for month 9 shows an underspend of £785k (-2.8% on a budget of £28,567,866). Overall South Sefton GP surgeries are forecasting an underspend.</p> <p>The committee discussed the process for agreeing practice prescribing budgets and noted that it was important to not reward previous poor performance in setting budgets.</p> <p>The committee noted the significant underspend on prescribing and congratulated the Medicines Management team and practices for their delivery of this position.</p> <p><i>The committee received this report.</i></p>	
FR17/54	<p>Individual Exceptional Funding Request Summary - Q3</p> <p>TJ provided an update on the Individual Exceptional Funding Request Summary for quarter 3.</p> <p>Section 10 detailing service developments/improvements was discussed. It was noted that the CSU is looking to establish a better electronic system around IFR.</p> <p>Members commented that it was difficult to distinguish between the red and amber colours categorising the status of the improvement actions. TJ to address this with the CSU.</p> <p><i>The committee received this report.</i></p>	MMcD (TJ)
FR17/55	<p>Any Other Business</p> <p>None.</p>	
FR17/56	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	

No	Item	Action
	Date of Next Meeting Thursday 18 th May 2017 1.00pm to 3.00pm 3 rd Floor Board Room, Merton House	

Approved

Finance and Resource Committee Minutes

Thursday 18th May 2017, 1.00pm to 3.00pm
3rd Floor Board Room, Merton House

Attendees (Membership) Graham Morris Graham Bayliss Lin Bennett Debbie Fagan Jan Leonard Susanne Lynch Martin McDowell Alison Ormrod In attendance Tracy Jeffes (Items FR17/62 – FR17/63) Ex-officio Member* Fiona Taylor Apologies Dr Sunil Sapre Dr John Wray Minutes Tahreen Kutub	Lay Member (Chair) Lay Member Practice Manager & Governing Body Member Chief Nurse & Quality Officer Chief Redesign & Commissioning Officer CCG Lead for Medicines Management Chief Finance Officer Deputy Chief Finance Officer Chief Delivery and Integration Officer Chief Officer GP Governing Body Member GP Governing Body Member PA to Chief Finance Officer	GM GB LB DF JL SL MMcD AO TJ FLT SS JW TK
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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	✓	✓	A	✓						
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	A						
John Wray	GP Governing Body Member	A	A	A	A						
Lin Bennett	Practice Manager & Governing Body Member	✓	✓	✓	✓						
Martin McDowell	Chief Finance Officer	✓	A	✓	✓						
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓						
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	✓						
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	A	✓						
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓						
Fiona Taylor	Chief Officer	*	*	*	*						

No	Item	Action
FR17/57	<p>Apologies for absence Apologies for absence were received from Dr Sunil Sapre and Dr John Wray.</p>	
FR17/58	<p>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.</p> <p>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/about-us/our-constitution</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Item FR17/73 (Working with pharmaceutical industry) – GB declared that as a consultant, he has a client mentioned in the report for this item. The Chair declared that GB can be present during this item but cannot participate in discussion. Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. 	
FR17/59	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR17/60	<p>Action points from the previous meeting</p> <p>FR17/18: Committee Work Plan 2017/18 - Benchmarking is on the agenda. Action closed.</p> <p>FR17/35: Better Care Fund Update - The CCG is still awaiting BCF guidance. Action to stay on the tracker.</p> <p>FR17/46: Finance & Resource Committee Risk Register - The committee risk register for 2016/17 was updated following changes agreed at the last F&R Committee meeting on 23rd March 2017. Action closed.</p> <p>FR17/49: Improvement and Assessment Framework – Q3 - MMcD said the plan had been to take the Improvement and Assessment Framework Q3 for discussion at the Governing Body Development Session in May 2017. This session, however, was changed to a formal Governing Body meeting. MMcD to ensure this is included in a forthcoming Development Session agenda.</p> <p>FR17/49: Improvement and Assessment Framework – Q3 - DF confirmed the Improvement and Assessment Framework Q3 will be taken to the next Joint Quality Committee meeting. Action to be removed from the tracker.</p> <p>FR17/52: NHS England Financial Monitoring Reports - MMcD confirmed work is ongoing on the review of CCG spend per head of population on Acute Care and Community Health Services. Action to stay on</p>	MMcD

No	Item	Action
	<p>the tracker.</p> <p>FR17/54: Individual Exceptional Funding Request Summary - Q3</p> <ul style="list-style-type: none"> - Pam Hughes (Service Director, Midlands & Lancashire CSU) has confirmed the CSU is in the process of reviewing and improving the reporting template for the Individual Exceptional Funding Request Summary. When finalised, the template will be shared with all Cheshire and Merseyside CCGs to seek acceptance of the proposed revised format for future reporting prior to implementation. The reviewed reporting template will include narrative as well as appropriate use of colour for the RAG rating status. Action closed. 	
FR17/61	<p>Reasonable Adjustment and Disability – A guide to good practice</p> <p>DF provided an overview of the Reasonable Adjustment and Disability guide to good practice, which was recommended for approval at the Corporate Governance Support Group in March 2017. The guidance recommends the CCG has a checklist focussing on where existing services need to be adapted to provide appropriate access for people with disabilities.</p> <p>The committee considered the impact for the public in CCG Governing Body meetings and it was noted that appropriate facilities for people with disabilities could be provided on request.</p> <p><i>The committee approved the Reasonable Adjustment and Disability guide to good practice.</i></p>	
FR17/62	<p>CSU Service Report</p> <p>TJ presented the CSU Service Report, noting that it provides a brief update on core services but focusses mostly on additional services.</p> <p>Concerns were raised about the delivery of additional services; it was noted that the CCG would continue to monitor this and have ongoing discussions regarding CHC performance.</p> <p><i>The committee received this report.</i></p>	
FR17/63	<p>HR Performance Report</p> <p>TJ presented the HR performance report. She noted the overall statutory and mandatory compliance rate had declined; this is due to the recent introduction of two new training module requirements (Moving & Handling and Prevent for Healthcare), which a number of CCG employees are yet to complete.</p> <p>The committee noted positive trends in relation to sickness absence.</p> <p><i>The committee received this report.</i></p>	
FR17/64	<p>Month 12 Finance Report</p> <p>AO provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st March 2017. The following was highlighted.</p> <ul style="list-style-type: none"> • The CCG's year end financial position is a surplus of £0.100m following the release of the 1% non-recurrent reserve of £2.432m. This net position will be reflected in the CCG's statutory accounts. • The CCG has delivered £6.151m QIPP savings during the year against a target of £10.384m. 	

No	Item	Action
	<ul style="list-style-type: none"> The external audit for 2016/17 undertaken by KMPG is nearing completion. MMcD and AO will be having a closing meeting with the auditors on Friday 19th May 2017. <p>AO noted the following errors in the report:</p> <ul style="list-style-type: none"> The <i>Summary / Key Issues</i> section in the cover sheet (p 41 of the meeting pack) should show the 1% non-recurrent reserve as £2.432m (not £2.342m). <i>Table A – Financial Dashboard</i> should not show achievement against the NHS England business rule of delivery of 1% surplus. <p>AO distributed a graph which shows the percentage of QIPP delivered in 2016/17 against total expenditure by CCGs across Cheshire and Merseyside. It was noted that the average for South Sefton CCG is 2.6% in comparison with a Cheshire and Merseyside average of 2.2%. The committee noted the importance of referral management system to ensure pressures from the independent sector evident in 2016/17 are not repeated in 2017/18.</p> <p>It was agreed that the Month 1 (2017/18) finance report for the next F&R meeting is to contain summary / headline information only.</p> <p><i>The committee received this report.</i></p>	AO
FR17/65	<p>Finance & Resource Committee Risk Register</p> <p>MMcD proposed that the committee risk register for 2017/18 have one overall risk focussed on delivering statutory duty, together with two sub-risks focussed on non-delivery of QIPP and over-performance against budgets. The committee agreed to this.</p> <p>In relation to risks, AO noted there have been start up issues with Case Management System; the go live date has been delayed due to the cyber attack on 12th May 2017. She noted that Broadcare is now on read-only access. The CSU and Adam have confirmed Broadcare will be switched off at the end of May 2017. A discussion followed in relation to the wider impact of the implementation relating to case management and financial issues. It was agreed for AO to bring an update on Case Management System to the next committee meeting on 22nd June 2017.</p> <p><i>The committee received this verbal update and approved the proposed risk and sub-risks for the committee risk register 2017/18.</i></p>	AO
FR17/66	<p>Financial Plan 2017/18 - Update on reserves</p> <p>AO provided an update on the CCG's operational financial plan, as detailed in the paper.</p> <p>AO noted that the HRG4+ adjustment has left the CCG with an unmitigated risk of £1.3m. The opening reserves budget holds some budget pressures and improvements which have been identified in reconciling the agreed financial plan with final operational budgets. AO noted an additional risk of £1.3m related to community transaction. The combination of these issues has resulted in the requirement to increase the QIPP target to £8.5m.</p>	

No	Item	Action
	<p>AO provided a summary of the next steps to delivery of the 2017/18 financial plan, which include a QIPP Week to be held next week, led by Debbie Fairclough (Chief Operating Officer) and AO.</p> <p>MMcD discussed the QIPP plan presented to the Governing Body at its last meeting. The Governing Body asked that a 'long list' of QIPP options be developed to extend the QIPP plan to 200% of the CCG's target. MMcD noted that the upcoming QIPP Week would focus on the development of this long list.</p> <p><i>The committee received this report.</i></p>	
<p>FR17/67 FR17/68</p>	<p>NHS England Financial Monitoring Reports – Month 12 2016-17 Funded Care Benchmarking Q3 2016/17</p> <p>AO presented the above benchmarking reports. She also distributed papers on NHS Funded Care Benchmarking Finance Analysis focussed on Continuing Healthcare (CHC) costs and Funded Nursing Care (FNC) costs. A discussion took place in regards to the CCG's relative position against other CCGs and the median position in Cheshire and Merseyside. The CCG's ambition is to be in the upper quartile in regards to CHC and FNC performance as compared to peer organisations. Further work is to be done as part of QIPP projects.</p> <p>AO and JL to review financial reports to ensure relevant granular detail is provided to the committee.</p> <p><i>The committee received the benchmarking reports.</i></p>	<p>AO & JL</p>
<p>FR17/69</p>	<p>Registration Authority Policy</p> <p>MMcD presented the Registration Authority policy. It was agreed that clarification was required from the Corporate Governance Support Group on how this policy accommodates mobile workers and what is considered 'except for'. MMcD to liaise with Lisa Gilbert (Corporate Governance Manager) to action this. This is also to be considered for other policies (e.g. smart phones).</p> <p><i>The committee approved the Registration Authority policy subject to clarification on how this policy accommodates mobile workers.</i></p>	<p>MMcD</p>
<p>FR17/70</p>	<p>Quality Premium Dashboard</p> <p>JL presented the Quality Premium Dashboard and noted the CCG is not expected to receive funding.</p> <p><i>The committee received this report.</i></p>	
<p>FR17/71</p>	<p>Prescribing Spend Report – Month 11 2016/17</p> <p>It was noted that South Sefton's position for month 11 shows an underspend of £1,040,155 (-3.6% on a budget of £28,567,866). Overall South Sefton GP surgeries are forecasting to be underspent.</p> <p>SL reported on issues related to pharmaceutical prescribing codes which could affect the accuracy of prescribing data. She noted the risk this presents to CCG financial integrity and confirmed this will be added to the CCG's corporate risk register (MMcD to action). The issue has been escalated to NHS England through the Primary Care Support (PCS) Services Stakeholder Group. MMcD</p>	<p>MMcD</p>

No	Item	Action
	<p>said he would contact Tom Knight, Head of Primary Care at NHS England, about this issue. LB confirmed Tom Knight and the PCS representative for the CCG have been invited to attend a practice managers' meeting.</p> <p><i>The committee received this report.</i></p>	MMcD
FR17/72	<p>Repeat Prescription Ordering Service (RPOS) – 6 month update</p> <p>SL provided an update on the RPOS pilot for February 2017 (month 6 of the pilot). Practices involved in the pilot (excluding Hightown) show a reduction of 3.7% in items dispensed, whilst non-pilot practices (excluding Seaforth Village Practice & Litherland Practice) show a reduction of 0.1% in items dispensed. The estimated cost saving on the previous year's period for RPOS pilot sites is £190k.</p> <p>SL highlighted that in time it will be difficult to isolate the RPOS pilot savings in the prescribing data due to prescribing code issues and patients moving to different practices. The committee noted this.</p> <p><i>The committee received this report.</i></p>	
FR17/73	<p>Working with pharmaceutical industry</p> <p>SL provided an overview of CCG agreements with pharmaceutical companies that support the CCG in the delivery of patient care. She highlighted Medical and Educational Goods and Services (MEGS), which are financial grants or services delivered by a pharmaceutical company to enhance patient care or benefit the NHS and maintain patient care. SL noted MEGS applications have been submitted to Pfizer for £10k and Boehringer Ingelheim for £15k to support the medicines management team delivering respiratory reviews. The bid with Pfizer has been successful; the CCG is awaiting a response to the bid with Boehringer Ingelheim.</p> <p><i>The committee approved the contents of the report and the Medical and Educational Goods and Services (MEGS) in line with ABPI standards.</i></p>	
FR17/74	<p>Better Care Fund Update</p> <p>MMcD confirmed there was no update to report on the Better Care Fund and that the CCG is still awaiting guidance for 17/18.</p>	
FR17/75	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – January 2017 • Sefton Property Estate Partnership (SPEP) Group - February 2017 <p><i>The committee received the minutes of the IM&T and SPEP steering group meetings.</i></p>	
FR17/76	<p>Any Other Business</p> <p>MMcD noted a major incident report in relation to the cyber attack on 12th May 2017 will be taken to the Joint Quality Committee and Governing Body. The F&R committee noted this and agreed that the report did not need to come to this</p>	

No	Item	Action
	committee.	
FR17/77	Key Issues Review MMcD 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 22nd June 2017 1.00pm to 3.00pm 3rd Floor Board Room, Merton House	

Approved

Joint Quality Committee Minutes

Approved

Date: Wednesday, 22nd March 2017, 11.30am to 1.30 pm
Venue: Chapel Lane Surgery, 13 Chapel Lane, Formby L37 4DL

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	FLT
In attendance		
Fiona Taylor	Chief Officer	FLT
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Programme Manager – Quality and Performance	JS
Helen Smith	Head of Safeguarding Adults	HS
Apologies		
Martin McDowell	Director of Finance	MMcD
Vicky Taylor	Quality Team Business Support Officer	VT
Brendan Prescott	Deputy Chief Nurse – Head of Quality and Safety	
Minutes		
Vicky Taylor	Tracey Forshaw Head of Vulnerable People	TF

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	√		√	√	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	L
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A	√		√		A	A	A		A	A	L
Billie Dodd	Head of CCG Development	√	√		√		√	L	√		√	A	L
Debbie Fagan	Chief Nurse & Quality Officer	√	√		√		√	√	√		√	√	√
Dr Gina Halstead	Chair and Clinical Lead for Quality	√	A		√		√	A	A		√	L	L
Dr Dan McDowell	Secondary Care Doctor	A	√		A		A	A	A		√	A	√
Martin McDowell	Chief Finance Officer	A	A		√		√	A	A		√	A	A
Dr Andrew Mimmagh	Clinical Governing Body Member	√	√		A		A	√	√		√	L	L
Dr Jeffrey Simmonds	Secondary Care Doctor						√	A	A		A	A	√

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

Approved

No.	Item	Action
17/033	<p>Apologies for Absence Apologies for absence were received from MMcD, BP, VT</p> <p>The meeting was declared quorate when GH who was unavoidably delayed attended the meeting. It was with agreement that DF Chaired the meeting</p>	
17/034	<p>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).</p> <p>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</p> <p>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.</p>	
17/035	<p>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.</p>	
17/036	<p>Matters Arising/Action Trackers There were no matters arising.</p> <p>Action Tracker</p> <p>16/128 Southern Health report Feedback is awaited from Margi Daw CCG MCA / DoLS co-ordinator Outcome: HS to provide an update to DF. MD to provide feedback for the next meeting</p> <p>16/130 Access Sefton IAPT Performance It was noted that Geraldine O'Carroll has raised this with Cheshire and Wirral Partnership at the last Contract Meeting. The provider has a prioritisation policy, they will share with clinical leads for comment, this can then be included within the service specification. Outcome: The JQC agreed that this action could be closed.</p> <p>17/006(ii) Provider Quality Performance Reports – Cheshire and Wirral Partnership NHS Trust - IAPT i Merseyside is taking this forward Outcome: The JQC agreed that this action could be closed.</p> <p>17/006(iv) Provider Quality Reports – Liverpool Community Health NHS Trust – Minimise rates of Clostridium Difficile (C.diff) Discussed at the LCH joint CQPG, there was no correlation identified</p>	HS

<p>following a review conducted by Martin Jones – Infection Prevention and Control Matron Outcome: The JQC agreed that this action could be closed.</p> <p>17/007 CCG Safeguarding Service Quarter 2 Update – Southport and Ormskirk Hospitals NHS Trust Q3 Feedback received and on the agenda for the meeting. Outcome: The JQC agreed that this action could be closed.</p> <p>17/009(i) Corporate Risk Register – QUA002 (SFCCG) and QUA006 (SSCCG) 17/009(ii) Corporate Risk Register – QU)19 and QUA020 (SFCCG) 17/009(iii) Corporate Risk Register On the agenda, DF and Jan Leonard have had a discussion to ensure that there is linkage to the risk register with other teams. BD to liaise with Jan Leonard Outcome: The JQC agreed that this action could be closed.</p> <p>17/022 Mersey Internal Audit Agency – Assurance on Quality of Services Commissioned review – Assignment Report 2016/17 Titles of committee have been reviewed by DF and liaised across with LCH Outcome: The JQC agreed that this action could be closed.</p> <p>17/023(i) Cheshire & Merseyside Quality Surveillance Group Exception Report – Mersey Care – Timelines of GP Communications / Discharge Letter Feedback from PC, that a meeting took place with Steve Appleton from Mersey Care and Community Services in relation to the EMIS. Due to the risks it was decided that at this stage there should be no changes to IT systems. Outcome: The JQC agreed that this action could be closed.</p> <p>17/023(ii) Cheshire & Merseyside Quality Surveillance Group Exception Report – Mersey Care – HealthWatch JS raised lack of feedback at the last CQPG, this has now been addressed by the Trust, in addition Colette Page has included this on the agenda for future EPEG meetings. Outcome: The JQC agreed that this action could be closed.</p> <p>17/024 Emergency Care Improvement Programme (ECIP) / Rapid Response Respiratory Service – South Sefton CCG Being addressed as part of the community transition work programme. Outcome: The JQC agreed that this action could be closed.</p> <p>17/026 CCG CQ Quarterly Reporting Schedule MLCSU Nursing Home Clinical Quality Q3 Tracy Jeffes to table at EPEG for this to be actioned and minuted. Outcome: The JQC agreed that this action could be closed.</p> <p>17/027 Diabetes Study Recruitment To take forward to the next meeting Outcome: The JQC agreed to defer this action until April 2017.</p> <p>17/028 EPaCCS in South Sefton and Southport & Formby Localities Quarterly Update DF has liaised with Moira Harrison and Paul Shilcock. Paul Shilcock to discuss with RC linking through with CQV and IT. Paul Shilcock will provide feedback via those forums</p>	<p style="text-align: center; vertical-align: middle;">BP</p>
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	<p>Outcome: The JQC agreed that this action could be closed.</p> <p>17/009(iv) Corporate risk Register On the agenda for the March JQC. Outcome: The JQC agreed that this action could be closed.</p>	
17/037	<p>Chief Nurse Report DF presented the Committee with a number of key issues which had occurred since the report submitted in February 2017.</p> <p><u>Joint local area special educational needs and disability (SEND) inspection in Sefton</u> The Committee were advised that the CCGs and Local Authority are due to meet on 4th April 2017 where the Improvement Plan is expected to be finalised.</p> <p><u>MRSA – Aintree University Hospital NHS Foundation Trust</u> Following the review of three cases at the Trust and discussion with NHS E C&M, 1 case was upheld for the Trust as being attributable to a 3rd party by NHSE C&M.</p> <p><u>Quality Handover re: LCH Risk Profile Tool</u> Director level summit with Directors of Nursing. Liverpool CCG included in these meetings, which are supported by Karl McCluskey and Jan Leonard.. Tina Wilkins Head of Adult Social Care is to be invited to the meeting, a letter is scheduled to be sent out.</p> <p><u>Continuing Health Care</u> Performance issues have been raised at the contract meeting with MLCSU. There are system and process issues which have affected unexpected costs following CHC eligibility. Work ongoing with Sefton MBC including finance to support resolution.</p> <p><u>Combined Safeguarding Adult Board</u> The Last Sefton Executive Safeguarding Adult Board met in March 2017. The next meeting will be the combined Safeguarding Adult Board with representation from Chief Nurse and Designated Nurse Safeguarding Adults.</p>	
	The Committee received the report	
17/039	<p>Safeguarding Service – Quarter 3 Update HS presented the paper</p> <p><u>Q3 Provider Performance Rating</u> Southport & Ormskirk Hospital NHS Trust - remain on Limited Assurance. There have been several meetings in relation to the safeguarding contract query. A revised training trajectory has been submitted, although the Trust have indicated that they will not be able to meet trajectories by end of Q4 however, improvements have been noted in relation to Level 2 training for both children and adults. This continues to be monitored at the CQPG. There are some issues in relation to data collection and data cleansing within Learning and Development.</p> <p>The contract query had now been open for 2 years. DF highlighted that there had been discussion at the Executive Improvement Board with CQC in attendance, for closure of the contract query. There was consideration for</p>	

	<p>other levels of assurance to be provided and being in place e.g. quality walk around, and Trust ward based accreditation which the Director of Nursing was in support of.</p> <p>GBa queried whether there are any flagging systems in place when a person with a Learning Disability attends AED at the Trust, to support notification through to Trust safeguarding to support reasonable adjustments and assurance. It was recommended that this should be included as part of the safeguarding walk around in AED. It was confirmed that there is a separate code on PACS of individuals who are known to Mersey Care LD Team. Although it was acknowledged that flagging systems are not always fail safe due to their generic nature.</p> <p>GH provided a brief summary of a patient story which is a Serious Incident at Aintree University Hospitals Foundation Trust (Aintree). This was Knowsley CCG gentleman with Down Syndrome who died following bronchopneumonia and a pulmonary embolism, which related to best interest decisions. DF stated that there are other cases where Mental Capacity Act and Best Interest had been a factor at Aintree. It was anticipated that there would be a subsequent learning event co-ordinated by Tracey Forshaw.</p> <p>FLT requested that the patient story be presented at Governing Body Action: TF to present patient story at South Sefton GB</p> <p>It has been requested that themes and trends form the CCG internal Serious Incident Groups to come through the Joint Quality Committee and NHSE C&M Chief Nurses Meeting. Action: Colette Page to include trends and themes in the JCQ reports</p> <p>Royal Liverpool Broadgreen University Hospitals NHS Trust – Significant Assurance. This was attributed to the change in leadership and increased safeguarding capacity at the Trust.</p> <p>Liverpool Community Health NHS Trust (LCH) – Reasonable Assurance. There has been escalation at the Sefton Safeguarding Children Board in relation to the Early Help agenda and capacity to deliver against LAC routine health assessments. DF highlighted that this has been discussed at the Corporate Parenting Board and acknowledged as being multi-factorial. LCH now have access to liquid logic which has increased timely notifications demonstrating however Alder Hey Childrens Hospital NHS Foundation Trust (Alder Hey), LCH and Sefton MBC are working together. Sefton MBC are actively supporting the receipt of and attendance at appointments. This will be included in the transaction process for LCH.</p> <p>There was a discussion about the 0 – 19 service bundles as part of the transaction process and reviewed which was clarified by DF.</p> <p>Health Visitors (0 -5) undertake bi-annual reviews, School Nurses (up to 5) undertake annual reviews. Community Paediatricians conduct the entry into care and exist medicals. It was confirmed that the Safeguarding Children Specialist Nurses and LAC had been included in the bundle for Mersey Care. Mersey Care will be subcontracting to 5 Boroughs Partnership NHS Foundation Trust.</p> <p>DF provided an explanation to GH in relation to in borough assessments. FLT suggested consideration for a LAC summit with all providers Action: LAC KPI data to be included in Quarterly Reports from Q4 Action: DF to raise the possibility of a LAC summit at the Chief Nurses meeting</p>	<p>TF</p> <p>CP</p> <p>HS DF</p>
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	<p>Alder Hey Childrens Hospitals NHS Foundation Trust – Assurance has decreased as a consequence to fall in training compliance which the Trust have attributed to ‘winter pressures’. FLT raised a query whether this was a workforce issue which was affecting capacity. Action: HS to liaise with Jane Lunt (LCCG) and BP to include as an agenda item at the CCF</p> <p>Liverpool Heart and Chest Hospital NHS Trust – There are issues in relation to the Trust submission of KPI data and data quality, which has been attributed to Trust internal pathway. Q3 submission was late, however on review to support risk mitigation the Trust has provided Reasonable Assurance. It was discussed that there need to be a consistency of how Trusts are managed. FLT requested an escalation process across CCGs Action: HS to raise the submission issues with Liverpool CCG DF to raise the escalation process with Jane Lunt</p> <p>Mersey Care NHS Foundation Trust (Mersey Care) – Compliance has fallen to Limited Assurance. The CCGs and Mersey Care met with CQC last week regarding the inspection KLOE and Trust compliance with Safeguarding.</p> <p><u>Sefton LSCB Domestic Abuse Audit</u> BP is scheduled to meet with Kara Haskayne from Sefton MBC.</p> <p><u>Sefton Practice Learning Review</u> A single agency review has been completed, the action plan is yet to be finalised.</p> <p><u>Governing Body Training</u> A fall in compliance has been noted Action: FLT will take to Chair for both Governing Bodies</p> <p><u>CCG Safeguarding Service</u> HS provided a verbal update to the committee. The hosting arrangements which were intended to transfer the service over to Liverpool CCG by 1st April 2017 have been delayed. The service will remain under Halton CCG and current arrangement will stay in place for Sefton CCGs. HS is recruiting to the vacant posts within the service.</p> <p><u>Appendix 1 Independent Inquiry into Child Sexual Abuse checklist</u> GBr raised a query in relation to the narrative and RAG rating on page 101 and safeguarding assurance for CCG commissioned providers. Clarity required on whether this was in relation to CCG processes and or CCG provider assurance Action: HS to clarify whether the checklist and RAG rating refers to the assurance of CCG processes and or Provider assurance</p>	<p>HS/BP</p> <p>HS DF</p> <p>FLT</p> <p>HS</p>
	<p>The Committee received the report.</p>	
<p>17/040</p>	<p>LCH Quality Risk Profile Tool DF provided the committee with three shared documents which are being used as part of the LCH quality handover process. There was a half day event held on 16th March 2-17 with all stakeholders. Hazel Richards gave a presentation on Quality Surveillance going forward. It was confirmed:</p> <ul style="list-style-type: none"> • The Quality Risk Briefing Paper has been submitted to the LCH Trust Board. • The final version of the Quality Risk Tool which has the uncontrolled risks locked down will be included as part of the Quality handover. • Quality Handover documents had been given to the new providers at 	

	<p>the event.</p> <p>Assurance was provided that as part of the quality handover process, legacy elements from a memory perspective will be shared with the new provider. The Quality Risk Profiling Tool will be utilised at contracts meetings and for services which are undergoing monitoring via CQC.</p> <p>It was confirmed that South Sefton CCG services will transfer over to the to the new provider by 1st June 2017</p>	
	<p>The Committee received the report.</p>	
17/038	<p>Provider Quality Performance Report</p> <p>JS presented the performance report to the committee and confirmed that Quarterly measures will be included in future reports.</p> <p>Aintree University Hospital Foundation Trust – Presented by GH</p> <p>JS confirmed at all performance concerns as part of the quality schedule are being raised and addressed at the monthly CQPG.</p> <p>Cancer RTT: Dr.D Harvey is linking in with the Trust in relation to cancer RTT. SHIMI: An increase in SHIMI was noted. AED: PC raised a concern about 12 hour trolley waits and linked with length of stay (LOS). FLT referred to a presentation at Leadership Team on Unplanned Care and a dep dive at the Trust next week on unplanned care.</p> <p>DF referred to a discussion which took place with Hazel Richards on the increased number of trolley waits and potential lower level harm not reaching serious incident threshold.</p> <p>GH feedback on an impromptu new ITU walk around and the improvements for patients, staff and relatives, with increased satisfaction being received from patients and families.</p> <p>Southport and Ormskirk Hospitals NHS Trust.</p> <p>MSA: There has been an increase in MSA breaches in critical care, which hasn't been resolved, most breaches are attributed to patient flow and estates issues.. There have been no MSA breaches in stroke services. It was noted that Stroke performance had been discussed in depth at the last S&F Governing Body.</p> <p>Maternity Services: data quality concerns have been discussed at CQPG and the Trust is currently addressing these issues, this has impacted on CQUIN monitoring and KPIs such as % women who have seen a midwife by 12 weeks and 6 days of pregnancy and smoking at the time of delivery . The DoN and DDoN are aware and looking to resolve data collection and reporting issues.</p> <p>DC stated that there was an issue with delegation of responsibility to the GP with no agreement with S&O. It was agreed that there was a need to reach a consensus. DC to share any arrangements with GH.</p> <p>Dementia: The Trust have a plan for Sue Johnson LD and Dementia Matron to deliver training across the Trust, which has been prompted by the consistent non achievement against Dementia targets.</p> <p>Actions in Place by the Trust to support additional focus on quality</p> <ul style="list-style-type: none"> • Review of internal governance at a Clinical Business Unit level. • Having separate Contracts and Quality meetings, CQPG scheduled for April 2017 • Director level meetings with CCG and Trust • External Clinical Governance Review has been commissioned on the 	

	<p>recommendation of the DoN.</p> <p>GBr raised concern and frustration in the change of staff, leadership and responsibility for poor performance at Trust Board level. DF provided reassurance of the close monitoring which is being undertaken by the Executive Improvement Board which NHSI and CQC are part of the membership. There is a deep dive focus on key areas on the work plan e.g. planned care and where that has been a lack of pace and movement. It was confirmed that the only position to the Trust Board which is not substantive is the Chief Executive. It was noted that there is expected to be some resignations form Non- Executives.</p> <p>Liverpool Community Health NHS Trust – Currently being managed as part of the transaction process</p> <p>Mersey Care NHS Foundation Trust – There was an error noted on the performance report for staff sickness which was showing zero for Q3. It was highlighted that the Trust have commissioned a review of Mental Health assessment services by Tony Ryan particularly looking at the Clock View Site. It is reported that there remains an issue in out of hours with GPs being told to send patients to AED instead of Clock View facility, this has been escalated at CQPG.</p>	
	The Committee received the report.	
17/041	<p>CQUIN Q3 – Progress Update JS highlighted the financial information had been omitted from the detail for this committee as this feeds through to other forums.</p> <p>S&O – Information flow now coming through from the Trust. The Trust are not performing well against first follow up and consultant to consultant referral and zero length of stay.</p> <p>Mersey Care – The Trust are performing against national CQUINs, however there is still concerns regarding ‘physical health’.</p>	
	The Committee received the report.	
17/042	<p>Quality Risk Register The Quality Team risk registers were updated on 17th March 2017. On review it was noted that there were quality related risks across the CCG which have not necessarily had input from the Quality team and been updated to the allocation of risk owner. DF highlighted that there was a new risk strategy which is being introduced for both CCGs which should assist in the process,</p>	
	The Committee received the report.	
17/043	<p>Quality Workplan 2017/18 Whilst a paper was presented outlining the revised workplan and scheduling of meetings, it was agreed that this would be reviewed based upon the comments made by GH that the meeting needed to be longer to ensure that patient stories were allowed the necessary time for consideration. This would need to take into account how Internal / External meetings would fall. It was acknowledged that the quality agenda was growing, and DF invited the Lay members to support the reports which GBa and GBr agreed to assist.</p> <p>There was a request that the Quality committee not to be held on the same day as Finance and resource Committee.</p> <p>It was agreed that the April date would still stand.</p>	

	<p>Action: DF review the Quality Committee schedule and work plan Action: GBa and GBr to work with DF on the future development and reporting to the Quality Committee</p>	DF DF,GBa,GBr
	The Committee received the report.	
17/044	<p>GP Quality Lead / Locality Update AM highlighted that there was an interesting paper on the Kings Fund website which may be of interest. Action: AM to forward the web link to Tracey Forshaw for circulation</p>	AM, TF
	The Committee received the report	
17/045	<p>Key Issue Logs: EPEG: GB provided a verbal update</p> <ul style="list-style-type: none"> • There was a presentation on Healthy Liverpool Programme. • Consultation on the changes to ENT services which includes involvement of Sefton residents in the north and south of the borough and HealthWatch Sefton • HealthWatch have undertaken a number of reviews across Liverpool and Maghull. Consideration is being given to how this will link to the EPEG dashboard. • Jessie Taylor will be the new Young Advisor. An introductory presentation has been provided, a transgender awareness session has been delivered, which has been offered to be presented at a future EPEG. A health and wellbeing event is scheduled for March which CCGs and other partners will be invited. <p>GBr is to attend a meeting with Sefton MBC at Hightown and Freshfield GP consultation.</p> <p>Joint Medicines Operational Group 3rd February 2017 Helen Roberts discussed the CCG covert medication in care home policy and whether this would constitute and Deprivation of Liberty Safeguards. It was advised that the policy to be forwarded to the Quality Team for review by Margi Daw, on completion the policy to be reviewed by Hill Dickinsons. Action: HR to forward policy to Quality Team and to Margi Daw</p>	HR
	The Committee received the report	
17/046	<p>Any Other Business GBr highlighted that there had been an issue with the mortality data form S&O. This was an issue with NHS digital. Rob Gillies gave an update at the last CQPG and Kieran Murphy gave an update on the national picture.</p> <p>DF highlighted that the S&O Pressure Ulcer composite action plan had been agreed at the CCF and CQPG with the result in the contract query now being closed. This will result in 014 pressure ulcer serious incidents w=being closed on StEIS. 3 will remain open; West Lancashire community services, Southport and Formby community services and acute hospital. The action plan will transition over to the new providers.</p>	
17/032	<p>Key Issues Log The following key issues were raised to be informed to the Governing Bodies:</p> <ul style="list-style-type: none"> • Inspection Update SEND • Liverpool Community Health Quality Handover • 104 Pressure Ulcer SIs for S&O closed on StEIS 	
	<p>Date of Next Meeting The next meeting will be held on Wednesday 19th April 2017, 8.30 -10.30 am Ainsdale Health and Wellbeing Centre 164 Sandbrook Road, Ainsdale PR8 3RJ</p>	

Joint Quality Committee Minutes

Approved

Date: Wednesday 19th April 2017, 08.30 am – 09.30 am

Venue: Ainsdale Health & Wellbeing Centre, 164 Sandbrook Road, Ainsdale PR8 3RJ

Membership

Graham Bayliss	Lay Member	GB
Lin Bennett	Practice Manager, Ford	LB
Gill Brown	Lay Member	GBr
Dr Doug Callow	GP Quality Lead S&F	DC
Dr Rob Caudwell	Chair & GP Governing Body Member	RC
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	Chair & GP Governing Body Member	GH
Dr Dan McDowell	Secondary Care Doctor	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Andy Mimmagh	GP Governing Body Member	AM
Jeffrey Simmonds	Secondary Care Doctor	JSi

Ex Officio Member

Fiona Taylor	Chief Officer	FT
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In attendance

Tracey Forshaw	Head of Vulnerable People	TF
Helen Roberts	Senior Pharmacist	HR

Apologies

Lin Bennett	Practice Manager, Ford Medical Practice	LB
Dr Doug Callow	GP Quality Lead for Southport & Formby CCG	DC
Dr Pete Chamberlain	Clinical Lead Strategy & Innovation	PC
Dr Gina Halstead	Chair & GP Governing Body Member	GH
Dr Dan McDowell	Secondary Care Doctor	DMcD
Dr Andy Mimmagh	GP Governing Body Member	AM
Vicky Taylor	Quality Team Business Support Officer	VT
Brendan Prescott	Deputy Chief Nurse	BP

Minutes

Jayne Byrne	PA to Chief Officer	JB
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For the Joint Quality Committee to be quorate, the following representatives must be present:

Chair of the Quality Committee or Vice Chair.
Lay member (SF) or Lay member (SS)
A CCG Officer (SF)
A CCG Officer (SS)
A governing body clinician (SF)
A governing body clinician (SS)

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	Apr 17
Dr Rob Caudwell	GP Governing Body Member	✓	✓		✓		L	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	L	A
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A	✓		✓		A	A	A		A	A	L	A
Billie Dodd	Head of CCG Development	✓	✓		✓		✓	L	✓		✓	A	L	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓		✓		✓	✓	✓		✓	✓	✓	✓
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	A		✓		✓	A	A		✓	L	L	A
Dr Dan McDowell	Secondary Care Doctor	A	✓		A		A	A	A		✓	A	✓	A
Martin McDowell	Chief Finance Officer	A	A		✓		✓	A	A		✓	A	A	✓
Dr Andrew Mimmagh	Clinical Governing Body Member	✓	✓		A		A	✓	✓		✓	L	L	A
Dr Jeffrey Simmonds	Secondary Care Doctor						✓	A	A		A	A	✓	✓

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

No	Item	Actions
17/048	Apologies for Absence Apologies received from Lin Bennett, Dr Doug Callow, Dr Pete Chamberlain, Dr Gina Halstead, Dr Dan McDowell, Dr Andy Mimmagh, Brendan Prescott and Vicky Taylor.	
17/049	Declarations of Interest regarding Agenda Items None declared.	
17/050	Minutes and Key Issue Logs from the previous meetings held on 22nd March 2017 The minutes were approved once the following changes were made: <i>Page 6 – 17/039 Safeguarding Service – Q3 Update - “GBr (not GH) queried whether there are any flagging systems in place when a person with a Learning Disability attends AED at the Trust ...”</i> <i>Page 10 – 17/046 Any Other Business – “GBr (not GBa) highlighted ...”</i>	

No	Item	Actions
17/051	<p>Matters Arising / Action Trackers</p> <p>16/128 Southern Health Report – DF confirmed that BP has met with M Daw to look at the relationship and impact of DOLS. Outcome: Action closed</p> <p>17/027 Diabetes Recruitment Study – DF provided feedback from BP. Confirmation confirmed that there will be no cost to the CCG and feedback given re: language. Outcome: Action closed</p> <p>17/039(v) Safeguarding Service Q3 Update - this has been discussed at Alder Hey CCF and CQPG. Outcome: Action closed</p> <p>17/039(vi) Safeguarding Service Q3 Update (Liverpool Heart & Chest Hospital) - this has been raised with LCCG as co-ordinating commissioner. Outcome: Action closed</p> <p>17/039(vii) Safeguarding Service Q3 Update (Escalation Process) DF has also asked for a conversation with fellow Chief Nurses re: standardised escalation processes for provider safeguarding performance. Outcome: Action closed</p> <p>17/039(viii) Safeguarding Service Q3 Update (Governing Body Training) Feedback awaited from FLT re: discussion with CCG Chairs. Outcome: Carried forward to next meeting</p> <p>17/039(ix) Safeguarding Service Q3 Update (IICSA Checklist) – DF stated feedback from the Safeguarding Service indicated that the action plan was in relation to the CCG not commissioned providers as the CCGs had asked for this exercise to be undertaken for the organisation. Outcome: Action closed</p> <p>17/043 Quality Workplan 2017/18 – Meeting arranged for DF to meet with GBr to discuss. Outcome: Action closed</p> <p>17/044 GP Quality Lead / Locality Update – AM to forward the web link to the Kings Fund Paper to TF for circulation. Outcome: TF to chase up link to King Fund paper for circulation from AM.</p> <p>17/045 Key Issues Log (Joint Medicines Operational Group 3rd Feb 2017) – HR to forward covert medications in care home policy to Quality Team and to Margi Daw for consideration of DoLS. Action completed. Outcome: Action closed</p>	<p>FLT</p> <p>TF</p>

No	Item	Actions
17/052	<p>Chief Nurse Report</p> <p>Section 2 – Joint local area special educational needs and disability (SEND) inspection in Sefton – waiting for feedback from OfSTED on the submitted improvement plan / written statement of action which will be brought back through normal governance arrangements.</p> <p>Section 5 – Liverpool Community Trust – there are concerns regarding high levels of sickness in terms of maintaining quality, which is being reviewed at CQPG and 2:2 meetings with the Deputy Director of Nursing / Clinical Locality Lead. There are particular concerns in Sefton around the District Nursing services and the Due Diligence process is being undertaken as part of the transaction.</p>	
17/053	<p>NHSE(C&M) Quality Surveillance Group Tripartite Provider Exception Report</p> <p>The Quality Committee received the report and requested the CCG be identified for each nursing home on the list.</p> <p>It was noted the list was shorter than normal which could indicate improvements were in place. TF confirmed the policies and processes introduced meant the CCGs were better placed to highlight issues earlier.</p>	
17/054	<p>Serious Incident Report</p> <p>The meeting reviewed reports issued since the previous meeting and asked for trends and themes from April onwards, as five incidents had been 5 reported since the last meeting.</p> <p>It was noted the reports and action plans for incidents related to people with a learning disability provided by Aintree University NHS Foundation Trust had been accepted by Liverpool Safeguarding Adult Board confirming lessons learned.</p> <p>Two surgical Never Events had occurred year to date for Southport and Ormskirk NHS Hospitals Trust and one for Aintree University NHS Foundation Trust. Concern was expressed at the high number of surgical Never Events. The Committee noted NHS E C&M are co-ordinating a surgical Never Event workshop in July 2017 for NHS providers and CCGs, to support learning and Trust board accountability.</p> <p>The death of an infant for Southport and Ormskirk NHS Hospitals Trust remains subject a single agency review under Sefton Children’s Safeguarding Single Agency.</p> <p>GB raised a challenge in relation to the large number of incidents reported for Southport & Ormskirk Hospitals NHS Trust. It was reported that this was due to the large number of pressure ulcer incidents, once closed it would be anticipated that the Trust would look more in parity with other hospital trusts.</p> <p>Action: TF to provide a report to GB disaggregating out the incidents for the 2 community providers.</p> <p>It was highlighted to the committee concerns in relation to the number of incidents related to suicides for Mersey Care NHS Foundation Trust. Whilst the Trust have indicated that they are not an outlier nationally, TF has requested via the lead commissioner for a presentation at CQPG.</p> <p>GB highlighted the number of unauthorised absences which appeared to be increasing.</p> <p>Action: TF to pick up with Trust.</p>	<p>TF</p> <p>TF</p>

No	Item	Actions
17/055	<p>Commissioner Quarterly Controlled Drug (CD) Report to NHS England CD Accountable Officer (AO) for Quarter 4, 2016-17 RC noted in key issues that Southport & Formby CCG is an outlier; only one GP is prescribing. A further review had discovered it is reasonable.</p> <p>Action: Helen Roberts to amend the report for the purposes of accuracy</p>	HR
17/056	<p>GP Quality Lead / Locality Update RC reported disappointment at the failure to recruit pharmacists via the national NHSE process, which he envisaged would leave practices struggling. RC to ask FLT to take forward to next Primary Care Committee and obtain further information at the local lead meeting next week, week commencing 24th April.</p>	RC
17/057	<p>Key Issue Logs:</p> <ul style="list-style-type: none"> • <u>EPEG</u> – GBa reported a very interesting presentation had been given by the Veterans in Sefton organisation. They had a very good support network, the service they provided seemed to be well organised and the feedback they are receiving is positive. GBa has been invited to attend a future event. In relation to mental health and Post Traumatic Stress Disorder (PTSD), a lot of veterans expressed difficulty in talking to a GPs however they do have their own counsellor which has been very successful so they are investigating a referral system from GPs. The organisation will shortly send out referral forms to practice managers. TF asked if the organisation was linked into Mersey Care. TF also suggested involving Jenny Kristiansen as Veterans formed part of her portfolio. • <u>Aintree University Hospital</u> – GBa reported Aintree are striving to make a difference and talked about Friends and Family Test experiences. The three main issues are communication, staff attitude and waiting times. • <u>Corporate Governance Support Group</u> – NHS Protect has narrowed its remit and will no longer cover the Local Security Management Specialist (LSMS) within their role. The CCG is working through the consequence of this with MLCSU. 	
17/058	<p>Any Other Business None reported.</p>	
17/059	<p>Key Issues Log (issues identified from this meeting)</p> <ul style="list-style-type: none"> • LCH - sickness absence rates • Mersey Care - suicide report • Pharmacists – unsuccessful bid to be raised with NHSE at the next meeting. 	
	<p>Date of Next Meeting and advance notice of apologies Date: Wednesday, 17th May 2017, 8.30 am – 10.30 am Venue: Ainsdale Health and Wellbeing Centre, 164 Sandbrook Road, Ainsdale, PR8 3RJ</p>	

**HEALTHY LIVERPOOL PROGRAMME
RE-ALIGNING HOSPITAL BASED CARE**

**COMMITTEE(S) IN COMMON (CIC)
KNOWSLEY, LIVERPOOL AND SOUTH SEFTON CCGS**

**WEDNESDAY, 2 NOVEMBER 2016
Boardroom, Liverpool CCG
The Department, Lewis's Building
2 Renshaw Street, L1 2SA**

Time 4:00pm – 6.00pm

1	Welcome, Introductions and Apologies	Dr Nadim Fazlani
2	Declarations of interest	ALL
3	Minutes and actions from the 6 th July 2016 meeting	ALL
4	Healthy Liverpool Hospitals Programme Update verbal	Verbal Update Dr Fiona Lemmens
5	Women's and Neonatal Review pre-consultation business case – next steps	Paper attached from Joint Knowsley/Liverpool/South Sefton CCGs Governing Body Tom Jackson
6	North Mersey Orthopaedic and Trauma Service (NMOATS) Feasibility Study (Final Draft)	Paper Attached Presentation from Providers
7	Update and links with STP and Local Delivery System plan: a. Model of hospital care for Southport	Papers attached Fiona Taylor
8	Any other business	
9	Date and time of next meeting Wednesday, 4 January 2017 4.00 – 6.00 pm Venue to be confirmed	

LIVERPOOL CCG CORPORATE GOVERNANCE TEMPLATE – COMMITTEE MINUTES

Committee: HLP Committees in Common	Meeting Date: 2 nd November 2016	Chair: Dr Nadim Fazlani
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Key issues:	Risks Identified:	Mitigating Actions:
<p>1. Inclusion of services provided at Southport & Ormskirk Hospital</p>	<ul style="list-style-type: none"> • Supporting any potential transformation process to deliver an optimum outcome 	<ul style="list-style-type: none"> • Invite Southport & Formby CCG to be part of the Committees in Common.

Recommendations to NHS Liverpool CCG Governing Body:
1. To note the key issues and risks.

**HEALTHY LIVERPOOL PROGRAMME
RE-ALIGNING HOSPITAL BASED CARE**

**COMMITTEE(S) IN COMMON (CIC)
KNOWSLEY, LIVERPOOL AND SOUTH SEFTON CCGS**

**WEDNESDAY, 7 DECEMBER 2016
Meeting Room 1, Liverpool CCG
The Department, Lewis's Building
2 Renshaw Street, L1 2SA**

Time 4:00pm – 6.00pm

1	Welcome, Introductions and Apologies	Tom Jackson
2	Declarations of interest	ALL
3	Minutes and actions from the 2 November 2016 meeting: Matters Arising: Revised Terms of Reference to include Southport & Formby CCG	ALL Attached
5	Liverpool Women's Hospital Review - Pre-Consultation Business Case	Dr Fiona Lemmens Report No: CIC 01-16
6	Liverpool Orthopaedic and Trauma Service (LOATS)	Dr Fiona Lemmens Report No: CIC 02-16
8	Any other business	
9	Date and time of next meeting Wednesday, 4 January 2017 4.00 – 6.00 pm Venue to be confirmed	

LIVERPOOL CCG CORPORATE GOVERNANCE TEMPLATE – COMMITTEE MINUTES

Committee: Committees in Common	Meeting Date: 7 th December 2016	Chair: Tom Jackson
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Key issues:	Risks Identified:	Mitigating Actions:
<p>1. Committees in Common membership revised to include Southport and Formby CCG</p>	<ul style="list-style-type: none"> To ensure governance arrangements reflect the North Mersey Delivery System footprint and enable effective and compliant commissioner governance for whole-system programmes. 	<ul style="list-style-type: none"> Terms of reference revised and approved by the CIC.
<p>2. North Mersey Orthopaedics single service proposal</p>	<ul style="list-style-type: none"> To ensure the proposal development process for this reconfiguration is robust. 	<ul style="list-style-type: none"> Further pre-consultation engagement to be conducted in Sefton and Knowsley. Update to OSCs on the case for change and emerging options. Discussion with two adult acute trusts whether this could be integrated with the wider programme around single service reconfiguration.
<p>3. Women's and Neonatal Review</p>	<ul style="list-style-type: none"> To ensure that the proposal development process for this reconfiguration is robust. 	<ul style="list-style-type: none"> Continued engagement with regulators on the next steps and assurance requirements Update to OSCs in January Communications on next steps to be agreed and implemented in December.

Recommendations to NHS Liverpool CCG Governing Body:

<ol style="list-style-type: none"> To note the key issues and risks. To approve the revised Terms of Reference (attached).
