

Governing Body Meeting in Public Agenda

Date: Thursday 2nd November 2017, 13:00 to 15:30hrs
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

Carlene Baines	Designated Nurse Children in Care	CB
Debbie Fairclough	Chief Operating Officer	DFair
Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Martin Seymour	Consultant in Public Health, Sefton MBC	MS

Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
General					13:15hrs
GB17/172	Apologies for Absence	Chair	Verbal	R	2 mins
GB17/173	Declarations of Interest	Chair	Verbal	R	3 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB17/174	Minutes of Previous Meeting - September 2017	Chair	Report	A	5 mins
GB17/175	Action Points from Previous Meeting - September 2017	Chair	Report	A	5 mins
GB17/176	Business Update	Chair	Verbal	R	5 mins
GB17/177	Chief Officer Report	FLT	Report	R	10 mins
Finance and Quality Performance					
GB17/178	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB17/179	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
Governance					
GB17/180	GBAF and CRR	TJ	Report	A	10 mins
GB17/181	Children in Care Annual Report 2016/17	Carlene Baines	Report	A	10 mins
Service Improvement/Strategic Delivery					
GB17/182	Consultation and Engagement Sessions: Proposals for the Development of Family Wellbeing Centres	Dwayne Johnson	Presentation and Report	R	20 mins
GB17/183	Better Care Fund	MMcD	Report	Ratify	10 mins
For Information					
GB17/184	Key Issues Reports: a) Finance & Resource Committee (F&R): July and September 2017 b) Quality Committee: July and August 2017 c) Audit Committee: July 2017 d) Joint Commissioning Committee: None e) Locality Meetings: Q2 2017/18	Chair	Report	R	10 mins
GB17/185	F&R Committee Approved Minutes: - July and September 2017		Report	R	
GB17/186	Joint Quality Committee Approved Minutes: - July and August 2017		Report	R	
GB17/187	Audit Committee Approved Minutes: - July 2017		Report	R	
GB17/188	Joint Commissioning Committee Approved Minutes: - None		x	x	
GB17/189	CIC Realigning Hospital Based Care Key Issues - Sept 2017		Report	R	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB17/190	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB17/191	Date of Next Meeting Thursday 4th January 2018, 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: 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 7th September 2017, 13:05hrs to 15:35hrs
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
Debbie Fagan	Chief Nurse & Quality Officer	DCF
Dwayne Johnson	Director of Social Services & Health, Sefton MBC (<i>co-opted member</i>)	DJ
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

In Attendance

Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Barney Schofield	Director of Transformation and Innovation, Clatterbridge NHS Trust Hospital	BS
Linda Turner	Consultant in Public Health, Sefton MBC	LT
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	A	✓		
Graham Bayliss	Lay Member for Patient & Public	✓	✓	✓	✓	✓		
Lin Bennett	Practice Manager	✓	✓	✓	✓	✓		
Dr Peter Chamberlain	GP Clinical Director	✓	A	✓	✓	✓		
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	✓	✓		
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	✓	A	A	A	✓		
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	✓	A	✓	N	N		
Dr Dan McDowell	Secondary Care Doctor	✓	✓	✓	A	✓		
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓		
Dr Ricky Sinha	GP Clinical Director	A	✓	A	A	A		
Dr Sunil Sapre	GP Clinical Director	✓	A	✓	✓	✓		
Fiona Taylor	Chief Officer	✓	A	✓	A	✓		

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

No	Item	Action
Public	<p>Questions from the Public</p> <p>1. In relation to the NHS England proposals for Referral Management, what are the views of the CCG and are there any concerns of it being a vetting process?</p> <p>AM advised that the CCG had, for some time, been undertaking an internal review of referrals which had included referral optimisation. This looked at ensuring the right level of input in the right place to meet patient needs. It was recognised that the NHS system was complex. There is a Referral Appointment System used by GPs to refer patients through the respective pathway. This is separate to the clinical review of pathways.</p> <p>From a commissioning perspective, FLT considered that one of the best practices that the CCG would encourage is peer review; NHS England believe that patients are not necessarily getting in the right service within the system.</p> <p>A discussion was had on whether the CCG needed to consult on the referral management system. It was confirmed that technically this was not so. However the CCG used opportunities, like the Big Chats, to explain and collate feedback. This was in addition to other opportunities already in place, such as PALs and the discussions held at governing body meetings. It was confirmed that the CCG had not received any public feedback regarding the referral management system, to date.</p> <p>FLT confirmed that the GPs had not been removed from the decision making process. The pathway is patient to GP then GP referral. The CCG was trying to support the GPs in making the referral optimisation system more effective and efficient, rather than introduce 'vetting process'.</p> <p>PC clarified that there had been national evidence that supported patients being helped by the GP to make their choice. Evidence shows that this saves patients long waits, is an easier route for obtaining advice from consultants, provides more effective treatment, is proven to be efficient patient care and empowers the GP to be more efficient.</p>	
Presentation	<p>Working Together for a Healthier Community</p> <p>Linda Turner presented the members and the public with an overview of the Public Health Sefton Annual Report 2016 and highlighted:</p> <p>The report looked at the wider issues that impacted on health and quality of life which included education settings, planning, housing and transport. The members were informed that the 2017 annual report would also include themes that incorporated social economic and environmental factors.</p> <p>The report provided a snapshot comparison to the national picture and included areas that were performing well and those that could be improved.</p>	

No	Item	Action
	<p>It was explained that there were some factors that the local authority and the NHS could jointly influence, such as education, employment and health. However it was also recognised that there were areas that couldn't be impacted including individual lifestyle factors.</p> <p>The presentation then went through nine different themes, all of which linked to Kings Fund publications, and made recommendations for priorities for 2017.</p> <p>RESOLUTION</p> <p>Linda Turner was thanked for the presentation.</p>	
Presentation	<p>Cheshire & Merseyside Oncology Service: Clatterbridge Vision</p> <p>Barney Schofield attended on behalf of Clatterbridge Centre for Oncology (CCO) to present details of the new cancer centre model, linked into the proposed relocation of the Centre. Apologies were given for Dr Peter Kirkbride who was unable to attend. Members were advised that the new model was not solely focussed around "on-site" services but also out-reach services that could be provided across Cheshire and Merseyside. The presentation outlined the key areas of activity that are undertaken by the CCO and described the complexity of the services available to patients.</p> <p>The future model will be provided primarily across three sites; Wirral (the existing site of the CCO), Aintree University Hospitals NHS Trust and the Royal Liverpool and Broadgreen Hospitals NHS Trust and will be focused on the need to transform services, to improve patient experience and ensure services are safe and sustainable for the future. The model has also been developed in response to the increasing demand for services and the need to create greater opportunities for equitable access to multi-disciplinary teams.</p> <p>It was confirmed that there had been extensive consultation in respect of access issues and the new builds were reflective of those requirements. The estate has also been designed on sustainability principles.</p> <p>There was a robust workforce strategy underpinning the delivery of the new service model to ensure that the workforce have the requisite skills to meet the needs of patients.</p> <p>It was recognised that the hub model would mean that some patients would need to travel further for their first appointment. It was also recognised that the new model was not just about maximising service delivery, patient safety, and improving access to acute oncology. It had been designed to respond to the lack of available workforce to deliver the necessary services and the need for the services and consultants to work as teams rather than in isolation. FLT considered that it was also to maximise the utilisation of the good academic and research facilities available in Liverpool. It was hoped that the new model would provide a more cost effective service and increase quality of care.</p> <p>RESOLUTION</p> <p>The members thanked BS for the presentation.</p>	
	Dwayne Johnson arrived 13:35.	
GB17/138	<p>Apologies for Absence</p> <p>Apologies were received on behalf of Dr Ricky Sinha and Dr John Wray.</p>	

No	Item	Action
	Linda Turner attended on behalf of Matthew Ashton, Sefton MBC.	
GB17/139	<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Debbie Fagan, 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>	
GB17/140	<p>Minutes of Previous Meeting: 6th July 2017</p> <p>RESOLUTION</p> <p>The minutes of the previous meeting held 6th July 2017 were accepted as a true and accurate record.</p>	
GB17/141	<p>Action Points from Previous Meetings</p> <p><u>May 2017 (17/111)</u></p> <p>17/81: Joint Commissioning of Primary Medical Care: Terms of Reference</p> <p>The members approved the terms of reference 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>The members had been informed that a decision had been taken not to proceed to a fully delegated committee at this time. However, confirmation was requested on whether the actions had been undertaken.</p> <p><i>Update</i></p> <p><i>It was confirmed that the actions had been completed.</i></p> <p><u>July 2017</u></p> <p>GB17/109: Chief Officer Report - 16. Additional Social Care Funding</p> <p>The members were asked to note the additional funding being made available to councils in order to meet unmet adult social care needs, support local authorities to pay increases in adult social care packages and improve the performance of delayed discharges from hospitals.</p> <p>A concern was raised in relation to support available for those patients being admitted for social reasons. PC was asked to list his concerns and speak with MMcD outside of the meeting.</p> <p><i>Update</i></p> <p><i>PC confirmed that there had been discussions with Tracy Jeffes out side of the meeting. FLT raised an interest in the item on behalf of FLT and DJ understanding any issues. Further discussion to be had outside of the meeting between PC, FLT and TJ. Item was clarified as closed for the minutes.</i></p> <p>GB 17/110: Integrated Performance Report</p> <p><u>Unplanned Care: Mortality Data</u></p>	<p>Closed</p> <p>Closed</p>

No	Item	Action
	<p>The members discussed the data time period for mortality and noted that more recent data has been discussed at the Mortality Group. It was requested that this information be included in the Integrated Performance Report.</p> <p><i>Update</i></p> <p><i>It was confirmed that the latest AQUA report had been received. It was agreed that the data streams should be reviewed by the respective leads on an on-going basis to ensure vigilance. It was highlighted that there was a slight improvement in the latest report from AQUA which would be discussed at the Collaborative Commissioning meeting. It was asked to be noted that the AQUA report is also discussed at the Quality Committee as a standing agenda item. Any other such issues are raised to the governing body via the Integrated Performance Report.</i></p> <p><u>Community Health Services: Paediatric Speech and Language Services</u></p> <p>The delays and long waiters in Paediatric SALT were highlighted. The members requested further investigation into the issues. It was recognised that the service was in a transition period to Alder Hey, however the issues needed to be discussed with the new provider. PC offered to review on behalf of the governing body.</p> <p><i>Update</i></p> <p><i>PC provided the governing body with an update on the improved waiting list although there was still concern with the 'DNA' rates which PC would discuss with Wendy Hewitt. It was asked to be noted that this was already being picked up through the Quality Committee for which DCF and Jan Leonard would continue to monitor on behalf of the governing body.</i></p> <p><u>Quality: MRSA</u></p> <p>The members discussed MRSA and the likelihood of instances occurring. It was questioned whether there were any examples of trusts that didn't get MRSA cases. DCF offered to take this back to the IPC leads and the Cheshire and Merseyside Network; the members were briefed on the processes in place for managing MRSA instances and the work with the Cheshire and Merseyside network to ensure continued learning.</p> <p><i>Update</i></p> <p><i>Members were informed that the regional network meeting had not been held. DCF had actioned via another route, this was pending response.</i></p> <p>GB17/111: Strengthening Commissioning: Establishing a Joint Committee across Liverpool, South Sefton, Southport & Formby and Knowsley CCGs to confirm options for consultation on changes to hospital services as part of the North Mersey Local Delivery System Plan</p> <p>Following discussion of the Joint Committee paper:</p> <p>Reference was made to page 121, second paragraph and in relation to no person acting in more than one role. This was highlighted as having possible implications for South Sefton and Southport & Formby CCGs given the joint positions of some of the governing body members.</p> <p>Also:</p>	<p>DCF</p> <p>Closed</p> <p>DCF</p>

No	Item	Action
	<p>The governing body:</p> <p>Supported the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs and approved the Terms of Reference subject to:</p> <ul style="list-style-type: none"> a. Consideration of Mersey Care within the scope of the providers b. Removal of the sentence on page 114 c. Clarification regarding the Liverpool CCG Standing Orders (item 5) d. Clarification of the withdrawal period and instruction (item 14) e. Wording to be added to items 6 and 9. f. Additional 'Dissolution' paragraph to be added as item 15. g. Any proposed changes to the Terms of Reference should have prior approval by each CCG <p><i>Update</i></p> <p><i>The requested amendments and the implication for South Sefton and Southport & Formby had been relayed to Katherine Sheerin (KS), as had Knowsley CCG's comments. New terms of reference will now be pulled together and presented to each governing body when available. It was asked to be noted that the actions had highlighted some important areas. The Committees in Common would continue to meet until each CCG had ratified the Joint Terms of Reference.</i></p>	<p>Closed</p>
GB17/142	<p>Business Update</p> <p>The normal business of the CCG continues. There is no further update in addition to that already covered within the Chief Officer Report, on the agenda or that raised within the public questions.</p>	
GB17/143	<p>Chief Officer Report</p> <p><u>3. NHS England 2017/18 Improvement and Assessment Framework (IAF) Process</u></p> <p>The Deputy Chair provided an update on the meeting held on 6th September 2017 with NHS England, Liverpool CCG/Knowsley CCG to cover performance across the North Mersey LDS discussions and the process moving forward. This included Terms of Reference, the frequency of future meetings, discussions in relation to accountable care systems and possible examples of good practice. It was noted that there were common issues being experienced across the footprint. This highlighted the benefit of working across the LDS and closer working.</p> <p><u>8. Aintree University Hospitals NHS Foundation Trust (AUH) – Quality & Performance Concerns</u></p> <p>The importance of the Governing Body understanding the concerns that are emerging in relation to areas of performance at AUH was noted.</p> <p><u>12. Updates on Hightown Surgery</u></p> <p>Further to the information presented in the report, the members and the public were informed that Dr N Taylor, Clinical Lead, had raised some additional inter-related issues. A paper had been prepared and would feed into the process.</p> <p><u>13. Community Services Update</u></p>	

No	Item	Action
	<p>PC declared an interest and did not participate in the discussion.</p> <p>It was noted that a substantial amount of work had been undertaken by Mersey Care to try and determine potential areas for service redesign and improvement in quality and effectiveness of services. GPs on the governing body were asked if they had any feedback on how the community services had been supporting practices. It was considered too early for a difference to be noticed however, it was recognised that the secondment of PC within Mersey Care was assisting with transformation and change.</p> <p>RESOLUTION</p> <p>The governing body received the report.</p>	
GB17/144	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>The members and the public were presented with a report which provided the QIPP plan and QIPP performance dashboard update on progress being made in implementing the QIPP scheme and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across a number of domains including planned care, medicines optimisation, CHC/FNC, discretionary spend, urgent care and Shaping Sefton.</p> <p>Reference was made to page 28 of the report which provided an update that at Month 4, the CCG had delivered £0.716m worth of QIPP savings compared to a target of £1.195m.</p> <p>The proposed CHC/FNC identified savings were highlighted. It was recognised that although there had been an increase in CHC spending, FNC had decreased. It was expected that the increase in the use of personal health budgets would not only improve the quality of care and experience for patients, but could potentially result in reductions of cost due to more effective treatment.</p> <p>RESOLUTION</p> <p>The governing body received the report.</p>	
GB17/145	<p>Integrated Performance Report</p> <p>The Governing Body and the public were presented with a report which provided summary information on the activity and quality performance of South Sefton CCG. It was noted that time periods of data are different for each source.</p> <p>The members discussed the report, with specific reference being made to the key information on page 44 of the meeting pack. The following areas were highlighted:</p> <p>Planned Care</p> <p>The number of GP referrals (to hospital for treatment) decreased in April 2017 but increased in May 2017. Consultant-to-consultant referrals were 2.4% higher than the same period for 2016/17.</p> <p>There had been a number of areas where diagnostics had been challenged in April and May 2017. Endoscope and gastroscopy were being impacted by a number of workforce issues including vacancies, sickness and maternity leave, resulting in clinical services struggling to deliver. Cardiac MRI and CT is showing an increase in demand, generated within secondary care. This has resulted in</p>	

No	Item	Action
	<p>waiting times for MRI being affected. The members were asked to note the proposed actions listed under 3.2, to help ascertain the reasons for the increase which included a meeting with the Clinical Director of Cardiology. The proposed actions were also being reviewed by the Quality team.</p> <p>Early indications suggest that the 18 week target will not be achieved within the quarter. This is unlikely to be due to an increase in referrals. A discussion has been had with the Collaborative Commissioning Forum.</p> <p>The failing 2-week cancer wait for first outpatient appointment for patients referred urgently with breast symptoms was highlighted. It was understood that this was as a result of capacity issues at Aintree. Issues would be picked up through the contracting route with the next meeting being 28th September 2017. Aintree were introducing a number of mechanisms, including options to increase the workforce.</p> <p>The 62 day referral to first definitive treatment target had been missed. This was due to a combination of issues that included patient choice, equipment failure, capacity in theatre, patients with complex pathways and histopathology. The members were asked to note a prior discussion where a shortage of Consultant Histopathologists was highlighted.</p> <p>The members discussed Aintree's short-term incentives i.e. extra sessions, in order to supplement performance. FLT, KMcC and DCF will pick up any performance related issues with Aintree through the contracting route.</p> <p>FLT proposed a detailed tracking of a patient pathway is carried out in order to ascertain the underlying issues, and that this is undertaken on one patient per basis. The support of the Business Intelligence team was offered to support the practices and was suggested that this be picked up by the Collaborative Commissioning Forum.</p> <p>Unplanned (A & E Target)</p> <p>Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 91% June plan agreed with NHS Improvement recording a performance of 78.42% in June.</p> <p>Stroke</p> <p>In June Aintree failed the 80% target for patients spending 90% of their time on a stroke unit, recording 60.5% for the month. This is a decline from the previous month when the Trust recorded 64.1%. This is attributable to a number of reasons including outliers in stroke beds. A stroke review is expected. This was originally due September and is now expected in November.</p> <p>Mental Health</p> <p>IAPT is showing an increase in the number of patients entering treatment in Month 3, which means that the access target is almost being met. Recovery is also performing close to target, being only 7% off. There is an expectation that there will be a dip for longer term patients. The Dementia Diagnosis rate was also close to the national ambition of 67%, achieving 66%.</p> <p>Aintree Performance</p> <p>KMcC reiterated and summarised the performance issues being experienced at Aintree. Namely; A&E which is expected to continue to be challenging; Diagnostics; Referral to treatment. As well as an update on the action and</p>	<p>KMcC</p>

No	Item	Action
	<p>recovery plans that Aintree have put in place. The members were updated on a discussion had at a Collaborative Commissioning Forum that day in relation to a Quality Risk Profile and the need for such to be triangulated between South Sefton, Knowsley, Liverpool CCGs and NHSE. The members raised concern on the Aintree performance issues being highlighted. The members were reminded of the Board to Board with Aintree and the further meeting to be held with Aintree and Dwayne Johnson as Director of Social Care. An additional meeting is being held in order to look at how the system can be supported, and the walk-through being carried out by the Urgent Care Lead and the Chief Nurse to understand what else can be done to ensure no blockages through the pathway. The members were assured that NHSE, and the Collaborative Commission Forum were cited on the issues.</p> <p>DJ informed the members of a “surge meeting” attended at Aintree on behalf of Sefton Council, where a ECIP team member had also been in attendance. The members were given an overview of the discussion in relation to A&E and the potential solutions from which an action plan was being produced. There had also been a discussion, with potential solutions, regarding the ambulance waiting times and it was hoped that an action plan would be produced as a result of this also.</p> <p>CQC Inspection (General Practice)</p> <p>Concept House has been inspected by the CQC and now ‘requires improvement’ in three areas. When last inspected they were rated ‘good’ in all areas. The CCG will offer assistance to the practice. It was asked to be noted that there was a current vacancy at the practice and it was understood that this has added additional pressure. Dr Gina Halstead would, as practice GP, need to step down for the time being on some of her duties as Clinical Lead for the CCG.</p> <p>Quality</p> <p>An update was provided on the Aintree Collaborative Commissioning Forum which had now been reviewed twice. Following the meeting, the Quality Surveillance Group, Chaired by NHS England, verbally raised concern regarding the issues being raised. As a result the surveillance level on Aintree has been increased. NHS England and the CQC have been party to the conversations and are therefore well cited on the position with Aintree.</p> <p>Serious Incidents</p> <p>It was asked to be noted that within the next IPR for month 4, Mersey Care as Mental Health Trust would be reporting five serious incidents. Four were as a result of suicide, with three of these being South Sefton CCG patients. The RCA for the incidents will be worked through and presented at the CCG internal SI meeting and a discussion will be held at the Quality Contract meeting. The CCG will be seeking further assistance regarding the QIA undertaken by the Trust in agreeing its Cost Improvement Programme.</p> <p>Finance</p> <p>The members were taken through the finance update provided on page 48 through to page 55. With the following areas highlighted;</p> <p>The CCG forecast position for the financial year is breakeven based on delivery of the QIPP target in full, which is unlikely at this stage of the year.</p> <p>The main financial pressures relate to the Independent Sector, CHC Programme Projects, Out of Hours and Intermediate Care costs.</p>	

No	Item	Action
	<p>At Month 5, the CCG's likely case scenario is forecasting a deficit of £4.030m taking account of potential risks/mitigations.</p> <p>RESOLUTION</p> <p>The governing body received the report.</p>	
GB17/146	<p>Annual Audit Letter 2016/17</p> <p>The members and the public were reminded of the discussion under GB17/117 to present the Annual Audit Letter 2016-17 from the external auditors, KPMG, which also formed part of the annual report and as presented to the Audit Committee.</p> <p>The members were asked to note the detail on page 120 in that KPMG:</p> <ul style="list-style-type: none"> • Issued an unqualified opinion in relation to the CCG's accounts. This means that KPMG believe that the accounts give a true and fair view of the financial affairs of the CCG and of the income and expenditure recorded during the year. • Confirmed that expenditure and income had been applied to the purposes intended by Parliament and that the financial transactions confirm to the authorities which govern them. They also concluded that the CCG had put in arrangements to demonstrate that the CCG used its resources in an effective manner to secure Value for Money. <p>RESOLUTION</p> <p>The governing body received the report.</p>	
GB17/147	<p>Safeguarding Annual Report 2016/17</p> <p>The members and public were presented with the annual safeguarding report for 2016/17. The purpose being to assure the governing body and members of the public that the CCG is fulfilling its statutory duties in relation to safeguarding children and adults at risk across the CCG area. It was highlighted that the report was a joint report on behalf of both South Sefton and Southport & Formby CCG's for Adult's Safeguarding, with the Children's report to be presented separately and at a later date.</p> <p>The CCG's annual report takes account national changes and influences and local developments, activity, governance arrangements and any challenges to business continuity.</p> <p>The members were informed that the report had been presented to the Quality Committee where a number of items had been highlighted including the training figures presented on page 148 of the meeting pack. The Quality Committee had been provided with an update on the figures as at August 2017 where it was evidenced that there had been an improvement in uptake for both Level 1 and for Level 2 Adults. A definitive list of those that are required to undertake the Level 2 training had now been passed to the CSU and the question raised in relation to how those that were non-compliant with Level 2 should be captured. A further discussion was also held in relation to the Governing Body training. It was recognised that although there had been two governing body training sessions held in 2017, there were still some members that needed to undergo training and arrangements for this was being looked at.</p> <p>The members and the public were taken through the report, specifically in relation to section 4 which provided a summary of progress and areas of work supported in 2016/17. The following areas highlighted:</p>	

No	Item	Action
	<p>Further reference was made to 6.1 and the percentage of training compliance. It was requested that the necessary individuals be contacted to complete their training, with the Heads of Service to be held to account.</p> <p>RESOLUTION</p> <p>The governing body approved the report.</p>	<p>Helen Smith/Tracy Jeffes</p>
<p>GB17/148</p>	<p>Establishing Audit Committees in Common for NHS South Sefton CCG and Southport & Formby CCG</p> <p>The members were presented with a report which proposed the Audit Committees meet in common. Both CCG's were looking to take every opportunity to improve organisational efficiency and effectiveness as well as exploring greater opportunities to work more closely with each other.</p> <p>The members were taken through and discussed the content of the report, with the following areas highlighted:</p> <p>Reference was made to section 4. It was asked to be noted that there would be one small change to the Terms of Reference. Contrary to that stated in section 3, the Committee in Common would meet at least four times each year, with an additional meeting held to review the accounts, in line with the current arrangements. Furthermore, Debbie Fairclough would attend the meetings as subject specialist as and when required. It was confirmed that although MMcD and DCF supported the committee, they were not members.</p> <p>It was clarified that the meeting would need to be quorate for each CCG.</p> <p>Further reference was made to section 2; Committees in Common, bullet point five. Clarity was requested on the position of the Committee Chair. It was agreed that the wording in the second sentence of the fifth bullet point should refer to 'either CCG represented' and not 'each'. Wording to be updated accordingly.</p> <p>RESOLUTION</p> <p>The governing body approved the proposed arrangements to create an Audit Committee in Common.</p>	<p>MMcD</p>
<p>GB17/149</p>	<p>Emergency Preparedness, Resilience and Response Assurance (EPRR) and Improvement Plan</p> <p>The members and the public were presented with a paper which reported on the CCG's self-assessment against the EPRR core standards, along with an improvement plan for 2017/18, a high level work plan for 2017 and a statement of compliance which demonstrates "substantial compliance".</p> <p>The members discussed the report presented. Specific reference was made to section 3 which highlighted two key issues.</p> <p>Firstly the "amber" rating related to the arrangements for "exercising" CCG plans which, although in development, will not be concluded until the autumn. Following approval of the updated Business Continuity Plans, this action is highlighted in the improvement plan, with arrangements for the event to be held on 10th October 2017.</p> <p>Secondly, two actions have been identified that would help support good</p>	

No	Item	Action
	<p>practice. Firstly to enhance the wording in the annual report in relation to EPRR compliance and secondly to identify a non-executive member of the Governing Body to hold the EPRR portfolio. GM offered to take on the role.</p> <p>An issue was raised in relation to EPRR and who to contact in relation to an IT issue and the on-call rota. It was confirmed that Informatics Merseyside would have access to the rota and if in doubt FLT would be the default position. FLT requested the appropriate circulation of the on-call rota.</p> <p>RESOLUTION</p> <p>The governing body approved the assessed level of compliance and the EPRR improvement plan and work plan.</p>	<p>Tracy Jeffes</p>
<p>GB17/150</p>	<p>Better Care Fund: Update</p> <p>The members and public were presented with a report which provided an update on Sefton's Better Care Fund 2017-19.</p> <p>The members were taken through the report and highlighted the following:</p> <p>It was explained that the BCF was being done jointly with Southport and Formby CCG and the local authority and that clarification had been received that the fund was for a two year period, 2017-2019.</p> <p>There has been a reduction in the national conditions that the CCG is required to meet.</p> <p>Reference was made to page 178 which detailed the high level funding areas. It wasn't anticipated that this would be ready to agree sign off.</p> <p>It was asked to be noted that the document had been provided as an update and ahead of final detail being available. A full update will be presented at the next governing body meeting.</p> <p>DJ confirmed that the Adult Social Care Grant (iBCF) had been signed off at a meeting held that morning.</p> <p>RESOLUTION</p> <p>The governing body received the report and approved delegated responsibility to the Chair and Chief Officer to formally sign off the BCF submission, followed by ratification by the governing body November.</p>	
<p>GB17/151</p>	<p>Key Issues Reports:</p> <p>a) Finance & Resource (F&R) Committee: June 2017</p> <p>b) Quality Committee: July 2017</p> <p>The members were asked to disregard this item due to being in draft form. Item to be removed from the pack.</p> <p>c) Audit Committee: April and May 2017 and Annual Report 2016/17</p> <p>d) Joint Commissioning Committee: None</p> <p>RESOLUTION</p>	<p>Judy Graves</p>

No	Item	Action
	<p>The governing body received the key issues reports and the Quality Annual Report.</p>	
GB17/152	<p>Finance and Resources Committee Approved Minutes: - June 2017</p> <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/153	<p>Joint Quality Committee Approved Minutes: - None</p>	
GB17/154	<p>Audit Committee Approved Minutes: - April and May 2017</p> <p>RESOLUTION</p> <p>The Governing Body received the approved minutes.</p>	
GB17/155	<p>Joint Commissioning Committee Approved Minutes: - None</p>	
GB17/156	<p>Any Other Business</p> <p><u>17/156.1 St. Josephs Hospice: CQC Inspection</u></p> <p>The members and the public were updated on the 'inadequate' rating received by St Josephs Hospice by the CQC on a recent inspection. The CCG will work alongside the CSU and CQC to support the provider to bring about improvements.</p>	
GB17/157	<p>Date of Next Meeting</p> <p>Thursday 2nd November 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>15:35hrs</p>

Governing Body Meeting in Public Action Points from Previous Meeting – 7 September 2017

Date: Thursday 7th September 2017, 13:05hrs to 15:15hrs,
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

No	Item	Action
GB17/141	<p>Action Points from Previous Meeting</p> <p>Unplanned Care: Mortality Data</p> <p>It was asked to be noted that the AQUA report is also discussed at the Quality Committee as a standing agenda item. Any other such issues are raised to the governing body via the Integrated Performance Report.</p> <p>Quality: MRSA</p> <p>Members were informed that the regional network meeting had not been held. DCF had actioned via another route, this was pending response.</p>	<p>DCF</p> <p>DCF</p>
GB17/145	<p>Integrated Performance Report</p> <p>Planned Care</p> <p>FLT proposed a detailed tracking of a patient pathway is carried out in order to ascertain the underlying issues, and that this is undertaken on one patient per basis. The support of the Business Intelligence team was offered to support the practices and was suggested that this be picked up by the Collaborative.</p> <p>KMcC to discuss with the Business Intelligence team</p>	KMcC
GB17/147	<p>Safeguarding Annual Report 2016/2017</p> <p>Further reference was made to 6.1 and the percentage of training compliance. It was requested that the necessary individuals be contacted to complete their training, with the Heads of Service to be held to account.</p> <p>Helen Smith to contract the relevant individuals.</p>	Helen Smith / Tracy Jeffes
GB17/148	<p>Establishing Audit Committees in Common for NHS South Sefton CCG and Southport & Formby CCG</p> <p>Further reference was made to section 2; Committees in Common, bullet point five. Clarity was requested on the position of the Committee Chair. It was agreed that the wording in the second sentence of the fifth bullet point should refer to 'either CCG represented' and not 'each'. Wording to be updated accordingly.</p> <p>DFair to amend the terms of reference.</p>	MMcD/DFair
GB17/149	<p>Emergency Preparedness, Resilience and Response Assurance (EPRR) and Improvement Plan</p> <p>An issue was raised in relation to EPRR and who to contact in relation to an IT issue and the on-call rota. It was confirmed that Informatics Merseyside would have access to the rota and if in doubt FLT would be the default position. FLT</p>	Tracy Jeffes

No	Item	Action
	requested the appropriate circulation of the on-call rota. TJ to ensure appropriate circulation of the on-call rota.	

MEETING OF THE GOVERNING BODY NOVEMBER 2017

Agenda Item: 17/177	Author of the Paper: Fiona Taylor Chief Officer Email: fiona.taylor@southseftonccg.nhs.uk Tel: 0151 247 7069
Report date: November 2017	
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

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

Report to Governing Body November 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

QIPP remains a key priority for the CCG and staff continue to focus their efforts on delivery.

In February 2017, May 2017 and August 2017 the CCG held facilitated events in which leads were tasked with the identification of new schemes for 2017/18 and 2018/19 to mitigate risk of not delivering the original plan. Key CCG representatives subsequently met on 21st September 2017 to collate internal recommendations for Counting and Coding changes and Commissioning Intentions for 2018/19. This piece of work has identified new schemes and work is ongoing internally to determine if those changes will achieve savings in year.

A report presented to Joint QIPP Committee on 17th October 2017 provided a snapshot position of the CCG's financial position at Month 6, 2017/18, reporting £936k savings year to date. The report also highlighted the positive work to date and recommended next steps to alleviate pressures on some schemes identified as potentially not being able to deliver savings in year. The Joint QIPP Committee facilitated a focussed discussion on Planned Care Scheme updates and plans to adopt the same structure for the next meeting in November 2017 with scheme updates from a specific domain within the QIPP plan.

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. Care for You – Southport & Ormskirk Hospital Services Review

The work on Care for You continues with there being a requirement from the Regulators to produce detailed business case documentation. The resources for this are currently being identified. Positive progress continues to be made in development of a clinical strategy. Outline deadlines are on target to be met and these will help the Trust drive the agenda.

3. CORE 24 Hospital Mental Health Liaison Service

The CORE 24 hospital mental health liaison service was formally launched on 29th September 2017. Following a successful bid to NHS England by Mersey Care NHS Foundation Trust supported by the A&E Delivery Board, pump prime investment of £999,502 was secured to provide enhanced AED and inpatient ward mental health liaison services provided in the three acute hospital sites within the North Mersey footprint. This investment has enabled:

- Provision of 24/7, on site, distinct service to the three acute hospitals (Royal, Aintree and Southport) AEDs;
- Provision of 1 hour response to emergency referrals and 24 hour response to urgent ward referrals;
- Staffing of the liaison service at or close to the recommended levels for CORE 24.

The funding made available builds on the foundation of existing local investment in acute liaison mental health services. NHS England has outlined that savings resulting from this new investment need to be reinvested to maintain services for the benefit of the local populations.

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

4. SEND

The Health SEND Strategic Working Group continues to meet since its establishment in July 2017. Leads from the group have started to be identified to take forward the work of the sub-groups as they are established.

The CCGs are awaiting a response from the Local Authority regarding joint arrangements for the auditing of Education Health Care Plans (EHCPs) – this has been followed up in a discussion between the Chief Nurse / DCO in October 2017 with the LA Head of Education.

A meeting has been scheduled for 17th October 2017 to further progress the Sefton ASD Pathway. The pathway development has been signalled in the CCGs' commissioning intentions.

The DCO / DMO model options appraisal has been considered by the Health SEND Strategic Working Group. A follow-up teleconference is being planned to support a further discussion to inform the preferred model for consideration.

A further monitoring meeting has taken place with NHSE / DfE on 3rd October 2017 – feedback remains positive.

5. Continuing Health Care – ADAM Dynamic Purchasing System (DPS)

The Chief Finance Officer and Chief Nurse continue to have oversight of developments for the purposes of assurance. A proposal had been submitted to the CCGs regarding the re-instatement of the DPS for End of Life patients which has been reviewed. Questions remain regarding escalation to support assurance and a meeting has been scheduled for 31st October 2017 to discuss through with the ADAM Team / CSU before the paper is taken to Leadership Team to agree possible re-instatement for End of Life Packages of Care.

6. Continuing Health Care – DSTs Undertaken in Acute Trust Environments

The CCGs were required to submit improvement plans to NHSE to reduce the number of full CHC assessments using the Decision Support Tool (DST) undertaken in the acute setting. The percentage of DSTs taking place in the acute setting was 71% for Quarter 1 for NHS South Sefton CCG and this has now reversed to 13% in Quarter 2.

The provision of quality data from CSU that is used to populate the template needs further work and discussions are ongoing at Director level within CSU, additional support has been put in place by CSU to inform improvements in data quality and timeliness. The CCGs have also raised this challenging scenario with provider colleagues in order to ensure that all required fields are completed, including that which details location that the DST was undertaken, prior to submission to CSU.

7. Aintree University Hospitals NHS Foundation Trust – Quality & Performance Concerns

Following the completion of the Quality Risk Profile Tool (QRPT) on 22nd September 2017, at a meeting co-ordinated by NHSE C&M, a provisional date has been early November 2017 for the CCGs and Trust to meet to review the QRPT before liaising back with NHSE

8. Aintree University Hospitals NHS Foundation Trust – CQC Visit

The CQC have recently visited AUH to undertake the first part of their Chief Inspector of Hospitals inspection regime. Verbal feedback was given at the October 2017 CQPG by the Trust Director of Nursing and the well-led component is now awaited. The Quality Committee will be informed of the outcome of the inspection once known.

9. Gram-negative Blood Stream Infection

The CCGs submitted their reduction plan to NHSE regarding Gram-negative Blood Stream Infections as per the national directive. Feedback has been received from NHSE and they will require an update against the plan in December 2017. The feedback will be discussed at the next GNBSI meeting which is scheduled for 26th October 2017.

10. Alder Hey Children’s NHS Foundation Trust – CQC Inspection Outcome

The Trust was inspected on 19th & 20th April 2017 and 5th May 2017. The outcome was published on 5th October 2017. The findings are shown in the table 1.

Table 1: AHCH CQC Inspection Outcome

Overview	
Overall Rating	Good
Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good
CQC Inspections & Ratings of Specific Services	
Medical Care	Good
Urgent & Emergency Services (A&E)	Good
Neonatal Services	Good
Transitional Services	Good
Surgery	Requires Improvement
Intensive / Critical Care	Good
End of Life Care	Outstanding
Out-Patients	Requires Improvement

The Trust progress against resulting action plans will be monitored via the CQPG and the CCGs will be liaising with LCCG as the co-ordinating commissioner for this provider as appropriate via this forum in addition to discussions at the Collaborative Commissioning Forum which is in place.

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

11. Update on Hightown Surgery

The procurement is now live and we are working with NHSE on the procurement timetable. Letters have recently been sent to all registered patients to keep them informed.

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

12. Integrated Care Reablement Assessment Service (ICRAS)

ICRAS Sefton launched on 2 October 2017 for both step up and step down care. In terms of hospital discharge processes, lanes 1-3 are now in operation with lane 4 (complex patients) to follow once an appropriate community bed base has been identified.

It is early days in terms of reporting on performance, but initial feedback is good and at Aintree in particular, access to lane 3 services are reported as now being much quicker to access. There is much evidence of health and social care teams working well together even at this early stage of integration. Aintree have yet to formally implement the lanes approach to discharge which has hindered operation of the service somewhat so far. The pathway is subject to constant revision and review of any challenges on a weekly basis across all partners. Work is ongoing to identify an appropriate additional bed base.

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

13. Integration Framework

At the Health and Wellbeing Executive Group on 16th October, the draft Integration Framework which was produced as part of the 2017-19 Better Care Fund was discussed and agreed as the process by which we would look to further strengthen our closer with the Sefton Council. The first phase of this work is a visioning exercise, involving a wider range of stakeholders, to further shape what integrated services could look like for our population to inform further discussions at the Health and Wellbeing Board. Phase one of this new framework is due to be completed by December 2017.

14. Better Care Fund

The Better Care Fund was agreed by all parties, submitted to NHSE in September 2017 and is presented to the Governing Body for ratification.

15. NHSE Directors Visit to S&O Hospital NHS Trust – 23rd October 2017

Directors from NHS England are undertaking a series of provider visits over the next 12 months. On Monday 23rd October they visited some aspects of Mersey Care NHS Foundation Trust's community services, ie Ward 35 at Aintree Hospital where they discussed ICRAS implementation with staff and Litherland Walk In Centre, where they spoke with the Community Respiratory Team. The focus of the visit was on recognising and appreciating excellent care and service provision.

The visit was well received both by the NHSE Directors and staff within South Sefton Community Services Teams.

16. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
November 2017

MEETING OF THE GOVERNING BODY NOVEMBER 2017

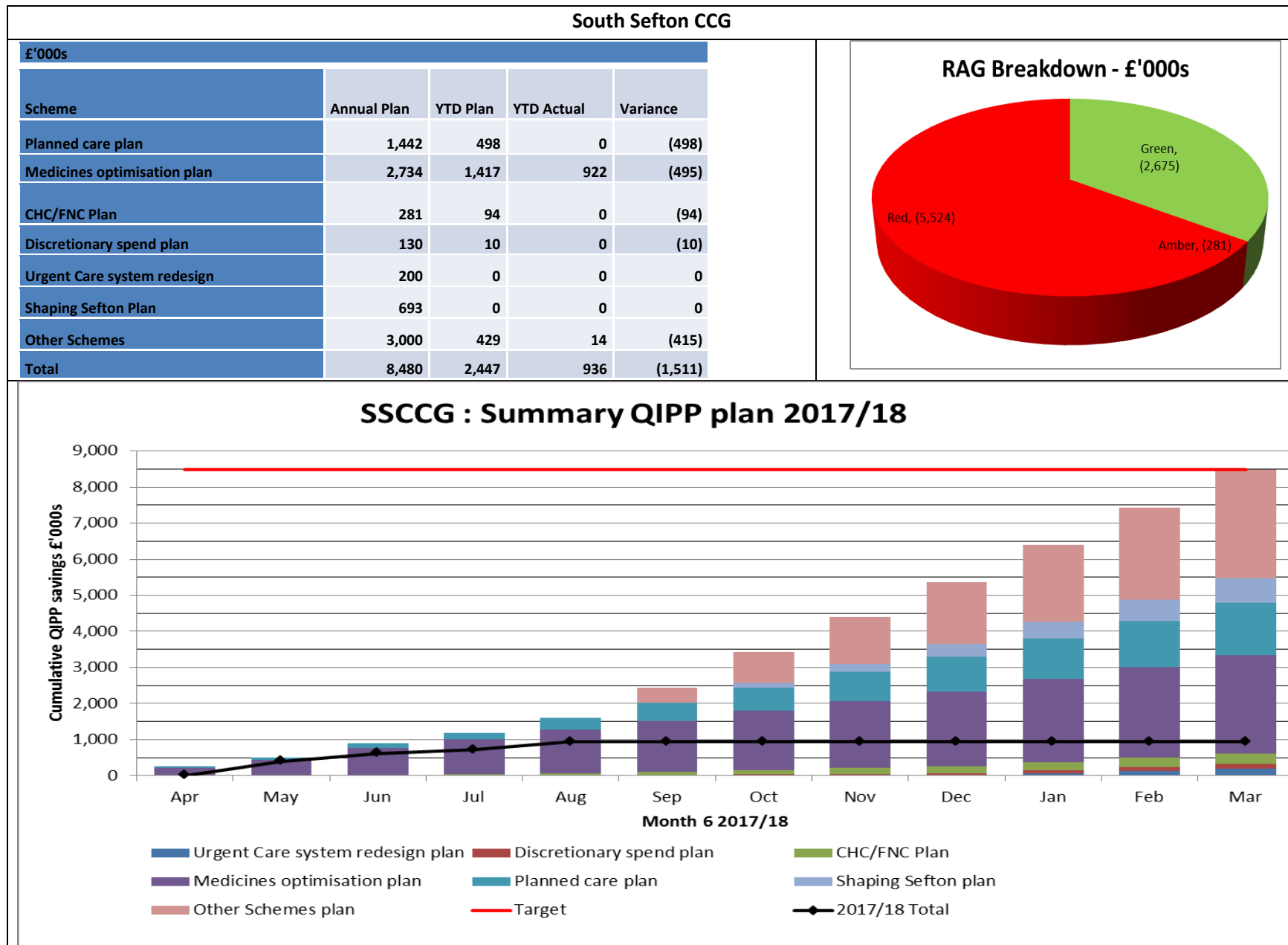
Agenda Item: 17/178	Author of the Paper: Martin McDowell Chief Finance Officer						
Report date: October 2017	Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 247 7071						
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
Summary/Key Issues: The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.							
Recommendation The Governing Body is asked to receive the report and note the update.	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

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

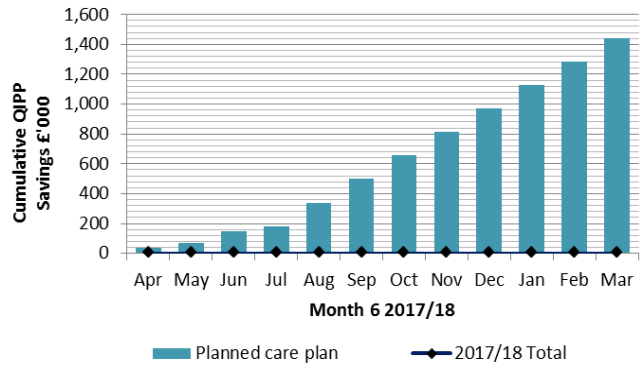
Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			Relevant QIPP schemes have been developed following engagement with the public.
Clinical Engagement	Y			The Clinical QIPP Advisory Group and the Joint QIPP Committee provide forums for clinical engagement and scrutiny. Key schemes have identified clinical leads
Equality Impact Assessment	Y			All relevant schemes in the QIPP plans have been subject to EIA
Legal Advice Sought				
Resource Implications Considered	Y			The Joint QIPP Committee considers the resource implications of all schemes
Locality Engagement	Y			The Chief Integration Officer is working with localities to ensure that key existing and new QIPP schemes are aligned to locality work programmes.
Presented to other Committees	Y			The performance dashboard was presented to the Joint QIPP Committee at its meeting on 17 th October 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

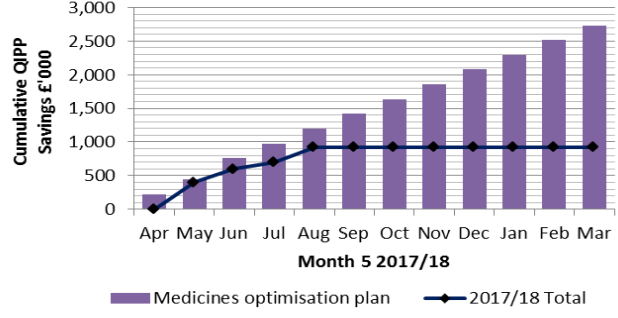
QIPP – SUMMARY SOUTH SEFTON CCG AT MONTH 6



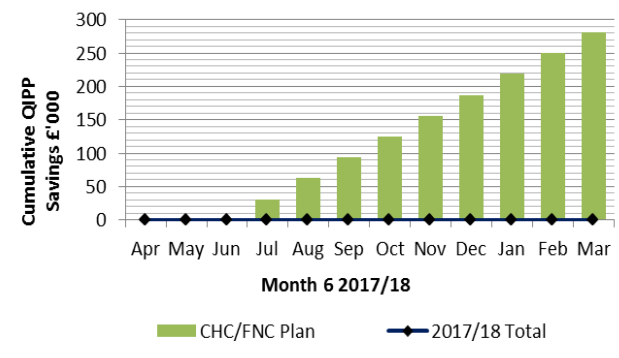
SSCCG : QIPP target - Planned Care



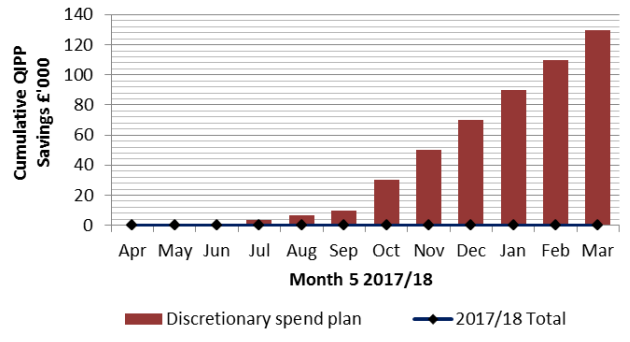
SSCCG : QIPP target - Medicines Optimisation



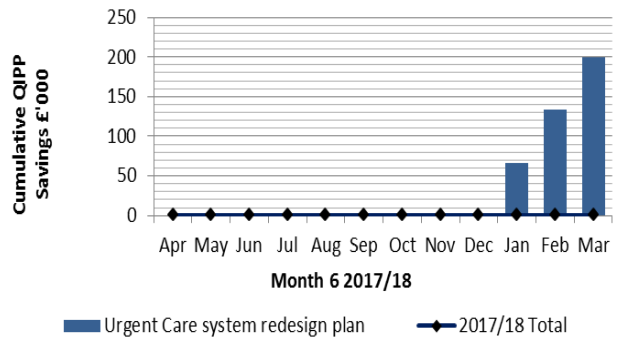
SSCCG : QIPP target - CHC/FNC



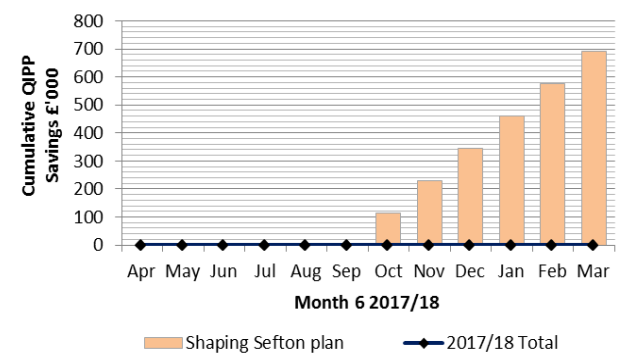
SSCCG : QIPP target - Discretionary Spend



SSCCG : QIPP target - Urgent Care



SSCCG : QIPP target - Shaping Sefton



MEETING OF THE GOVERNING BODY NOVEMBER 2017

Agenda Item: 17/179	Author of the Paper: Karl McCluskey Chief Strategy & Outcomes Officer Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 247 7000
Report date: October 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 *(x those that apply)*

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

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

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

CCG Key Performance Indicators

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

*August ambulance data is unavailable at present. Provisional data for these new indicators anticipated in October

Key information from this report

Financial position

The agreed financial plan for 2017/18 requires the CCG to break even in year, whilst the cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from the previous financial year. The CCGs strategic financial plan aims to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20.

The QIPP savings requirement to deliver the agreed financial plan is £8.480m. Work has been ongoing to develop a fully identified plan to achieve the required efficiencies to deliver the financial target. The plan is at final review stage and will be managed by the QIPP Committee. As at Month 6, £0.936m QIPP savings have been achieved.

The year to date financial position is a deficit of £0.750m which is deterioration against the planned deficit of £0.250m. The full year forecast financial position is breakeven. This position represents the best case scenario and is reliant on QIPP plans to be delivered in full. It must be noted that significant risk exists in terms of delivering these plans in full.

Planned Care

Local referrals data from our main providers shows 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 occurred in April 2017 with the total number of referrals within this month representing the lowest monthly total from April 2015 onwards. Referrals increased in May 2017 and were above average but this has been followed by three consecutive monthly decreases in activity. GP referrals in 2017/18 to date are 7.1% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant to consultant referrals are currently 2.7% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases.

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 (August) for E-referral Utilisation rates reported is 19%; this is the same as the previous month.

In August the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2415 patients 155 waited over 6 weeks with 17 waiting over 13 weeks recording 6.42%. The majority of long waiters were for Gastroscopy (56). Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in August recording 5.51%, out of 4643 patients 256 waited over 6 weeks and 11 over 13 weeks, 88 waiting for gastroscopy. Endoscopy has continued to experience ongoing pressure throughout August which has increasingly challenged waiting times. The department has continued to prioritise cancer and urgent referrals which has made it difficult to support non-urgent 6 week performance targets. The position is consistent with reporting throughout Q1 and Q2 as a result of a lack of endoscopists due to long term sickness, maternity leave and annual leave.

Aintree had 1 cancelled operation on or after the day of admission due to lack of theatre time, this highly complex patient could only be undertaken by a particular surgeon, surgery was rescheduled and has now taken place.

The CCG are failing 3 of the 9 cancer measures year to date. These include both of 2 week measures, although the 2 week wait recorded 95% in August it is still failing year to date recording 92.28% due to the previous months breaches. 2 week breast also achieved the target and recorded 93.18% but again are failing year to date 89.27% due to previous months breaches. Lastly the CCG failed the 62 day standard recording 80% and are now failing year to date reaching 84.67%. Aintree failed 4 of the 9 cancer measures year to date. Firstly also 2 week breast in August recording 92.04% and year to date 90.34% and 62 day upgrade year to date 84.09%, 62 day screening recording 86.36% year to date and lastly the 62 day standard recording 84.25% year to date. The Trust has actions in place to improve performance.

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 reporting under target for August at 17% (and have been for all of 2017/18 so far). The proportion of patients who would recommend is down 1% from last month recording 95% (England average 96%) the proportion who would not recommend is also the same as last month at 2%, which is the same as the England average.

Performance at Month 5 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£496k/2.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£105k/0.05%.

The CCG has new plans for Personal Health Budgets (PHBs) for each quarter of 2017/18. The possibility of expanding PHB's for patients at the end of life and fast track is being explored. A critical element would be the ability to expedite payment via alternative payments systems other than SBS.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% August plan agreed with NHS Improvement recording performance of 82.3% (for all A&E department types) in August 2017. However this performance represented a +1.52% increase compared to July 2017. There was also a decline in performance noted across 3 out of the 5 AED clinical quality indicators, with the 15 minutes registration to triage indicator being met consistently.

In August NWS went live with the implementation of the Ambulance Response Programme (ARP). Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls.

The number of calls in August 2017 remains similar to the previous month. The number of calls to 111 remains at a similar level to the same point in the previous year for South Sefton residents.

The number of calls from South Sefton patients to the GP OOH service has risen slightly in August 2017 to 1,025. When compared to 2016/17, there have been 500 more calls so far in the first 5 months year to date. GP OOH calls from nursing homes within South Sefton have reduced slightly for to 59 for August 2017. When compared to the same point in the previous year, year to date 2017/18 has received 230 more calls to nursing homes, an increase of 135%.

In August Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 62.2%. This is a decline from the previous month when the Trust recorded 57.1%. Out of a total of 37 patients only 23 spent more than 90% of their stay on a stroke unit the standard was not reached for 14 patients. The Trust continues to achieve the TIA measure.

The CCG achieved their C.difficile plans for August. Aintree had 9 new cases reported in August (32 year to date, 10 case have been upheld) which is over their year to date plan of 19. The CCG and Aintree recorded one new of MRSA in June and therefore have failed the zero tolerance plan for the whole of 2017/18 but had no new cases in August. NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG, in August there were 12 cases bringing the year to date total to 59 which is over the 55 year to date plan. There are no targets set for Trusts at present.

There are a total of 66 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 66, 29 are applicable to Liverpool Community Health (LCH), 22 for Mersey Care NHS Foundation Trust (MCFT) and 5 for Aintree University NHS Foundation Trust (UHA).

NHS England has removed the patient snapshot measure from their Delayed Transfers of Care (DTC) data collection. The average number of delays per day in the month will be reported going forward. The average number of delays per day in Aintree hospital increased in August to 28, 18 reported in July (35.7%). Analysis of average delays in August 2017 compared to August 2016 shows an increase in the average number of patients from 28 to 27 (3.7%). The average number of delays per day at MerseyCare increased to 41 in August from 36 the previous month. Analysis of average delays in August 2017 compared to August 2016 shows them to be lower by 1.

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 after a sharp decline in May when response rates were 11.8%; from June onwards there was an improvement and for the last 3 months the trust has been back over the 15% target, August reporting 16%. The percentage of people that would recommend A&E is lower than the England average again reporting 83% in August; this is an improvement from last month when 78% was recorded. The not recommended percentage is at 11% in August which again has shown an improvement as 14% was recorded previous month.

Performance at Month 5 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows a small over performance of circa £16k/0.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£171k/-0.8%. Royal Liverpool represents the highest over performing provider for unplanned care at month 5 with a year to date variance of £194k/23%. In contrast, Southport & Ormskirk is currently underperforming by £236k/18%.

Mental Health

Out of the 3 Key Mental Health Performance Indicators 2 are achieving. For CPA followed up within 7 days of discharge there were 2 patients who were not followed up out of a total of 27 in August.

In terms of Improving Access to Psychological Therapies (IAPT), the provider reported 268 South Sefton patients entering treatment in Month 5, which is a decrease from the previous month when

315 were reported. 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 361 Referrals in Month 5, which was a 7.9% decrease compared to the previous month when there were 392. Of these, 67.6% were Self-referrals which is comparable with the previous month (67.3%). GP Referrals were also maintained compared to the previous month with 67 compared to 68 for Month 4. 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 48.9% in Month 5, which is an increase from 44.3% for the previous month, and just failing 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 an increase in Month 5 with 53 compared to 45 in Month 4.

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in August 2017 of 67.2% which has now achieved 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.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and an update will be provided on a quarterly basis. NHS Digital have been contacted and stated that the data for Quarter 1 2017/18 should have been made available but has not to date. NHS Digital's publication schedule reports quarterly data 2 months behind quarter end.

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 have agreed to support Mersey care with initial reporting for 6 months; this also includes supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators regarding the reporting of virtual wards. An information sub group has been established and the group met on the 28th September. Activity reports submitted by the Trust (produced by Liverpool Community Health) were reviewed and issues with actions to be taken were discussed.

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18. For patient DNAs, Sefton Physio Service continues to report high rates with 11.8% in August. Adult Dietetics also continues to report high rates at 17.5% in August. Diabetes is also showing an increase in DNA rates with 9% in August.

Provider Cancellation Rates: Treatment Rooms is reporting red (above 5% threshold) with 6.8%, a decline on last month's performance. Adult dietetics is showing a 40% rate with 44 provider cancellations out of just 66 appointments. The Trust has provided the following comments regarding the cancelled appointments for adult dietetics: *Scheduled work has been cancelled and rebooked at later date to accommodate more unstable domiciliary reviews work.*

Treatment rooms, Podiatry, Physio and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for August and show no sign of improvement.

The CCG has new plans for Children Waiting More than 18 weeks for a Wheelchair for each quarter of 2017/18; the plans set out 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. The CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG, so a nil return for the CCG was recorded for Q1.

Primary Care

In August, 129 Sefton Road (Branch Surgery) was inspected by the CQC and 'requires improvement' in Safe and Well Led leading to an overall rating of 'requires improvement'.

Better Care Fund

The Sefton Health and Wellbeing Board area submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas confirmed draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (iBCF) funding.

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. Quarter 4 data and year end assessments were released in July and are included in this report. Overall, the assessment for NHS South Sefton CCG of 'requires improvement' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

2. Financial Position

2.1 Summary

This report focuses on the financial performance for South Sefton CCG as at 30 September 2017 (Month 6)

The month six position reflects the mid-year report and so the Finance Team have taken the opportunity during the month end closedown to review and reaffirm assumptions made in producing the financial statements.

A detailed analysis of the financial position was presented to NHS England on 9th October and the position reported at Month 6 is accepted as the best case scenario of breakeven with known risks and mitigations clearly identified.

The year to date financial position is a deficit of £0.75m. The full year forecast is breakeven. The CCG has a QIPP plan that seeks to address the requirement in 2017/18 to achieve the planned breakeven position. However, the risk adjusted plan indicates that there is a risk to delivery of the forecast out turn position.

The cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from the previous financial year. The CCGs strategic financial plan aims to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20.

Cost pressures have emerged in the first six months of the financial year which are offset by underspends in other areas. The main areas of forecast overspend are within the following areas:

- Overperformance at Spire and Ramsay hospitals
- Cost pressures for Continuing Healthcare Packages – work to resolve data quality issues following implementation of the Adam Dynamic Purchasing System is being progressed.
- Cost Pressures in respect of pass through payments for PbR excluded drugs and devices
- Full year costs for the Acute Visiting Scheme

The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk NHS Trust.

QIPP savings anticipated for the first six months of the financial year have not been delivered in full meaning that delivery of the CCG financial plan is at risk. QIPP opportunities in the current financial year are reduced as a result of the Acting as One contract agreement. This agreement protects the CCG against contract overperformance but also limits the resource available for efficiency savings.

The high level CCG financial indicators are listed below:

Figure 1 – Financial Dashboard

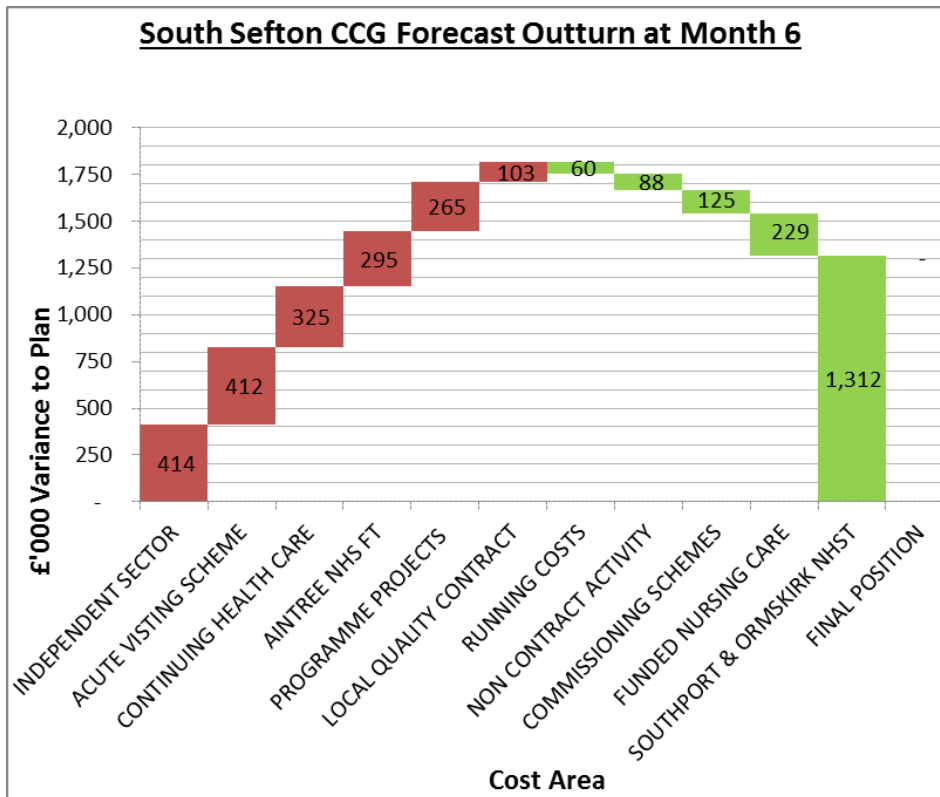
Key Performance Indicator		This Month
Business Rules	1% Surplus	✘
	0.5% Contingency Reserve	✔
	0.5% Non-Recurrent Reserve	✔
Breakeven	Financial Balance	✔
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.936m
Running Costs	CCG running costs < 2017/18 allocation	✔
BPPC	NHS - Value YTD > 95%	99.92%
	NHS – Volume YTD > 95%	96.05%
	Non NHS - Value YTD > 95%	97.83%
	Non NHS – Volume YTD > 95%	96.68%

- The CCG will not achieve the Business Rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHS England.
- The current financial plan is to achieve a break even position in year; this is the best case scenario and is dependent on delivery of the QIPP plan of £8.480m in full.
- QIPP Delivery is £0.936m to date; this is £1.511m behind the planned delivery at Month 6.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.060m for 2017/18.
- All BPPC targets have been achieved this month.

2.2 CCG Financial 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.

Figure 2 – Forecast Outturn



- The CCG forecast position for the financial year is breakeven based on delivery of the QIPP target in full.
- The main financial pressures relate to the Independent Sector, Confirmation of the Acute Visiting Scheme, Continuing Healthcare, Aintree NHS Foundation Trust and Programme Project costs.
- The forecast overspends relate to the following areas:
 - Overperformance at Spire and Ramsay hospitals
 - Full year costs for the Acute Visiting Scheme (AVS)
 - Cost pressures relating to Continuing Healthcare packages
 - Overspend for PbR excluded drugs and devices
 - Costs for referral management and prior approval services
- The forecast cost pressures are supported by underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk Trust.

2.3 Provider Expenditure Analysis – Acting as One

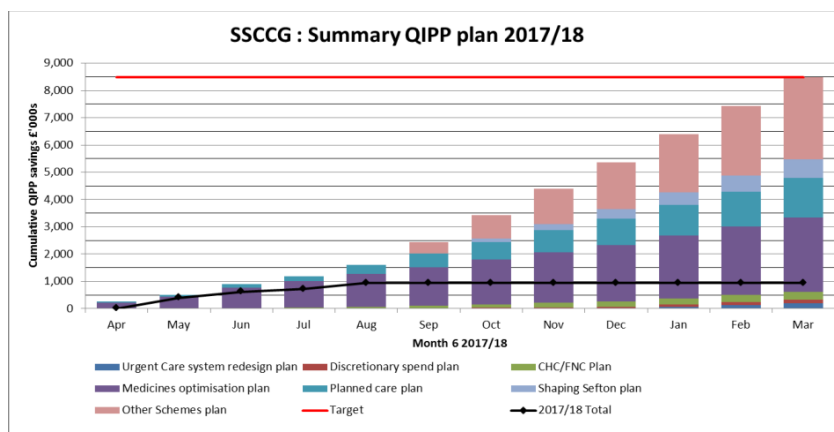
Figure 3 – Acting as One Contract Performance

Provider	Over/(Under) Performance £m
Aintree University Hospital NHS Foundation Trust	£0.111
Alder Hey Children’s Hospital NHS Foundation Trust	-£0.041
Clatterbridge Cancer Centre NHS Foundation Trust	£0.000
Liverpool Women’s NHS Foundation Trust	-£0.245
Liverpool Heart & Chest NHS Foundation Trust	£0.000
Royal Liverpool and Broadgreen NHS Trust	£0.294
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.095
Grand Total	£0.024

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could drift to other providers causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an underperformance spend against plan, this would represent a year to date overspend of £0.024m under usual contract arrangements.

2.4 QIPP

Figure 3 – QIPP Plan and Forecast



	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	0	281	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	2,700	300	3,000	0	0	3,000	3,000
Total QIPP Plan	8,150	330	8,480	2,675	281	5,524	8,480
QIPP Delivered 2017/18				(936)		0	(936)

- The opening QIPP plan for 2017/18 was **£5.880m** Pressures have emerged in year as further work has established that the CCG has incurred a pressure of £1.300m as a result of the introduction of the new HRG4+ payment system. Finalisation of the new community contract has also created a pressure of £1.300m including £0.500m non-recurrent transitional support to the new provider.
- The revised QIPP target is **£8.480m** which incorporates the two additional pressures. A revised set of options to identify further savings will be presented to the Governing Body.
- The CCG has identified £0.936m QIPP savings at Month 6, the majority of this relates to savings within the prescribing budget.
- The risk rated QIPP plan demonstrates that although there are a significant number of schemes in place, further work is required to determine whether they can be delivered in full.
- The forecast QIPP delivery for the year is **£2.830m** which represents 100% of schemes rated Green and 50% of schemes rated Amber. A high proportion of the plan remains rated red, additional work is required to provide assurance that further savings can be delivered.

2.5 Risk

Figure 4 – CCG Financial 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)	3.435	(3.403)	0.032
Reserves Budget	0.000	(0.032)	(0.032)
Management action plan			
QIPP Achieved	0.736	0.200	0.936
Remaining QIPP to be delivered	2.593	4.951	7.544
Total Management Action plan	3.329	5.151	8.480
Year End Surplus / (Deficit)	3.435	(3.435)	0.000

- The CCG forecast financial position is breakeven.
- The underlying position is a surplus of £3.435m. This position removes non-recurrent expenditure commitments and QIPP savings from the forecast position.
- The forecast position is dependent on achieving a QIPP saving of **£8.480m**.

Figure 5 – Risk Adjusted Financial Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP requirement (to deliver agreed forecast)	(7.544)	(7.544)	(7.544)
Predicted QIPP achievement	3.957	1.894	0.078
Planned Surplus			
Forecast Surplus / (Deficit)	(3.280)	(5.343)	(7.159)
Further Risk	(0.122)	(1.073)	(4.175)
Management Action Plan	3.402	3.222	1.952
Risk adjusted Surplus / (Deficit)	0.000	(3.194)	(9.382)

- The risk adjusted position provides an assessment of the best, likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case is breakeven and includes an assumption that the current expenditure trends continue and this reduces the remaining QIPP requirement.
- The likely case is a deficit of **£3.194m** and assumes that QIPP delivery will be £2.830m in total with further risk and mitigations as per the best case scenario. The likely case has improved by £0.900m since the last months report; this is due to an agreed stretch target with NHS England of £0.500m and a reduction of risks relating to prescribing No Cheaper Stock Obtainable (NCSO) following discussions with NHS England following a deep dive review at Month 6. The stretch target is yet to be actioned and will be monitored for the remainder of the year.
- The worst case scenario is a deficit of **£9.382m** and assumes reduced QIPP delivery, additional risks in respect of elective activity and winter pressures.

2.6 CCG Cash Position

Figure 6 – Summary of working capital

	2016/17	2017/18					
	M12	M1	M2	M3	M4	M5	M6
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non-Current Assets	14	14	14	14	14	14	14
Receivables	1,817	3,004	1,695	1,508	1,922	1,630	2,918
Cash	139	1,826	3,909	4,948	2,579	4,276	2,609
Payables & Provisions	(11,850)	(14,434)	(14,335)	(18,190)	(16,151)	(13,318)	(13,819)
Value of debt > 180 days old (6months)	76	75	75	75	75	74	87
BPPC (value)	98%	100%	100%	100%	99%	99%	100%
BPPC (volume)	96%	97%	96%	95%	93%	96%	96%

- Non-current Asset (Non CA) balance relates to assets inherited from Sefton PCT at the inception of the CCG. Movements in this balance relate to depreciation charges.
- The receivables balance includes invoices raised for services provided, accrued income and prepayments. Outstanding debt in excess of 6 months old currently stands at £87k. This balance is predominantly made up of outstanding CQUIN payment recovery (£72k) with Southport & Ormskirk NHS Trust. This debt has been discussed and monitored at Audit Committee. The Chief Finance Officer has written to the Trust Director of Finance to re-affirm the CCG's position.
- The Maximum Cash Drawdown (MCD) is the maximum amount of cash available to a CCG each financial year. Cash is allocated monthly following notification of cash requirements. The CCG MCD was set at £241.602m at Month 6. The actual cash utilised at Month 6 was £121.840m which represents 50.4% of the total allocation. The balance of MCD to be utilised over the rest of the year is £119.762m.
- Performance against BPPC has been steadily improving. Work will continue to review performance to identify items which are incorrectly categorised and therefore affecting performance on a monthly basis.

2.7 Recommendations

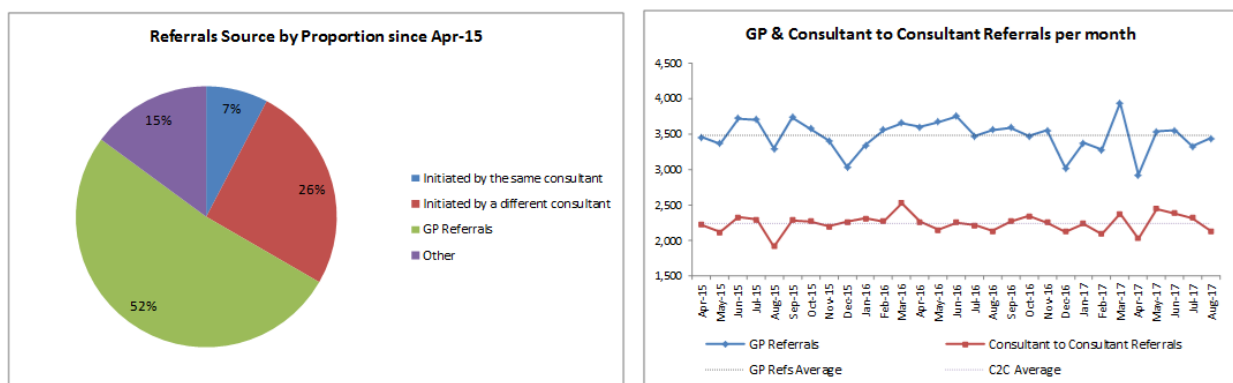
The Governing Body is asked to receive the finance update, noting that:

- The year to date financial position is a deficit of £0.750m. The forecast position is breakeven, which is dependent on recovery of this position in the latter half of the year. This represents the CCGs best case scenario, however, there are risks to the delivery of the QIPP plan and the CCGs most likely case scenario forecasts a deficit after risks and mitigations of £3.194m.
- The year to date planned QIPP savings for the first six months of the financial year (£2.447m) have not been achieved, delivery at month 6 is £0.936m, therefore at this stage; the CCG is below its financial plan.
- 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 limited clinical benefit for patients.
- The Governing Body should consider further review of cost savings in order to develop a robust contingency plan to meet its statutory financial duty for the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support is required from member practices to enable the CCG to reduce levels of low value healthcare and improve value for money from the use of the CCGs resources.

3. Planned Care

3.1 Referrals by source

Figure 7 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17 and 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	May-17	Jun-17	Jul-17	Aug-17	1617 YTD	1718 YTD	Variance	% Variance
GP	03	GP Ref	2,923	3,530	3,546	3,327	3,433	18,042	16,759	-1,283	-7.1%
GP Total			2,923	3,530	3,546	3,327	3,433	18,042	16,759	-1,283	-7.1%
Other	01	following an emergency admission	149	146	139	135	133	717	702	-15	-2.1%
	02	following a Domiciliary Consultation	0	3	3	5	8	1	19	18	0.0%
	04	An Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	419	426	376	410	365	2,161	1,996	-165	-7.6%
	05	A CONSULTANT, other than in an Accident and Emergency Department	1,148	1,508	1,490	1,382	1,315	6,317	6,843	526	8.3%
	06	self-referral	252	272	259	253	254	1,351	1,290	-61	-4.5%
	07	A Prosthetist	0	1	0	0	0	9	1	-8	-88.9%
	08	Royal Liverpool Code (TBC)	74	59	83	66	102	337	384	47	13.9%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	125	106	478	639	161	33.7%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	190	226	223	257	201	1,329	1,097	-232	-17.5%
	12	A General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	2	2	4	27	18	-9	-33.3%
	13	A Specialist NURSE (Secondary Care)	8	4	5	6	6	16	29	13	81.3%
	14	An Allied Health Professional	131	212	164	144	134	723	785	62	8.6%
	15	An OPTOMETRIST	1	1	4	5	0	6	11	5	83.3%
	16	An Orthoptist	0	1	0	1	0	2	2	0	0.0%
	17	A National Screening Programme	3	2	1	13	1	9	20	11	122.2%
	92	A GENERAL DENTAL PRACTITIONER	137	142	165	193	180	749	817	68	9.1%
93	A Community Dental Service	0	0	0	0	0	2	0	-2	-100.0%	
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	332	344	390	349	1,599	1,663	64	4.0%	
Other Total			2,887	3,478	3,406	3,387	3,158	15,833	16,316	483	3.1%
Unknown			1		1			0	2	2	#DIV/0!
Grand Total			5,811	7,008	6,953	6,714	6,591	33,875	33,077	-798	-2.4%

Local referrals data from our main providers shows 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 occurred in April 2017 with the total number of referrals within this month representing the lowest monthly total from April 2015 onwards. Referrals increased in May 2017 and were above average but this has been followed by three consecutive monthly decreases in activity.

GP referrals in 2017/18 to date are 7.1% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultant to consultant referrals are currently 2.7% higher when comparing to 2016/17 with General Medicine and Clinical Physiology seeing substantial increases.

A Referral Optimisation and Support System (ROSS) is being developed for South Sefton following engagement with members on approaches to elective demand management. Key workstreams include offer of Advice and Guidance services as an alternative to referral and promotion of pathways and protocols visible on the EMIS Clinical system through EMIS Protocols functionality.

Data quality note: Walton Neuro Centre has been excluded from the above analysis due to data quality issues. For info, Walton is recording approx. 80 referrals per month in 2016/17.

3.1.1 E-Referral Utilisation Rates

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - August	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	19.00%	↔

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

The latest data (August) for E-referral Utilisation rates reported is 19%; this is the same as 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 - August	1.00%	6.42%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - August	1.00%	5.51%	↑

In August the CCG has failed the under 1% of patients waiting over 6 weeks for a diagnostic test, out of 2415 patients 155 waited over 6 weeks with 17 waiting over 13 weeks recording 6.42%. The majority of long waiters were for Gastroscopy (56). There has also been an impact on the performance of this indicator for the CCG by the Royal Liverpool Broadgreen who are failing this target significantly recording 21.8% in August.

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in August recording 5.51%, out of 4643 patients 256 waited over 6 weeks and 11 over 13 weeks, 88 waiting for gastroscopy.

Endoscopy has continued to experience ongoing pressure throughout August which has increasingly challenged waiting times. The department has continued to prioritise cancer and urgent referrals which has made it difficult to support non-urgent 6 week performance targets. The position is consistent with reporting throughout Q1 and Q2 as a result of a lack of endoscopists due to long term sickness, maternity leave and annual leave.

Proposed Actions:

- Additional WLI activity continues to support the recovery of performance. This is expected to improve the position in Q3.

- Agency consultant locum recruited and to commence September; Nurse Endoscopist recruited and to commence October; Staff to return from sickness by October. An additional 10 lists per week are scheduled in October and 19 per week in November.
- A recovery and sustainability plan has been drafted and is reviewed on a weekly basis by the DDO Surgery.
- Weekly capacity meetings continue to be chaired by CBM with operational and clinical teams in order to maximise the utilisation of capacity.
- Admin and Clerical Review highlighted sufficient capacity when a full complement. 1 WTE starts October, leaving just 1 WTE gap for maternity leave, covered by bank staff.
- Unisoft Add In – discussions ongoing with Unisoft Medical Systems. Training aborted in September due to Unisoft technical issues with latest version, rescheduled for October.
- Endoscopy recovery meetings chaired by the DDO have commenced in August 2017. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.

Radiology continues to experience considerable increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK), Demand in excess of funded capacity.
MR wait has increased from 6.7% in August to 7.3% in September.
CT wait has increased from 7.5% in August to 7.8% in September.

Proposed Actions:

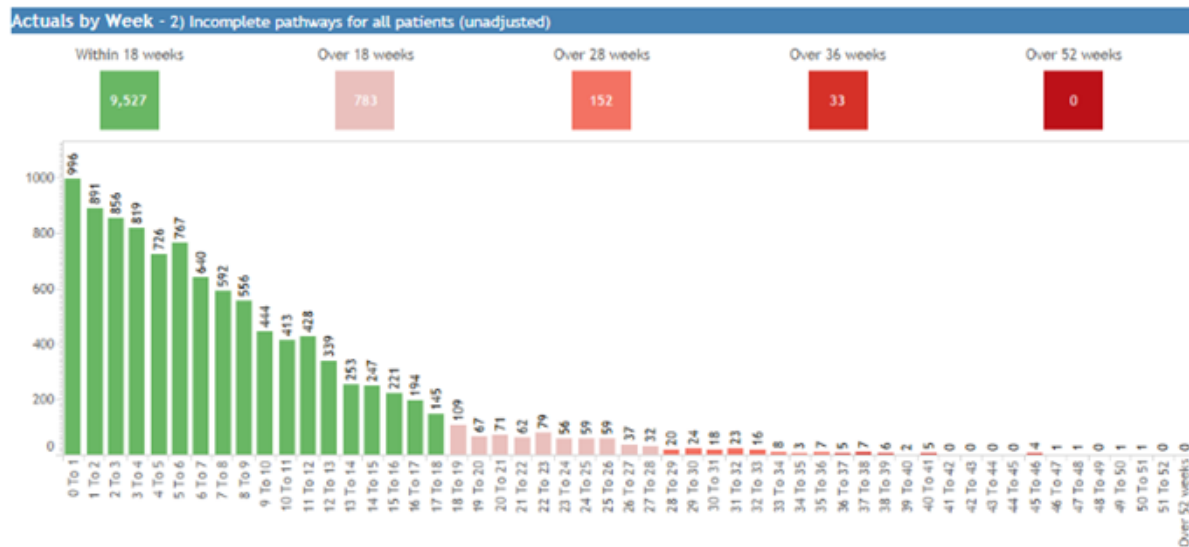
- MR referrals have been verified by the Cardiology MR lead and a small number returned as considered no longer required. Cardiology CD verified CT referrals and reduced the backlog by 35% the reduction of patients waiting will show in next stats. Increase in CT cardiac referral was interrogated and linked to several practice changes. Options discussed looking at the possibility of outside providers to reduce the backlog. Discussion with Deputy Director of Finance to establish current demand.
- Engagement of Mobile MR scanning service to complete routing scans, releasing capacity for Cardiac imaging/MSK imaging. Use of mobile varies dependant on waiting times/number of patients who may potentially breach 6 week target.
- WLI's for Ultrasound MSK injections. This is limited as small core group of Radiologists with the required skill-set and available to commit to. Requirement for WLI's identified at weekly performance meeting and authorised through the Divisional Resource Panel.
- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise the utilisation of capacity.
- Recruitment of MSK Specialist Radiologist.

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 - August	0	0	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - August	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 - August	92%	92.41%	↔
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 - August	92%	92.2%	↔

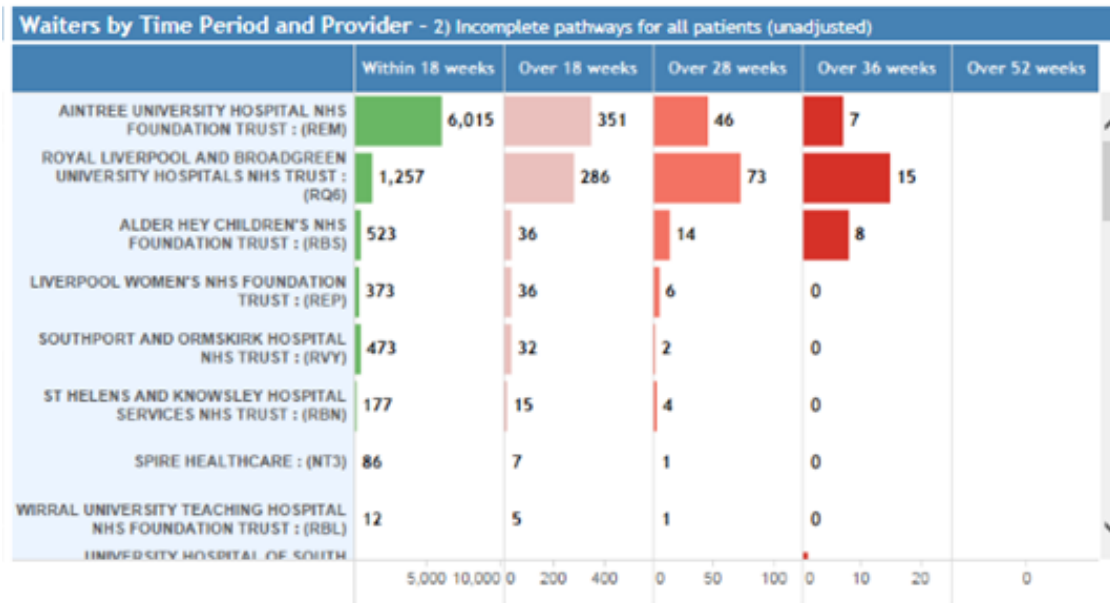
3.3.1 Incomplete Pathway Waiting Times

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



3.3.2 Long Waiters analysis: Top 5 Providers

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



3.3.3 Long Waiters Analysis: Top 2 Providers split by Specialty

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

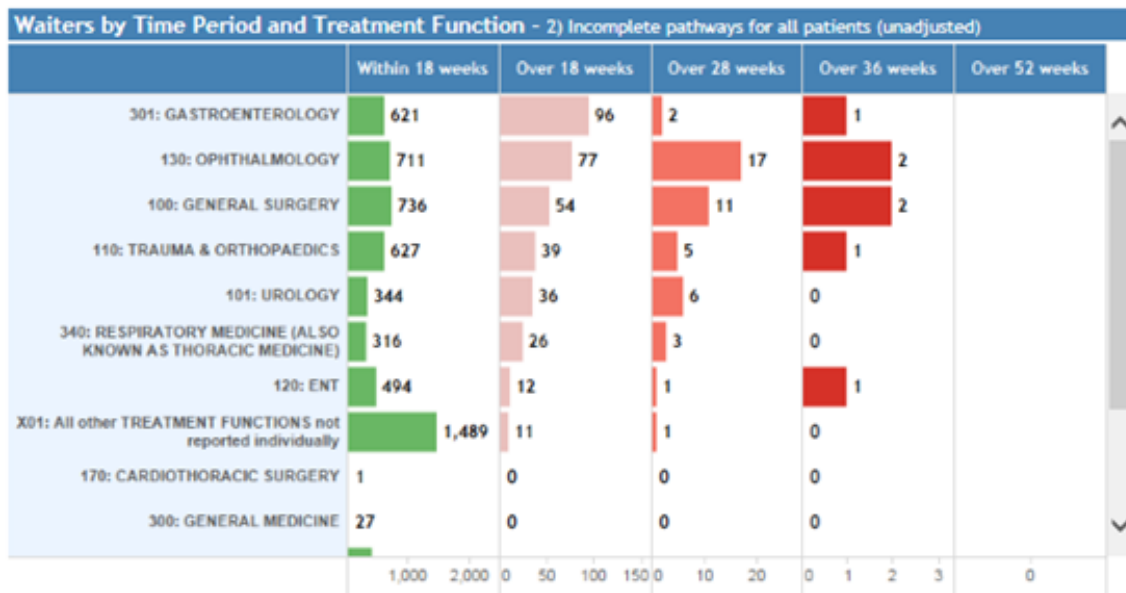
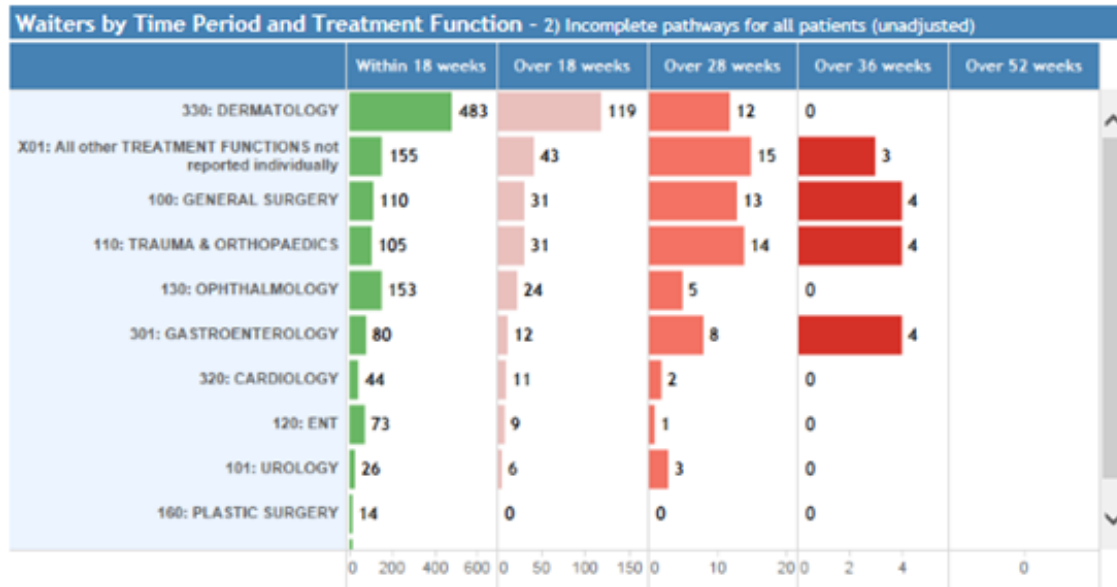


Figure 11 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Aintree	General Surgery	40	TCI 03/10/2017	Capacity issue
Royal Liverpool & Broadgreen	General Surgery	40	Treatment no longer required, no longer on waiting list	Capacity
Royal Liverpool & Broadgreen	T&O	45	Treatment no longer required, no longer on waiting list	Capacity
Royal Liverpool & Broadgreen	T&O	46	Treatment no longer required, no longer on waiting list	Capacity
Royal Liverpool & Broadgreen	General Surgery	47	Treatment no longer required, no longer on waiting list	Capacity
Royal Liverpool & Broadgreen	Gastroenterology	49	Treatment no longer required, no longer on waiting list	Capacity
Royal Liverpool & Broadgreen	General Surgery	50	Treatment no longer required, no longer on waiting list	Capacity
Alder Hey	All Other	40	Seen and treated	Paed Audiology
Alder Hey	All Other	40	Has a OPD Appt date	Paed Audiology
Alder Hey	All Other	40	Has a OPD Appt date	Paed Audiology
South Manchester	Cardiology	45	Treated TCI 04-09-2017	Delay to TCI
Robert Jones	T&O	45	Yes - 23.10.17	Spinal Disorders is a Nationally Pressured area
Robert Jones	T&O	45	Yes - 10.9.17	Pt treated 10.9.17

Royal Liverpool & Broadgreen did not achieve the 92% incomplete Referral to Treatment (RTT) target for the month of August 2017, (85.70%). Challenges remain the same as previously reported within General Surgery, Trauma & Orthopaedics, Ophthalmology, Urology, Dermatology, and Gastroenterology. ENT and Cardiology have now also dropped below the target and challenges within the following specialties (Allergy, Paediatric Dentistry, and Respiratory Medicine) are resulting in the 'Other' category failing the target.

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 - August	0	1	1 ↔

During August 2017 there were 21 patients cancelled on the day of surgery for non-clinical reasons. With the exception of 1 patient, they were all rescheduled within 28 days. This patient was cancelled due to lack of theatre time due to a previous case taking longer than planned. The patient was highly complex and could only be undertaken by a particular surgeon. Due to the surgeon's annual leave, the high volume of cancer patients and also based on clinical priority, this patient could not be accommodated within 28 days following cancellation. Surgery was rescheduled and took place on 08/08/17; 3 days post the 28 day deadline on the surgeon's return from leave.

Proposed actions:

- 28 days cancellations given priority apart from more clinically urgent patients. There have been discussions around priority booking with all medical secretaries and the need to escalate if there are patients who cannot be accommodated.
- Exception report to be produced by BI team on a weekly basis to ensure that all on the day cancelled patients are tracked by the operational teams to ensure that patients are readmitted within 28 days.

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 - August	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (CCG)	17/18 - August	93%	92.28%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	17/18 - August	93%	94.47%	↔
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 - August	93%	89.27%	↑
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 - August	93%	90.34%	↑

The CCG achieved the 93% target in August reaching 95.16% for 2 week wait for first outpatient appointment, but are still failing year to date recording 92.28% due to the breaches in June. In August there were 29 breaches out of a total of 599 patients. The majority of breaches are due to patient choice, holidays and capacity issues. The longest wait was 37 days.

The CCG also achieved the 93% target for August reaching 93.18% but again are failing year to date recording 89.27% for 2 week wait for first outpatient appointments for patients referred urgently with breast symptoms. In August there were 6 breaches out of a total of 88 patients, longest wait being 30 days at Aintree, all breaches due to patient choice and patient holidays.

Aintree also failed the 93% breast target for August reaching 92.04% and year to date (90.34%). In August this amounted to 18 breaches out of 226 treatments. This was due to annual leave, insufficient planned activity and patient choice.

Actions:

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any barriers which maybe preventing treatment.
- Escalate constraints to the patient pathway to the weekly Cancer Performance meeting (CPG) and to the Divisional Director of Ops.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics & Support Services.

The CCG has scheduled a Protected Learning Time event with General Practice staff in November 2017. This session will include advice on how best to support and manage this group of patients, and the importance of delivering timely and effective messages to patients about the timescale for appointments. Recovery for two week symptomatic breast and two week suspected cancer is anticipated by Q2 2017/18.

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 - August	96%	98.40%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	17/18 - August	96%	98.48%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	17/18 - August	94%	98.46%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	17/18 - August	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	17/18 - August	94%	98.46%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	17/18 - August	94%	94.78%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	17/18 - August	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	17/18 - August	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (CCG)	17/18 - August	85% local target	94.55%	↓
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 - August	85% local target	84.09%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	17/18 - August	90%	94.44%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	17/18 - August	90%	86.36%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	17/18 - August	85%	84.67%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	17/18 - August	85%	84.25%	↓

Aintree failed the local 85% target in August for 62 day wait for definitive treatment following consultant's decision to upgrade recording 75% and therefore failing year to date (84.09%). In August the equivalent 5 out of 20 patients breaches the target. Longest wait was 190 days, the delay was due to the patient refusing initial treatment plan.

Aintree failed the 90% target for 62 day screening in August with a half patient breach out of a total of 3 patients recording 83.33% and are failing year to date reaching 86% partly due to previous breaches. This lower gastro patient waited 65 day's with the reason for breach being time taken to date the patient for theatre.

The CCG failed the 85% target in August for 2 month wait from urgent GP referral to first definitive treatment reaching 80% and are now failing year to date reaching 84.67%. In August there were 6 breaches out of a total of 30 patients. Aintree also failed this measure recording 80.81%, and now also failing year to date 84.25%. In August the equivalent of 9.5 breaches out of a total of 49.5 patients occurred. Latest projections suggest that the 85% standard will not be achieved for Quarter 2.




Actions:

- Continued monitoring and intervention by the Clinical Business Units to manage the patient pathway and remove any barriers which maybe 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.
- Aintree identified to work with the National Cancer Alliance and NHSE to improve and sustain performance. DOH has set target of September by which standards are to be achieved.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group and via Datix reporting.
- Daily Performance meetings continue with escalation to the Divisional Directors as required.

3.6 Patient Experience of Planned Care

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Aug-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%	17.0%		96%	95%		2%	2%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target in excess of the regional and national response rates for both inpatients and A&E. However, inpatient response rates are reporting under target for August at 17% (and have been for all of 2017/18 so far). The proportion of patients who would recommend is down 1% from last month recording 95% (England average 96%) the proportion who would not recommend is also the same as last month at 2%, which is the same as the England average.

Plans are in place for the Trust to present an update on their FFT and patient experience later in the year to the CCG Engagement and Patient Experience Group (EPEG).

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 5 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£496k/2.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£105k/0.05%.

At specific over performing Trusts, Renacres are reporting the largest cost variance with a total of £79k/11% followed by Royal Liverpool (£73k/3%).

Figure 12 - Planned Care - All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	73,350	72,593	-757	-1%	£12,721	£12,475	£-246	-2%	£246	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	5,708	5,827	119	2%	£718	£684	£-34	-5%	£34	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	504	593	89	18%	£172	£197	£25	15%	£-25	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	6,642	6,150	-492	-7%	£1,261	£1,150	£-111	-9%	£111	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	12,861	13,924	1,063	8%	£2,156	£2,229	£73	3%	£-73	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1,294	1,250	-44	-3%	£416	£317	£-99	-24%	£99	£0	0.0%
ACTING AS ONE TOTAL	100,357	100,337	-20	0%	£17,443	£17,052	£-392	-2%	£392	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	36	115	79	221%	£9	£25	£16	172%	£0	£16	172%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	60	60	0%	£0	£6	£6	0%	£0	£6	#DIV/0!
FAIRFIELD HOSPITAL	79	57	-22	-27%	£21	£12	£-9	-43%	£0	£-9	-43%
ISIGHT (SOUTHPORT)	213	214	1	0%	£50	£41	£-9	-18%	£0	£-9	-18%
RENACRES HOSPITAL	2,606	2,604	-2	0%	£733	£811	£79	11%	£0	£79	11%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	6,224	5,457	-767	-12%	£1,159	£946	£-213	-18%	£0	£-213	-18%
SPIRE LIVERPOOL HOSPITAL	990	1,197	207	21%	£307	£363	£55	18%	£0	£55	18%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,505	1,853	348	23%	£420	£378	£-42	-10%	£0	£-42	-10%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	224	207	-17	-7%	£58	£58	£0	0%	£0	£0	0%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	45	56	11	23%	£7	£10	£4	53%	£0	£4	53%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	45	45	0%	£0	£5	£5	0%	£0	£5	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	189	143	-46	-24%	£50	£36	£-14	-28%	£0	£-14	-28%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	489	617	128	26%	£198	£215	£17	9%	£0	£17	9%
ALL REMAINING PROVIDERS TOTAL	12,599	12,625	26	0%	£3,011	£2,906	£-105	-3%	£0	£-105	-3%
GRAND TOTAL	112,956	112,962	6	0%	£20,454	£19,958	£-496	-2.4%	£392	£-105	-0.5%

*PBR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

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

Aintree University Hospitals Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	5,960	5,236	-724	-12%	£3,545	£3,390	-£155	-4%
Elective	829	688	-141	-17%	£2,347	£2,211	-£136	-6%
Elective Excess BedDays	274	195	-79	-29%	£66	£47	-£19	-29%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	178	83	-95	-53%	£37	£18	-£19	-51%
OPFANFTF - Outpatient first attendance non face to face	1,028	1,495	467	45%	£29	£39	£10	33%
OPFASPCL - Outpatient first attendance single professional consultant led	13,434	12,641	-793	-6%	£2,110	£2,061	-£49	-2%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	578	401	-177	-31%	£49	£42	-£7	-15%
OPFUPNFTF - Outpatient follow up non face to face	1,322	3,844	2,522	191%	£32	£93	£61	191%
OPFUPSCL - Outpatient follow up single professional consultant led	33,854	31,469	-2,385	-7%	£2,332	£2,256	-£76	-3%
Outpatient Procedure	9,445	9,787	342	4%	£1,249	£1,273	£24	2%
Unbundled Diagnostics	5,857	6,079	222	4%	£473	£538	£65	14%
Wet AMD	591	675	84	14%	£452	£509	£57	13%
Grand Total	73,350	72,593	-757	-1%	£12,721	£12,475	-£246	-2%

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 5 with the majority of other areas within outpatients currently under performing (the exception being outpatient procedures). The over performance for non-face to face activity is focussed particularly within Ophthalmology, Dermatology and Cardiology.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £65k/14% against plan.

Cardiology is showing the largest cost variance at month 5 (£439k/71.9%). The cardiology over performance is largely related to day case activity, which can be attributed to the heart failure pathway. Conversely, Gastroenterology is under performing by £305k/18% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently £246k/2% down against plan at month 5. Despite this indicative underspend, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

The table below illustrates the Planned Care year to date variance by Specialty, focussing on the top and bottom 10 specialties in terms of cost variances against plan at month 5:

Specialty	DAY CASES		ELECTIVE INPATIENTS		ELECTIVE XBDS		OUTPATIENT FIRST ATT		OUTPATIENT FU ATT		OUTPATIENT PROCEDURES		Total Activity YTD Var	Total Price YTD Var
	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var	Activity YTD Var	Price YTD Var		
Cardiology	524	423,876	7	21,400	34	8,105	49	(£16,059)	158	(£24,285)	228	26,565	1,001	439,603
Colorectal surgery	-18	(£1,877)	-3	114,908	-133	(£31,284)	2	(£5,570)	173	9,128	22	2,810	42	88,115
Geriatric medicine	4	(£50)	1	(£7,160)	-3	(£519)	134	36,930	258	34,772	9	1,152	403	65,125
Acute internal medicine	3	602	-1	(£4,999)	-8	(£1,938)	612	62,972	48	5,227	-35	(£4,981)	619	56,884
Nephrology	4	189	2	5,854	-0	66	157	41,922	-132	(£15,123)	6	712	38	33,619
Ent	-11	(£8,864)	-11	(£11,120)	16	3,822	-17	(£2,101)	5	488	455	49,362	437	31,588
Hepatobiliary & pancreatic surgery	13	18,331	5	9,961			1	1,026	-0	127			19	29,445
Physiotherapy							-116	(£5,617)	916	30,102			800	24,485
Transient ischaemic attack							110	33,577	-14	0	-103	(£13,033)	-7	20,544
Interventional radiology	21	28,700	-3	(£5,709)			-4	(£644)	30	2,519	-10	(£8,488)	34	16,379
Cardiothoracic surgery							-3	(£1,071)	-39	(£5,823)	-1	(£124)	-42	(£7,018)
Vascular surgery	-2	671	1	1,675			-62	(£11,831)	-20	(£1,656)	-6	(£701)	-89	(£11,842)
Clinical haematology	-309	(£40,199)	-8	(£9,599)	-21	(£5,966)	-82	(£20,738)	365	41,340	0	102	-54	(£35,060)
Anticoagulant service									-2,022	(£52,081)			-2,022	(£52,081)
Dermatology	-34	(£17,031)					-349	(£48,242)	495	(£109)	-387	(£36,566)	-274	(£101,947)
General surgery	-47	(£68,190)	-23	(£29,298)	1	183	-50	(£8,400)	-85	(£6,187)	-3	(£372)	-207	(£112,264)
Ophthalmology	-206	(£157,246)	1	(£108)	5	1,266	-193	(£28,174)	531	(£1,937)	395	39,862	533	(£146,338)
Urology	-120	(£42,411)	-23	(£62,854)	22	5,019	-238	(£35,191)	-43	(£2,724)	-112	(£21,758)	-514	(£159,918)
Trauma & orthopaedics	-120	(£144,133)	-36	(£56,635)	30	7,027	-57	(£8,991)	-192	(£11,750)	-252	(£31,052)	-628	(£245,534)
Gastroenterology	-459	(£185,547)	-17	(£43,427)	-19	(£4,677)	-213	(£41,905)	-498	(£28,945)	-11	(£1,216)	-1,218	(£305,717)
Grand Total	-724	(£155,407)	-141	(£135,845)	-79	(£19,356)	-421	(£58,448)	-40	(£22,725)	342	23,665	-1,062	(£368,116)

3.7.2 Planned Care Southport & Ormskirk Hospital

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

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	387	354	-33	-9%	£281	£213	£-67	-24%
Elective	82	74	-8	-9%	£229	£175	£-54	-24%
Elective Excess BedDays	14	0	-14	-100%	£5	£0	£-5	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	99	54	-45	-45%	£16	£9	£-7	-42%
OPFASPCL - Outpatient first attendance single professional consultant led	929	745	-184	-20%	£153	£121	£-32	-21%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	228	125	-103	-45%	£17	£10	£-7	-41%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,979	1,657	-322	-16%	£151	£127	£-24	-16%
Outpatient Procedure	2,146	2,108	-38	-2%	£280	£263	£-17	-6%
Unbundled Diagnostics	360	340	-20	-6%	£26	£27	£1	3%
Grand Total	6,224	5,457	-767	-12%	£1,159	£946	£-213	-18%

* PbR only

Planned care elements of the contract continue to underperform against plan in month 5 2017/18 as they had throughout 2016/17 and previous months in 2017/18, with the majority of areas (excluding unbundled diagnostics) below plan year to date.

The largest variance against plan is within day case and elective procedures at a combined underspend of -£121k.

The Trust has experienced a drop in GP referred activity which is affecting all aspects of planned care. Elective and Day Case activity noticed a peak in June but has since dropped back down in July and August. Trauma & Orthopaedic procedures are the main area of reduction although a number of other specialties are under plan. Pain management activity is also experiencing difficulties due to staffing vacancies and capacity issues.

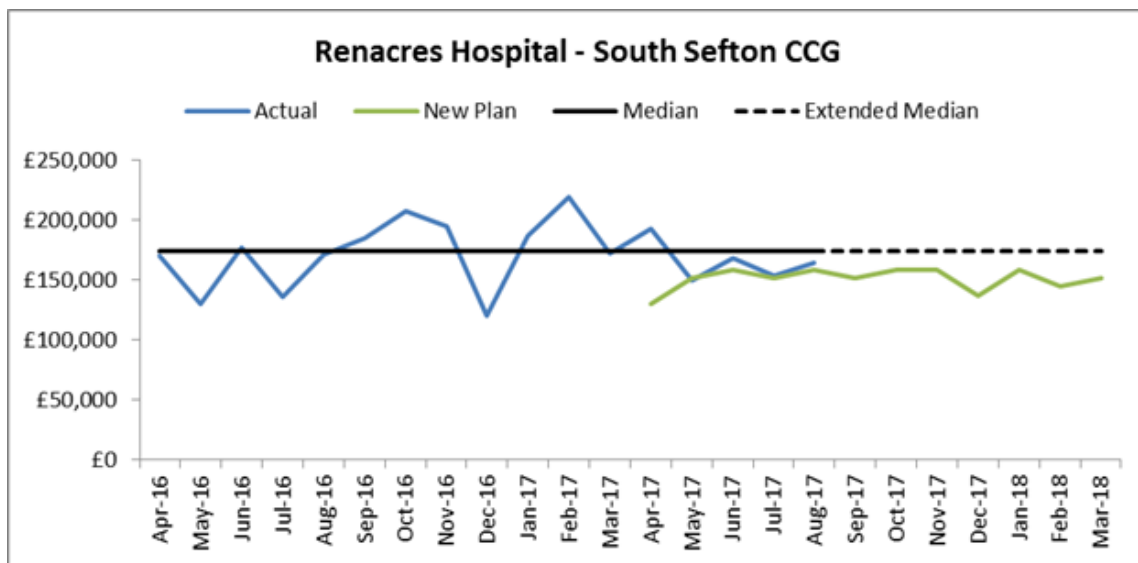
Outpatient activity is notably affected by the reduction in GP referrals with Trauma & orthopaedics, Dermatology and Gynaecology the main specialties below plan. Dermatology is also affected by capacity issues with activity flowing to the CCGs community provider DMC.

3.7.3 Renacres Hospital

Figure 15 - Planned Care - Renacres Hospital by POD

Renacres Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	256	233	-23	-9%	£310	£261	£-49	-16%
Elective	48	78	30	64%	£225	£358	£133	59%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	531	452	-79	-15%	£85	£74	£-11	-13%
OPFUPSCL - <i>Outpatient follow up single professional consultant led</i>	654	702	48	7%	£41	£45	£3	9%
Outpatient Procedure	337	156	-181	-54%	£35	£26	£-9	-25%
Unbundled Diagnostics	211	181	-30	-14%	£20	£18	£-2	-10%
Physio	569	607	38	7%	£17	£18	£1	7%
Grand Total	2,606	2,409	-197	-8%	£733	£800	£67	9%

Renacres over performance of £67k/9% is driven by a £133k/59% over performance in Electives, suggesting a continuing theme from 2016/17. The majority of this activity is within the Trauma & Orthopaedics speciality and related to very major hip and knee procedures.



The planning profile for Renacres hospital was recently amended for 2017/18 based on working days rather than previous activity. The graph above shows that the new plans for each month of 2017/18 are more static, and more in line with expected levels of activity.

3.8 Personal Health Budgets

South Sefton CCG – 2017/18 PHB Plans

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	48	11	52		56		60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4		4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	0	60	0	64	0
4) GP registered population (total number per CCG)	154916	154916	154916	154916	154916	154916	154916	154916
Rate of PHBs per 100,000 GP registered population	33.57	7.10	36.15		38.73		41.31	

Quarter 1 data above shows the CCG are below plan. The CCG is exploring the possibility of expanding the offer of PHB's for patients at the end of life and fast track across hospice services, community and hospital discharges. A critical aspect of the project will be confirmation for implementing alternative payment options other than SBS, e.g. local authority direct payment cards. CCG Finance are liaising across with Warrington CCG Finance team, to determine the process and consider transferability.

3.9 Smoking at Time of Delivery (SATOD)

Quarter 1 - 2017/18

	South Sefton		
	Actual	YTD	FOT
Number of maternities	367	367	1468
Number of women known to be smokers at the time of delivery	56	56	224
Number of women known not to be smokers at the time of delivery	310	310	1240
Number of women whose smoking status was not known at the time of delivery	1	1	4
Data coverage %	99.7%	99.7%	99.7%
Percentage of maternities where mother smoked	15.3%	15.3%	15.3%

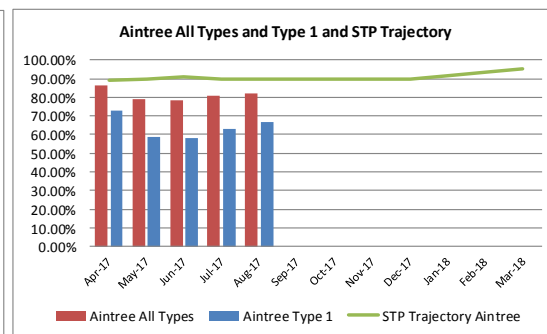
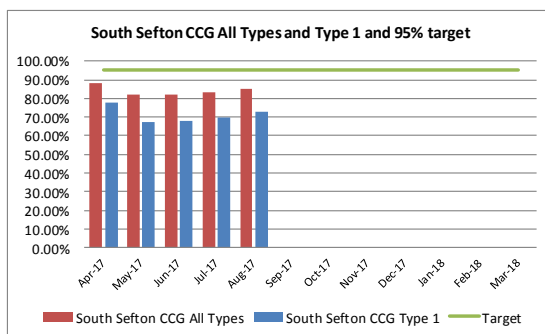
The CCG is above the data coverage plan of 95% at Q1, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

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 - August	95%	84.18%	↑	The CCG have failed the target in August reaching 85%. In month 1188 attendances out of 7923 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 - August	95%	71.12%	↑	The CCG have failed the target in August reaching 72.9%. In month 1186 attendances out of 4372 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 - August	STP Trajectory August Target 90%	81.27%	↔	Aintree have failed their revised target of 90% in August reaching 82.3% ; 2464 attendances out of 13949 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 - August	95%	63.87%	↔	Aintree have failed the target in August reaching 66.8%. In month 2462 attendances out of 7923 were not admitted, transferred or discharged within 4 hours.

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.34%	81.27%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% August plan agreed with NHS Improvement recording performance 82.3% (for all A&E department types) in August 2017. However this performance represented a +1.52% increase compared to July 2017. There was also a decline in performance noted across 3 out of the 5 AED clinical quality indicators, with the 15 minutes registration to triage indicator being met consistently.

Actions for improvement include:

- Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of 90% ED performance and 75% N2H performance.
- Complete review of the medical workforce establishment and submit for consideration at BCRG. Additional sessions are being arranged to cover gaps in the existing rotas.
- Discussion ongoing regarding GP streaming taking place at regional level with a view to implementing the Luton and Dunstable Model.
- Continue with NNAS project. Phase 2 has been completed.
- Recruitment of Acute Physicians underway.

- Programme of facilitated engagement sessions completed with nurses. ECIP continue to work with the team to identify process improvements.
- Complete full ED nurse establishment review.
- Develop series of PDSA cycles to test improvements in the following elements of EACP:
 - See and Treat
 - Board rounds
 - Initial nurse assessment

12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	17/18 - August	0	11	↔

Aintree had no 12 hour breaches in August, year to date total is 11. Root Cause Analyses of the breaches are awaited from the Trust.

4.2 Ambulance Service Performance

In August NWAS went live with the implementation of the Ambulance Response Programme (ARP). The Ambulance Response Programme was commissioned by Sir Bruce Keogh following calls for the modernisation of a service developed and introduced in 1974. The redesigned system will focus on ensuring patients get rapid life-changing care for conditions such as stroke rather than simply “stopping the clock”. Previously one in four patients who needed hospital treatment more than a million people each year – underwent a “hidden wait” after the existing 8 minute target was met because the vehicle despatched, a bike or a car, could not transport them to A&E. Ambulances will now be expected to reach the most seriously ill patients in an average time of seven minutes. The ‘clock’ will only stop when the most appropriate response arrives on scene, rather than the first.

NWAS is the second largest ambulance service in the country, covering over 5400 square miles geographically and employing over 4900 staff. NWAS have worked closely with staff during the implementation of ARP which has involved targeted training programmes for dispatchers, clinicians and managers in emergency operations centres. Early indications are showing a positive impact with more time to assess the calls resulting in the right vehicle response being dispatched first time and reduced number of vehicles being stood down; there have been improvements in ambulance utilisation and reductions in the long waits for lower acuity calls. NWAS have advised that the service response model needs to adapt to the new system and will require a review of the ambulance resource model take time to embed before the full benefits are realised.

NWAS performance is measured on the ability to reach patients as quickly as possible. Performance will be based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

Under the new national standards, all incidents will be measured against the standards rather than the most serious under the old national standards. The four response categories are described below:

- **Category one** is for calls from people with life-threatening injuries and illnesses. These will be responded to in an **average time of 7 minutes** and at least **9 out of 10 times within 15 minutes**.
- **Category two** is for emergency calls. These will be responded to in an **average time of 18 minutes** and at least **9 out of 10 times within 40 minutes**.
- **Category three** is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least **9 out of 10 times within 120 minutes**.
- **Category four** is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least **9 out of 10 times within 180 minutes**.

Previous performance targets and new ARP Targets

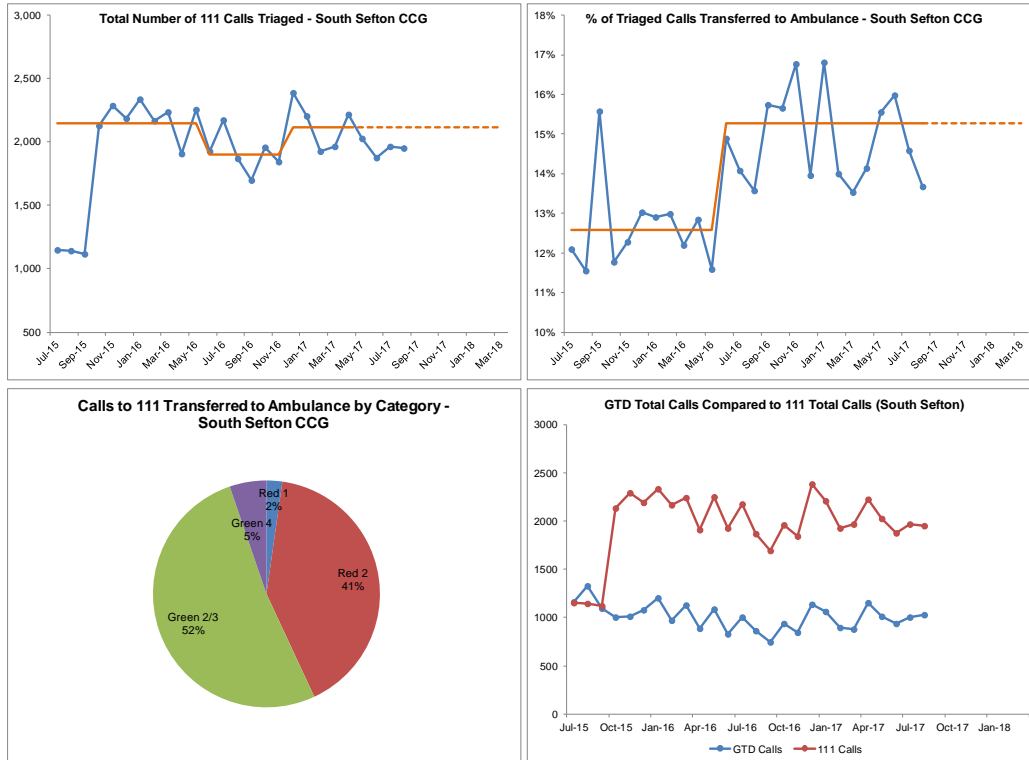
CURRENT				FUTURE ARP				
 RED 1 Life Threatening	3% of calls (NWS 3%)	75% response within 8 mins	Clock starts at point call connected from 999	 CATEGORY 1 Life Threatening	8% of calls	7 mins mean response time 90% in 15 mins	Clock starts 30 secs from call connect or problem identified	
 RED 2 Emergency Calls	47% of calls (NWS 41%)	75% response within 8 mins	From Oct 16: Clock started 240 secs from call connect or problem identified	 CATEGORY 2 Emergency Calls	48% of calls	18 mins mean response time 90% in 40 mins	Clock starts 240 secs from call connect or problem identified	
 GREEN 1 Emergency Care	(NWS 5%)	95% within 19 minutes NW local target 20 mins response	60 secs from call connect / ambulance dispatched / problem identified	 CATEGORY 3 Urgent Calls	34% of calls	90% in 120 mins	Clock starts 240 secs from call connect or problem identified	
 GREEN 2 Emergency Care	(NWS 29%)	NW local target 30 mins response		 CATEGORY 4 Less Urgent Calls				10% of calls
 GREEN 3 Urgent Care	(NWS 7%)	NW local target Tel assessment 60 mins / 180 mins response		If conveyed, transporting vehicle stops the clock				
 GREEN 4 Urgent Care	(NWS 14%)	NW local target Tel assessment 60 mins / 240 mins response		The new response system will: <ul style="list-style-type: none"> • Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions • Further prioritises a time critical response for the most life threatening conditions • Introduce new target response times which cover every single patient, not just those in immediate need. For the most urgent patients we will collect mean response time in addition to the 90th percentile, so every response is counted. • Change the rules around what "stops the clock", so targets can only be met by doing the right thing for the patient, where possible first time. 				
 ALL GREEN	50% of calls (NWS 56%)	No national targets (local apply)						

Handover Times					
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - August	0	232	↑ ↓	The Trust recorded 232 handovers between 30 and 60 minutes, this is an improvement on last month when 269 was reported and 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 - August	0	157	↓	The Trust recorded 157 handovers over 60 minutes, a improvement on the previous month when 222 was reported and is still breaching the zero tolerance threshold.

An improvement in the number of handover delays in excess of 30 minutes was noted, decreasing to 232 (-37), with 157 in excess of 60 minutes (-65). The average time from notification to handover standard of 15 minutes slightly increased in August 2017. The Trust achieved an average of 20.38 minutes compared to the 24.06 minutes reported in the previous month (-4.32 minutes). Ambulance Hospital Arrival Screen (HAS) compliance decreased to 88% (-2.90%)

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Calls



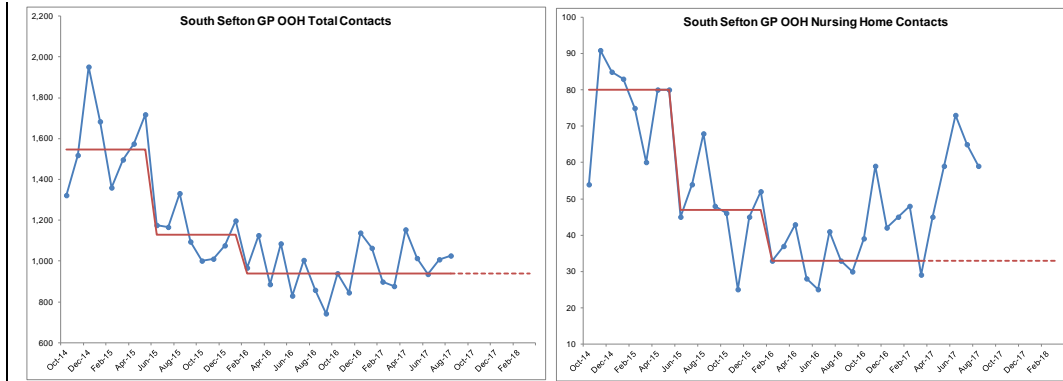
The number of calls in August 2017 remains similar to the previous month. The number of calls to 111 remains at a similar level to the same point in the previous year for South Sefton residents.

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

- 58% advised to attend primary and community care
- 17% closed with advice only
- 14% transferred to ambulance
- 9% advised to attend A&E
- 3% advised to other service.

Year to date, 17.1% of calls have been closed with advice only. This is a reduction on the previous year where 20.1% were ended this way. This reduction has been countered by increases in the percentage being transferred to ambulance, advised to attend Primary and Community care and advised to attend other services.

4.3.2 GP Out of Hours Calls



The number of calls from South Sefton patients to the GP OOH service has risen slightly in August 2017 to 1,025. When compared to 2016/17, there have been 500 more calls so far in the first 5 months year to date.

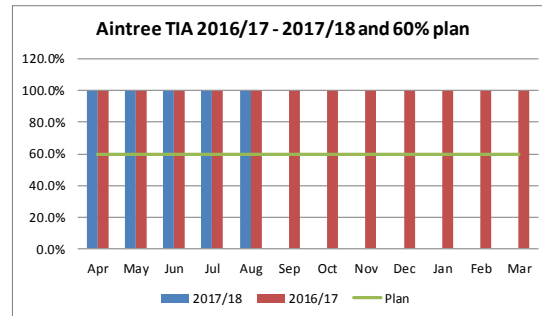
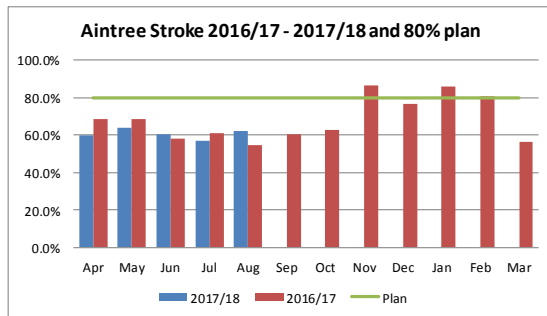
GP OOH calls from nursing homes within South Sefton have reduced slightly for to 59 for August 2017. When compared to the same point in the previous year, year to date 2017/18 has received 230 more calls to nursing homes, an increase of 135%.

South Sefton CCG, in collaboration with Go To Doc (GTD) and NWS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

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 - August	80%	62.16%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	17/18 - August	60%	100%	↔



In August Aintree failed the 80% target for patients spending 90% of their time on a stroke unit recording 62.2%. This is an improvement from the previous month when the Trust recorded 57.1%. Out of a total of 37 patients only 23 spent more than 90% of their stay on a stroke unit the standard was not reached for 14 patients.

All breaches of the standard are reviewed and reasons for underperformance identified:

- 8 patients required admission to the Stroke Unit but no beds were available
- 1 patient was palliative and it was felt not appropriate to transfer
- 3 patients were referred to the stroke team after an MRI/CT diagnosed a stroke
- 1 patient on trauma pathway with delay in stroke diagnosis
- 1 patient's notes not available (to be reviewed on return from scanning)

Lack of available stroke beds remains a recurring theme and biggest contributor to the inability to achieve the standard. This is being addressed through development of a business case for additional Stroke inpatient capacity.

Actions to improve include:

- Continue Registered Nurse and Therapy recruitment for funded HASU beds.
- Ensure timely step downs of patients from stroke unit to be a medical bed.
- Stroke meetings to discuss outliers and delayed transfers of care, daily monitoring.
- Stroke ward nurse focussed on supporting discharge planning for all patients on the stroke unit.
- Discuss late referrals to the Stroke Team with Acute and Emergency\medicine to ensure lessons are learnt – patient journeys to be shared with relevant teams.

Both West Lancashire and Southport & Formby CCGs met with all providers and Elaine Day for the stroke network to review the commissioning of early supportive discharge services. Providers are currently reviewing the agree service specification with regards to what elements they can provide, the business case is then to be reviewed by the trust and then taken through the CCGs internal processes to determine investment.

4.4.2 Mixed Sex Accommodation

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

4.4.3 Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	17/18 - August	23	21	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	17/18 - August	19	32 (22 following appeal)	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	17/18 - August	0	1	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	17/18 - August	0	1	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	17/18 - August	55	59	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	17/18 - August	No Plan	124	↓

The CCG had 6 new cases reported in August 2017, (21 year to date), against a year to date plan of 23, (11 apportioned to acute trust and 10 apportioned to community). The year to date plan is 54.

Aintree had 9 new cases reported in August (32 year to date) against a year to date plan of 19. (There have been 10 successful appeals upheld at panel, so 22 cases following appeal). The year-end plan is 46.

Aintree had no new cases of MRSA in August and 1 case of MRSA in June the case was subject to the national Post Infection Review (PIR) process and the case was finally assigned to the Trust. The PIR review team could not identify any lapses in care, however the patient was screened negative on admission and the first indication of MRSA was the confirmation of the bacteraemia.

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.

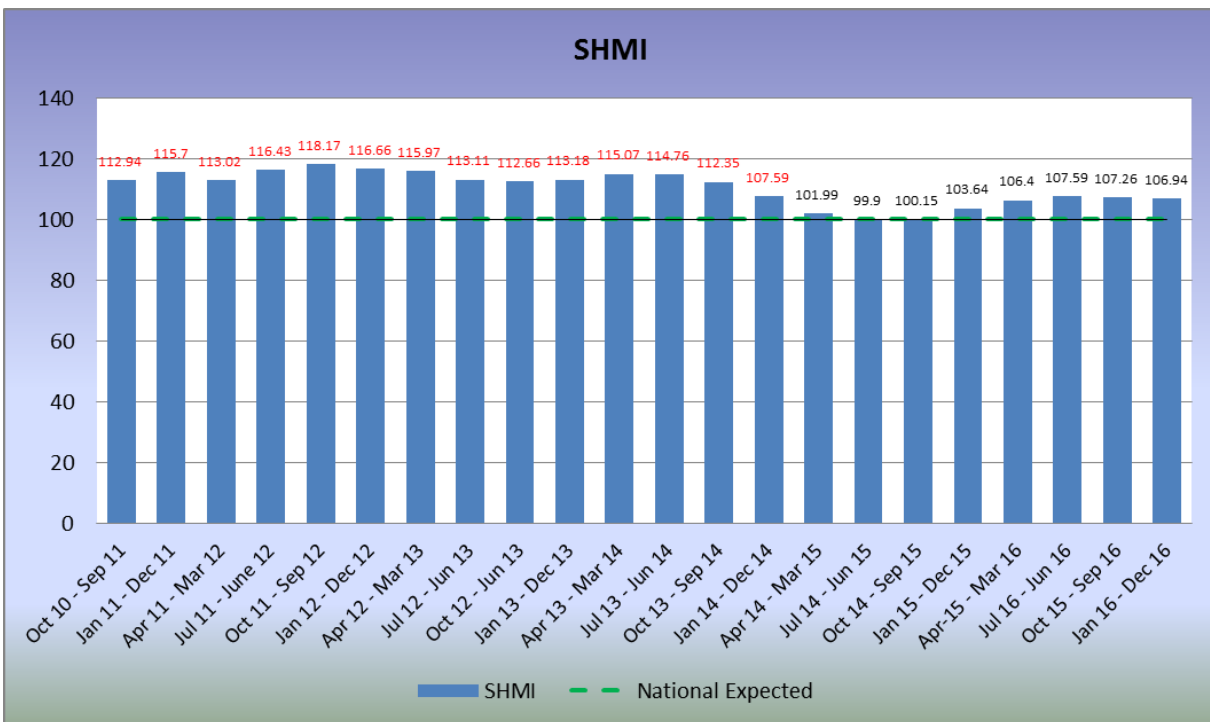
NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2017/18 which is 142 for South Sefton CCG, in August there were 12 cases bringing the year to date total to 59 which is over the 55 year to date plan. There are no targets set for Trusts at present.

4.4.4 Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - August	100	94.50	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16 to Jan-17	100	106.94	↓

HMSR is reported for the rolling 12 months to May 2017 with the latest data showing a drop to 94.54 from 98.35 previously reported. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is under 100 this suggest fewer deaths occurred than expected.

SHMI at 106.94 is marginally better than performance at November 2016 and within tolerance levels.



At a recent Aintree meeting it was agreed that there would be a Mortality Workshop on the 2nd November at Merton House as there is a need for the CCG as commissioners to:

- Gain a clear understanding from the latest AQuA report and distinguish what conclusions can be and cannot be drawn from this;
- Review the more detailed Advanced Mortality Report that is used by the Mortality Group and draw clear and specific conclusions;
- Agree a clear set of queries and questions that we need to seek assurance on as commissioners from Aintree;

- *Ensure we have a robust mechanism going forward to test and monitor mortality, triangulating this with other areas of performance and quality.*

4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 5.

There are a total of 66 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 66, 29 are applicable to Liverpool Community Health (LCH), 22 for Mersey Care NHS Foundation Trust (MCFT) and 5 for Aintree University NHS Foundation Trust (UHA).

Aintree University Hospitals NHS Foundation Trust has 20 open Serious Incidents on StEIS. 3 incidents were reported in August (12 YTD) with zero Never Events. Four incidents were closed in month, nine remain open >100 days.

Mersey Care NHS Foundation Trust has 31 incidents open on StEIS for a South Sefton CCG patient, with zero Never Events YTD. There were 2 incidents reported in August, both relating to South Sefton CCG patients, both Community Services 1 Pressure Ulcer and 1 Confidential Information Leak. There have been 19 incident reported YTD (9 – Mental Health, 10 Community Services). 3 incidents have been closed in month. Ten remain open > 100 days.

There are a number of concerns escalated to the Director Nursing, and to be tabled at the CQPG; compliance with duty of candour, Staffing issues relating to CIP in an SI report, and the number of suicides being reported.

Governance issues have been highlighted, with the trust subcontracting arrangements with North West Boroughs Healthcare NHS Foundation Trust (NWFT) for elements of the community contract. A meeting is due to take place with the 2 providers, 3 CCGs (Liverpool CCG, South Sefton CCG, Knowsley CCG) and NHS E C&M to support robust governance arrangements.

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.

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

Average Delays per Day

Reason for Delay	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0	0	2	1	2
B) PUBLIC FUNDING	0	0	0	0	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	9	11	7	8
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	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	1	6	1	3
F) COMMUNITY EQUIPMENT/ADAPPTIONS	2	1	1	1	0	1	0	0	0	0	0	0	0	0	1	0	1
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13	18	20	8	14
H) DISPUTES	0	0	0	0	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	0	0	0	0
O) OTHER													0	0	0	0	0
Grand Total	30	31	34	29	27	46	25	21	32	22	22	22	28	29	39	18	28

The average number of delays per day in Aintree hospital increased in August to 28, 18 reported in July (35.7%). Of the 28, 14 were patient or family choice (50%), 8 were awaiting further NHS non-acute care (28.6%), 3 was awaiting care package in own home (10.7%) 2 completion assessment (7.1%) and 1 awaiting community equipment/adaptions (3.6%).

Analysis of average delays in August 2017 compared to August 2016 shows an increase in the average number of patients from 28 to 27 (3.7%).

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

Agency Responsible	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS - Days Delayed	808	773	863	677	677	1,093	664	516	880	519	490	565	726	852	962	515	725
Social Care - Days Delayed	85	184	153	228	167	292	98	118	121	177	133	106	112	45	221	34	134
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 725 in August, a significant increase from 515 in July (210).

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. In addition there is also CCG representation at the weekly focused MADE (Multi Agency Discharge Event) on the Aintree site. The forum 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.

CCG representatives are planning to audit the Trusts Ready for Discharge (RfD) and Medically Fit for Discharge (MFFD) lists to proactively identify themes which hinder discharge. The CCG has offered support from the Quality Team to issue patient letters where patient/family choice delays are preventing appropriate discharge to the community setting.

The CCG is currently working with CCG and LA partners to agree an Intermediate Care, Reablement and Assessment Service model which, using a lane model with development of trusted assessor roles in the acute setting, transfer of Social Work support to the community setting and increased availability of packages of care, will facilitate timely discharge of patients to the most appropriate setting.

Average Delayed Transfers of Care per Day - Merseycare - April 2016 – August 2017

Reason for Delay	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6	6
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3	2
C) WAITING FURTHER NHS NON-ACUTE CARE	3	6	3	9	6	5	12	12	15	18	12	14	9	6	7	6	6
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3	4
DII) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7	8
E) AWAITING CARE PACKAGE IN OWN HOME	2	3	1	3	4	3	4	4	4	3	3	2	2	1	5	5	3
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1	1
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	0	0	1	1	1
I) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	1	4	5	3	8
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1
Grand Total	28	34	33	51	42	37	42	41	43	40	34	40	35	30	34	36	41

The average number of delays per day at Merseycare increased to 41 in August from 36 the previous month. Of the 41 delays, 8 were due to housing (19.5%), 8 were awaiting nursing home placements (18.5%), 6 completion of assessment (14.6%), 6 waiting further NHS non-acute care (14.6%), 4 awaiting residential care home placements (9.8%), 3 awaiting care package in own home (7.3%), 2 awaiting public funding (4.9%), 1 awaiting community equipment/adaptations (2.4%), 1 patient or family choice (2.4%), 1 disputes and 1 other.

Analysis of average delays in August 2017 compared to August 2016 shows them to be lower by 1.

Agency Responsible and Total Days Delayed - Merseycare - April 2016 – August 2017

Agency Responsible	2016-17												2017/18				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132

The total number of days delayed caused by NHS was 613 in August, compared to 403 last month. Analysis of these in August 2017 compared to August 2016 shows an increase from 477 to 613 (136). The total number of days delayed caused by Social Care was 526 in August, compared to 574 in July showing a decrease of 48. Merseycare also have delays caused by both which was 132 in August, a decrease from the previous month of 149.

4.7 Patient Experience of Unplanned Care

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

Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	15.0%	16.0%		87%	83%		7%	11%	

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

- % Response Rate
- % Recommended
- % Not Recommended

Aintree University Hospital NHS Foundation Trust routinely achieves the response rate target way in excess of the regional and national response rates for A&E after a sharp decline in May when response rates were 11.8%; from June onwards there was an improvement and for the last 3 months the trust has been back over the 15% target, August reporting 16%.

The percentage of people that would recommend A&E is lower than the England average again reporting 83% in August, this is an improvement from last month when 78% was recorded. The not recommended percentage is at 11% in August which again has shown an improvement as 14% was recorded 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.



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 5 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows a small over performance of circa £16k/0.1%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a total under spend of approximately -£171k/-0.8%.

Royal Liverpool represents the highest over performing provider for unplanned care at month 5 with a year to date variance of £194k/23%. In contrast, Southport & Ormskirk is currently underperforming by £236k/18%.

Figure 16 - Month 5 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	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	40,342	44,041	3,699	9%	£15,005	£15,171	£166	1%	-£166	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	4,154	3,776	-378	-9%	£897	£830	-£67	-8%	£67	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	103	63	-40	-39%	£171	£132	-£38	-23%	£38	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,445	1,428	-17	-1%	£1,746	£1,681	-£64	-4%	£64	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2,257	2,428	171	8%	£826	£1,020	£194	23%	-£194	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	4	3	-1	-29%	£23	£20	-£3	-13%	£3	£0	0.0%
ACTING AS ONE TOTAL	48,306	51,739	3,433	7%	£18,667	£18,854	£187	1%	-£187	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	28	45	17	61%	£7	£13	£6	86%	£0	£6	86%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	35	35	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	3,407	3,236	-171	-5%	£1,291	£1,054	-£236	-18%	£0	-£236	-18%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	368	459	91	25%	£164	£191	£27	16%	£0	£27	16%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	30	26	-4	-15%	£75	£77	£2	3%	£0	£2	3%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	17	15	-2	-13%	£6	£4	-£2	-34%	£0	-£2	-34%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	61	61	0%	£0	£8	£8	0%	£0	£8	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	102	103	1	1%	£37	£61	£24	66%	£0	£24	66%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	26	22	-4	-14%	£16	£7	-£9	-59%	£0	-£9	-59%
ALL REMAINING PROVIDERS TOTAL	3,978	4,002	24	1%	£1,595	£1,423	-£171	-11%	£0	-£171	-11%
GRAND TOTAL	52,284	55,741	3,457	7%	£20,262	£20,278	£16	0.1%	-£187	-£171	-0.8%

*PbR Only

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 17 - Month 5 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	17,446	20,074	2,628	15%	£406	£406	£0	0%
A&E - Accident & Emergency	12,930	13,729	799	6%	£1,743	£1,890	£146	8%
NEL - Non Elective	6,174	5,868	-306	-5%	£11,514	£11,427	£-87	-1%
NELNE - Non Elective Non-Emergency	20	15	-5	-27%	£73	£55	£-17	-24%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	8	52	44	513%	£2	£13	£10	442%
NELST - Non Elective Short Stay	840	806	-34	-4%	£565	£553	£-11	-2%
NELXBD - Non Elective Excess Bed Day	2,922	3,497	575	20%	£702	£827	£125	18%
Grand Total	40,342	44,041	3,699	9%	£15,005	£15,171	£166	1.1%

4.9.3 Aintree Hospital Key Issues

The Urgent Care over spend of £166k/1.1% is driven by a £146k/8% over spend in Accident & Emergency and £125k/18% over performance in Non-Elective Excess Bed Days. The key specialties over performing within unplanned care include Acute Internal Medicine, Gastroenterology and Cardiology. In contrast, there is currently a significant under spend within the Accident & Emergency and Geriatric Medicine specialties.

Despite the overall indicative overspend for unplanned care PODs at Aintree, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

4.9.4 Royal Liverpool University Hospital

Figure 18 - Month 5 Unplanned Care – Royal Liverpool University Hospital Trust by POD

The Royal Liverpool Hospital Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E - Accident & Emergency	1,864	1,888	24	1%	£194	£210	£16	8%
AMAU - Acute Medical unit	9	11	2	22%	£1	£1	£0	22%
NEL - Non Elective	282	277	-5	-2%	£559	£699	£140	25%
NELNE - Non Elective Non-Emergency	6	9	3	48%	£35	£30	£-5	-15%
NELST - Non Elective Short Stay	37	55	18	47%	£24	£36	£12	50%
NELXBD - Non Elective Excess Bed Day	59	188	129	220%	£14	£44	£31	226%
Grand Total	2,257	2,428	171	8%	£826	£1,020	£194	23%

4.9.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £194k/23% is largely driven by a £140k/25% over performance in Non-Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £138k/231%.

As with Aintree Hospital, despite the overall indicative overspend for unplanned care PODs at Royal Liverpool, there is no financial impact of this to South Sefton CCG due to the Acting As One block contract arrangement.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 19 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 31/08/2017	2017/18 Plan	Variance from Plan	Variance on 31/08/2016
1 Common Mental Health Problems (Low Severity)	39	43 -	4 -	1
2 Common Mental Health Problems (Low Severity with greater need)	9	25 -	16 -	34
3 Non-Psychotic (Moderate Severity)	83	150 -	67 -	126
4 Non-Psychotic (Severe)	317	270	47	100
5 Non-psychotic Disorders (Very Severe)	92	67	25	29
6 Non-Psychotic Disorder of Over-Valued Ideas	42	46 -	4 -	5
7 Enduring Non-Psychotic Disorders (High Disability)	292	251	41	61
8 Non-Psychotic Chaotic and Challenging Disorders	135	122	13	22
10 First Episode Psychosis	147	144	3	15
11 On-going Recurrent Psychosis (Low Symptoms)	326	399 -	73 -	77
12 On-going or Recurrent Psychosis (High Disability)	407	354	53	69
13 On-going or Recurrent Psychosis (High Symptom & Disability)	105	101	4	8
14 Psychotic Crisis	31	27	4	5
15 Severe Psychotic Depression	8	6	2	1
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	45	38	7	9
17 Psychosis and Affective Disorder – Difficult to Engage	44	50 -	6 -	5
18 Cognitive Impairment (Low Need)	228	224	4	3
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	442	446 -	4	37
20 Cognitive Impairment or Dementia Complicated (High Need)	432	398	34	46
21 Cognitive Impairment or Dementia (High Physical or Engagement)	124	140 -	16 -	7
Cluster 99	462	558 -	96 -	78
Total	3,810	3,859 -	32	83

5.1.1 Key Mental Health Performance Indicators

Figure 20 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	95%	97%	100%	92.6%
Rolling Quarter				97%	100%	96.0%

There were 2 patients who were not followed up out of a total in August of 27. These 2 breaches were due to being unable to contact the patients after 3 attempts at 7 day follow up.

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

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
KPI_145 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	100%	No Patients	100%	100%
Rolling Quarter				100%	100%	100%

Figure 22 - Figure 16 EIP 2 week waits

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17
NR_08 Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	No Patients	100%	67%	100%	50%
Rolling Quarter				80%	100%	81.8%

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 Trust, in response to the recent Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings is considering options and the possibility of establishing a 24/7 Single Point of Access to its secondary care services and crisis care enabling a responsive access point for urgent requests for help, a one-stop integrated referral point based on a multi-disciplinary team model. The proposal requires MerseyCare board level approval and if given, work streams involving the commissioners will be established within a robust project plan with clear milestones for delivery.

Commissioners are meeting the Trust on 19th October 2017 to discuss CRHT fidelity and there is clear expectation that work will commence very shortly to upgrade the Trust's response to those people who experience crisis. Clinical commissioners will be invited to be involved in this service redesign work.

The CORE 24 mental health liaison service was launched on 29th September 2017. The CORE 24 monies have enabled an addition 25.4WTE staff to be deployed across the three acute sites on the North Mersey local delivery footprint. The Trust has reported that only two band 5 nursing posts remain

to be recruited to. The allocation of £995k in 2017/18 was on a non-recurring basis on the expectation that the liaison service should be become self- sustaining.

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 CRM and CQPG meetings. The Trust has provided a remedial action plan against which progress will be monitored via CQPG. Good progress continues to be reported against the remedial action plan however the performance notice remains open until the CCG Safeguarding Team is assured that all concerns have been addressed.

The Adult ADHD service provided by the Trust continues to operate at over capacity. Six of the seven sessions per week became vacant on 1st October 2017 and these are being recruited to. The Trust is also exploring the use of nurse prescribing input in to the service, but if feasible this would not be available until January 2018.

To enable though put from the service back into primary care a draft Adult ADHD protocol has bene develop and has been circulated to the Sefton LMC for comment.

The Trust has also raised concerns around the caseload sizes of memory patients and what they perceive to be a lack of agreement from primary care to enable to these patients to be discharged from secondary care to enable subsequent reviews are undertaken in a primary care setting. The commissioners' view is that the memory pathway is wholly commissioned from within the Trust and that there could be an opportunity to utilise community physical health resources to enable reviews to be undertaken within the physical health offer. A meeting has been arranged for 27th October 2017 to discuss a proposal to utilise ex LCH community resource within the Mersey Care community contract to undertaken reviews.

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust

Latest Month: Aug-17

Clinical Area	Response Rate (Eng. Average)	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
Mental Health	2.5%	2.2%		88%	93%		5%	1%	

Merseycare are above the England average for recommended for Friends and Family recording 93% this is up from last month when they recorded 85%. They are recording well under the England average for not recommended in August (1%).

5.2 Improving Access to Psychological Therapies

Figure 23 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

South Sefton IAPT KPIs Summary

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	223	320	333	315	268							
Access % ACTUAL - Monthly target of 1.4% - Year end 16.8% required	2016/17	1.16%	1.21%	1.21%	1.12%	1.01%	1.11%	1.11%	1.05%	0.81%	1.26%	1.17%	1.30%
	2017/18	0.92%	1.32%	1.37%	1.30%	1.10%							
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	35.4%	46.1%	42.1%	44.3%	48.9%							
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%	98.90%	97.9%	100.0%	99.5%							
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%	100.0%	99.5%	100.0%	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	169	182	195	180	192							
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	4	5	4	8	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	57	82	80	78	90							
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	84.2%	88.8%	90.4%	84.4%	87.8%							

Cheshire & Wirral Partnership reported 268 South Sefton patients entering treatment in Month 5, which is a 14.9% decrease from the previous month when 315 was reported. 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, which is equivalent to 1.4% per month. Month 5 access rate was 1.10% therefore the monthly target was not achieved.

There were 361 Referrals in Month 5, which was a 7.9% decrease compared to the previous month when there were 392. Of these, 67.6% were Self-referrals which is comparable with the previous month (67.3%). GP Referrals were also maintained compared to the previous month with 67 compared to 68 for Month 4. 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 48.9% in Month 5, which is an increase from 44.3% for the previous month, and just failing 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 an increase in Month 5 with 53 compared to 45 in Month 4.

There was a 18.4% increase in DNAs in Month 5 (from 163 in Month 4 to 193 in Month 5); 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.

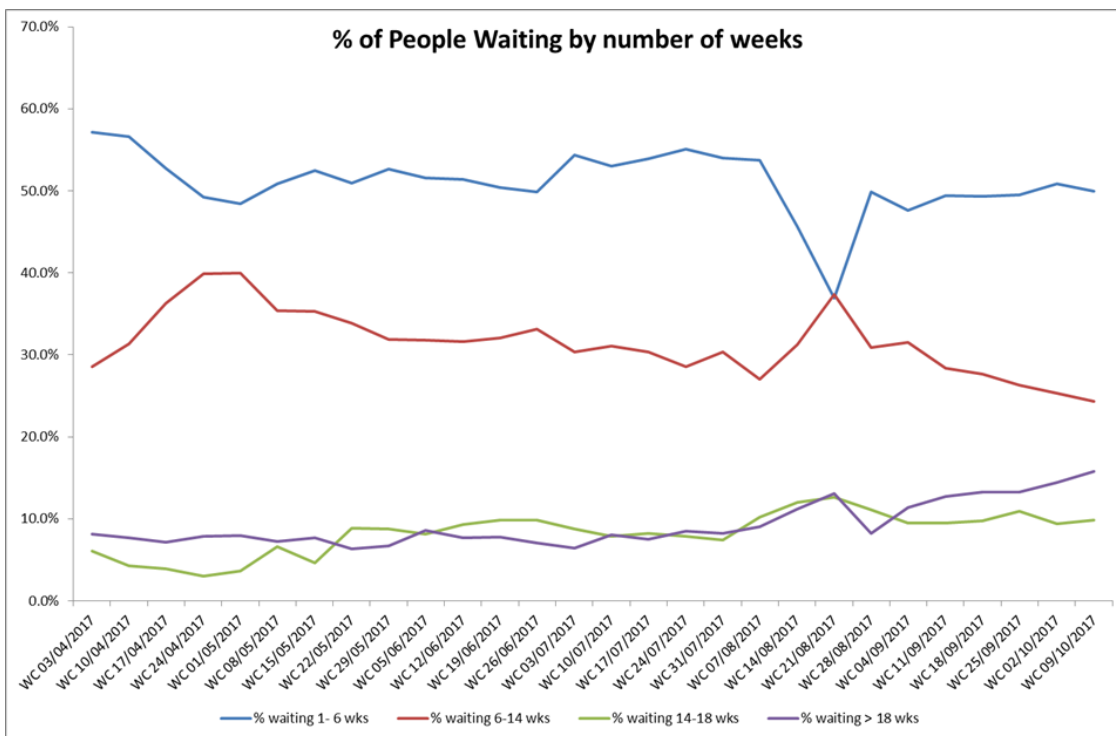
In month 5, 99.5% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

The provider has confirmed that in response to primary care queries they are working to develop a prioritisation tool.

From the point of referral, the provider is able to routinely offer an appointment to clients within five days. Subsequent appointment times are dependent on the agreed appropriate clinical intervention and the client's own personal preference and internal waits continue to be monitored weekly.

The provider has recently recruited a qualified practitioner to work with the less severe presentations, and are currently in the process of shortlisting for a full-time qualified CBT therapist. In addition they have developed group interventions for anxiety and depression and the feedback from clients suggest that these are being well-received.

NHS South Sefton CCG – Access Sefton % Internal waiters 03/04/2017 – 9/10/2017



The chart above illustrates internal waits activity for April 2017 onwards over the 28-week reporting period. The proportion of people waiting 6 to 14 weeks for a second appointment has seen a slightly downward trend over the given time period with the exception of a peak in the week commencing 21/08/2017.

Some excessive waits remain high however the service reports that some patients request very specific days and appointment times for appointments.

5.3 Dementia

	Apr-17	May-17	Jun-17	Jul-17	Aug-17
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	66.07%	65.52%	65.97%	66.43%	67.02%
Target	67%	67%	67%	67%	67%

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

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in August 2017 of 67.02% which has now achieved 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. 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%

An update will be provided on a quarterly basis. NHS Digital have been contacted and stated that the data for Quarter 1 2017/18 should have been made available but has not to date. NHS Digital’s publication schedule reports quarterly data 2 months behind quarter end.

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)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	1	2		2		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2		2		2	
%	100.00%	33.33%	100.00%		100.00%		100.00%	

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

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	2	0	2		2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	0	2		2		2	
%	100.00%	#DIV/0!	100.00%		100.00%		100.00%	

For Q1 South Sefton had no patients waiting for urgent (less than 1 week waiting), and had 3 patient waiting for a routine appointments. Of those three patients, one was seen between 1-2 weeks and the others at 4-5 weeks and 6-7 weeks so performance against the 4 week target is 33% (against national standard of 95%). The performance in this category is calculated against completed pathways only.

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 have agreed to support Mersey care with initial reporting for 6 months; this also includes supporting the Trust in undertaking gap analysis and providing action plans to the CCG for missing indicators regarding the reporting of virtual wards.

An information sub group has been established and the group met on the 28th September. Activity reports submitted by the Trust (produced by Liverpool Community Health) were reviewed and the following issues were discussed, with actions taken to investigate:

- Waiting times targets – the group agreed that the standard acute 18 week target was not suitable to community services and that the targets will need to be reviewed and agreed with clinical input from both the Trust and CCG.
- Exception Reporting – the CCG urgent care lead is doing some work with the Trust around more informative exception reporting.
- Data Quality Issues – the activity statement highlights many potential data quality issues and also highlighted the need to review the baselines.

6.1.1 Quality

The CCG Quality Team are holding meetings with Mersey Care Community, outside of the CQPG, to discuss Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that expectations of data flows and submissions are clear and reported in a timely manner. The work programme is also being reviewed to ensure it focusses on all relevant areas including those highlighted in the QRP (Quality Risk Profile), Southport & Ormskirk CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document.

There is a planned review of all KPIs included in Service Specifications in the first six months for Mersey Care Community. This work will include LCH and Mersey Care Community BI Teams. KPIs focusing on Quality, Patient Safety, Clinical Effectiveness and Patient Experience will be prioritised. Any new local KPIs identified will be varied into the contract.

6.1.2 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2017/18.

For patient DNAs, Sefton Physio Service continues to report high rates with 11.8% in August. Adult Dietetics also continues to report high rates at 17.5% in August. Diabetes is also showing an increase in DNA rates with 9% in August.

Provider Cancellation Rates: Treatment Rooms is reporting red (above 5% threshold) with 6.8%, a decline on last month's performance. Adult dietetics is showing a 40% rate with 44 provider cancellations out of just 66 appointments. The Trust has provided the following comments regarding the cancelled appointments for adult dietetics: *Scheduled work has been cancelled and rebooked at later date to accommodate more unstable domiciliary reviews work.*

Treatment rooms, Podiatry, Physio and Adult Dietetics have all continued the trend of previous years showing high numbers of patient cancellations. All services are above 15% for August and show no sign of improvement.

The Trust has informed the CCG that they have amended the formula to calculate DNA and Cancellation rates. This is following queries raised by the CCG about whether the correct denominator figure was being used. This is being amended from the appointments attended figure to the total appointments booked figure. Both the CCG and Trust agree this is the correct way to report and as a result performance is expected to improve slightly going forward.

6.1.3 Waiting Times

Waiting times are reported a month in arrears. The waiting times for all services were below 18 weeks in July, with the exception of adult SALT reporting an average (95th percentile) of 21 weeks on the completed pathway, compared to 21 weeks last month.

6.2 Any Qualified Provider Mersey Care Podiatry Contract

The AQP Podiatry contract for South Sefton CCG patients transferred over to Mersey Care on 1st June. Therefore the following information reports a year to date position from month 3 onwards.

At Month 5 2017/18 the costs for the CCG for initial contacts were £16,602 with 242 contacts and for follow-ups costs were £60,598 with 1,981 contacts (599 with attached costs).

6.2.1 Liverpool Community Health Quality Overview

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.

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 July 2017, 22 weeks was reported for incomplete pathways against the 18 week target. This is an increase in waiting times compared to last month. A total of 100 patients were waiting over 18 weeks, with the longest waiter at 28 weeks.

6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics is reporting a high DNA rate in July 2017, for the third consecutive month, with 12.5%. August information shows no appointments booked due to the member of staff being term time only.

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)

	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
Number of Children whose episode of care was closed within the reporting period where equipment was delivered in 18 weeks or less being referred to the service	19	Nil return	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	Nil return	20		20		20	
%	95.00%	0.00%	95.00%		95.00%		95.00%	

NHS England guidance states that 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.

South Sefton CCG commissioning arrangements have recently been clarified with NHS England commissioning this service and not South Sefton CCG, so a nil return for the CCG was recorded for Q1.

7. Third Sector Overview

Reports detailing activity and outcomes during Q2 are underway, this report will be circulated within the next couple of weeks. Referrals to most services have increased during Q2 compared to the same period last year and the complexity of service user issues is increasing. A number of services providing support for service users applying for benefits have also informed Sefton CCGs in regard to the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The application is difficult and appears to be having a profound effect on a high volume of service users, in particular those suffering mental health. A number of agencies have informed that the majority of payments appear to be delayed and residents of Sefton are suffering severe hardship as a result.

Work is in progress to engage further with Third Sector providers and GP Practices in particular services for the elderly. An issue was raised at a recent CWP-IAPT meeting by a GP in attendance who had informed that a number of elderly patients are presenting with a range of issues as a result of loneliness, social isolation and anxiety. It was suggested that our Third Sector service could help by facilitating peer support groups for those who may benefit. Contact was made with Age Concern and work is now underway to set up support groups within GP Practices across the borough. Further meetings are to be set up with Sefton locality leads to identify how our Third Sector providers may be linked in more with practices across the footprint.

Alzheimer's Society are currently piloting a project and have engaged with 9 GP practices across Sefton delivering 2 hourly dementia surgeries for patients and their carer's. This model appears to have been very well received amongst GPs and practice staff, further plans have been put in place to role this out further across the borough.

A piece of work has been completed to capture the numbers of referrals during 2016-17 by electoral Ward for each of our providers. This is to be used going forward to identify hot-spots and gaps within the Sefton footprint.

A presentation was delivered to both CCG Governing Body Development Workshops during August aiming to improve the understanding of those present in regard to services provided, value and benefits of these services within our community and the complexity and vulnerability of those community groups who rely heavily on these services. Further work is to be undertaken to demonstrate how these services link in with our statutory/Acute mental health organisations, a further presentation will be made during October to the Senior Leadership Team.

Promotion of "30 Days of Sefton in Mind", from the 10th September (World Suicide Prevention Day) through until 10th October (World Mental Health Day) has taken place. Sefton MBC ran 30 stories regarding mental health in Sefton. SWACA were featured as an integral service provided for Women & Children within Sefton.

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. In August, 129 Sefton Road (Branch Surgery) was inspected and 'requires improvement' in Safe and Well Led leading to an overall rating of 'requires improvement'. All the results are listed below:

Figure 24 - CQC Inspection Table

South Sefton CCG									
Practice Code	Practice Name	Date of Last Visit	Overall Rating	Safe	Effective	Caring	Responsive	Well-led	
N84002	Aintree Road Medical Center	n/a	Not yet inspected the service was registered by CQC on 20 July 2016						
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good	
N84016	Moore Street Medical Center	17 June 2016	Good	Good	Good	Good	Good	Good	
N84019	North Park Health Center	n/a	Not yet inspected the service was registered by CQC on 7 March 2017						
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	24 July 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
	129 Sefton Road (Branch Surgery)	08 August 2017	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement	
N84001	42 Kingsway	07 November 2016	Good	Good	Good	Good	Good	Good	
N84007	Liverpool Rd Medical Practice	06 April 2017	Good	Good	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 Practice	19 February 2015	Good	Requires Improvement	Good	Good	Good	Good	
N84627	Crossways Practice	06 August 2015	Good	Good	Good	Good	Good	Good	
N84626	Hightown Village Surgery	18 February 2016	Good	Requires Improvement	Good	Good	Good	Good	
N84003	High Pastures Surgery	09 June 2017	Good	Good	Good	Good	Good	Good	
N84010	Maghull Family Surgery (Dr Sapre)	21 August 2017	Good	Requires Improvement	Good	Good	Good	Good	
N84025	Westway Medical Center	23 September 2016	Good	Good	Good	Good	Good	Good	
N84624	Maghull Health Center	05 February 2015	Good	Good	Good	Good	Good	Good	
Y00446	Maghull Practice	19 March 2015	Requires Improvement	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	
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	
N84027	Orrell Park Medical Center	20 August 2015	Good	Good	Good	Good	Good	Good	
N84029	Ford Medical Practice	31 March 2015	Good	Good	Good	Good	Good	Good	
N84035	15 Sefton Road	22 March 2017	Good	Good	Good	Good	Good	Good	
N84043	Seaforth Village Practice	29 October 2015	Good	Good	Good	Good	Good	Good	
N84605	Litherland Town Hall Hth Ctr	26 November 2015	Good	Good	Good	Good	Good	Good	
N84615	Rawson Road Medical Center	10 September 2015	Good	Good	Good	Good	Good	Good	
N84630	Netherton Practice	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good	

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

9. Better Care Fund

Better Care Fund planning guidance was published at the start of July 2017. Health and Wellbeing Board areas submitted an overarching BCF narrative plan, a planning template (consisting of confirmation of funding contributions, scheme level spending plans, and national metrics) and supporting documents on 11th September 2017. Earlier in July local areas were required to confirm draft Delayed Transfers of Care (DTC) trajectories and Local Authorities completed a first quarterly monitoring return on the use of the improved BCF (IBCF) funding. The DTC trajectory submitted is in line with the NHS England expectations that both South Sefton and Southport & Formby CCGs will maintain their current rates of delays per day, and this trajectory is adequately phased across the months from July 2017 – March 2018.

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 framework draws together in one place almost 60 indicators including 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. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities (updated results for the last three of these will not be reported until later in the year). The framework is then used alongside other information to determine CCG ratings for the entire financial year.

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 was released the middle of July, and on 21st July the annual CCG ratings for 2016/17 were released. Overall, the assessment for NHS South Sefton CCG of '*requires improvement*' highlights both progress and ongoing challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in.

Areas cited in the assessment as strengths or good practice include the following:

- The CCG's performance was at or above the level required for the majority of NHS Constitution standards
- The CCG has a good control environment in place, with significant assurance received on all internal audits including quality, stakeholder engagement and financial management
- The CCG has proper arrangements in all significant respects to ensure it delivered value for money in its use of resources
- The CCG's openness in relation to its financial challenges is recognised, as is the strong oversight provided by the governing body and committee structure
- The CCG took a constructive approach to the planning and contracting round, and signed all its main contracts ahead of the 23 December 2016 deadline
- The strong leadership role taken to date by the CCG within the sustainability and transformation planning (STP) process, in particular the contribution of the accountable officer to local delivery system work

Some of the areas of continued challenge and development cited by NHS England can be seen below:

- As the CCG predicted, its financial position deteriorated substantially during 2016 – 2017, for a number of reasons and its 2017 - 2018 financial plans are subject to significant risks
- Whilst NHS England recognised the good work carried out by the CCG across the wider urgent care system, it noted performance in this area remains to be a

significant challenge. Efforts should continue with system partners to reduce delayed transfers of care and implement discharge to assess, trust assessor and primary care streaming initiatives

- Action should be taken with providers to improve cancer 62 day waits from urgent GP referral to first definitive treatment, along with access and recovery rates for Improving Access to Psychological Therapies, known as IAPT services
- Whilst the CCG's contribution to the STP is noted, NHS England states that there now needs to be increased focus on outputs and outcomes building on the Next Steps of the NHS Five Year Forward View.

10.2 Q4 Improvement & Assessment Framework Dashboard

Better Health						Better Care					
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend
R 101a	n/d Maternal smoking at delivery 16-17 Q3	12.4%	↑	2/11	130/209	R 121a	n/a High quality care - acute 16-17 Q4	62	↑	5/11	44/209
R 102a	n/d % 10-11 classified overweight 12/13 to 14/15	35.3%	↓	6/11	148/209	R 121b	n/a High quality care - primary care 16-17 Q4	65	○	8/11	99/209
R 103a	n/d Patients who achieved NICE t 2015-16	39.3%	↓	8/11	99/209	R 121c	n/a High quality care - adult social 16-17 Q4	60	○	4/11	114/209
R 103b	n/d Attendance of structured education 2014	7.9%	↑	4/11	67/209	R 122a	n/d Cancers diagnosed at early stage 2015	49.1%	↑	7/11	167/209
R 104a	✗ Injuries from falls in people 16-17 Q3	2,805	↑	9/11	200/209	R 122b	n/d Cancer 62 days of referral to 16-17 Q4	78.8%	↓	9/11	136/209
R 105a	n/a Utilisation of the NHS e-referral 2017 03	21.7%	↓	11/11		R 122c	n/d One-year survival from all causes 2014	70.2%	↑	3/11	94/209
R 105b	n/a Personal health budgets 16-17 Q4	8	↓	10/11	128/209	R 122d	n/d Cancer patient experience 2015	8.8	○	7/11	62/209
R 105c	n/a % of deaths in hospital 16-17 Q2	50.2%	↓	5/11	65/209	R 123a	✗ IAPT recovery rate 2017 01	38.8%	↓	11/11	200/209
R 105d	n/d LTC feeling supported 2016 03	63.8%	↑	8/11	118/209	R 123b	✓ EIP 2 week referral 2017 03	67.6%	↔	10/11	152/209
R 106a	n/d Inequality Chronic - ACS 16-17 Q3	1,361	↓	10/11	192/209	R 123c	n/a MH - CYP mental health 16-17 Q4	40%	↔	9/11	146/209
R 106b	✗ Inequality - UCS 16-17 Q3	2,927	↓	9/11	195/209	R 123d	n/a MH - Crisis care and liaison 16-17 Q4	47.5%	↔	10/11	191/209
R 107a	✓ AMR: appropriate prescribing 2017 02	1.25	↓	7/11	193/209	R 123e	n/a MH - OAP 16-17 Q4	25.0%	↓	11/11	192/209
R 107b	✗ AMR: Broad spectrum prescribing 2017 02	8.0%	↑	7/11	70/209	R 124a	✗ LD - reliance on specialist input 16-17 Q4	70	↑	3/11	146/209
R 108a	n/a Quality of life of carers 2016 03	0.79	↑	2/11	117/209	R 124b	✓ LD - annual health check 2015-16	10.4%	○	11/11	209/209
Sustainability						Well Led					
R 141a	n/a Financial plan 2016	Amber	○	4/11	88/209	R 125a	n/d Neonatal mortality and stillbirth 2015	8.4	↑	10/11	163/209
R 141b	n/a In-year financial performance 16-17 Q4	Red	↔	7/11	88/209	R 125b	n/a Experience of maternity services 2015	81.2	○	6/11	75/209
R 142a	n/a Improvement area: Outcomes 16-17 Q3		↔	1/11	1/209	R 125c	n/a Choices in maternity services 2015	67.0	○	6/11	72/209
R 142b	n/a Improvement area: Expenditure 16-17 Q3		↔	1/11	1/209	R 126a	n/a Dementia diagnosis rate 2017 03	57.5%	↑	11/11	204/209
R 143a	n/a New models of care 16-17 Q4	N	○			R 126b	n/d Dementia post diagnostic support 2015-16	73.9%	↓	11/11	200/209
R 144a	n/a Local digital roadmap in place 16-17 Q4	Y	○			R 127a	n/a Delivery of an integrated urgent care 2017 01	5	↑	3/11	65/209
R 144b	n/a Digital interactions 16-17 Q4	59.3%	○	9/11	142/209	R 127b	n/d Emergency admissions for UC 16-17 Q3	3,303	↓	7/11	186/209
R 145a	n/a SEP in place 2016-17	Y	○			R 127c	✗ A&E admission, transfer, discharge 2017 03	90.5%	↑	5/11	95/209
R 161a	n/a STP 2016-17	Green	○	1/11	1/209	R 127e	n/d Delayed transfers of care per patient 2017 03	12.8	↑	6/11	101/209
R 162a	n/a Probity and corporate governance 16-17 Q4	Fully Compliant	↔	1/11	1/209	R 127f	n/d Hospital bed use following emergency 16-17 Q3	596.4	↑	10/11	186/209
R 163a	n/a Staff engagement index 2016	3.70	↓	8/11	185/209	R 128a	✗ Management of LTCs 16-17 Q3	1,279	↓	9/11	192/209
R 163b	n/a Progress against WRES 2016	0.12	○	7/11	94/209	R 128b	n/d Patient experience of GP services 2016 03	81.2%	↑	11/11	182/209
R 164a	n/a Working relationship effectiveness 16-17	63.79	↓	9/11	158/209	R 128c	n/a Primary care access 2017 03	0.0%	↔	4/11	115/209
R 165a	n/a Quality of CCG leadership 16-17 Q4	Amber	↓	7/11	108/209	R 128d	n/d Primary care workforce 2016 09	0.80	↓	11/11	189/209
Key						R 129a	✓ 18 week RTT 2017 03	93.5%	↑	6/11	38/209
Worst quartile in England		Best quartile in England				R 130a	n/a 7 DS - achievement of standard 2016-17	0.0%	○	1/11	
Interquartile range						R 131a	n/a People eligible for standard 16-17 Q3	39.3	↓	8/11	122/209

10.3 Clinical Priority Areas

Dementia		Dementia diagnosis rate		Dementia post diagnostic support	
126a	Dementia diagnosis rate	57.5%	↑	77.6%	↑
		55.7% ↑	1.8%	73.9%	3.7%
126b	Dementia post diagnostic support	77.6%	↓	73.9%	↓
		73.9% ↓	1.8%	73.9%	3.7%

Cancer		Cancers diagnosed at early stage		Cancer 62 days of referral to treatment		One-year survival from all cancers		Cancer patient experience	
122a	Cancers diagnosed at early stage	49.1%	↑	90.7%	↑	70.2%	↑	8.8	↑
		43.5% ↑	5.5%	78.8%	16.2%	60.3% ↑	9.9%	8.8	0.0%
122b	Cancer 62 days of referral to treatment	90.7%	↑	78.8%	↓	70.2%	↑	8.8	↑
		74.4% ↓	16.2%	78.8%	16.2%	60.3% ↑	9.9%	8.8	0.0%
122c	One-year survival from all cancers	70.2%	↑	70.2%	↑	70.2%	↑	8.8	↑
		60.3% ↑	9.9%	70.2%	9.9%	60.3% ↑	9.9%	8.8	0.0%
122d	Cancer patient experience	8.8	↑	8.8	↑	8.8	↑	8.8	↑
		8.8	0.0%	8.8	0.0%	8.8	0.0%	8.8	0.0%

Mental Health		IAPT recovery rate		EIP 2 week referral		MH - CYP mental health		MH - Crisis care and liaison		MH - OAP	
123a	IAPT recovery rate	42.3%	↑	69.2%	↑	40.0%	↑	47.5%	↑	25.0%	↑
		38.8%	11.0%	67.6%	1.7%	40.0%	5.0%	47.5%	5.0%	25.0%	75.0%
123b	EIP 2 week referral	31.3% ↓	↓	67.6%	↔	40.0%	↔	47.5%	↔	25.0%	↔
		31.3% ↓	11.0%	67.6%	1.7%	40.0%	5.0%	47.5%	5.0%	25.0%	75.0%
123c	MH - CYP mental health	40.0%	↑	40.0%	↔	40.0%	↔	47.5%	↔	25.0%	↔
		35.0% ↔	5.0%	40.0%	5.0%	40.0%	5.0%	47.5%	5.0%	25.0%	75.0%
123d	MH - Crisis care and liaison	47.5%	↑	47.5%	↔	47.5%	↔	47.5%	↔	25.0%	↔
		42.5% ↔	5.0%	47.5%	5.0%	47.5%	5.0%	47.5%	5.0%	25.0%	75.0%
123e	MH - OAP	87.5%	↑	25.0%	↓	25.0%	↓	25.0%	↓	25.0%	↓
		12.5% ↓	75.0%	25.0%	75.0%	25.0%	75.0%	25.0%	75.0%	25.0%	75.0%

11. NHS England Monthly Activity Monitoring

CCGs were required to submit two year (2017-19) activity plans to NHS England in December 2016. NHSE monitor actual activity against these planned activity levels, however NHSE use a different data source than CCGs to monitor the actual activity against plan. The variance between the plan and the NHS England generated actuals have highlighted significant variances for our CCGs. CCGs are required to submit the table below on a monthly basis providing exception commentary for any variances +/- 3%. The main variances are due to the data source used by NHSE; this assigns national activity data to CCGs by a different method. The end column of the table below describes the CCG calculated variances from plan and any actions being taken to address over/under performance which is of concern.

Please note month 4 activity report remains as month 5 NHS England figures are not as yet available.

South Sefton CCG's Month 4 Submission to NHS England

July 2017 Month 04	Month 04 Plan	Month 04 Actual	Month 04 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3732	3498	-6.3%	GP referrals down against plan in July. Figures in line with previous levels and no variation beyond the statistical norm. Seasonal plan based on previous years levels indicates a slight spike before August whereas actual levels show a slight drop. The slight drop is noted against Southport Trust, Liverpool Women's, and Renacres ISTC.
Other	2217	2424	9.3%	Other referrals increased in July with the bulk of the increase focused within the CCGs main provider Aintree, and some at Southport Trust. Looking at the local referral data flow the increase is from C2C referrals, A&E as well as Dental with Oral Surgery and Maxillo-Facial surgery on the rise. Work is taking place to understand the increase in month and where the increase is situated.
Total (in month)	5949	5922	-0.5%	
Variance against Plan YTD	22479	22684	0.9%	
Year on Year YTD Growth			3.1%	Local monitoring using MAR data suggests less than 1% growth from 2016/17 with local referral data flows showing a decrease closer to 3%.
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5401	4464	-17.3%	The variance in month is due to two factors, firstly and increase in the seasonal plan for July which, secondly, corresponds in a drop in activity. July saw a drop in activity in both first and follow up levels across both a number of providers and specialties. The majority of the shift is located in the CCGs main provider with T&O, Cardiology, General Medicine, ENT, and Ophthalmology all showing a decrease against previous months. As noted the decrease in month is not located within on Specific Trust or Specialty, but rather accumulation of reductions. Please also note we have not received any Activity for Liverpool Women's Trust via SUS which usually accounts for approx. 400 first and 720 follow ups. Please check this is not missing from the national data.
Follow Up	11734	10224	-12.9%	
Total Outpatient attendances (in month)	17135	14688	-14.3%	
Variance against Plan YTD	64158	62959	-1.9%	
Year on Year YTD Growth			4.8%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells				
Elective Ordinary spells				
Total Elective spells (in month)	2178	1922	-11.8%	Total electives in month appear to have decreased but levels noted in July are in line statistically with previous months. The reason for the variance is twofold, firstly the plan value in July is the highest for 17/18 and as such the lower than expected figure appears to be a higher variance. Secondly Liverpool Women's Trust have not submitted SUS data which is approx. 130 admissions a month. As you can see YTD figures show a variance against plan under 1% and a growth rate of 0%.
Variance against Plan YTD	7936	7894	-0.5%	
Year on Year YTD Growth			0.0%	
Urgent & Emergency Care				
Type 1	-	4468	-	Local monitoring suggests YTD variance against plan at 1% with growth just over 3% against 16/17. In month variance against plan within 3% as is growth for type 1 activity.
Year on Year YTD			3.3%	
All types (in month)	9243	8986	-2.8%	
Variance against Plan YTD	37015	34929	-5.6%	
Year on Year YTD Growth			3.2%	
Total Non Elective spells (in month)	1687	1864	10.5%	July has seen a spike in activity with the majority of the increase at the CCGs main provider Aintree. Activity is at the top end of the statistical norm but plans activity likely to remain below the 3% threshold for the year as plans increase from October onwards.
Variance against Plan YTD	6700	6891	2.9%	
Year on Year YTD Growth			1.7%	

Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18



Midlands and Lancashire
Commissioning Support Unit

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	R	G	G							R
	Actual	93.573%	94.653%	83.002%	95.404%	95.159%								92.278%
	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%
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	R	R	R	G							R
	Actual	93.846%	86.486%	84.416%	88.462%	93.182%								89.267%
	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%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G							G
	Actual	100.00%	98.507%	97.143%	98.876%	97.647%								98.404%
	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%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	G	G							G
	Actual	93.333%	100.00%	100.00%	100.00%	100.00%								98.462%
	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%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G							G
	Actual	100.00%	100.00%	100.00%	100.00%	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%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G							G
	Actual	100.00%	96.875%	100.00%	95.652%	100.00%								98.462%
	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%

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	G	G	R											R	
		Actual	83.87%	83.333%	85.714%	89.474%	80.00%												84.768%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	G	G	G	R											G	
		Actual	100.00%	100.00%	100.00%	92.857%	83.333%												94.444%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

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	R	R	R	R												R	
		Actual	70.08%	65.92%	62.53%	64.67%													65.766%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	G	R	R	R													R
		Actual	84.38%	70.69%	74.00%	69.44%													74.528%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
1889: Category A (Red 2) 8 Minute Response Time Number of Category A (Red 2) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R												R	
		Actual	68.94%	64.43%	64.68%	64.17%													65.514%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
	South Sefton CCG	RAG	R	R	R	R													R
		Actual	69.73%	57.62%	60.30%	59.84%													61.962%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
546: Category A calls responded to within 19 minutes Category A calls responded to within 19 minutes	NORTH WEST AMBULANCE SERVICE NHS TRUST	RAG	R	R	R	R												R	
		Actual	92.54%	90.08%	89.39%	89.80%													90.432%
		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%	95.00%
	South Sefton CCG	RAG	R	R	R	R													R
		Actual	93.83%	87.99%	90.00%	90.37%													90.582%
		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%	95.00%

Enhancing Quality of Life for People with Long Term Conditions

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G										G
		Actual	97.143%										97.143%
		Target	95.00%					95.00%					95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	G	G	G								G	
		Actual	-	100.00%	66.667%	100.00%	50.00%									82.353%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

Dementia

2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	G								G	
		Actual	66.07%	65.52%	65.97%	66.43%	67.02%									
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Children and Young People with Eating Disorders

2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	R										R
		Actual	0%										-
		Target	95%					95%					95%
2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	South Sefton CCG	RAG	G										G
		Actual	0										-
		Target	1					1					1
2098: The number of incomplete pathways (urgent) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	South Sefton CCG	RAG	G										G
		Actual	0										-
		Target	1					1					1

Ensuring that People Have a Positive Experience of Care

EMSA

1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G											G	
		Actual	0	0	0	0	0												0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Referral to Treatment (RTT) & Diagnostics

1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G												G	
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%													93.297%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	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	G	G	G	G	G												G	
		Actual	0	0	0	0	0													0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R												R	
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%													4.195%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Wheelchairs

2197: Percentage of children waiting less than 18 weeks for a wheelchair The 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.	South Sefton CCG	RAG	R																R	
		Status	P																-	
		Actual	0.00%																	-
		Target	92.00%					92.00%					92.00%					92.00%		

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R	R	R									R	
		YTD	0	0	1	1	1										1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G									G	
		YTD	3	9	12	15	21										21
		Target	5	11	14	18	23	28	34	39	43	45	48	54	23		

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R									R	
		Actual	88.069%	82.213%	82.323%	83.40%	85.006%										84.18%
		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%
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	
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%										81.27%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
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	G	R	R	G	G									R	
		Actual	0	9	2	0	0	0									11
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

MEETING OF THE GOVERNING BODY NOVEMBER 2017

Agenda Item: 17/180	Author of the Paper: Judy Graves Corporate Business Manager Email: judy.graves@southseftonccg.nhs.uk Tel: 0151 247 7000
Report date: November 2017	
Title: Corporate Risk Register and Governing Body Assurance Framework Update	
Summary/Key Issues: The Governing Body is presented with the updated CRR and the GBAF as at October 2017. The GBAF and CRR has been updated and reviewed by members of the leadership team and scrutinised by the Audit Committee.	
Recommendation The Audit Committee is asked to fully review, scrutinise and if satisfied, approve the updates.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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 Managers, Audit Committee and Leadership Team

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

Report to Governing Body
November 2017

1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework and Corporate Risk Register as at October 2017.

The GBAF and CRR has been updated by Senior Managers and Heads of Service, scrutinised by the Audit Committee and reviewed by the Leadership Team.

2. Position Statements November 2017

2.1. Governing Body Assurance Framework (GBAF)

There are a total of 8 risks against the 6 strategic objectives for South Sefton CCG:

GBAF Risk Positions

Risk	Score	Number of Risks
Low	1-3	0
Moderate	4-6	1
High	8-12	5
Extreme	15 - 25	2

GBAF Highlights

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

GBAF Highlights	Update
1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position 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	Extreme Risk <ul style="list-style-type: none"> • There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements • QIPP week held July to identify further schemes and plan for 2018/19 • Senior QIPP programme manager now in place to lead on key schemes and support delivery

UPTO

2.2. Corporate Risk Register

There are 25 operational risks rated high or above on the South Sefton CCG CRR as at October 2017:

- Five new risks have been recorded for Quality and include risks in relation to the decreased capacity within the quality team, SEND and Serious Incidents (SS047, SS048, SS049, SS050, SS052).

CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	15
Extreme	15 - 25	10

CRR Highlights

Please see the following which updates on the extreme risks:

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SS019	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust (SS)	12 hour breaches still in evidence. Overall performance being reviewed by A&E Delivery Board. Comprehensive performance review at CCF (Collaborative Commissioning Forum) triangulating with quality, culminating in agreed escalation monitoring with NHSE. Have further progressed to undertaking a quality risk profile tool assessment and have alerted the trust accordingly.	16
SS023	Delay's in specialist review of referrals which may result in a potential risk to patients (Choose and Book)	ASI rates are not in line with CQUIN trajectory and continue to rise . A full analysis is being prepared for MMcD.	16
SS034	Risk that patients could be harmed or receive inadequate care due to lack of commissioner assurance in current processes for Looked After Children Health Assessments and Reviews across the local system	Regular meeting established to manage current risks between provider senior managers & commissioners - Meetings held in July 2017, August 2017 and September 2017. Formal letter sent to MCT re commissioner concerns. Response received from provider outlining plan to address concerns to be reviewed in October 2017	16

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SS046	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, and lack of governance arrangements in place	4. Desktop review to develop local LeDeR review planned for October 2017. 5. LeDeR reviews via CCG members to commence September 2017	15
SS047	There is a risk that decreased capacity within the quality team due to secondment and resignation of team members & growing quality agenda will result in an inability to provide necessary internal and external quality assurance to the GB	New Staff member now in post from September 2017 to cover team member secondment Programme manager quality and safety JD reviewed and amended , sent to HR for AFC job matching in September 2017 Commence recruitment for programme manager Quality & Safety once outcome known. Paper submitted to Leadership Team re capacity issues within Quality team, August 2017 Chief Nurse contributed to overall Leadership Team paper on team re-alignment to deliver CCG priorities/QIPP	16
SS048	There is a risk to the delivery of the joint SEND written statement of action due to CCG capacity and current financial challenges faced by the CCG	Paper drafted by Leadership Team to consider re-alignment of teams to deliver against CCG priorities First monitoring meeting held DFE and NHSE in August 2017 with positive feedback reported to the JQC	16
SS050	There is a risk that challenging performance at AUH will impact on the quality of care and outcomes for patients	Commissioner concerns discussed and reviewed at AUH CCF, August & September 2017 Telecom held with NHSE to discuss assurance process & plans to increase surveillance level of the trust, September 2017. Surveillance level increased from routine to enhanced & reported to AUH, September 2017 Meeting co-ordinated by NHSE to undertake the QRP tool, and held	20

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
		<p>September 2017.</p> <p>Submitted to NHSE Sep 2017</p>	
SS052	<p>There is a risk to patients and family experience for those in their EOL period following the implementation of the ADAM dynamic purchasing system.</p>	<p>Assurance still not provided with regards recovery action plan from both quality and finance perspective</p> <p>CCG await further clarification from CSU before reverting back to ADAM DPS for commissioning of EOL packages</p>	16
SS044	<p>CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18.</p>	<p>CCG Board to Board discussions regarding collaboration and joint working with providers and wider health economy to deliver QIPP projects.</p> <p>NM Finance review and challenge Acting as One arrangements re. delivery of joint reduction in expenditure to deliver system control total and organisational financial balance.</p> <p>Ongoing review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures.</p>	20
SS045	<p>CCG fails to deliver its QIPP target in 2017/18</p>	<ul style="list-style-type: none"> • Multi-disciplinary teams to work on development / phasing of QIPP schemes. • Robust challenge to estimated QIPP achievement and profiling of saving delivery. • Progression and ongoing development of future QIPP plans through to 2020/21. 	20

3. Next Steps

Following review and scrutiny by the Audit Committee and Leadership Team, work will now commence on reviewing the process to ensure fit for purpose.

4. Appendices

Appendix A – Governing Body Assurance Framework

Appendix B – Corporate Risk Register

5. Recommendations

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

Judy Graves
Corporate Business Manager
November 2017

South Sefton CCG
Governing Body Assurance Framework
2017/2018
Update: September 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.	<p>1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position</p> <p>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</p>	Debbie Fairclough	20	16	<ul style="list-style-type: none"> There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements QIPP week held July to identify further schemes and plan for 2018/19 Senior QIPP programme manager now in place to lead on key schemes and support delivery
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 and as part of the North Mersey LDS.	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"> New national set performance metrics introduced and being presented to the Governing Body in October 2017
	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"> Business Continuity plans approved Composite plan and strategy approved Training and awareness

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<ul style="list-style-type: none"> raising continues Development Plan in place
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"> GPFV international recruitment programme in place
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"> The CCG continues to work with Mersey Care through routes described to address key issues arising from mobilisation. In particular issues surrounding prescribing, DNs and ward 35.
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"> BCF plans approved

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 Initial Score Current Score	5x4=20 5x4=16	Lead Director Debbie Fairclough Date Last Reviewed 29 th September 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 held July to identify further schemes and plan for 2018/19 Senior QIPP programme manager now in place 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 (ROSS) Stretch QIPP plan for medicines optimisation being developed Monitoring and evaluating the adverse impact of the Acting as One arrangements 	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 that are not linked to acting as one required 	Debbie Fairclough	July 2017
	<ul style="list-style-type: none"> Refresh of prioritisation session with governing body to identify any areas for efficiency 	Debbie Fairclough	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):		
<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 Medicines management schemes continue to deliver 			
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 and as part of the North Mersey LDS.		
Risk 2.1			
Risk Rating	Lead Director		
Initial Score	5 x 3 = 15	Karl McCluskey	
Current Score	3 x 3 = 9	Date Last Reviewed	
		28 th September 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?):		
Joint QIPP and transformation scheme methodology in place. Alignment of QIPP schemes to blueprints has been completed. Stocktake of blueprints underway and to be considered at QIPP committee in October.	Action	Responsible Officer	Due By
	Stocktake of blueprints	Debbie Fairclough and Fiona Doherty	October 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):		
•			
Additional Comments:	Link to Risk Register:		
	??? check F&R		

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 Initial Score Current Score	4x4 = 16 2x4 = 8	Lead Director Karl McCluskey Date Last Reviewed 28 th September 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 New nationally set performance metrics for ambulance performance and CAMHS introduced 	Action	Responsible Officer	Due By
	Continued monitoring of associated risks	All	on-going
	Governing Body Development Session will focus on new ambulance performance metrics and CAMHS	Karl McCluskey	October 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"> 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:		
	SS041, SS019, SS001, SS039, SS024		

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 28 th September 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. All plans and strategies approved by F&R in September 2017.	Tracy Jeffes	Completed
	Composite plan and strategy to be finalised. All plans and strategies approved by F&R in September 2017.	M&L CSU lead	Completed
	Ongoing training for key staff – multiagency response training event. Exercising of Business Continuity Plans.	Tracy Jeffes	September October 2017
	NHSE Self-Assessment Assurance process completed. Development Plan in place.	Tracy Jeffes	September 2017 - Completed
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 - Completed		
Additional Comments:	Link to Risk Register:		
	*** need to add risk number – F&R – possible new risk ??? re lisa		

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 28 th September 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 GPFV international recruitment programme in place, with participation by the CCG 	Action	Responsible Officer	Due By
	Supported emergent federation.	Jan Leonard	Ongoing
	Pilot looking at Informal List Closures in Crosby now held. The findings are being reported back and discussed that the next Locality Meeting.	Jan Leonard	Aug-17 Sept 17
	Workshop for Estates Developments planned for Maghull held. A number of actions to be completed in advance of the next meeting.	Martin McDowell	Sept-17 TBC
	LDS Primary Care Group meeting monthly to deliver GPFV Plan	Jan Leonard	Monthly
	Primary Care Workshop to review the strategy and funding is scheduled for 17/10/17.	Jan Leonard	Oct 2017
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: SS043		

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 Current Score	3x3=9 3x3=9		Lead Director Jan Leonard Date Last Reviewed 28 th September 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. The CCG continues to work with MerseyCare through routes described to address key issues arising from mobilisation. In particular issues surrounding prescribing, DNs and ward 35.			

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	Tracy Jeffes		
Current Score	Date Last Reviewed		
3x3=9	28 th September 2017		
3x3=9			
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<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. Completed	Mel Wright/ Tracy Jeffes	September 2017
	Initial pooled budget arrangements within BCF agreed. Completed.	Martin McDowell	Aug 2017 September 2017
	Finalise iBCF and BCF once final guidance published, aligned to “Making it Happen”. Completed.	Tracy Jeffes	TBC. September 2017
	New Section 75 agreed by all parties.	Tracy Jeffes	September 2017 October 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):		
1. MIAA review of BCF for 16/17 provided significant assurance. Action plan agreed			
Additional Comments:	Link to Risk Register:		
	SS040		



Joint Quality Committee Risk Register Template

Current Version	v2		
Previous Version	v1 SFCCG & SSCCG	Updated Date	
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Responsible Committee/ Team	Committee / Team ID	CRR ID	Date Risk Added	Previous ID		Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Owner Review Date	Quality Team Review Date	Trend
Quality Committee	QUA006	SS019	Apr-15	QUA024	Karl McCluskey	Redesign & Commissioning	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the trust (SS)	1. A&E delivery Board in place to monitor & manage performance 2. North Mersey subgroup in place 3. Monthly contractual performance meetings 4. Monthly Integrated Performance Report: reported to Governing Body. 5. Monthly Quality meeting: reported to Governing Body	3	3	9	Recovery plan agreed STF trajectory agreed and being met @ M11 Met for year and however, have failed on performance and trajectory for Q1. Weekly board rounds undertaken within dept to support patient flow by Chief Nurse	The consequence and impact scores remains higher than the initial score due to lack of sustained month on month performance. Not meeting constitutional target despite meeting STF trajectory end of March 2017. Increased number of 12 hour breaches for which RCAs are being completed Frailty unit opened in Dec to support patient flow and turnaround 12 hour breaches still in evidence. Overall performance being reviewed by A&E Delivery Board. Comprehensive performance review at CCF (Collaborative Commissioning Forum) triangulating with quality, culminating in agreed escalation monitoring with NHSE. Have further progressed to undertaking a quality risk profile tool assessment and have alerted the trust accordingly.	4	4	16	Sep-17	Sep-17	↔
Quality Committee	QUA008	SS001	Prior Q3 2013/14	BUA001 SS	Karl McCluskey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional 62 day target for cancer caused by patient choice and complex pathways between providers resulting in delayed cancer treatment for patients.	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 4. Clinical meetings with Cancer Leads and Manager. 5. Managerial lead for cancer has action plan in place. 6. Weekly and monthly monitoring through SMT and contractual performance. 7. RCA for any 62 day breaches 8. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team)). 9. Integrated Performance Report developed and presented to Governing Body. 10. Action plans in place for failed areas; progress being monitored via SMT, contractual performance and continued reviews.	3	3	9	There are no additional systems or controls that can be put in place currently Performance of providers against constitutional target is monitored monthly with individual exceptions being addressed in turn	The likelihood score remains higher than the initial score due to lack of sustained month on month performance. Challenges in managing referrals from NHS screening service due to complicated pathways. Issue raised with Spec Comm & NHSE CCG to escalate at Q2 assurance review with NHSE. Discussed at April's CCG meeting. Sarah McGrath to update:- Mandate from NHSE May 2017 on recovery and operating model for 62 day cancer standard. Both Aintree and S&O classed as marginally breaching Trusts. Rapid Recovery Teams will work with the Trusts to audit the PTL and application of the 10 High Impact Actions and agree an action plan to be fully implemented by 31.7.17. NHSE's National Plan identifies particular Trusts listed below 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 Hospital Trust - Aintree Hospital Trust NHS - Liverpool Women's Hospital NHS Trust - Clatterbridge NHS Hospital Trust Additional meeting with CCG, CEOs of RLU/HT, Clinical Lead LCL, NHSI to gain assurance. RE: Performance & Quality Improvement meeting held 30-8-17. 70%-80% performance expected by December 2017. Reported to GB September 2017	4	3	12	Sep-17	Jul-17	↔
Quality Committee	QUA011	SF028 & SS029	Q1 2016/17	QUA045	Jenny Owen	Quality	Risk of infection/ hospital admission and harm to patients from poorly maintained nebuliser equipment	Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing. Long term liaising with respiratory teams, consultants, LCH and GP teams to ensure basics are right for the future. JK and HRo to raise at quality committee. HRo to add to corporate risk register.				• All providers informed of risk • LCH & Aintree have this on their risk registers • Pan Mersey Sub Group informed • All organisations to follow guidance from governance leads within their organisations • Regarding primary care prescribing – JK requested practice information facilitators to run a search on all patients prescribed nebulisers. This will identify the size of the problem and enable patients to receive a review & education. • An update to be presented at the August Quality Committee Meeting • A meeting will be held with all providers to work up a longer term solution.	Clinical Leads have received the data which is currently being reviewed to ascertain. Due to numbers of patients identified and capacity issues to conduct patient reviews, it has been agreed that the Respiratory Lead will work with Clinical Leads to put forward a business case with a number of options for agreement at the QIPP committee in February 2017. Case discussed at Clinical QIPP Committee on 7th March 2017. The cost to implement the patient review was discussed and the programme lead was asked to see if there was any alternative funding streams for example via pharmaceutical companies. This was explored and unfortunately this was unavailable. A short to longer term plan was developed. In the short term Medicines Management will provide education for the patient via a telephone call and patient leaflet. The Community Respiratory Team have agreed to review all patients over the summer months whilst the service is less busy. The longer term solution will require a whole system approach, this will be developed over the next couple of months. Route map for integration finalised Joint working with LA regarding CHC. Further joint development to intermediate care plans. Making Integration Happen approved by GB. Integrated Commissioning group progressing work on key priorities. Clinical QIPP agreed to proceed phase 3 funding for training. This will cease in July but wont be funded further.						

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									4	5	20		Plan for community respiratory reviews of outstanding patients agreed at Clinical QIPP Advisory Group. To confirm date of commencement. JK: Report produced following Feedback from Clinical QIPP on 7.3.17. This report was presented to Clinical QIPP in May and it was agreed that a contract variation would be utilised to enable Aintree Trust to review all South Sefton Patients and Community Respiratory Team to review Southport and Formby patients. This option was explored by the project team and due to capacity in CRT & long waiting times to the Trust the following was agreed: 1. Practice Medicines Management Technician to conduct a search of all patients prescribed nebulised therapies in the past 2 years – they will be separated by current and past patients. This will reduce the number of patients to be reviewed initially whilst capacity of the CRT increases. 2. Current patients will be referred to either Community Respiratory Team or the Acute Trust for a full review – dependent on clinical suitability. 3. Practice Medicines Management Technician will put a message on the record of all past patients requesting that the patient is referred to either CRT or the Trust for a full review before issuing a prescription. 4. CCG to organise a clinical training session on nebuliser use and alternatives. This will be delivered at a PLT session by one of the Aintree Consultants who are supporting the process. 5. Respiratory Lead to do pathway development work with services across the system to enable an improved system wide approach. 6. All Practices gave permission to proceed. Respiratory Lead Sent to Medicines Management Lead on 13.9.17 7. Medicines management to start search of all patients prescribed nebulised therapies in the past 2 years and refer to appropriate service – by 31st October 2017 8. Reviews at providers to commence from November onwards – agreement of number per month to be negotiated with providers.	4	3	12	Sep-17	Jul-17	↔
Quality Committee	QUA012	SS037	Sep-16	N/A	Debbie Fagan	Quality	Risk of reputational damage to CCG as commissioner of LCH in light of media interest following Capstick's report and outcome of parliamentary adjournment debate.	Mersey QSG CCF CQPG Pro-active comms team	3	4	12	Discussed at QSG regarding plans for lessons learned in May & July 2016 Discussions at Quality Committee in May and July 2016 & GB July 2016 Meeting of MPs by Chief Officer July & Aug 2016 Chronology of CCG involvement in performance management of provider - on-going to provide assurance of CCG actions Chronology discussed at CCG GB development session Aug 2016 Consideration of joint MAA review Sept 2016	Joint presentation to QSG made in October 2016 regarding recommendations and lessons learnt for Cheshire & Merseyside Commissioning colleagues. MAA TOR for review to be agreed October 2016. Quality Risk Profile (QRP) meeting planned with providers to agree consistent approach to management of current risks with LCH. MAA review on-going - reporting date likely to be spring 2017. MAA review completed and presented to Joint Quality Committee in February 2017. Significant assurance given with a Lessons Learnt event planned for Governing Body Development Sessions after April 2017. MAA Review will go to GB in March 2017 and Audit Committee in April 2017. Kirkup Review underway. CCG have received letter from NHSI, including Terms of Reference. MAA Report presented to Audit Committee. Contact made to AQUA to support recommendations to paper. Joint letter drafter, to be sent to NHSE & CCG from North Mersey CCGs. Additional resource secured in quality team to support delivery of recommendations. Lessons learned Governing Body session confirmed for June. Presentation to governing body received and awaiting Kirkup. SS Clinical Vice Chair attending Merseyvare Community CQPG. -Lessons learnt & progress against MAA review presented to July 2017 GB -Progress to date against action plan reviewed by Chief Nurse and Deputy Chief Nurse September 2017 -Letter sent c final MAA report to NHSE & CCG -SSCCG clinical vice chair has attended community contract review meeting. CQPG to review performance of CCG teams -CCG senior leaders interviewed as part of Kirkup review (July 2017)	3	4	12	Sep-17	Sep-17	↔
Quality Committee	QUA014	SS039	Sep-16	N/A	Karl McCluskey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional RTT target for 18 weeks caused by lack of clinical capacity resulting in delayed treatment for patients (SSCCG)	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 4. Clinical meetings with RTT Lead and Manager. 5. Weekly and monthly monitoring through SMT and contractual performance. 6. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team)). 7. Integrated Performance Report developed and presented to Governing Body.	4	4	16	1. RTT provider/ commissioning group being re-established 2. Completed internal and external audits on RTT to be taken through CQPG	The Trust is reviewing long waiting patients and capacity within the Divisions External and an internal Audit were undertaken earlier in the year. The Recommendations from both reports are currently being explored and included in the Trust RTT action plan. A weekly PTL meeting has been commenced. Strategic North Mersey review of dermatology. New RTT workgroup has been established. Reviews of individual specialities and escalated through CQPG or Contract Review Mtg achieved target and expect delivery for year end. SMG: SSCCG has met RTT 18 week standard for the last 4 months. I recommend this item is removed from the risk register. Reviewed 5/7 by QT. E-mail to Karl re: sustainability of low score, to keep on CRR for review Sept 2017. RTT met for month 4 but very close to target at 92.4% (Aintree catchment). Failure for month 5 is now likely.	4	3	12	Sep-17	Jul-17	↑

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Quality Committee	QUA019	SS023	Apr-15	QUA032	Sarah McGrath of Team	Redesign & Commissioning	Delay's in specialist review of referrals which may result in a potential risk to patients (Choose and Book)	<ul style="list-style-type: none"> Standard Operating Procedures in place with specialists that ensure the reviewed of daily ASI reports to ensure patients are appointed in a timely manner a specialist review of referral. Based on agreed flags, referrals escalated to service for a decision on appointing (seek agreement for overbooking or additional clinics). Monthly meetings with the trust with clinical representation from CCG Bi-monthly RTT meeting with the trust – C&B standing agenda item Identification of high risk areas and process of monitoring/reporting 	4	3	12	<ul style="list-style-type: none"> Escalation through a letter via CCF to the chief executive (Catherine Beardshaw). Clinical risk of patient referral (ASI) not being triaged in a timely manner, added to Trust risk register. Project plan developed to tackle key issues resulting in the large number of appointment slot issues (ASIs), including high risk areas. Interim process established with high risk services to ensure timely review of referrals (Dummy clinics) Trust monitoring of Clinical business units via reporting mechanism Interim targets set to ensure timely review of referrals (Max. 2ww = 2 days, urgent = 1 weeks, Routine = 6 weeks). 2017/18 CQUIN designed to encourage a move away from any paper based processes. 	For Q2 to Q4 providers will be required to evidence that: Services are published and available to receive referrals through NHS e-Referral Service as set out in the Milestones below. The numerator will be the count of published first outpatient services listed on the Directory of Services e-RS extract EBSX05; and Adequate slot polling is taking place to allow patients to book appointments evidenced by a reduction in 'Appointment Slot Issues' to a rate of 4% or less. The numerator for this measure will be the number of Appointment Slot Issues received by provider. There is a national CQUIN in place with acute providers to ensure availability of all clinics through ERS by March 2018. However there is a mis-match of trajectory timescales with the expectations for 80% referrals to be made on ERS by Q2 2017/18 and 100% by Q2 18/19. ASI rates are not in line with CQUIN trajectory and continue to rise. A full analysis is being prepared for MM&D	4	4	16	Sep-17	Jul-17	↑
Quality Committee	QUA021	SS028	Q1 2016/17	QUA044	Karl McCluskey (Mel Wright)	Redesign & Commissioning	There is a risk that the North Mersey Local Delivery System (LDS) as part of the Sustainability & Transformation Plan (STP) does not fully take account of the patient flows from S&F to Liverpool providers resulting in disjointed planning and provision of acute services impacting patient care	<ol style="list-style-type: none"> CCG formal member of the North Mersey LDS Modeling work on patient flows has commenced 	3	3	9	<ul style="list-style-type: none"> Identify gaps and Priorities Draft a LDS plan Build a financial framework Enhance mental health as a component of LDS SFOCC associate member of LDS Alliance 	LDS plans for North Mersey and the Alliance completed for Oct as part of overall STP Plan Consolidation of crosscutting themes between Liverpool/SFOCC/FCCG being progressed. S&O invited to attend NM LDS Leadership Group and currently reconsidering the organisational position on membership of the Alliance LDS, given accepted patient Flows. Joint "connecting the Clinicians" approach agreed with S&O and West Lancs CCG underpinned by joint case for change. Draft governance structure for NM Hospital group in place and meeting with NHSI to finalise agreed approach scheduled for end May. So far, the only services to go out to public consultation are Orthopaedics and ENT. For Orthopaedics, an exercise was undertaken to review the number of patients likely to be affected by change and the number was 57. An appropriate method of engaging with these patients has been agreed. As to wider service reconfiguration, there is as of yet no date for the commencement of this work, so I would suggest this risk is closed pending commencement of that work.	3	4	12	Sep-17	Jul-17	↔
Quality Committee	QUA023	SS042	Dec-16	N/A	Jan Leonard (Angela Price)	Redesign & Commissioning	Key local stakeholders involved in the APMS procurement have raised concerns about the consultation process being undertaken by NHSE and the CCG.	<ul style="list-style-type: none"> Issue being addressed by shadow joint commissioning committee Robust support from Comms and Engagement External comms support sourced by NHSE 	5	4	20	<ul style="list-style-type: none"> Operational meeting of stakeholders Revised timescales agreed Revised comms agreed 	Listening events now in place, interim providers secured. Consultation results shared with OSC and Task and Finish Group (now ended). Decision regarding next steps agreed by Joint Commissioning Committee and shared with stakeholders. This can be closed and any new risks relating to future plans will be logged separately	3	4	12	Sep-17	Jul-17	↔
Quality Committee	QUA025	SS034	Jun-15	STA038	Debbie Fagan	Quality	Risk that patients could be harmed or receive inadequate care due to lack of commissioner assurance in current processes for Looked After Children Health Assessments and Reviews across the local system	<ol style="list-style-type: none"> Reporting position to Leadership Team Monitor through Quality Committee Agenda item for contract meeting KPI's in contract for Looked After Children Statutory 903 return will be presented to Corporate Parenting Board by LA- CPB chaired by an elective member 	5	4	20	<ul style="list-style-type: none"> Data quality exercise to be carried out. Areas of assessment is on data to 31st March 2015 and will include: <ul style="list-style-type: none"> whether or not assessed if assessed, at what stage whether assessments have been carried out but information not forwarded. Lessons Learnt event to be held - by July 15 	Current designated nurse for LAC has left CCG team, new appointment made and awaiting start date and designated LAC nurse function being picked up by Head of Safeguarding. LCH LAC activity continues to be monitored during LCH transition. No concerns re LAC systems activity. Will be discussed at next COPG when Q2 data will be reviewed. Performance discussed at COPG. Concerns re timeliness of LAC reviews raised. CCG Safeguarding serviced offered support to LCHT. Performance also discussed at COPG and CCF. Carleen Baines has developed a further suite of KPIs to negotiate into the contract for 2017/18. The LAC Annual Report has been presented to the GB and Corporate parenting Board. Current update on performance is meeting national targets with increased support from CCG Safeguarding. Discussion with Interim Director of Nursing at LCH on transition of Safeguarding staff and sustainability of service to be continued with Merseycare as new provider as part of handover. Update as at 12/06/17. Feedback received from interim DoN at LCH but still ongoing concerns post transition from LCH to North West Boroughs regarding staff expertise and knowledge, leadership for both LAC and YOT, and overall decreased performance for LAC activity. Review of DD Dr for LAC commenced by LCCG and awaiting further comment from Alder Hey on leadership function. Supervision of AC nurses now being provided by NWB for update at next Merseycare CPG. Regular meeting established to manage current risks between provider senior managers & commissioners - Meetings held in July 2017, August 2017 and September 2017. Formal letter sent to MCT re commissioner concerns. Response received from provider outlining plan to address concerns to be reviewed in October 2017	4	4	16	Sep-17	Sep-17	↔

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Quality Committee	QUA025	SS002	Apr-15	BUO017	Tracy Jeffes	Corporate	CCG Locality working does not lead to greater clinical engagement with CCG plans and objectives resulting in disengaged membership	1. Roles of Locality Managers and Team reviewed 2. Locality Plan in place 3. Key issues reported to Governing Body 4. Wrap around support team identified to support localities 5. Key priority in Organisational Development plan	3	4	12	Clear focus for localities in relation to the QIPP agenda and influence over commissioning priorities Clear role out plan for use of Aristotle	Monthly Locality meetings reinstated, new locality manager appointed across all localities. GE Development session focusing on localities with clear areas for engagement identified. Locality plan in place. Increased engagement in ROSS and use of Aristotle. Work continues.	3	4	12	Sep-17	Jul-17	↔
Quality Committee	QUA026	SS036	Jun-16	N/A	Tracy Jeffes	Corporate	There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services	1. Participating in the Health Education North West workforce planning process. 2. Work with Sefton Council on wider strategies to promote Sefton as a 'great place to work'	4	3	12	1. Through STP process seek additional investment to fill identified gaps 2. Implementation of the 'blueprints' to transform models of care to enable appropriate skill mix to support delivery 3. Working with LMC on a scheme to attract more GPs to Sefton	On-going work through STP continues.	4	3	12	Sep-17	Jul-17	↔
Quality Committee	QUA033	SS060	1.3.17	N/A	Debbie Fagan	Quality	Non-delivery against recommendations from the recent joint SEND CQC/OFSTED inspection.	1. Regular reporting on Improvement Plan once agreed by CQC and DfE via the JQC and updates to GB. 2. NHSE identified local support for CCG. 3. SEND identified as a priority area within local government arrangements for integrated working e.g. Integrated Commissioning Group through Health & Wellbeing process.	5	3	15	1. Identified strategic lead and commissioning manager for SEND. Already in place. 2. Agreed priority area for the Integrated Commissioning Group 3. Working Group set up with LA to develop the management plan. 4. Identify support for the issues from NHSE/DfE. 5. Continue to review provider performance e.g. Paediatrics Speech and Language via routine contract meetings. 6. Ensure SEND inspection requirements are contained in any quality handover to new providers. MH: 7. Radiology - Long standing recruitment problem. There continues to be a vacant post and recruitment to these posts is a national problem. Trust outsourcing where possible. The Directorate Manager and Clinical Director will be agreeing an action plan to take these forward as a result of a review carried out by NHSI Independent Consultancy Firm. 8. Cardio-Respiratory - Key member of team recently returned from long term sickness. 9. Uroynamics - During the cyber attack, a number of clinics were cancelled. 5 weekly lists lost since April. The plan is to coordinate additional lists, these discussions are underway with both consultants and nursing team. 10. Endoscopy - This is due to the lost activity from 12/5/17 until 18/5/17 as a result of the cyber attack. 11. Cytoscopy - A number relate to the cyber attack, no clinics available re-book to avoid breaches. 12. An action plan with timelines to be reported at the next contract meeting.	1. Working Group has met and ongoing dates have been scheduled. Chief Nurse and Director of Children's Social Care have attended first Improvement Meeting with NHSE/DfE. Meetings commenced to look at a future model for the discharge of functions of the DCO/DMO. 2. Awareness raising session regarding SEND reforms commenced with local providers. 3. Outcome of SEND inspection reported through CCGs governance process. SEND Plans presented at extraordinary Overview and Scrutiny Committee at LA. 4. National Lead for SEND attending for a meeting with CCG and LA on 20/06/17. Revised SEND action plan to be submitted by 10/7/17. Further Scrutiny and input from regional and national NHSE leads following input from Sefton LA. SEND action plan sent as per process, feedback received from OFSTED September 2017 three health SEND strategic group meetings have taken place to monitor the action plan. Monitoring reviewed by DfE and NHSE. Next meeting due October 2017. Currently on plan	4	3	12	Sep-17	Sep-17	↔
Quality Committee	QUA035	SS062	3.5.17		Gordon Jones	Redesign & Commissioning	Reporting of the new services standards for Early Intervention Psychosis is key element of the Mental Health Services Data Set. Compliance with this is dependent on the Trust being able to flow the data through their clinical system. It was due to be captured within the RIO system, but this has been delayed which could impact on reporting. Reworded: Compliance with Mental Health Data Set reporting for Early Intervention Psychosis at per NHSE requirements	Currently manual systems continue to be used. EPEX is currently being updated to an R32 Version to enable data capture and this is currently being tested. The planned go live date is now the end of September.	3	4	12	Oversight by Joint Liverpool Sefton Early Intervention Psychosis Implementation Group (LIT), NHSE and within the contracting framework.	Ongoing work to ensure that R32 meets the requirements. This is also on the Trust's risk register. Testing is still ongoing and Trust manual EIP and R32 reporting is being run with few inconsistencies so they are increasingly confident that R32 will be able to fulfil MHDS requirements. This issue is a regular agenda item at bi-monthly LIT. Going to CQPC. The planned go live date is now the end of September.	4	3	12	Sep-17	Jul-17	↔

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Quality Committee	QUA036	SS063	30.5.17		Gordon Jones	Redesign & Commissioning	Merseycare have written to Commissioners that they are unable to accept any new ADHD referrals as the existing services is at full capacity. The absence of a Shared Care Agreement prevents patients throughput. Reworded: Risk of smooth patient flow from secondary care to primary care due to service overcapacity and lack of agreed shared care.	Issue continues to be monitored.	4	3	12	Shared Care for ADHD is related to the wider Meds Management/Shared Care issues across Sefton. Activity will continue to be monitored.	Meds Management have nearly completed a completed a proposed local shared care document for ADHD for adults. The draft should be completed and sent for comment in early October 2017. This will need to be agreed by LMC and Merseycare. In the interim severe cases will be considered via the IFR panel.	4	3	12	Sep-17	Jul-17	↔
Quality Committee	QUA037	SS043	Jan-17		Jan Leonard (Angle Price)	Quality	Primary medical care services are under significant pressure due to increased workload, workforce issues.	GP Five Year Forward View Plan Local Quality Contract - increased investment.	4	3	12	Reviewing LQC for 17-18. Working with LMC on options GP Five Year Forward View Implementation on STP footprint. Convening an LQC working group to inform LQC for 18/19	Joint Commissioning Committee to review in April 2017. Standard agenda item on Joint Commissioning Committee. All practices are signed up to Local Quality Contract. Joint Committee is reviewing GPSFV plan and NHSE to provide information relating to GPSFV funding for CCG.	4	3	12	Sep-17	Jul-17	↔
Quality Committee	QUA038	SS046	Jun-17		Debbie Fagan	Quality	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, and lack of governance arrangements in place	1. CCG LeDeR Local Area Contact in Place – Head of Vulnerable People who has under gone LeDeR Local Area Contact training 2. CCG Local Area Contact has access to the LeDeR dashboard to monitor progress and number of cases 3. The CCGs have access to two LeDeR reviewers	5	3	15	1. LeDeR Local Area Contact liaising across with NHS E C&M LeDeR lead 2. Request made for CCG Local Area Contact to attend the NHS E C&M LeDeR steering Group 3. Contact made with CCG LeDeR reviewers to provide oversight and support 4. Letter template developed to support information from Sefton HSC 5. Information requested to send out to Directors of Nursing across CCG lead providers to increase the number of local area reviewers 6. Briefing and updates to be included within the Chief Nurse report to Quality Committee	1. Request has been sent out to NHE C&M LeDeR reviews to determine capacity to pick up unallocated cases. 2. Chief Nurse to discuss with Director of Nursing increasing reviews across NHS providers. Letter sent to Sefton NBC, Head of ASC to support multi agency LeDeR review. 3. CCG local area contact to attend NHSE CEM LeDeR Steering Group. 4. Desktop review to develop local LeDeR review planned for October 2017. 5. LeDeR reviews via CCG members to commence September 2017	5	3	15	Sep-17	Sep-17	↔
Quality Committee	QUA039		Jun-17	N/A	Geraldine O'Carroll	Quality	No assurance that joint packages of care/S117 in Mersey care are being regularly reviewed in a timely manner. CCG Governing Body require assurance that reviews are being undertaken in line with Mental Health Act and contractual requirements and that they are being undertaken by an appropriately trained practitioner. MLCSU have reported via the IPA Board that high levels of sickness and vacancies are impacting on the Trust's obligations to fulfilling CPA reviews. The situation is also impacting on the performance of MLCSU who we are holding to account as part of their contract with the CCGs as a provider in their own right.	1. Review of packages of care is an MHA and contractual requirement. 2. IPA Programme Board is also in place which is attended by MLCSU 3. Contract framework in place (inc COPG).	4	4	16	Issue has been raised at Contract meetings and COPG, but there is still no assurance that reviews have been undertaken by Mersey care The issue will be discussed at executive nurse level and if not resolved a Contract Performance Notice in line with CCG National Standard NHS Contract will be issued. The CCG Quality team are undertaking analysis of Mersey Care SI reports to ascertain if there is any correlation with reviews not being carried out.	4	3	12	Jul-17	Jul-17	↔	
Quality Committee	QUA040		Jun-17	N/A	Debbie Fagan	Quality	Risk of sub performance of safeguarding service with focus on LAC. Risk of IHA not being completed as per schedule. Risk of need for LAC not being identified appropriately. Reword risk.	Meeting with new provider 6/06/17 and Q4 performance review to identify current issue ; identify this as a system rather than provider issue. LCH commissioned safeguarding review discussed in terms of findings ;	4	4	16	LAC performance against indicators	System wide LAC meeting lead by CCG/ Local Authority planned. Performance monitored at COPG and provider safeguarding meeting. CCG Safeguarding service reviewing LAC activity to determine if resourcing can meet IHA Schedule.	4	3	12	Sep-17	Jul-17	↔
Quality Committee	QUA044	SS047	Sep-17		Debbie Fagan	Quality	There is a risk that decreased capacity within the quality team due to secondment and resignation of team members & growing quality agenda will result in an inability to provide necessary internal and external quality assurance to the GB	-Regular one to ones in place with team members - Regular team meetings in place	4	4	16	Regular review of team capacity and re-alignment at leadership team	New Staff member now in post from September 2017 to cover team member secondment Programme manager quality and safety JD reviewed and amended , sent to HR for AFC job matching in September 2017 Commence recruitment for programme manager Quality & Safety once outcome known. Paper submitted to Leadership Team re capacity issues within Quality team , August 2017 Chief Nurse contributed to overall Leadership Team paper on team re-alignment to deliver CCG priorities/QIPP	4	4	16	Sep-17	New	New

Responsible Committee/ Team	Committee / Team ID	CRR ID	Date Risk Added	Previous ID		Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Owner Review Date	Quality Team Review Date	Trend	
Quality Committee	QUA045	SS048	Sep-17			Debbie Fagan	Quality	There is a risk to the delivery of the joint SEND written statement of action due to CCG capacity and current financial challenges faced by the CCG	Regular progress updates to Chief Officer -Monitoring via local and internal governance arrangements -Formal monitoring meetings established with DFE & NHS with outcome reporting to central government office	4	4	16	Regular updates to the JQC Health SEND strategic group established July 2017	Paper drafted by Leadership Team to consider re-alignment of teams to deliver against CCG priorities First monitoring meeting held DFE and NHSE in August 2017 with positive feedback reported to the JQC	4	4	16	Sep-17	New	New
Quality Committee	QUA046	SS049	Sep-17			Debbie Fagan	Quality	There is a risk that the CCG process in place to enable staff to report Serious Incidents is not understood, which will result in lost opportunities for lessons to be learnt		4	3	12	- Quality Team will be the single point of contact for all Serious Incidents being raised on SIEIS, where the incident needs to be raised on SIEIS by the CCG. - The Serious Incident Standard Operating Procedure to be reviewed to include all CCG employees responsibility for raising serious incident on SIEIS. The revised SOP to be presented at QC - The SOP will need to be disseminated across all CCG employees, with the support of HR, staff bulletin and team meetings	Action is to notify LT members for agenda item at the respective team meetings	4	3	12	Sep-17	New	New
Quality Committee	QUA047	SS050	Sep-17			Debbie Fagan	Quality	There is a risk that challenging performance at AUH will impact on the quality of care and outcomes for patients	Integrated performance reports produced monthly and presented to GB Provider performance discussion at QC Regular COPGs/CRM in place with provider Exception reporting to CAM QSG at every meeting AUH CCF in place	4	5	20	Regular one to ones established with new provider DoN Review level of concern against the NHSE QRP Matrix working between CCG Ops and Quality teams	Commissioner concerns discussed and reviewed at AUH CCF, August & September 2017 Telecom held with NHSE to discuss assurance process & plans to increase surveillance level of the trust, September 2017. Surveillance level increased from routine to enhanced & reported to AUH, September 2017 Meeting co-ordinated by NHSE to undertake the QRP tool, and held September 2017. Submitted to NHSE Sep 2017	4	5	20	Sep-17	New	New
Quality Committee	QUA049	SS052	Sep-17			Debbie Fagan	Quality	There is a risk to patients and family experience for those in their EOL period following the implementation of the ADAM dynamic purchasing system.	Regular meetings with CSU and DPS supplier Weekly remedial action plan updates received Weekly telecon in place	4	4	16	Temporary suspension in place Re-instatement of previous brokerage system Increase provider engagement sessions rolled out by CSU	Assurance still not provided with regards recovery action plan from both quality and finance perspective CCG await further clarification from CSU before reverting back to ADAM DPS for commissioning of EOL packages	4	4	16	Sep-17	New	New
Finance and Resource	FR001	SS044	Q1 2017/18	N/A		Martin McDowell	Finance	CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18.	<ul style="list-style-type: none"> Robust review of all CCG expenditure through monthly management accounting routines. Examination of QIPP savings and opportunities at the beginning of financial year as part of financial planning. Ongoing monitor throughout the year. Focussed QIPP week (May 2017) to explore possible QIPP opportunities. Scheme of delegation in place internally to limit authority to commit CCG resources to senior management. Assurance from Internal Audit re. financial systems. Development of stretch QIPP plan – July 2017. 	3	5	15	<ul style="list-style-type: none"> CCG Board to Board discussions regarding collaboration and joint working with providers and wider health economy to deliver QIPP projects. NM Finance review and challenge Acting as One arrangements re. delivery of joint reduction in expenditure to deliver system control total and organisational financial balance. Ongoing review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures. 			20	Sep-17	Sep-17	↑	
Finance and Resource	FR001a	SS045	Q1 2017/18	N/A		Martin McDowell	Finance	CCG fails to deliver its QIPP target in 2017/18.	<ul style="list-style-type: none"> Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings. Monthly RAG rated QIPP reporting and challenge at Joint QIPP Committee. CFO set stretch QIPP target at 200% of required target to mitigate risk of non-delivery – July 2017. Rapid mobilisation of QIPP projects and ongoing review of timing of delivery. Development of two year QIPP plan. 	3	5	15	<ul style="list-style-type: none"> Multi-disciplinary teams to work on development / phasing of QIPP schemes. Robust challenge to estimated QIPP achievement and profiling of saving delivery. Progression and ongoing development of future QIPP plans through to 2020/21. 			20	Sep-17	Sep-17	↑	

Responsible Committee/Team	Committee/Team ID	Date Risk Added	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/ systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Date Reviewed	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Trend
		Apr-15	Stephen Astles		Risk to service delivery as a result of an LCH restructure that impacts on LCH staff supporting Sefton.	1. Weekly meetings: reported to SMT and SLT 2. Clinical Leadership 3. Clinical Forum 4. Contract Meetings 5. Collaborative monthly meetings 6. Senior LCH management team now in place	3	4	12		Risk closed LCH now transferring to new provider	3	3	9						
Quality Committee	QUA001	Apr-15	Stephen Astles		Increase in delayed discharge as a result of LCH and Aintree Discharge teams failing to work collaboratively.	1. Monthly meetings with LCH and Aintree: reported to CCF (Collaborative Commissioning Forum) 2. Collaborative work with Liverpool and Knowsley CCG's	3	3	9		Closed Duplicate of risks SF016 & SS019	3	3	9	Jun-16					↔
Quality Committee	QUA004	Q3 Dec 2014	Jan Leonard	Redesign & Commissioning	The closure of Breast Surgery Service (for new patients) at Southport & Ormskirk poses a risk to the CCG and concerns for local residents.	1. pro-active engagement exercise with effective public and key stakeholders completed and report presented to Governing Body in March 2015. 2. Safe services have been put in place via Aintree Hospital Trust - Patient Safety maintained throughout 3. Equality Impact Assessment 4. External review commissioned with and action plan pulled together based on the outcome and recommendations.	4	4	16	Sufficient access in other providers A pathway in place for follow-up patients (previously seen at S&O)	Risk Closed Meeting held in summer with all providers convened by clinical network, confirmed by CCG that no further changes to commissioning footprint. Minor issues to be resolved amongst providers	2	2	4	Dec-16					
Quality Committee	QUA010	Apr-15	Billie Dodd	Redesign & Commissioning	Risk to delivery of community services as a result of Southport & Ormskirk Community Services not performing as expected	1. 'Facing the Future Together': combined programme with West Lancs (delivering and improving community services with milestones) 2. 'Facing the Future Together' Programme Board 3. Milestones meetings held 4. Managing process with trust to ensure cost implications are considered 5. SFCCG GB agreed to go to market for community services with implementation date April 1st 2017 6. New community services lead in post at ICO	4	4	16	*District Nurses carrying out additional duties: consideration to be given on how to capture activity data. Now have activity and performance data however need to develop a set of outcomes *Community Emergency Team seeing twice the amount in 14/15 than seen in 13/14: consideration to be given on how to capture and linkages with quality and performance. *Facing the Future document to be reviewed: needs to be more outward facing with outcome measures.	Risk Closed Community Services reproced	3	1	3	Jun-16					
Quality Committee	QUA030	Apr-15	Karl McCluskey	Redesign & Commissioning	There is a risk to the delivery of community services caused by the transfer of existing services from LCH to interim NHS Provider resulting in poor patient care	1. Sustainability review completed led by TDA (Trust Development Authority) with South Sefton CCG and Liverpool CCG. 2. Transaction Board now in place to oversee transfer of services 3. Outline timetable in place for transfer with shortlisted NHS Providers now agreed	4	4	16	There are no additional systems or controls that can be put in place currently Governance structure in place with NHS Improvement and regular updates provided to Governing Body	RISK Closed Merseycare now mobilising	1	4	4	Jun-16					
Quality Committee	QUA031	Split from original risk Q3 Dec 2014, reworded April 2015	Karl McCluskey	Redesign & Commissioning	Risk that patients could receive inadequate care due to failure of implement local delivery of strategic blueprints and programmes (CVD and Respiratory)	1. Strategic blueprints 2. Strategic programmes 3. Primary Care Dashboard 4. Integrated performance report 5. Updates to SMT 6. Clinical and managerial leads identified for all blueprints and programmes.	3	5	15		Risk Closed Transformation schemes ceased and superceded by QIPP schemes concentrating on planned care			0	Jun-16					
Quality Committee	QUA018	Apr-15	Karl McCluskey	Redesign & Commissioning	Failure to progress an integrated approach across providers as a result of not delivering against the CCG's strategic blueprint for Shaping Sefton.	1. Blueprints established and agreed 2. Kings Fund supporting progress and development	3	3	9		Risk Closed Transformation schemes ceased and superceded by QIPP schemes concentrating on planned care	3	3	9	Jun-16					
Quality Committee	QUA017	Apr-15	Karl McCluskey	Redesign & Commissioning	The supplementary 800k investment in Mersey Care for 2015/16 does not deliver required transformation resulting in diminished quality of care and lack of contribution to strategic Mental Health priorities	1. Clinical transformation Board established jointly with LCCG 2. Agreed priorities in place 3. Business Cases confirmed	4	3	12	1. Mental Health Lead to write to Merseycare setting out CCG financial commitment for 2016-17	Risk Closed Part of forecast outturn - part of 'acting as one' block contract 17-18	3	3	9	Jun-16					

Risk Matrix

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

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

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

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

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

MEETING OF THE GOVERNING BODY NOVEMBER 2017

Agenda Item: 17/181	Author of the Paper: Carlene Baines Designated Nurse Children in Care Carlene.baines@haltonccg.nhs.uk 0151 495 5469						
Report date: October 2017							
Title: Children in Care Annual Report 2016/17							
<p>Summary/Key Issues:</p> <p>This is the second Children in Care Annual Report to NHS Southport & Formby Clinical Commissioning Group and NHS South Sefton Clinical Commissioning Group (CCG) Quality Committee. The purpose of the report is to provide assurance that the CCGs are fulfilling their statutory duties in relation to Children in Care.</p> <p>The CCG annual report takes account of national changes and influences and local developments, activity, governance arrangements and the challenges for 2017/18.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve this report.</p>	<table border="0"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

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

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

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

Report to Governing Body November 2017

1. Executive Summary

- 1.1 This is the second Children in Care Annual Report to assure the Governing Body that the Clinical Commissioning Groups (CCGs) are fulfilling their statutory duties in relation to children and young people requiring statutory intervention into their lives and are placed in the care of the Local Authority, The report covering the period from 1 April 2016 to 31 March 2017.
- 1.2 The CCG makes a significant contribution to embedding the principles, quality and requirements of national frameworks by its partnership work with Sefton Local Authority and the commissioned health providers.

2. Introduction and Background

- 2.1 The Children in Care annual report takes account of national changes and influences, local activity, governance arrangements and the challenges for 2017/18.
- 2.3 The Annual Report provides the Governing Body with an update of the developing and emerging agenda for Children in Care.
- 2.1 The report includes performance data in respect of timeliness of statutory health assessments. The challenges faced by commissioned health services to adequately respond to national requirements and also outline the future implications, challenges and key work streams for 2017/18.

3. Key Issues

- 3.1 The Children in Care agenda is rapidly changing, with increasing numbers of children coming into care nationally and more health complexities being identified for the cohort in general
- 3.2 The CCG makes a significant contribution to embedding the principles, quality and requirements of national frameworks by its partnership work with Sefton Local Authority and the commissioned health providers.

4. Conclusions

- 4.1 The CCG works in partnership with the Local Authority and partner agencies to ensure robust arrangements are in place within commissioned services in line with National guidance and to fulfil the health needs of this group of children; performance against standards for CiC requires additional monitoring and scrutiny
- 4.2 Key priorities for the CCG for 2017/18 have been identified to support compliance with NHS England Benchmarking tool and in reference to recommendations from the CQC Not Seen, Not Heard Report

5. Recommendations

The Governing Body is requested to approve the Children in Care Annual Report

Appendices

Appendix 1 NHS Southport and Formby & NHS South Sefton CCGs Children in Care Annual Report

Carlene Baines
October 2017

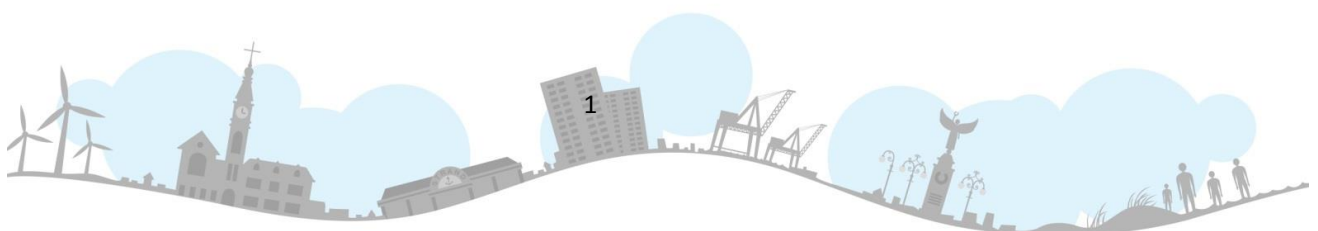
Children in Care

Annual Report

2016/17

Author: Carlene Baines

Designated Nurse for Children in Care



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1. Executive Summary

1.1 This is the Second Annual Report for NHS South Sefton and NHS Southport & Formby CCGs (to be referred thereafter as Sefton CCGs). The report is in relation to Children in Care and is authored by the CCG's Designated Nurse for Children in Care. The role of the Designated Nurse is a purely strategic role and separate from any clinical responsibilities as detailed in the *Intercollegiate Role Framework for Looked after Children (RCPCH, 2015)*.

1.2 In April 2016, Sefton Metropolitan Borough Council was subject to an Ofsted inspection of the services for children in need of help and protection, children looked after and care leavers; a review of the effectiveness of the Local Safeguarding Children Board ran concurrent. The findings in relation to Looked after children and care leavers indicate current provision requires improvement. Timeliness of Initial and Review Health Assessments was found not to be good enough, and delays for some children in receiving Child and Adolescent Mental Health Services (CAMHS) was highlighted.

1.3 In November 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint SEND inspection in Sefton to judge effectiveness in the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. As a result of the findings of this inspection Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action was required due to significant areas of weakness in the local area practice. Areas of improvement were identified in relation to children in care with timeliness of initial health assessments again being highlighted. In addition, it was recognised that the alignment of CiC Statutory Health Plans with Education and Health Care Plans (EHCP) was required to appropriately inform the overall care planning process.

1.4 It is the role of the CCGs and commissioned services to address the unmet health needs of children in care by working in collaboration to empower young people and enable them to reach their full potential. Health, in its broadest sense, is the key to allowing children and young people to benefit from life enhancing opportunities. The expected outcome is that all children in care, for whom the CCG are responsible, will experience improved health and be motivated and inspired to continue to take responsibility for their own health care.

1.5 This report will provide an overview of population, outline the performance of services, evidence good practice and key achievements, recognise challenges and identify developments for 2017/18.

1.6 It is produced in line with duties and responsibilities outlined in *Statutory guidance on Promoting the Health of Looked after Children (DfE/DH, 2015)* issued to Local Authorities and Clinical Commissioning Groups under sections 10 and 11 of the Children Act. It is written in the context of a holistic model of health, which ensures the wider determinants of health and well-being are considered. Consideration will be given to the key messages and recommendations of the *CQC report Not Seen, Not Heard (July 2016)* alongside the findings of the *NHS England CCG Benchmarking Exercise 2016*; a piece of work commissioned by NHS England to provide insight into commissioning practice across the North of England in relation to Children in Care.



2. Introduction

2.1 The purpose of the report is to provide Sefton CCGs and key partners with an overview of the progress and challenges in supporting and improving the health of children in care in Sefton and those placed in borough by other authorities. The report has been produced in partnership with health providers and covers the period from 1 April 2016 to 31 March 2017.

2.2 Children in Care are often referred to as 'Looked After Children'. In England and Wales the term 'looked after children' is defined in law under the Children Act 1989. A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. Looked after children fall into four main groups:

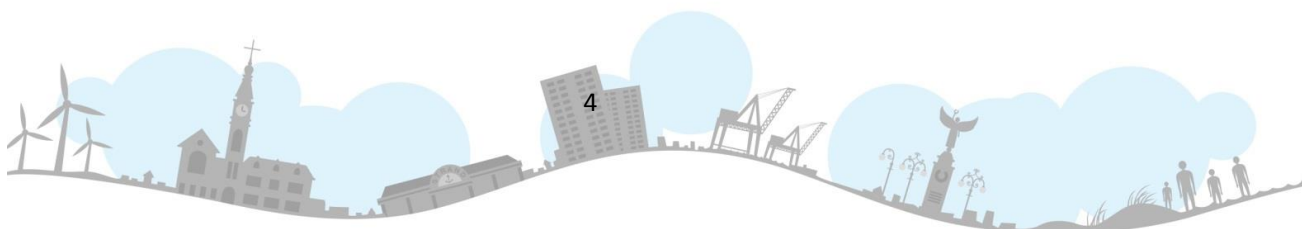
- Children who are accommodated under voluntary agreement with their parents
- Children who are the subject of a care order or interim care order
- Children who are the subject of emergency orders for their protection
- Children who are compulsorily accommodated; this includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement

2.3 The term 'looked after children' includes unaccompanied asylum seeking children (UASC), children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are on a special guardianship order.

2.4 Children in care find it hard to relate to the term 'Looked After' and its abbreviated form of 'LAC'. Many find it derogatory to be defined in such a way, often sighting that the phrase may be misinterpreted as one that implies they are 'lacking' as individuals. Children also highlight that every child should be 'looked after' by someone and as such the phrase does not define the uniqueness of their situation when being parented by the State. The remainder of this report will therefore refer to 'Children in Care' or 'CiC'; the term 'Looked After' and 'LAC' will only be used in a legislative context.

2.5 Children and young people in care share many of the same health risks as their peers, often however, to a greater degree, with many children and young people continuing to experience significant health inequalities. Meeting the health needs of these children and young people requires a clear focus on access to services. This approach can be assisted by commissioning effective services, delivery through provider organisations and ensuring availability of individual practitioners to provide and co-ordinated care

2.6 Sefton CCGs are able to effectively influence outcomes for children in care acting as a 'Corporate Parent'. Corporate Parenting is a collective responsibility of the Local Authority (LA), elected members, employees, and partner agencies, to provide the best possible care and safeguarding for the children in care. Every good parent knows that children require a safe and secure environment in which to grow and thrive (Sefton Corporate Parenting Strategy, March 2017). The Chief Nurse and the Designated Nurse for Children in Care are active members of the Sefton Corporate Parenting Board.



3. Governance, Accountability and Assurance

3.1 The NHS has a major role in ensuring the timely and effective delivery of health services to children in care and care leavers. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and The NHS Constitution for England make clear the responsibilities of CCGs and NHS England to this vulnerable group.

3.2 The Designated Nurse for CiC is hosted within the Shared CCGs Safeguarding Service with the current post holder being employed since October 2016. Accountability for Designated Professionals for Children in Care is set out within the 2015 NHS England Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework.

3.3 The separate post of Designated Nurse for Children in Care (CiC) for Sefton CCGs was developed in May 2015, with the portfolio for children in care having previously sat with the Designated Nurse for Safeguarding Children. Designated Professionals for Children in Care take a strategic and professional lead across the whole health community providing clinical expertise to Clinical Commissioning Groups and partner agencies on the specific health needs of the cohort.

3.4 Strategic oversight of services is essential to the role to ensure that robust clinical governance of NHS health services for CiC is in place. As a result assurance can be provided to the CCG's Governing Bodies that clear commissioning arrangements are in situ and that services are fit for purpose.

3.5 Performance of provider services is determined via analysis of Key Performance Indicators (KPIs) and scrutiny of the adherence to the agreed standards for Children in Care. The current KPI schedule for providers is monitored quarterly and reported to the CCG Quality Committee.

4. National Profile of Children in Care

4.1 The demographics for Children in Care nationally are taken from the Statistical First Release (SFR) England for the year ending 31 March 2017.

Key Findings:

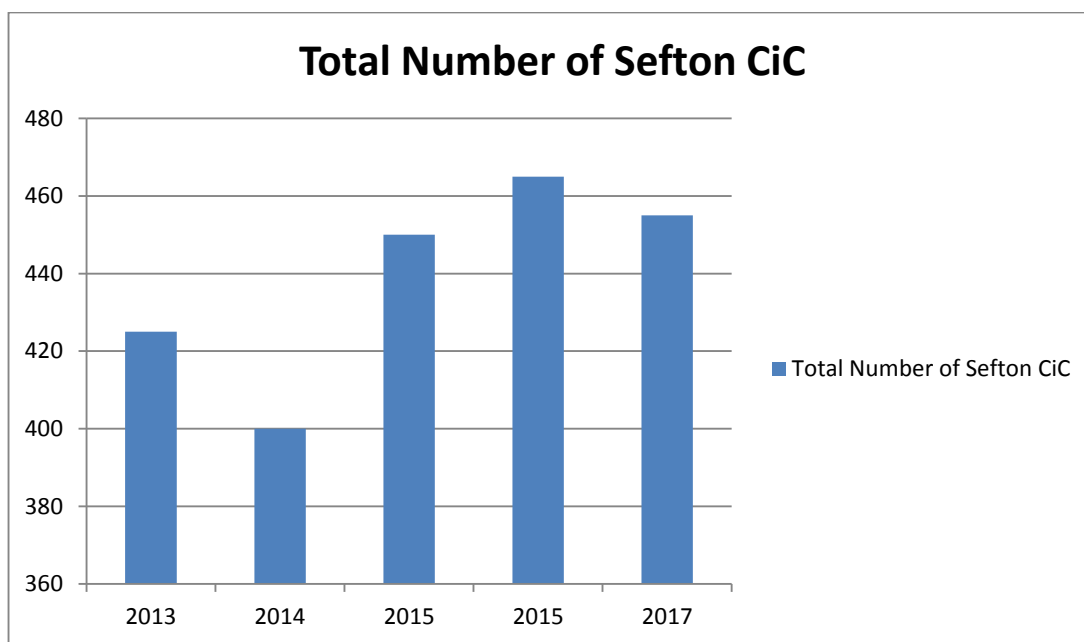
- There were 72,670 Children in Care in England as of 31 March 2017; an increase of 3% on 2016 figures and continues the trend of the last nine years
- The number of children entering the care system in 2016-17 has also risen in recent years and has increased by 2% compared with the previous year
- The number of children ceasing to be 'looked after' in 2016-17 has fallen by 2% compared with the previous year
- In 2016 adoptions fell for the first time since 2011 (12%) and in 2017 the number of children in care being adopted has fallen again by 8% to 4,350



5. Overview of Sefton's Children in Care

5.1 The overall number of children in care to Sefton MBC has remained above the national average per 10,000 populations; a consistent finding since 2012. This upward trend mirrors the national picture and the sixth year running that the North West region has experienced increasing numbers. Out of the twenty-three North West Local Authorities, Sefton is ranked thirteen in terms of total number of children in care.

5.2 Graph 1, below, indicates total number of children in care in Sefton at the end of each financial year. As of 31st March 2017 the total cohort of children in the care of Sefton MBC was **455**.

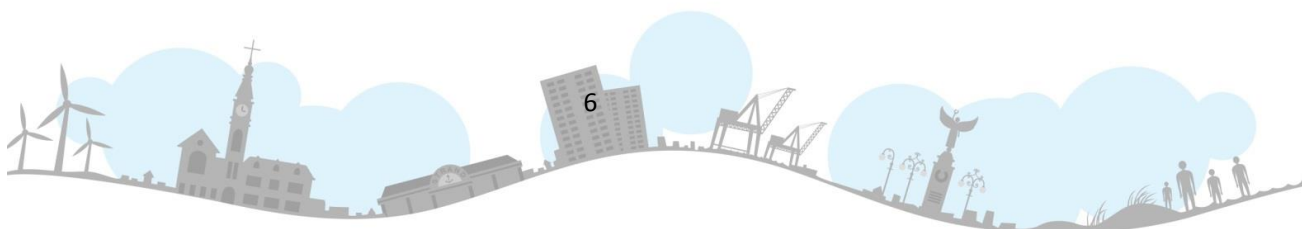


Graph 1 Sefton Children in Care Cohort

5.3 Whilst the end of year figures above provide an overview, consideration must be given to children who may enter and leave the care system throughout the year. Sefton MBC 'looked after' a total of **620** children from April 2016 to March 2017.

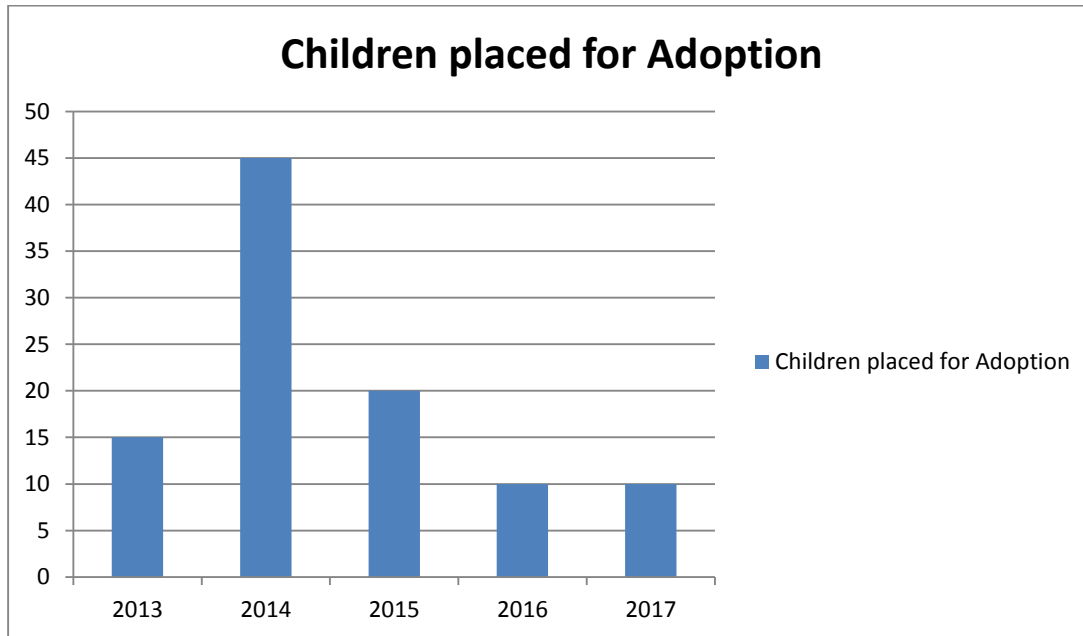
5.4 The new into care cohort is identified as **174** children requiring initiation of a care episode by Sefton MBC. Reflective of national figures the number of children under the age of one entering care has decreased with an overall 10% reduction in numbers of new into care children in Sefton being aged between 0-4years. At the opposite end of the spectrum Sefton has reported **144%** increase in children aged 16-17years entering care; narrative around this relates to unaccompanied asylum seeking children requiring accommodation, homelessness, Child Exploitation both sexual and criminal, involvement with Organised Crime Groups and identification of safeguarding concerns following assessment.

5.5 The number of children ceasing to be in the care of the local authority by end of reporting period was **180**; this is an increase from 2016. Children's care episodes end for a variety of



reasons with the majority for Sefton children achieving permanency via return to their family. The recent Ofsted inspection raised concerns regarding the high proportion of children in care in Sefton who are placed at home with parents (21%); as a result, Sefton MBC have focused on this group resulting in 26 children's 'placed with parents' Care Orders being discharged between September 2016-end of March 2017.

5.6 In keeping with national trends Sefton has seen a reduction in children being placed for adoption, with only 6% of those ceasing to be looked after and achieving permanency via this route.



Graph 2 Sefton children placed for adoption

5.7 Twenty-two North West LAs submitted data in relation to adoption as an outcome; Sefton was ranked lowest in terms of numbers of children. On average, the region saw **17%** of children achieving permanency as a result of adoption; Cumbria successfully placed **32%** of children ceasing to be looked after in adoptive placements. Bolton and Wigan are noted to have seen a similar number of children ceasing to be in the care of the Local Authority, **185** and **175** children respectively, yet the numbers of children finding their forever family through adoption was four times that of Sefton children.

5.8 It is, however, important to consider the data in context; it is possible that the reduction in children aged below four years entering the care system may have resulted in fewer children having adoption identified as an appropriate plan for permanency. This, coupled with a large proportion of children in Sefton ceasing to require care as a result of return to parents and family, must also be contemplated.



6. Children placed out of Sefton

6.1 Where a CCG or a Local Authority, or both where they are acting together, arrange accommodation for a child in care in the area of another CCG, the “originating CCG” remains the responsible CCG and as such retains commissioning responsibilities. Sefton MBC place approximately **139** children (30%) out of Borough but for whom Sefton CCGs are the originating CCG. In most cases, placements within a small radius will be sought; Sefton place approximately **91** children in the Merseyside area with the majority of children identified as living in Liverpool.

6.2 Assurance around health needs being addressed for those children and young people is sought via the implementation of a robust quality assurance process, audit and scrutiny. Escalation processes are embedded between commissioned health teams and the Designated Nurse for CiC if difficulties in the completion of health assessments and access to health services are identified.

6.3 Additional work to map and understand this cohort more fully is ongoing with the Designated Nurse for CiC currently collating data to be reported on in 2017/18 Annual Report

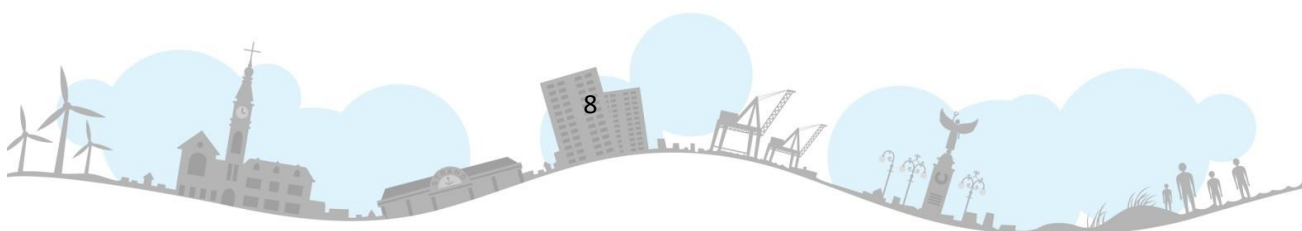
7. Children placed in Sefton via other Authorities

7.1 *Who Pays? Responsible Commissioner Guidance (NHS England, 2013)* states that individual CCGs have a responsibility for children and young people placed in the area whom are receiving a primary care service. However, for children in care, the overall responsibility for co-ordinating the statutory health assessment remains with the originating CCG.

7.2 Review of the current reporting arrangements is being undertaken to ensure that there is an accurate reflection of the current details and placing authorities of children placed in Sefton. There are discrepancies with the number of children recorded as being placed within Sefton by the commissioned provider CiC health team in comparison to data held by Sefton MBC but on average 120 CiCOLAs (Children in Care Other Local Authorities) will be the responsibility of Sefton CCGs at any one time.

7.3 Decisions to place children outside of the originating Local Authority area often relate to placements with family members or children requiring provision to assist in reducing risks related to Child Sexual Exploitation, Missing from Home or offending behaviours. Anecdotal information from provider services indicates that this population generally present with a high level of complex need.

7.4 CiC should never be refused a service, including mental health interventions, on the grounds that their placement is short-term or unplanned. CCGs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services for CiC are provided without undue delay. Local Authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.



8. Ethnicity

8.1 Children in care are predominantly white according to national statistics; 75% of children at 31 March 2017 were white, 9% were of mixed ethnicity, 7% were black or black British, 5% were Asian or Asian British and 3% were other ethnic groups. The breakdown of ethnic groups has not been routinely mapped by Sefton CCGs and therefore not available. The ethnicity of children new into care in Sefton during 2016/17 however has been collected; it is likely that this is indicative of the ethnicity breakdown of Sefton's CiC cohort as a whole which identifies the majority of Sefton CiC as being White British.

8.2 Over the last five years there have been small increases in the proportions of children in care of non-white ethnicity which is likely to reflect the increase in the number of unaccompanied asylum seeking children. Sefton MBC did not submit data as part of the national statistical return in 2016/17 but at the time of inspection it was noted that four UASC had been accommodated by the local authority.

9. Commissioning arrangements of health provision for Children in Care in Sefton

9.1 South Sefton CCG and Southport & Formby CCG are responsible for commissioning health services for CiC in Sefton. In 2016/17 reporting period statutory health assessment provision was commissioned from both Liverpool Community Health Trust (LCH) and Alder Hey Children's Foundation NHS Trust (AHCH). Child and Adolescent Mental Health Services (CAMHS) are also commissioned from AHCH Trust and Sexual Health services from Southport and Ormskirk NHS Hospital Trust.

9.2 Liverpool Community Health Children in Care Health Team

9.2.1 The Children in Care Health team was hosted by Liverpool Community Health NHS Trust (LCH) during the reporting period in a co-located service responsible for provision to both Sefton and Liverpool Children in Care as part of a wider Adult and Children's Safeguarding offer.

9.2.2 Commissioning arrangements for the team facilitate partnership working with Sefton MBC to ensure health provision to children and young people new into the care is available. Robust arrangements are in place to maintain service delivery for the existing cohort of CiC in Sefton, inclusive of CiCOLAs and those placed out of area, by ensuring that high quality statutory health assessments are completed in a timely manner.

9.2.3 The team has experienced significant change within the last 12 months with areas such as recruitment and retention alongside sickness and capacity issues further impacting on the stability of the service. The dissolution of LCH as an organisation, and resultant transaction of all services to alternative health trusts via the NHS Improvement plan, restricted the ability of both provider and Sefton CCGs to make any adjustments to the agreed service specification in attempt to mitigate risks arising as a result of turbulence within the team.

9.2.4 Although outside the reporting period the team is now hosted by MerseyCare, with an agreed subcontract to North West Boroughs Health Foundation Trust (NWBH). Sefton CCGs



are supportive of this arrangement on the basis that any risk in the system will be reduced following the major shift in local health services. A recent tender of the 0-19s Public Health service as commissioned by Sefton MBC, has seen the award of this contract to NWBH also.

9.2.5 The transaction of services will promote the development of a Sefton-only facing CiC health team as part of the Safeguarding Children Service which is inclusive of the Sefton Young Offender Health Nurses. The Named Nurse for Safeguarding/CiC for Sefton (1 WTE Band 8a) has management and operational oversight of the delivery of this provision.

9.2.6 During the reporting period, and continuing under the new commissioning arrangements, the 16-18 year old 'care leaver' cohort continue to have access to a dedicated Link Nurse (1 WTE Band 6). Administrative support (1 WTE Band 3) specifically for CiC is in place to manage data flow relating to care status, health assessments and placement changes.

9.2.7 The team were granted access to Sefton MBC electronic case recording system Liquid Logic in October 2016. This advancement was as a result of numerous partnership meetings involving the CCGs, LA and Sefton CiC health team and deemed necessary to help improve timeliness of communication between agencies. As a result the Sefton CiC health team have needed to review, update and monitor a variety of systems and processes to ensure they are reflective of any changes.

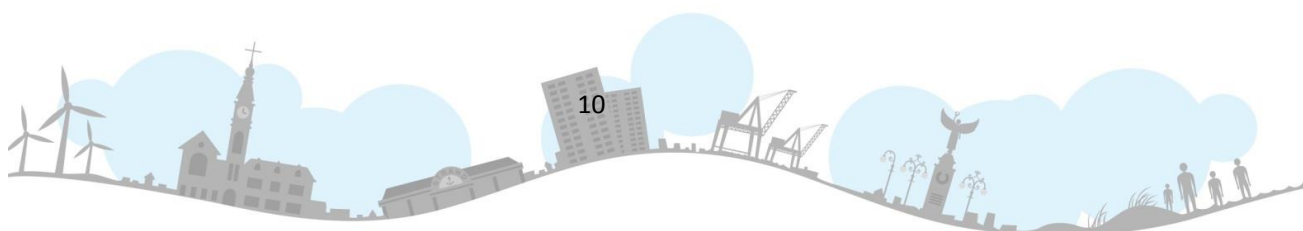
9.3 Alder Hey Children's NHS Foundation Trust (AHCH)

9.3.1 Alder Hey Children's NHS Foundation Trust delivers the medical services for Children in Care and those with a plan of adoption. The team consists of a Clinical Lead for CiC, an experienced Paediatric Consultant with expertise in neurodevelopment, and a Specialist Nurse for CiC, in addition to dedicated administrative resource. The team is further supported as a result of organisational arrangements which embed the service within the overall Statutory Safeguarding Children Service at the Rainbow Centre. Additional resource is available from the Community Paediatric Team and Medical Advisors, who together, complete all Initial Health Assessments (IHAs) and adoption medicals for children in the Sefton area.

9.3.2 The team work closely with the Designated Nurse in supporting the health agenda for CiC taking an active role at Corporate Parenting events and contributing to both local inspections

9.3.3 The Medical Advisors are involved in all stages of the Adoption Process for children and adults. Medical Advisors also have an obligation to attend permanence panels and are responsible for 'Adult Health Clearances' for all for foster carer, adoption, Special Guardianship Orders and kinship care applications.

9.3.4 Sefton CCGs are currently in negotiation with the Trust to secure the provision of a Designated Doctor for CiC. This post will be jointly commissioned with Liverpool CCG and Knowsley CCG and has been identified as a risk since 2015



10. Statutory Assessments

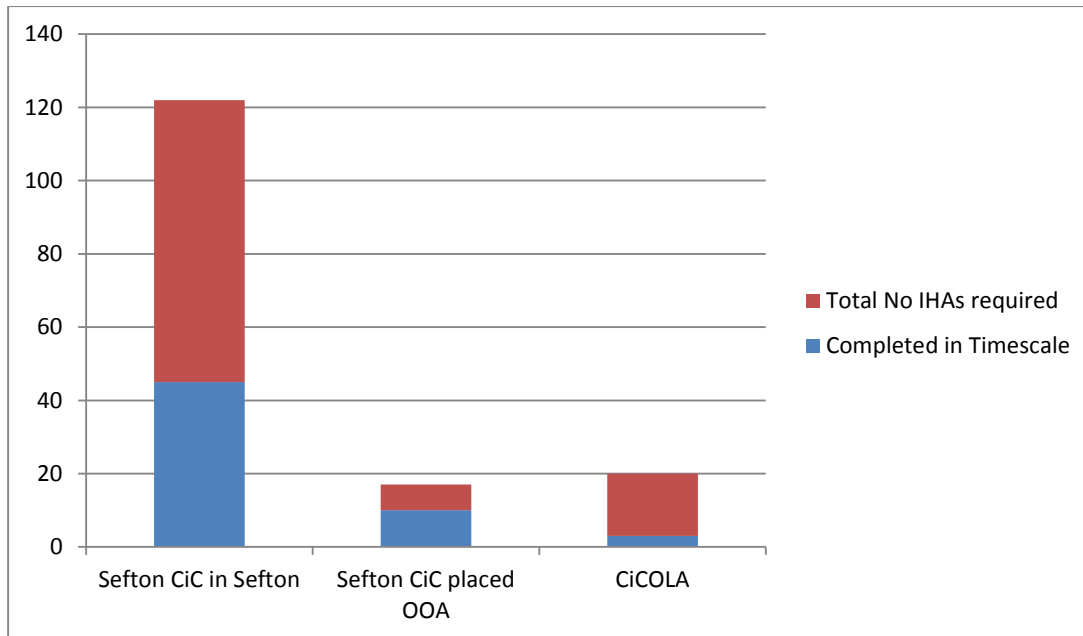
10.1 Initial Health Assessments

10.1.1 Initial health assessments (IHA) are required to be completed within 20 working days of a child entering care. All initial health assessments are completed by a qualified doctor which is a requirement set out in Statutory Guidance. The IHA should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer.

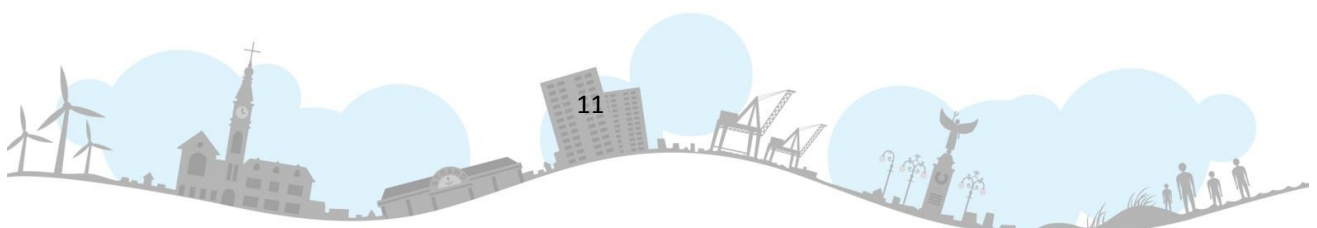
10.1.2 To succeed with the 20 working day target, there is a reliance on the establishment of partnership working and excellent communication pathways. Children’s social care and commissioned health services must work proactively together to facilitate timely assessments. Improvements in notification have resulted from an ‘Alert’ system via Liquid Logic but concerns remain that this process is not being fully utilised, contributing to delay in assessment experienced by some children.

10.1.3 Timely notification is just one step within the IHA pathway to be completed if compliance with statutory timescales is to be achieved. Streamlined provision that considers available resource, robust communication and a shared understanding of practitioner/organisational responsibilities is also required.

10.1.4 In the year April 2016 - March 2017, **174** children entered the care of Sefton MBC however only **139** children were reported as requiring Initial Health Assessment by LCH Sefton CiC team during the reporting timeframe. This discrepancy may relate to children who entered care briefly and left before the 20 day assessment timeframe alongside those who entered the system late in the reporting period therefore requiring IHA in the following financial year.



Graph 4 Timeliness of Initial Health Assessment



10.1.5 Graph 4 provides overview of performance for both the LCH Sefton CiC health team and AHCH CiC team in completing IHA within timescale. There are many factors at play in achieving 100% compliance with the KPI threshold as set; for Sefton CiC placed out of area there is a reliance on other health teams to facilitate the assessment process and for the CiCOLA cohort it is often the case that significantly delayed notification of new into care status means completion of entire pathway within 20 working days is unachievable from the outset.

10.1.6 From the information available **40%** of Sefton children new into care had their IHAs completed in a timely manner, irrelevant of placement area. This is a reduction from the **51%** total compliance rate achieved last year but above the national average of **33%**.

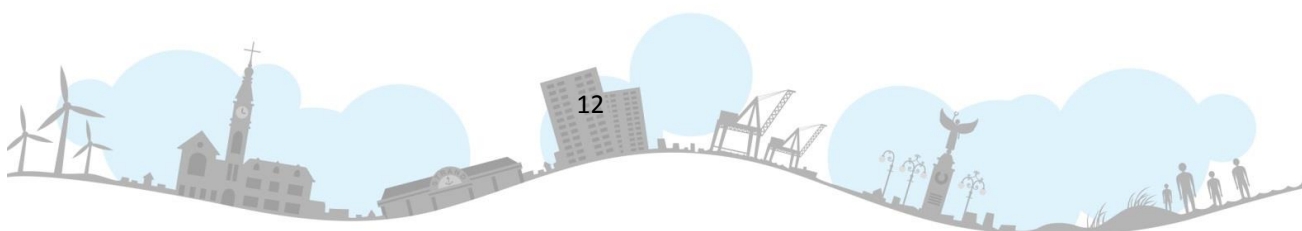
10.1.7 It is clear that performance must improve, particularly as this concern was highlighted in the recent Ofsted Inspection. Joint audit between the CCG and LA has already been completed (2017/18 reporting period); this maps performance across all parts of the IHA pathway against an adapted NHS E IHA exemplar pathway (appendix 1). Initial findings have highlighted process concerns from a community provider perspective; a clear action plan to improve performance has been agreed and will be monitored by the Designated Nurse for CiC.

10.2 Review Health Assessments

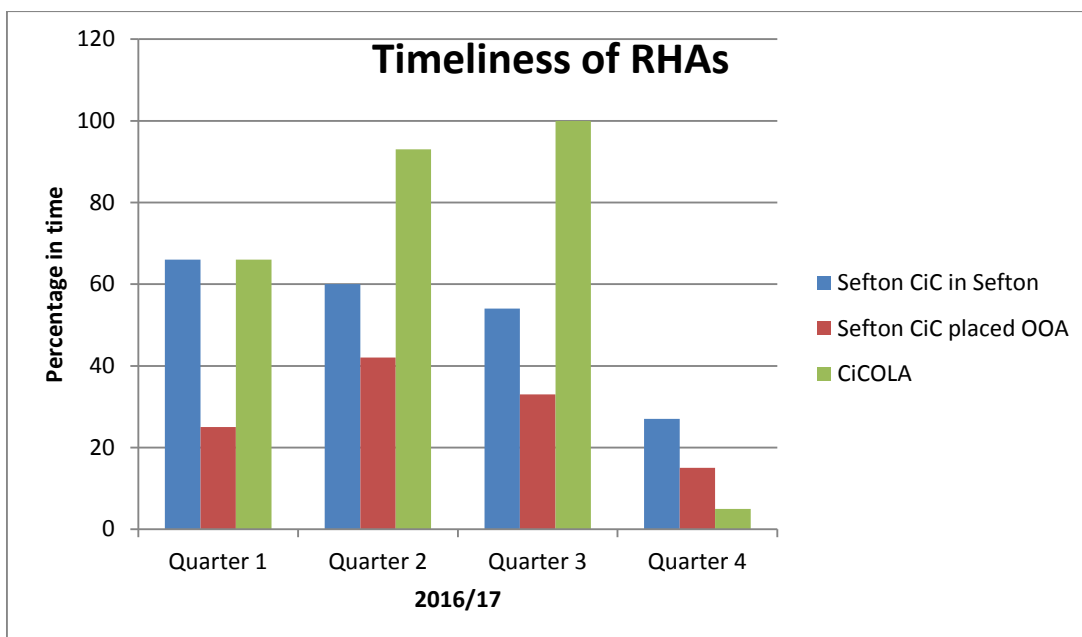
10.2.1 Review Health Assessments (RHAs) are a statutory requirement for all CiC, and are required to be completed every six months for children under the age of 5 years and annually for children over this age. The RHA is a holistic assessment including emotional wellbeing and physical health. The recommendations and health plan from all RHAs are shared with the child's social worker (SW) and Independent Reviewing Officer (IRO).

10.2.2 Health visitors and School Nurses within the 0-19 service complete the assessments for the majority of the children, whilst the CiC Link Nurse completes assessments for young people aged 16-18 years. The 0-19 service is commissioned via Public Health and from 1st April 2017 the provider changed to North West Boroughs Health Foundation Trust. Completion of, or contribution to, RHAs is included within the contract specification for this service.

10.2.3 In April 2016 the Health Practitioner Checklist/Audit assessment tool was implemented and all RHAs are now being quality assessed via this tool (Appendix 2). The tool was developed by the Designated Nurse for CiC and has been adopted regionally as standard and promoted via NHS E National CiC subgroup as an exemplar tool. Review health assessments which do not meet the required standard are now returned to the assessing practitioner for amendment. Further monitoring and audit of health assessments which did not meet the required standards is to be implemented. Quality assurance during the reporting period was the sole responsibility of the joint Sefton/Liverpool CiC health team however changes as of the 1st April 2017 will ensure that the Designated Nurse for CiC oversees this process from a CCG perspective for assessments that are completed under the guidance of the Responsible Commissioner (children placed out of area/CiCOLA).



10.2.4 Completion of the RHA's in a timely manner has been a challenge for LCH CiC health team; quarterly KPI data identifies performance that is significantly below the 100% compliance threshold (see Graph 5 below). Similarly to IHA, the RHA process is reliant on the performance of external practitioners/services but service specification is explicit in identifying responsibility for improving performance is with the specialist team with the support of the Designated Nurse for CiC.



Graph 5 Timeliness of Review Health Assessment

10.2.5 The number of children who have been looked after for a period of twelve months or more, who have received their statutory health assessment, is recorded by the Local Authority as part of the SSDA903 return to Central Government.

10.2.6 Performance for 2016/17 showed an improvement in relation to RHA from the previous year; it is felt that increased monitoring, scrutiny and assurance oversight by the CCG has supported a more favourable return than that of 2015/16. It must be noted however that this performance is related to completion of assessment within year and not timeliness of that assessment.

10.2.7 Whilst the publication of National SSDA903 health data is not available until December 2017 it is possible to provide a projection of the anticipated return using information provided by both LCH and Sefton MBC

10.2.8 A cohort of **336** children was identified as being 'Looked After' for a period of more than one year and therefore eligible for reporting within the 903 return; **299** children had a review health assessment undertaken within the reporting period (**89%**), an increase of **3%**

10.2.9 A number of factors have contributed to the **37** children being counted as not receiving statutory review assessment. These include:



- Non-engagement – A number of children refuse to participate or are not encouraged to engage in the assessment process despite several attempts to undertake
- Late return –Children receiving assessments out of timescale (after 31st March 2017) and therefore are counted as incomplete within the return
- Children placed out of area – There is a reliance on receiving provider health teams to comply with requests for health assessments; often these children will experience delay, inconsistent approach in completion or no offer of a service

11. National Health Indicators – Sefton Children

11.1 Children who have remained in care for a period of more than one year should experience an improved quality of life, not least of all evidencing improvements in holistic health. The SSDA903 return provides crucial data to both the LA and CCG in understanding the needs of this cohort to enable the commissioning of health services which are able to focus on improving outcomes.

11.2 Dental Health

11.2.1 All CiC are encouraged to register with a local dentist of their choice with advice relating to oral hygiene being provided by health practitioners completing statutory health assessments. Practitioners completing children’s health assessment must record the dental practice and dates of appointments attended. This information assists the Local Authority in confirming compliance with routine dental checks as part of the 903 return.

11.2.2 Unratified figures suggest that **246** children out of **336** were up to date with recommended dental examination (**73%**); this is a **4%** reduction on last year. Unfortunately there is no breakdown of data to indicate if the reasons underlying this figure are due to difficulties with access to dental service, refusal/non-compliance or inaccurate reporting.

11.3 Immunisations

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

11.3.2 A total **284** children (**85%**) out of the 903 cohort were identified as being up to date as per current immunisation schedule at the end of March 2017; this is an improvement of **8%** on last year. Sefton LSCB recently raised a concern regarding poor uptake of immunisations for children in care citing data from Public Health England Fingertip report; upon review this data appears inaccurate for 2016 and is likely to have been taken from the 2015 statutory return. It has been agreed that further audit and analysis of children in care immunisations will be undertaken by the Designated Nurse for CiC in conjunction with Public Health colleagues



11.4 Strengths and Difficulties Questionnaire

11.4.1 Children in care are twice as likely to have a diagnosable mental health disorder as their peers. This is in view of their pre and post care experiences which include attachment difficulties, trauma and the effects of abuse on the developing brain. It is therefore important to measure, on a regular basis, the emotional and behavioural difficulties experienced by children in care. Commonly this is achieved via the Strengths and Difficulties Questionnaire (SDQ); a clinically accepted brief behavioural screening questionnaire for use with 4-17 year olds or 2-4 year olds. It is internationally validated and simple to administer.

11.4.2 The SDQ provides information to help social workers form a view about the emotional well-being of individual children. It is a requirement of the SSSDA903 that local authorities must ensure that the child's main carer (a foster carer or residential care worker) completes the two-page questionnaire for parents and carers.

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

11.4.4 During the 2016/17 reporting period the Local Authority reported that **175** children out of eligible cohort had a Carer's SDQ completed. It is clear from quality assurance of health assessments that the findings of individual SDQs are not effectively shared with health colleagues; this often impacts on the ability to effectively coordinate care in relation to improving emotional health and wellbeing. This is a priority area for review in 2017/18.

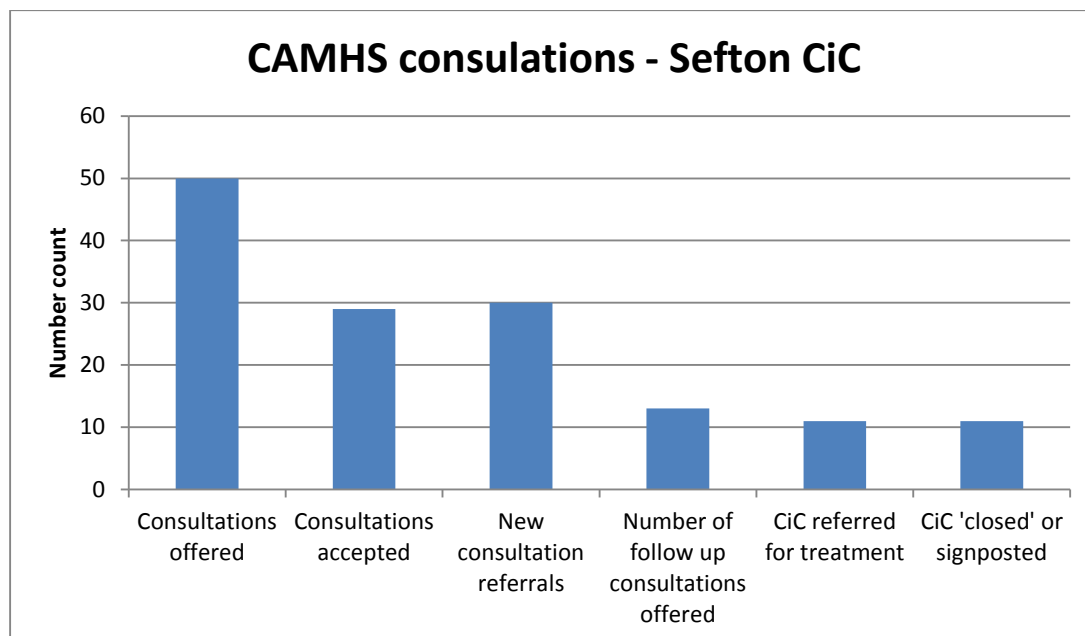
12. Child and Adolescent Mental Health Service (CAMHS)

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

12.2 Children in Care present to CAMHS with similar difficulties to the general population though they frequently have more than one problem and a history of significant adverse early life experiences. Engaging some young people can take time and often alternative approaches are required.

12.3 Consultation to social workers and those caring for and involved with CiC was offered on a weekly basis during the reporting period. This service offered consultation from a CAMHS perspective to foster carers, residential social workers, social workers, family centre workers, education professionals and sometimes birth parents. Children aged 16 years and over were invited to be part of consultation meetings to help inform and influence their care.





Graph 6 CAMHS Consultation offer to Sefton CiC

12.4 The average wait time for consultation following referral was reported as seven weeks. Any children in care requiring specialist CAMHS intervention following consultation was primarily offered an appointment within four weeks.

12.5 Children who need an emergency service are assessed the same day at A&E, with those requiring a 'less urgent' response being seen within two weeks at Single Point of Access.

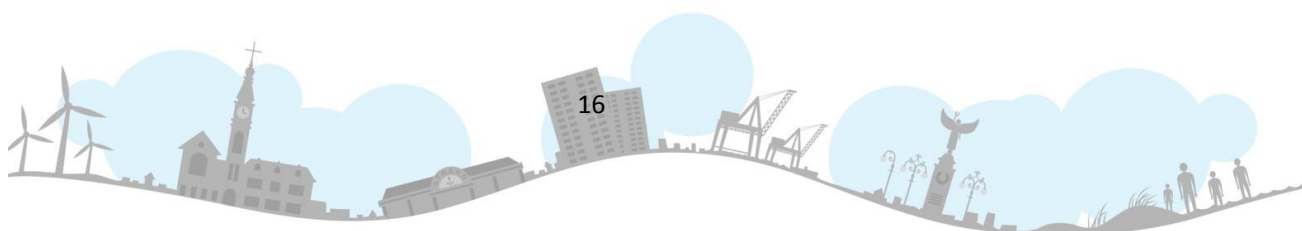
12.6 Data in relation to Sefton CiC receiving CAMHS intervention had not been routinely recorded until January 2017. During quarter 4 the service reported that **14** Sefton CiC received direct intervention via AHCH CAMHS practitioners

12.7 Children often present with multiple difficulties, emotional dysregulation and self-harm. In addition, challenging and aggressive behaviour were common themes noted from referral with a high prevalence of attachment issues, low mood, and anxiety being diagnosed.

12.8 Funding for the CiC Consultation service has now been withdrawn; no rationale for this has been provided by CAMHS or the LA. As such it is difficult to consider any potential risks to CiC as a result but will be monitored as to impact.

13. Sexual Health

13.1 Research illustrates that children in care are three times more likely to become teenage mothers than peers who have not experienced local authority care (*Coram Report, 2015*). This report also identified that mainstream programmes aren't tailored to the specific needs of this group of children. In the main, young people in Sefton access local sexual health services provided by Southport & Ormskirk NHS Hospital Trust. There is no specific service dedicated to Children in Care.



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

13.3 Services provided include issuing of contraception (all methods), sexually transmitted infection testing and treatments including HIV, free condoms and pregnancy tests. In addition, there are referral clinics for psycho-sexual counselling and erectile dysfunction.

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

13.5 Sexual Health is assessed routinely as part of the annual RHA. This provides a prime opportunity to deliver key public health messages and provide young people information around accessing services and addressing their sexual health needs. Assessing practitioners are additionally guided to discuss healthy relationships, puberty, and to consider risk of Child Sexual exploitation.

14. Safeguarding Children in Care

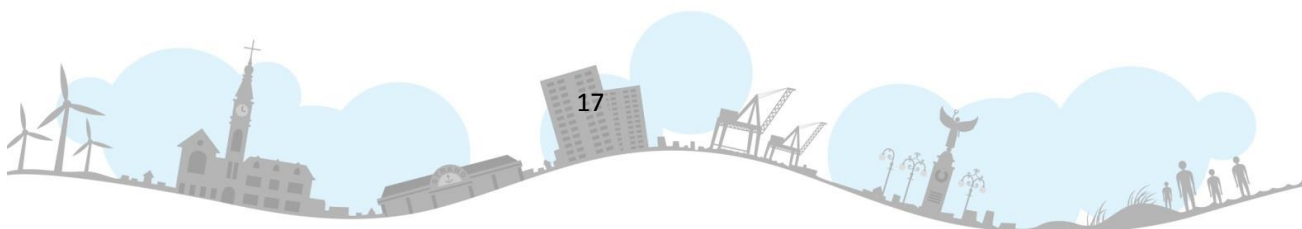
14.1 The *Real Voices* report on CSE (*Coffey, 2014*) stressed that Children in Care are particularly vulnerable due to their higher levels of emotional health difficulties and special education needs. Additionally, it highlighted the risks to children who go missing from care raising concerns that, despite legislation, independent children's home often fail to notify local authorities when children move in from other areas.

14.2 Annual data relating to CiC who are at risk of CSE is unavailable due to the nature of bi-annual reporting by Sefton MBC Safeguarding Unit. However, data available for Quarter 3 & 4 identified that **18 Sefton CiC** and **22 CiCOLAs** were referred to the Multi Agency Safeguarding Hub (MASH) due to CSE concerns.

14.3 Children who are considered to be at high risk of being sexually exploited, and those who are considered as currently being sexually exploited, continue to be referred for discussion at the monthly Multi Agency CSE Panel (MACSE). Representatives from agencies working directly with the child are invited to attend to ensure the Multi Agency CSE Plan is appropriate.

14.4 In April 2016 NHS England directed all CCG and Provider services to identify a nominated lead for CSE. The nominated lead for Sefton CCGs is the Designated Nurse for Safeguarding Children.

14.5 One in five children and young people who go missing from home or care are at risk of serious harm (*Coffey, 2014*). There are major concerns about the links between children running away and the risks of child sexual exploitation. Missing children are also vulnerable to other forms of exploitation, violent crime, gang exploitation, and drug and alcohol misuse.



14.6 Sefton MBC is required to submit data on an annual basis with regard to children in care who are reported as 'missing' or 'absent'. A total of **70 children** (11%) were recorded as missing from care episode in 2016/17; 410 episodes of 'missing' were recorded against these children with an average of six incidents per child. **45** children were reported as missing from care on more than one occasion therefore further analysis of the data would suggest that these children were the subject of **385** episodes (average of nine incidents per child).

14.7 There were 150 episodes of unauthorised absence reported by the LA relating to **25** individual children. Children are deemed to be absent if they are away from placement without agreement but professionals are aware of their whereabouts.

14.8 Concerns have been raised nationally around the categorisation of children in care who are not in placement when they should be. Children reported as absent may often be with family members or someone with whom they have a relationship with; suggesting they are absent merely implies that they are at a place that has not been agreed by their social worker but this fails to identify potential risks posed from individuals whom they come into contact with whilst they are there.

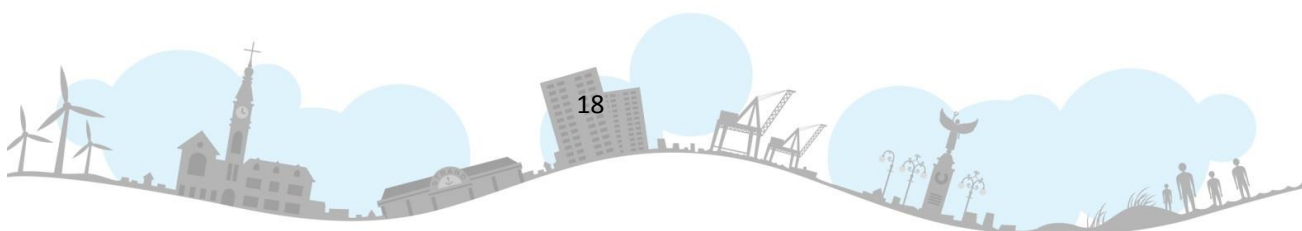
15. Care Leavers

15.1 *Promoting the Health of Looked after Children (DfE/DH, 2015)* states that CCGs have a role in commissioning health provision taking into account the specific requirements for young people identified as care leavers in the **Leaving Care Act (2000)**. They are required to ensure that plans are in place to enable children leaving care to continue to obtain the healthcare they need and that arrangements are in place to ensure a smooth transition for those moving from child to adult health services.

15.2 There are approximately **130** care leavers aged between 19-21 years within Sefton. National data return requires the Local Authority to report outcomes for this group in relation to education, training and employment; figures indicate that **15** care leavers are recorded as having an illness or disability, and a further **15** are pregnant or parenting which has resulted in them being unable to access employment or education.

15.3 Further review of the current 'offer' from commissioned health services is required to ascertain compliance with statutory guidance. On leaving care, young people are provided with a health passport providing details of their medical history and advice on navigating universal health services and their health provision sits with Primary Care.

15.4 CCG and Local Authority responsibility for the transition arrangements of young people leaving care to adults services is set out in *Nice Guidance - Transition for YP using health and social care services* and *Statutory Guidance on promoting the health of LAC and Care leavers (DfE/DH, 2015)*. This includes the development of a locally shared vision and policy for transition arrangements. In 2016/17 commissioned health teams were not required to submit performance data in relation to care leavers, this has been reviewed for 2017/18 reporting period with the introduction of a number of 'Care Leaver' metrics within the KPI schedule to enable oversight of compliance with guidance.



16. Role of Primary Care

16.1 Primary Care providers have a vital role in the identification of the health care needs of children and young people who are in or leaving care. They often have prior knowledge of the child/young person and have statutory responsibilities to:

- Accept CiC as a registered patient seeking the urgent transfer of the medical records if the child is placed over three months.
- Act as advocate for the child, contribute and provide summaries of the health history of a child who is in care, including their family history to inform the Statutory Health Assessment process and legal proceedings e.g. Adoption
- Ensure that referrals to specialist services are timely, taking into account the needs and high mobility of children in care
- Ensure the clinical records make the 'looked after' status of the child clear, so that particular needs are acknowledged and forwarded for each statutory health review.

16.2 The GP held patient record is unique health record and is able to integrate all known information about health and events to provide an overview of health priorities and to review that health care decisions have been planned and implemented.

16.3 Copies of individual health action plans should be provided to GP practices via the Sefton CiC Health Team in NWBH to ensure that the Lead clinical record is updated and health needs followed up within the Primary Care setting. It has been recognised that a further review of the robustness of this process is required with provider teams having to clearly demonstrate that information sharing pathways are effective and is therefore is a further priority for 2017/18.

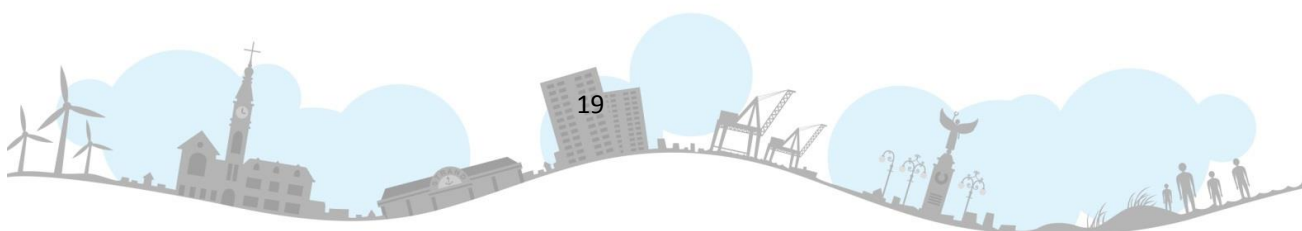
17. The Responsible Commissioner

17.1 NHS South Sefton CCG and NHS Southport & Formby CCG are the responsible commissioners of health services for children who are taken into the care of Sefton MBC. When children in care are placed out of area it is the responsibility of Sefton MBC, as lead agency, to advise health as stakeholders, to ensure that children maintain exemplary access to relevant health services. This includes the originating CCG and the receiving CCG where the child or young person has been placed.

17.2 In Sefton, the sharing of information in relation to children placed out of area is coordinated by the Sefton CiC Health Team (NWBH) following notification by the Local Authority.

18. Payment By Results (PBR)

18.1 The Department of Health, with NHS England, Monitor, the Royal Colleges and other partners, has developed a mandatory national currency and tariff for statutory health assessments for children in care placed out of area. In 2016/17, a standard letter was



devised informing all CCGs across England that Sefton CCGs would charge for statutory health assessments in line with national tariff.

18.2 It has been highlighted that the process linked to the PBR recharge was not robust, with the framework supporting the implementation of Responsible Commissioner not always clear. A new process, which now includes additional scrutiny and oversight by the Designated Nurse for CiC was implemented in May 2017.

18.3 Assurance is obtained that the completed assessment meets required standards by reviewing against the Health Practitioner Checklist/audit assessment tool (appendix 2). The Payment By Results Tariff was aimed at improving quality, access to services and providing resources into local areas to meet the demand. However, in view of the way CCGs across England has commissioned services in different ways this has caused further delay in accessing services prior to invoicing arrangements being confirmed. This is currently being reviewed as part of the Regional and National CiC Forums, led by NHS E with clear directive to CCGs being standardised.

19. Conclusion

19.1 It is clear, in the writing of this report that the services being provided to children in care in Sefton have been under intense scrutiny during 2016/17. Inspection of Local Authority Services in April 2016, closely followed by the Joint SEND Inspection in November 2016 have generated a set of 'must do' actions to ensure children in care are safe, healthy and are encouraged to achieve their full potential.

19.2 Sefton CCG has worked in partnership with the Local Authority and partner agencies to ensure robust arrangements are in place within commissioned services in line with National guidance and to fulfil the health needs of this group of children. The performance of commissioned services to deliver the statutory standards for CiC has, at times, been inconsistent.

19.3 The dissolution of LCH has unquestionably affected the ability of provider services to maintain a consistent, high standard of service to children in care. Whilst the transition of services to new organisations did not occur until April 2017 the uncertainty surrounding how future provision would be configured negatively impacted on performance in many areas and this performance will continue to be monitored through 2017/18.

19.4 The role of the Designated Nurse for CiC has now been fully embedded within the CCGs Shared Safeguarding Service and has provided the opportunity for increased scrutiny of many aspects of health care delivery to this vulnerable group of children.

19.5 In depth analysis of Key Performance Indicators has informed the priorities for the coming year and they are written using recommendations from *Not Seen, Not Heard (CQC, 2016)* to ensure a child-centred approach. The triangulation of this information, in conjunction with a review of the *NHS E CCG Commissioning Compliance Tool for Looked after Children and Care Leaver Health Services 'Right People, Right Place, Right Time, Right Outcomes'* has helped to provide a contextual view to assist Sefton CCGs in ensuring effective commissioning to meet the health needs of children in care.



20. Key Priorities for 2016/17

Children & Young People should have a voice
<ul style="list-style-type: none"> • Consultation with CiC and care leavers to inform services design and delivery and address barriers for young people accessing health services • Alignment of EHCP/CiC Health plans for children in care with SEND supported by the development of robust communication pathway and complimentary training programme for health practitioners
Improving outcomes for children: the 'so what' factor
<ul style="list-style-type: none"> • Improved performance around national performance indicators – greater compliance by commissioned services around KPIs • Audit of statutory CiC health assessments • Robust implementation of Responsible Commissioner and associated quality assurance • Review of current SDQ process to facilitate incorporation with RHA process • Development of 'Was Not Brought' protocol for situations where children have failed health appointments
Quality of multi-agency Information sharing
<ul style="list-style-type: none"> • Establish robust information sharing within Primary Care Services and GP contribution to inform the statutory health assessment process • Review of training for health care staff including Primary Care Practitioners on their roles & responsibilities as corporate parents as commissioners of health services • Implementation of 'Care Leaver Code' to identify patients registered with GPs whom are defined as care leavers to enable them provide timely access to services where appropriate
Transition and Access
<ul style="list-style-type: none"> • Review of care leaver <i>Health Passport</i> process; utilisation of this to inform transition plan and improve pathways between services • Review of commissioned services in providing extended provision to care leavers and Sefton CiC placed out of area
Leadership
<ul style="list-style-type: none"> • Review of NHS E Benchmarking Exercise to ensure full compliance with the 33 standards • Contribute to NHS E work plan for Safeguarding/CiC – Standardisation of KPIs, facilitation of CiC Summit

"We only get one chance at life...help us make the best of it"

Rebekah, Sefton Care Leaver

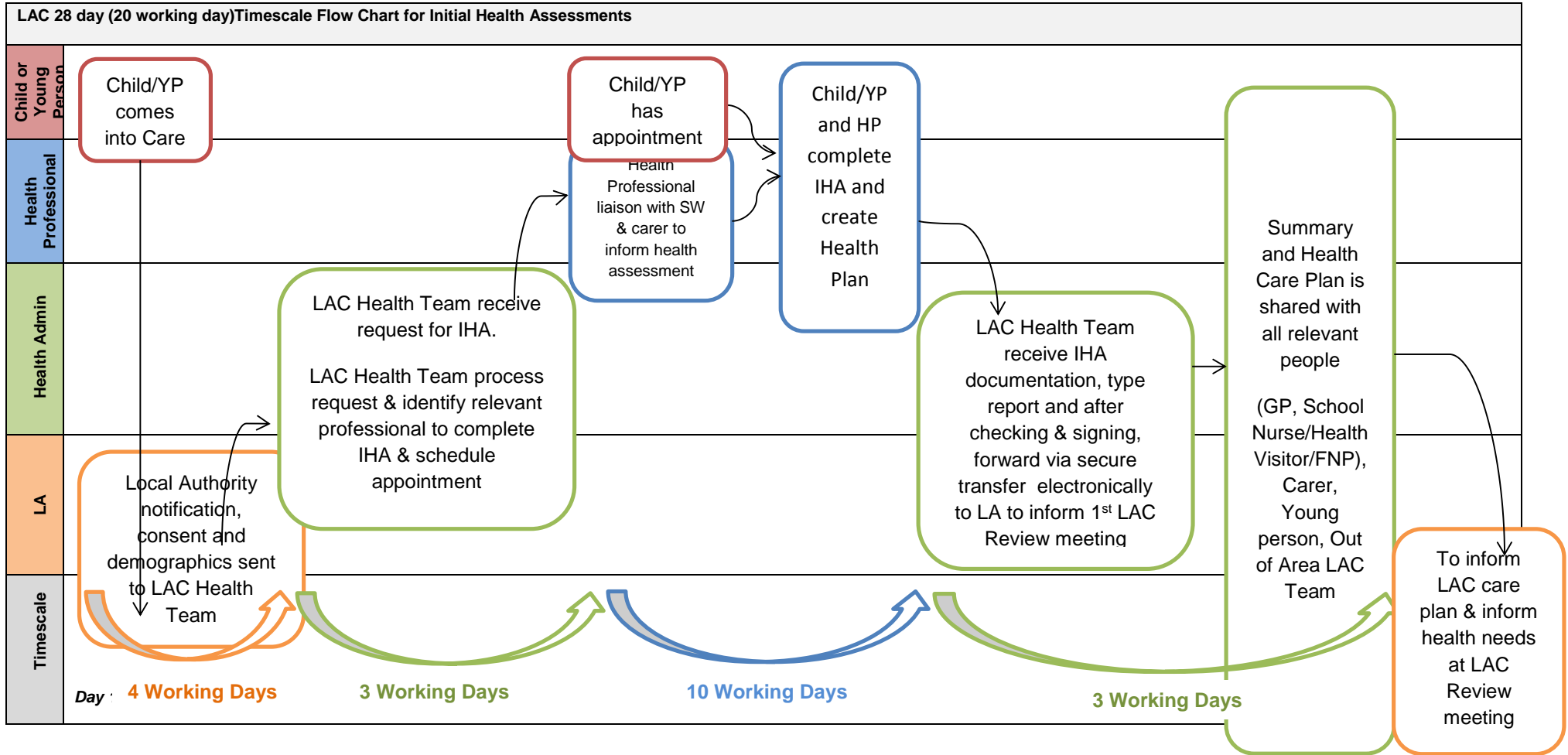


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Appendix 1



Appendix 2

**Looked After Children Health Assessment– Practitioner Checklist
(Based on 2014/15 National Tariff Payment System)**

The checklist guides practitioners through the criteria and quality indicators for completion of the assessment. Evidence of quality indicators must be documented within Parts B and Part C of the health assessment. The assessment and checklist will be reviewed by the Provider Children in Care Health Team and/or the Designated Nurse on behalf of Sefton CCGs. It will be used to support payment against the agreed quality framework where applicable

Please complete and return along with full health assessment and additional documents requested

Child's Name:		Date of Birth:	
		NHS No:	
Type of Assessment: INITIAL REVIEW (Delete as appropriate)	Date of Request:	Date Assessment Due:	Date of Completion of Assessment:
Part B of BAAF Paperwork		Yes/ No N/A	Comments
Young person with capacity to consent has signed to say they understand the need for the assessment and have agreed to be seen and to information being shared. Have they been offered a choice of venue and the chance to be seen alone? If typed please document that verbal consent has been agreed (include date)			
Evidence that information has been gathered to inform assessment from child's social worker and other health agencies providing care (e.g. CAMHS, GP, Therapists)			
Evidence of discussion to consider health events since last assessment i.e. A& E attendance, Illness, Immunisations)			
Evidence of assessment (at least 3 indicators for each to be evident)			
<ul style="list-style-type: none"> • Physical Health: management of medical conditions, Sleep issues, Diet, Illness, Physical activity, Height & Weight (BMI must be calculated), Allergies • Developmental Health: Gross & Fine Motor skills, developmental milestones (Ages & Stages), Puberty, educational overview including key transitions in school, independence skills • Emotional Health / Behavioural: Attachment, SDQ with score detailed within assessment(if available), anxiety, stress, depression, self-harm, positive mental health, friendships, self-esteem, behaviour 			
Dental health -discussion around oral health, sugar intake,			

drinks, diet and tooth brushing needs to be evident		
Vision – date of last vision, use of glasses		
Health professional involvement: details of health agency involvement including last/future appointments		
Immunisation Status: immunised as per schedule, details of recent immunisations and any required in future		
Medication: details of any medication or equipment required		
Keeping safe: Children 0 to 9yrs – safety in the home, appropriate supervision, road safety, exposure to second hand smoke Children 10 to 18yrs – consider risk of CSE, missing from care episodes, internet safety, road safety		
Healthy Relationships: including personal checks, puberty & body changes, sexual health and access to services (must be evidence of appropriate discussion for ALL children over 10)		
Exposure to substance: Evidence that alcohol / substances have been discussed – ‘Drugs, Alcohol & Me’ screening tool must be completed and referenced within assessment		
Voice of the Child: for younger children evidence this by considering interaction with carer, for older children reflect how they feel about their health		
The social worker does not see Part B of the assessment therefore a comprehensive summary report and a detailed ‘SMART’ health plan is essential The summary should be the key points from the assessment with a clear analysis of the ‘so what does this mean’ and ‘what impact / difference is this making for the child’		
Part C: Summary Report and Health Plan	YES/NO N/A	Comments
Overview of health since last assessment: summarise Part B of assessment i.e. A & E attendances, illness or injuries (Section 1)		
Present physical and dental health: Must include date of last dental check, overview of growth (BMI) (Section 4)		
Developmental health/Educational concerns: summarise finding from developmental assessments, comment on current level of functioning, analyse & consider impact (Section 6)		
Emotional Health: overview of emotional & behavioural development, attachment, evidence of analysis		
Lifestyle: overview of keeping safe, risk-taking behaviours, relationships & sexual health		
Health Concerns: Children & Young People’s, Carers’ and other professionals’ concerns about health are evident and recorded in the summary with action in health plan where appropriate		
Date of Dental Check: Must be recorded (underneath Health Action Plan)		
Immunisations: up to date, detail any outstanding within summary and plan		
Health plan: focused on needs of the young person rather than being task focused (the word Asthma, Diabetes, Eczema is not sufficient)		
Timescales and identified responsible person: Recommendations have specific timescales, avoid ‘ongoing’		

GP and Dental Practice: names of both noted		
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The Children in Care Health Team are required to input certain data within Social Care Systems, it imperative that a copy of all requested documentation is returned with original copies remaining within the child's health record		
Return Documents Check	YES/NO	Comments
Childs name, DOB & NHS Number on every page		
Full Health Assessment with Summary & Plan (PartC) being typed		
Immunisation Printout – For children placed in or placed by external trusts (where available)		
SDQ questionnaire Carers Report – 2 page complete document (not score only) for children age 4-16yrs inclusive (If requested – not standard for all assessments)		
Substance Misuse 'Drugs, Alcohol & Me' screening tool (Age 10-18yrs inclusive) – Return completed tool		
Universal developmental checks up to date (for children under 5yrs)		

I agree that the completed Initial/Review Health Assessment meets the criteria and quality standards of the practitioner checklist

Competent to Level 3 of the Intercollegiate Competency Framework ¹	YES/NO
Name of practitioner completing health assessment:	
Designation:	Date:

Internal Quality Assurance		
Assessment meets required standard?	Yes	No
Name:	Designation:	Date:

¹RCGP, RCN, RCPCH (2015) Looked after children: Knowledge, skills and competences of health care staff: Intercollegiate role framework.
http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf

MEETING OF THE GOVERNING BODY NOVEMBER 2017

Agenda Item: 17/82	Author of the Paper: Dwayne Johnson Director Social Care and Health Email: Dwayne.johnson@sefton.gov.uk Tel: 0151 934 3333						
Report date: November 2017							
Title: Development of Family Wellbeing centres							
Summary/Key Issues: The Council faces significant demographic and financial pressures. The proposal of creating Family Wellbeing Centres is part of the Early Intervention & Prevention project approved by Council in March 2017. This proposed model will tackle the multiple needs of families in a more joined-up way.							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; 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"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

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

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement				
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 to Governing Body
November 2017

1. Executive Summary

- 1.1 Our communities have told us that we need to be more joined up most recently through the consultation on Imagine Sefton 2030. We have listened to this feedback and developed plans for a more integrated preventative approach across the borough
Proposals are based around proposals to have three integrated family and children centre bases called Family Wellbeing Centres.
- 1.2 We believe that our plans will make the most of the money that we have available, allowing us to continue to support those most in need and offer our families, children and young people the opportunity to enjoy many health and wellbeing activities.

2. Introduction and Background

- 2.1 For some time our communities have told us that they want a joined up approach. In March 2017 Council Members approved the concept of locality working. As part of this work the Director of Health and Social Care has led a review of the current Children’s Centre and Family Centre offer, delivery points and associated funding.
- 2.2 Since the introduction of the Children and Family Centres in 2006-2007 there has been no overall strategic vision or strategic direction, and given the significant change in successive government and local policies, Sefton now wants to take a strategic approach.
- 2.3 The Director of Health & Social Care has held internal working groups and conducted a number of meetings with Headteachers and the Centre Managers to develop a strategic approach. In addition, visits to all the Children and Family Centres have been undertaken, including some visits alongside Cabinet Members.
- 2.4 Following extensive work a draft strategic vision for the future of the Children & Family Centres has been undertaken and resulted in the strategic vision presented within this paper

Context – Children’s Centres

- 2.5 Currently within Sefton, there are 10 Children’s Centres operating from a number of schools, Council and community bases. Nine Centres are based on Nursery or Primary School premises; they operate as a commissioned service, governed by the school and quality assured by the School Readiness Team. The tenth centre is under direct management of the Council and operates from a Council building.

2.6

Children’s Centre	Phase & yr. established	Governance
Cambridge	1 27/04/2007	Commissioned service, governed by Cambridge Nursery School
Linaker	1 11/07/2006	Commissioned service, governed by Linaker Primary School
Litherland	1 24/03/2006	Commissioned service, governed by Litherland Moss Primary School

Netherton	1 18/09/2006	Council
Seaforth	1 13/02/2006	Commissioned service, governed by Sand Dunes primary School
Springwell	1 23/03/2006	Commissioned service, governed by Springwell Primary
First Steps (Kings Meadow & Farnborough Road)	2/3 25/02/2008	Commissioned service, governed by Farnborough Road Infant School
Hudson	2 25/02/08	Commissioned service, governed by Hudson Primary School
Waterloo/Thornton	2 01/11/07	Commissioned service, governed by Waterloo Primary School
Freshfield	3 28/02/2010	Commissioned service, governed by Freshfield Primary School

2.7 The 10 centres are located across Sefton, primarily serving areas of deprivation. However the size of the locality they serve is very different and ranges from 792 to 3,356 under 5's within the reach area.

Context - Family Centres

2.8. The Family Centre resource has traditionally been aligned to support Children's Social Care assessments, plans and interventions. In 2012 the Council restructured this resource alongside Children's Centres, Integrated Youth Support, Aiming High and Emotional Health and Wellbeing to form the new Early Help Service. Since its creation the Family Centre team have maintained integrated working with Children's Social Care (CSC) alongside the development of an Early Help offer and leadership of Early Help plans. The allocation of resources has shifted from 100% CSC to 70% CSC and 30% Early Help.

2.9 The Council operate 4 Family Centres:

- Netherton – Netherton Children's Centre, Magdalen Square, Netherton
- Seaforth – Seaforth Children's Centre, 39 Caradoc Road, Seaforth
- Marie Clarke – Alt Road, Bootle
- Southport – St Andrews Place, Talbot Street, Southport

NB. 2 Centres are co-located with Children's Centres (Netherton and Seaforth)

2.10 Although the family centre functions and core offer differ to Children Centres the data scrutinised clearly identifies similar cohorts of families attending both centres, or outreach services. Clearly by integrating the centres it is possible to offer a more universal offer which is in line with our proposed strategic approach. This would provide better outcomes with more joined up partnership working with a focus on health and well-being, identifying early help and preparing children for school. It also provides some opportunities to identify efficiencies through staffing changes.

3. Key Issues

The Operating Model

- 3.1 The proposals for remodelling and developing a family well-being service is part of a wider transformation process relating to Early Intervention and Prevention – Locality Teams. The proposals will create five distinct geographical service delivery areas across the Borough, which align to the three identified localities.
- 3.2 The strategic direction for a Family Wellbeing service clearly outlines the vision and approach the Council wishes to adopt. It was proposed that we widen the offer to 0-19 by providing outreach support into schools and the community. This would complement the approach the Council has taken surrounding health and well-being services and their approach to multi-disciplinary working in the context of working within defined bases.
- 3.3 The key principles of the family well-being service are to:
- Respect families starting points, and intervene early to provide the required support in a timely way.
 - Develop a “whole family” approach where root cause issues can be addressed and families limit the number of times they need to tell their story
 - Ensure a focussed response on providing improved outcomes for the children and young people themselves on occasions where the “whole family” approach does not work.
 - Ensure that the child's voice is heard and that safeguarding thresholds are maintained through service redesign and delivery
 - Ensure a targeted and evidence-based approach for those children and families who are in the greatest need
 - Support children and families that are failing to thrive or reach their potential, particularly with regard to attachment, language acquisition and early childhood milestones
 - Promote good mental health and emotional wellbeing for all children and young people, parents and care givers in Sefton and improve access to targeted support to address health inequalities.
- 3.4 It is proposed that each locality will be served by a lead Family and Wellbeing ‘hub’. A Manager will be allocated to each locality. The lead ‘hub’ centre will be responsible for co-ordinating the delivery of the family well-being service and managing the distribution of activity and staff within their area according to need. The impact on staffing will be a reduction of management. Frontline and admin staffing will be reduced according to the formula. This approach will allow for increased joint planning and management across the whole locality and particularly in relation to service design and improvement.
- 3.5 In order to account for the large geographical area; the North and Central localities will be sub divided into two service delivery hubs – this will ensure that the budget and staffing can be aligned closer to communities.
- 3.6 It is expected that each lead ‘hub’ will be supported by the majority of remaining Children’s Centres and Family Centres, which will operate as link or satellite centres and will effectively be delivery points.
- 3.7 Although the existing Family Centre functions differ to Children Centres; the data scrutinised, clearly identifies, in some cases, similar cohorts of families attending both family and children’s centres. By integrating the centres it is possible to offer a more universal offer which is in line with our strategic approach. This will provide improved outcomes with more joined up partnership work. A renewed focus will be on health and well-being, identifying early help and supporting families through periods of need. It will also provide some opportunities to identify efficiencies through staffing changes.

- 3.8 The proposed new model will support the concept as outlined in the Statutory Guidance for Children's Centres 2013, which states that children's centres are as much about making appropriate and integrated services available, as they are about providing premises in particular geographical areas. In practical terms, this means less centres will be registered as standalone children's centres with Ofsted. The remaining centres will be listed as linked or satellite sites and will no longer be subject to individual inspections.
- 3.9 The table below highlights the differences between the current operating model (including existing reach areas) to the proposed service delivery areas and their place within the locality model.

Locality area	Proposed Main Base Additional	Complementary Bases
North	Talbot Street - Potential Family Wellbeing centre	Linaker Freshfield Farnborough & Kingsmeadow
South	Waterloo - Potential Family Wellbeing centre Or Marie Clarke - Potential Family Wellbeing centre	Cambridge Seaforth (the place that you currently use may change)
Central	Netherton – Potential Family Wellbeing Centre	Hudson Litherland Thornton Springwell

- 3.10 The proposed model also aligns with how we anticipate Children's Centres will be inspected by Ofsted in the future. Rather than a single centre inspection, it is expected that they will be considered as part of the overall Children's Service inspection regime; as recent Joint Targeted Area Inspections have included some inspection of Children's Centre service delivery. In practical terms, this means less centres will be registered as standalone children's centres with Ofsted. The remaining centres will be listed as linked or satellite sites and will no longer be subject to individual inspections.
- 3.11 The proposed operating model will be delivered from a number of key sites, either community or school based. This network of delivery points will ensure services can be delivered close to the community and ensure travel times are not drastically increased for service users accessing the provision. It will enable a more focused and targeted approach to meeting resident needs and priorities.
- 3.12 Further detailed work will be required to determine conclusively which buildings the offer will be delivered from, however, the strategic vision is committed to delivering the offer as close to the community as possible.
- 3.13 Location of the three proposed Family and Well-Being Centres - To deliver the new funding formula the proposal is to have one main family well-being hub within each locality and each overseen by a manager. This central hub would see the delivery of children centre and family centre functions. Existing children's centres would potentially be delivery sites along with additional outreach venues.
Proposed sites include:
- North – Talbot Street

- Central – Netherton Children’s Centre and Family Centre
- South – Waterloo Children’s Centre or Marie Clarke Family Centre

4. Finance Background

- 4.1 Funding for each Children’s centre is based on historic reasoning. When subject to detailed analysis it appears not to follow any pre-determined formula or clear rationale. This is highlighted when the Children’s Centre budget is aligned to the number of under 5’s the centre serves. The amount of budget per under 5 ranges from £99 to £334, with the average amount of £206.
- 4.2 The Children’s Centre budget is distinct from the school, with any deficit returning to the Local Authority as opposed to being incorporated into school budgets. In the vast majority of cases comprehensive re-charges are made to the school to cover utilities, cleaning, maintenance etc. Charges are often also made for management oversight and/or admin and caretaking support. However, currently there is no standardised fee or calculation set, to determine this amount across the centres.

5. Proposed funding formula to support new operating model

- 5.1 As funding has been based on historic reasoning, conversations with head teachers have confirmed there is a will to develop a funding formula which will provide a more equitable and fair distribution of funding across our most deprived areas. It is anticipated that this will provide improved outcomes where most needed. In line with the strategic vision outlined above it is proposed that a new funding formula is introduced which will encompass both current Children Centre and Family Centre delivery by way of a new Family Well-being service. The formula will allocate staffing and operational costs on a clearly defined basis that reflects the ambition of the service within the resources available.
- 5.2 The proposal is that a weighted funded model is adopted which takes account of levels of deprivation and need across pre-determined reach footprints within localities, and that this supports a flexible and well trained workforce.
- 5.3 Officers are developing a model which will propose to set out staffing resources to reflect an allocation for universal / targeted outreach, early years home visits, early intervention family work, family intervention to support social care cases, admin and data oversight.
- 5.4 It is anticipated that the formula will weight the following factors, subject to a detailed assessment of an equality report:
- Numbers of children (0-5) within each reach area with higher weighting for
 - areas of deprivation in higher IDACI banding. (IDACI is the Income Deprivation Affecting Children Index)
 - A weighting linked to the proportion of referrals to social care
 - Numbers of early help cases
 - Population for 6-19 year olds
 - Time allocated to social care cases
- 5.5 The effect of the new funding formula will be that existing children’s centres will be unlikely to have the same budget as they currently have now.

6. Legal considerations

- 6.1 In order to implement the new operating model, consideration will be given to the relevant legislation incorporated within the Childcare Act 2006.

7. Consultation and Engagement

- 7.1 In order to gain the views of the public, service users, partners and staff and realise statutory requirements on the proposed changes to the delivery of Family Centre and Children's Centre roles within Sefton it will be necessary to enter a period of consultation and engagement. A more detailed plan will form the basis of a report presented to the Public Engagement & Consultation Panel, available [here](#).
- 7.2 The feedback from this consultation will be considered by Cabinet in December 2017

8. Equality Impact Assessment

- 8.1 It will be essential that careful consideration is given to the Council's statutory duties under the Equality Act 2010, particularly section 19 and section 149 of the act. With this in mind, we will conduct a full equality analysis across the programme, with recommendations where appropriate, for consideration by Cabinet and Council prior to any final decision being made.
- 8.2 Re-configuration of activities delivered at Children's Centres – In order to ensure a greater understanding of the specific changes to services on offer, an analysis of information and data will be required on which services will continue to be delivered, reduced and or ceased in line with the new proposals linked to protected characteristic, demographic needs and usage trends. Assessment will also be required on the how families currently access or are signposted into the provision along with the reasons why.
- 8.3 Funding formula – as this is new policy and practice, an equality analysis will be required, to ensure that the new funding formula meets PSED and does not inadvertently contain bias that will disadvantage any protected groups.
- 8.4 Due to the potential impact on staff, service users any anyone with a significant interest, there will be, as part of a consultation and engagement strategy, meaningful and clear communications to all appropriate parties enabling them to form considered responses. Given the breadth and reach of the programme there are a number of aspects which will need to be given specific consideration and analysis in order to help form a coherent proposal for consulting upon.

9. Property Considerations

- 9.1 Further detailed work is required to determine conclusively which buildings the offer will be delivered from. However, the strategic vision is committed to delivering the offer as close to the community as possible. An equality analysis report and consultation will assist with this

10 Recommendations

- To note the principles associated with Family Wellbeing Centres (3.3)
- To note the approach being taken towards the development of a funding formula.



Appendices

There are no appendices to this report

Dwayne Johnson
Director of Social Care and Health
November 2017

MEETING OF THE GOVERNING BODY NOVEMBER 2017

Agenda Item: 17/183	Author of the Paper: Mel Wright Planning Lead Melanie.wright@southseftonccg.nhs.uk												
Report date: November 2017													
Title: Better Care Fund Submission													
<p>Summary/Key Issues:</p> <p>The purpose of this report is to request that the Governing Body ratify the 2017-19 Better Care Fund submission, which was duly signed by the Chair and Chief Officer with agreed delegated responsibility in September 2017.</p>													
<p>Recommendation</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 70%;"></td> <td style="width: 10%; text-align: right;">Receive</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">Ratify</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> <p>1 The Governing Body is asked to ratify the 2017-19 Better Care Fund submission.</p> <p>2 The Governing Body is asked to confirm delegated authority to the Chair and Chief Officer to sign the Section 75 agreement in support of the BCF submission on its behalf.</p>				Receive	<input type="checkbox"/>			Approve	<input type="checkbox"/>			Ratify	<input checked="" type="checkbox"/>
		Receive	<input type="checkbox"/>										
		Approve	<input type="checkbox"/>										
		Ratify	<input checked="" type="checkbox"/>										

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

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.
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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	√			Responds to previous engagement on integrating services and addressing needs highlighted in the Joint Strategic Needs Assessment.
Clinical Engagement	√		x	Individual schemes have received clinical input where appropriate.
Equality Impact Assessment			x	
Legal Advice Sought		√		Will be required for associated section 75.
Resource Implications Considered	√			
Locality Engagement			x	
Presented to other Committees	√			

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

Report to Governing Body November 2017

1. Introduction and Background

- 1.1. The Governing Body was presented with an update on progress towards Sefton's 2017-19 Better Care Fund (BCF) submission at the meeting in September 2017.
- 1.2. At that meeting, the Governing Body approved delegated responsibility to the Chair and Chief Officer to sign the submission on its behalf, pending formal ratification at the November 2017 meeting.
- 1.3. The purpose of this report is therefore to seek formal ratification of Sefton's 2017-19 BCF submission.

2. Progress

- 2.1. On 20 September, the CCG was requested by NHS England:
 - to increase the trajectory for Delayed Transfers of Care by 0.03% which equated to an reduction of an additional 19 bed days across the Sefton Health and Wellbeing Board footprint; and
 - to evidence progress towards implementation of the eight High Impact Change Model (https://www.local.gov.uk/sites/default/files/documents/25.1%20High%20Impact%20Change%20model%20CHIP_05_1.pdf).
- 2.2. The CCG complied with this request and resubmitted the BCF on 22 September 2017.

3. Assurance Categorisation

The CCG has not yet received a formal rating in relation to its submission, however, informal discussions suggest our submission is likely to be approved with conditions. The table below describes the ratings categorisation.

Rating	Overview	Criteria	Next steps
Approved	<ul style="list-style-type: none"> Plan agreed by Health and Wellbeing Board Plan meets all requirements 	<ul style="list-style-type: none"> All planning requirements and KLOEs met National Conditions met (including that the plan is agreed by the HWB) 	<ul style="list-style-type: none"> Plan is put forward for approval by NHS England following consultation with the IPB. NHS England will write to these areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget
Approved with conditions	<ul style="list-style-type: none"> Principal conditions (including National Conditions 1,2 & 3 met Meets most planning requirements 	<ul style="list-style-type: none"> Principal conditions (including National Conditions 1,2 & 3 and DTOC metric) are met Not all planning requirements met, – i.e. one or more KLOEs not satisfied; for example: <ul style="list-style-type: none"> Narrative plan (vision, approach to risk management) needs improvement; or National Condition 4 not fully met Not all Metrics not agreed Progress is being made (including on National Condition 4) and, provided feedback is incorporated, there is confidence that a compliant plan can be produced Assurance panel are confident that the area can agree a plan by November 	<ul style="list-style-type: none"> NHS England will write to areas giving permission to enter a s75 agreement spend from the ring-fence in the CCG budget Provide formal feedback to areas on actions needed to gain approval and timescale. Area and BCM to consider any support required Area to implement improvements prior to submitting a revised plan to their HWB.
Not approved/ not submitted	<ul style="list-style-type: none"> One or more minimum funding contributions not included or Plan is not locally agreed. Plan is not submitted 	<ul style="list-style-type: none"> Several planning requirements not met including: <ul style="list-style-type: none"> One or more of National Conditions 1, 2 or 3 not met. Little or no progress towards agreement on National Condition 4. Metrics are not set or not accompanied by plan Plan is not submitted DToc ambition is not in line with the targets agreed with NHS England (for CCGs) and/or necessary to achieve expected reductions (for Local Authorities). 	<ul style="list-style-type: none"> Provide feedback to areas on actions needed to deliver a compliant plan Area and Better Care Support Team notified If a plan is not submitted, BCST to arrange escalation panel meeting in w/c 25 September If a plan is submitted but not approved, BCST to arrange escalation panel w/c 23 October Support provided to area to produce an escalation plan

4. Progress Report on Section 75

4.1. Work is under way on development of a new Section 75 which is the legal agreement to facilitate the pooling of the funds outlined within the Better Care Fund and described below:

Enabling Workstream	2017/18 £'000	2018/19 £'000
Early Intervention and Prevention	£68,000	£69,000
Early Years	£906,000	£923,000
Longer Term Care	£619,000	£0
	£8,104,093	£8,315,000
Intermediate Care and Reablement	£1,846,586	£1,881,883
	£3,644,037	£3,939,506
	£2,990,000	£2,990,000
	£1,666,000	£1,698,000
iBCF	£7,964,663	£10,954,918

4.2. It is anticipated that this work will be completed by the end of November and delegated authority from the Governing Body is sought to allow the Chief Officer to sign the agreement on the CCG's behalf.

5. Recommendations

- 5.1. The Governing Body is asked to ratify the attached 2017-19 BCF submission.
- 5.2. The Governing Body is asked to confirm delegated authority to the Chair and Chief Officer to sign the Section 75 agreement in support of the BCF submission on its behalf.

Appendices

- Appendix 1 Sefton's 2017-19 Better Care Fund Submission (a copy of the appendices there to are available upon request).

Mel Wright
Planning Lead
October 2017

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 20th July 2017

Chair:
 Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG likely case scenario is £3.976m deficit. 	<ul style="list-style-type: none"> CCG will not deliver its NHS England control total / statutory duty. 	<ul style="list-style-type: none"> Continue to identify further QIPP opportunities / bring forward 18/19 schemes into 2017/18.

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

- F&R committee risk register reviewed – agreement to adjust post mitigation score to 20 for the following key risks:
 - FR001: CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18.
 - FR001a: CCG fails to deliver its QIPP target in 2017/18.
- Behind on QIPP progress / QIPP week review of status.
- Practice prescribing budgets – committee ratified recommendations of JMOG.
- Risk identified in terms of Adam Dynamic Purchasing System.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 21st September 2017

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG's likely case scenario forecasts deficit of £4.1m for the year end. 	<ul style="list-style-type: none"> CCG not on target to deliver statutory duty / financial target. 	<ul style="list-style-type: none"> CCG will need to find further cost saving schemes to address proposed deficit.

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

- Chief Finance Officer to review risk register to ensure that it accurately reflects CCG financial position.
- The committee approved the Business Continuity Policy, Business Continuity Strategy, Business Continuity Management Plan, Crisis Management Plan and Incident Response Plan. The plan relating to GPs will be tested at a future Governing Body Development Session.
- HR dashboard was reviewed. It was noted that the CCG has comparatively low levels of sickness when benchmarked against other CCGs in the CSU area.
- Improvement and Assurance Framework (IAF): the committee asked for a short exception report in areas where the CCG is not performing well.
- Prescribing costs continue to reduce.
- The committee approved the Pan Mersey APC recommendation for the commissioning of RIFAXIMIN 550mg tablets (Targaxan®) for the treatment of Hepatic Encephalopathy.
- Chief Finance Officer and Head of Medicines Management to review the commissioning of Anti-TNFs for the treatment of Mono / Oligoarthritis as part of the overall high cost drug strategy with local providers.

Key Issues Report to Governing Body



**South Sefton
Clinical Commissioning Group**

Quality Committee Meeting held on 27th July 2017

Chaired by:
Debbie Fagan

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

1. DF to raise discussion re: stroke and partnership working between S&O and AUH at SLT

Key Issues Report to Governing Body

Joint Quality Committee Meeting held on 27th July 2017

Chair:
Debbie Fagan

Information Points for Southport & Formby CCG Governing Body (for noting)

1. Revised Terms of Reference for the Committee
2. New function of the committee in the oversight of QIA as part of the CCGs' QIPP processes and governance



**South Sefton
Clinical Commissioning Group**



**Southport and Formby
Clinical Commissioning Group**

Key Issues Report to Governing Body

Part B Joint Quality Committee Meeting held on 31 st August 2017 Southport & Formby CCG and South Sefton CCG	Chair: Dr Rob Caudwell
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Information Points for Southport & Formby CCG Governing Body (for noting)
1. SEND - Written statement of action now been deemed fit for purpose by the DFE/NHSE the first monitoring meeting has taken place with amber/green rag rating.
2. CQC inspection report into St Joseph's Hospice - The inadequate rating has been reported into the Quality Committee along with information regarding how the CCG's are working in partnership with the provider in order to support the improvements whilst admissions remain restricted.
3. Queens Court Quality Impact Assessment - The Quality Committee have reviewed the QIA and have made the recommendation if funding was to remain at the same level Queens Court Hospice if the CCG contribution was to remain at the same level then discussions should be had with the provider to determine any additional services that could be delivered within available capacity.
4. NHSE DST Letter – This was presented to the Quality Committee and the need for further data quality assurance checks discussed prior to the submission of any required action plan.
5. Safeguarding Annual Report - It was received by the Committee and recommended the report be presented to Governing Body

Key Issues Report to Governing Body

Part C Joint Quality Committee Meeting held on 31st August 2017

Chaired by:
Debbie Fagan

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

1. **Serious Incident Management** - Although community services have transferred to Mersey Care under a separate contract arrangement to mental health services, NHSE have stated Liverpool CCG are still required to be the lead commissioner for this process and a standard operating procedure is being developed for governance purposes. .
2. **AQuA Quarterly Mortality Report** - The AQuA Quarterly Mortality Report was discussed. Action to laise with data analyst and GP clinical leads to gain further understanding of the data for the purposes of assurance

Key Issues Report to Governing Body

Audit Committee Meeting held on Thursday 13th July 2017

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions

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

- Proposal to invite Lin Bennett to be a member of the Audit Committee as the Practice Manager Governing Body Member representative.
- Write-off of small debts agreed – 3 debts totalling £684.
- Noted 3 debts c.£10k – currently on unsecured creditor list – agreed to provide bad debts provision pending outcome of liquidation of companies.
- Petty Cash Policy & Procedure approved.
- Internal audit progress in line with plan.
- CCG received Annual Audit Letter for 2016/17 produced by external auditors (KPMG).
- 2017/18 external auditors (Grant Thornton) reported outline plan for the financial year.
- Updated Managing Conflicts of Interest and Gifts and Hospitality Policy approved.
- Corporate Risk Register and GBAF received and approved.

Key Issues Report

South Sefton Localities

July – October 2017

Bootle 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 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"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.
<p>2. Difficulties making referrals to Mersey Care provision for Crisis Team.</p>	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Locality Manager has provided contact details for the consultant on-call service to GPs to enable a clinical discussion with a consultant psychiatrist when struggling to make an urgent referral via existing arrangements.
<p>3. Long waiting times in Adult ADHD service.</p> <ul style="list-style-type: none"> • Delays for patients being assessed • Delays for patients receiving medication 	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Locality Manager escalated to Mental Health Commissioning Lead and Head of Medicines Management. • Draft shared care agreement has been developed and forwarded to LMC for approval.
<p>4. DMC (Community Dermatology Service) email referrals.</p> <ul style="list-style-type: none"> • No communication with commissioners or practices regarding change of email address for referrals inbox 	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Locality Manager escalated to SSCCG Planned Care Lead. • Following investigation has been treated as a SUI • Alternative email address with live inbox has been communicated to all practices
<p>5. Capacity at Treatment Rooms</p> <ul style="list-style-type: none"> • Practices reported patients only being offered 1 appointment per week due to capacity issues, however patients need dressings changed 2 	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Community Services commissioning lead has investigated. • Mersey Care Community Service

Key Issues Report South Sefton Localities July – October 2017



South Sefton
Clinical Commissioning Group

weekly.		representative attended locality meeting to resolve issue.
6. 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.
7. Pre-Op clinics refused to see patients, returned to primary care for optimisation prior to re-referral	<ul style="list-style-type: none"> • Patient care • Patient experience 	<ul style="list-style-type: none"> • Locality Manager gathering evidence from practices. • GP to write to pre-op clinic consultant with examples to seek understanding.

Key Issues Report

South Sefton Localities

July – October 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"> • Risk if this service is removed as practices use regularly. Clarity requested by practices on the continuation of the service. • Urgent Care Commissioning Lead will attend locality meetings in November to provide an update going forward.
2. Primary Care Support England <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"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.
3. 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"> • Project lead visited all practices and produced a report. • NHSE attended September locality meeting to feedback on the report and discuss options going forward for all practice lists to open • In the first instance, it was agreed that NHSE would meet with Practice Managers. Meeting arranged for 19th October.
4. 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.
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.
6. Electronic prescribing message for patients/pharmacist not being added to prescriptions.	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Escalated to Head of Medicines Management. • Awaiting response from JMOG

**Key Issues Report
South Sefton Localities
July – October 2017**



South Sefton
Clinical Commissioning Group

7. Difficulties in making referrals to Mersey Care provision for Crisis Team	<ul style="list-style-type: none">• Patient care• Patient quality	<ul style="list-style-type: none">• Locality Manager has provided contact details for the consultant on-call service to GPs to enable a clinical discussion with a consultant psychiatrist when struggling to make an urgent referral via existing arrangements.
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Key Issues Report

South Sefton Localities

July – October 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 • Dual registration of patients 	<ul style="list-style-type: none"> • Patient care • Patient quality • GP contract 	<ul style="list-style-type: none"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns. • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE. • Dual registration issue has been added to the primary care risk register and escalated to NHSE.
<p>2. GP referral to Jospice</p>	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • GP raised concerns when trying to place an EOL patient in Jospice. Informed that patient had to 'bid' for place patient was therefore placed in Whiston. GP unaware of changes in process. • Locality Manager met with CHC. GPs not informed as they don't referral EOL patients, however a GP had. • Referral process of EOL patients was noted in weekly bulletin to make GPs aware of any changes.
<p>3. 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>4. 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"> • Data sharing agreements have been forwarded to practices.
<p>5. Difficulties in making referrals to Mersey Care provision for Crisis Team</p>	<ul style="list-style-type: none"> • Patient care • Patient quality 	<ul style="list-style-type: none"> • Locality Manager has provided contact details for the consultant on-call service to GPs to enable a clinical discussion with a consultant psychiatrist when struggling to make an urgent referral via existing arrangements.

**Key Issues Report
South Sefton Localities
July – October 2017**



South Sefton
Clinical Commissioning Group

6. Managed lists within the locality	<ul style="list-style-type: none">• Patient care	<ul style="list-style-type: none">• Locality Manager escalated to NHSE that it has been reported patients unable to register due to unnamed practices managing their lists• CCG continues to work with NHSE to resolve issues
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Key Issues Report

South Sefton Localities

July – October 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. • Urgent Care Commissioning Lead will attend locality meetings in November to provide an update going forward.
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"> • Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns. • Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting. • Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.
3. Community Heart Failure Team – practices have raised concerns 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"> • Clinical Lead attended the July locality meeting to discuss concerns raised and fed back to Team Leader. • Locality Manager fed back the response regarding the concerns from the Team Leader to the locality.
4. 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.
5. Future Estates in Maghull – practices asked for more information regarding potential sites, planning and finances	<ul style="list-style-type: none"> • Patient care • Patient quality • Patient experience 	<ul style="list-style-type: none"> • A workshop was held on 20th September, all practices in Maghull were represented and took part in constructive discussions • Actions were agreed to take forward as part of continuing future planning.

**Key Issues Report
South Sefton Localities
July – October 2017**

Finance and Resource Committee Minutes

Thursday 20th July 2017, 1.00pm to 3.00pm
3rd Floor Board Room, Merton House

<p>Attendees (Membership) Graham Bayliss Lin Bennett Debbie Fagan (from item FR17/98 onwards) Susanne Lynch Martin McDowell Dr Sunil Sapre</p> <p>Ex-officio Member* Fiona Taylor</p> <p>Apologies Graham Morris Jan Leonard Alison Ormrod Dr John Wray</p> <p>Minutes Tahreen Kutub</p>	<p>Lay Member Practice Manager & Governing Body Member Chief Nurse & Quality Officer CCG Lead for Medicines Management Chief Finance Officer GP Governing Body Member</p> <p>Chief Officer</p> <p>Lay Member (Chair) Chief Redesign & Commissioning Officer Deputy Chief Finance Officer GP Governing Body Member</p> <p>PA to Chief Finance Officer</p>	<p>GB LB DF SL MMcD SS</p> <p>FLT</p> <p>GM JL AO JW</p> <p>TK</p>
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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)	✓	✓	✓	✓	A	A				
Graham Bayliss	Lay Member	✓	✓	A	✓	✓	✓				
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	A	✓	✓				
John Wray	GP Governing Body Member	A	A	A	A	A	A				
Lin Bennett	Practice Manager & Governing Body Member	✓	✓	✓	✓	✓	✓				
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓	✓				
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓	A				
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	✓	✓	✓				
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	A	✓	✓	A				
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	A	✓				
Fiona Taylor	Chief Officer	*	*	*	*	✓	✓				

No	Item	Action
FR17/90	<p>Apologies for absence Apologies for absence were received from Graham Morris, Jan Leonard , Alison Ormrod and Dr John Wray.</p> <p>Graham Bayliss chaired the meeting in Graham Morris' absence.</p>	
FR17/91	<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"> • <i>FR17/97: Estates & Technology Transformation Fund (ETTF): Proposed Expenditure Plan</i> LB declared an interest in her position as Practice Manager at a practice in south Sefton, which could be affected by the ETTF Proposed Expenditure Plan. SS declared an interest in his position as a GP at two practices in south Sefton, which could be affected by the ETTF Proposed Expenditure Plan. The committee agreed for this item to be put forward to the Approvals Committee for discussion and approval. • <i>Item FR17/99: South Sefton CCG Practice Prescribing Budgets 2017/18</i> LB declared an interest in her position as Practice Manager at a practice in south Sefton, which will be impacted by the practice prescribing budgets for 2017/18. SS declared an interest in his position as a GP at two practices in south Sefton, which will be impacted by the practice prescribing budgets for 2017/18. The Chair decided that LB and SS can attend and participate in discussion during this item. In arriving at this course of action the Chair considered the voting balance, the level of lay representation and the balance of officer representation at the meeting. • Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. 	
FR17/92	<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>	
FR17/93	<p>Action points from the previous meeting</p> <p>FR17/35: Better Care Fund Update MMcD confirmed the CCG has received Better Care Fund (BCF) guidance and is working with Sefton Council to understand the implications of this. There will be a BCF update on the agenda for the next Finance & Resource Committee meeting on 21st September 2017, as scheduled in the work plan. Action closed.</p> <p>FR17/52: NHS England Financial Monitoring Reports MMcD confirmed work on reviewing cost behaviours is ongoing. He noted that</p>	

No	Item	Action
	<p>members of the senior finance team are working on a finance recovery plan presentation for Southport and Formby CCG, which will be replicated for South Sefton CCG. The committee agreed to close this action.</p> <p>FR17/67: NHS England Financial Monitoring Reports – Month 12 2016-17 FR17/68: Funded Care Benchmarking Q3 2016/17 MMcD noted that the finance report has adopted a new format and that work is ongoing to ensure the report is capturing the most relevant information with the appropriate level of detail. The committee agreed to close this action.</p> <p>FR17/84: Update on Case Management System (Adam) The risks related to the implementation of the Adam system have been added to the Finance & Resource Committee Risk Register. Action closed.</p> <p>FR17/86: Individual Funding Requests Annual Report 2016/17 Action still open.</p>	
FR17/94	<p>Month 3 Finance Report</p> <p>MMcD presented the finance report for Month 3 and noted the new format of the report. The new format is a work in progress and will develop with future reports. He provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 30th June 2017. The following was highlighted.</p> <ul style="list-style-type: none"> • The CCG's most likely case scenario is forecasted at £3.976m deficit. The best case scenario is to breakeven based upon delivery of the QIPP plan in full. • A 0.5% contingency reserve is held as mitigation against potential cost pressures. A 0.5% non-recurrent reserve is held uncommitted as required by NHS England. • QIPP delivery is behind plan with £0.843m delivered to date (8.3% of planned delivery for the year). There is a requirement for more green rated and amber rated schemes to be identified and delivered. • Acting as One contracting arrangements have removed potential opportunities to achieve QIPP savings, due to block contracts with fixed financial values for 2017/18 and 2018/19. <p>The following was noted by committee members:</p> <ul style="list-style-type: none"> • SL reported that the drug tariff for Pregabalin will change from 1st August 2017, which will lead to an in-year saving of £957k for the CCG. • LB noted waiting times have increased for referrals to Aintree University Hospital. MMcD to liaise with Dave McCoy in the CCG's Business Intelligence team to review this issue. <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	MMcD
FR17/95	<p>Finance Strategy update</p> <p>The committee agreed to defer this item to the next Finance & Resource Committee meeting on 21st September 2017.</p>	
FR17/96	<p>Finance & Resource Committee Risk Register</p> <p>The committee reviewed the risk register and agreed to adjust the post</p>	

No	Item	Action
	<p>mitigation score for the following risks to 20 (likelihood post mitigation score of 4 and consequence post mitigation score of 5).</p> <ul style="list-style-type: none"> • FR001: CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18. • FR001a: CCG fails to deliver its QIPP target in 2017/18. <p>The risk register is to be updated with the agreed changes.</p> <p>MMcD provided an update on risk FR002 in relation to the Adam Dynamic Purchasing System. MMcD and DF participated in a teleconference with Midlands & Lancashire CSU on Tuesday 18th July regarding issues relating to the Adam system and End of Life Care. He reported that following a discussion between MMcD and DF, the CCG took the decision to suspend all end of life packages from Adam. This was due to delays in the system contributing to patients not receiving appropriate care and not dying in their preferred location in some instances.</p> <p>SL provided an update on the mitigation for risk FR003 in relation to prescriber code issues. She noted correspondence will be issued to each practice in the CCG, confirming the current prescriber names and codes held for the relevant practice and request notification of any changes.</p> <p><i>The committee received the risk register and agreed on changes following review.</i></p>	MMcD
FR17/97	<p>Estates & Technology Transformation Fund (ETTF): Proposed Expenditure Plan</p> <p>The committee agreed for this item to be put forward to the Approvals Committee for discussion and approval.</p>	
FR17/98	<p>Prescribing Spend Report – Month 1 2017/18</p> <p>SL provided an overview of South Sefton CCG’s prescribing activity for GP practices at month 1 (April 2017). There is a 15.7% reduction in total actual costs compared to the same point last year. She noted there were three less dispensing days in April 2017 compared to April 2016, which will have contributed to this reduction.</p> <p>SL noted the Medicines Management team is working to understand the variance across practices on spend per weighted population.</p> <p><i>The committee received this report.</i></p>	
FR17/99	<p>South Sefton CCG Practice Prescribing Budgets 2017/18</p> <p>SL presented the Medicines Management team process to determine practice prescribing budgets for 2017/18. A conversation took place relating to a cap on increases / decreases applied to individual practice budgets and the proposed methodology was agreed.</p> <p><i>The committee ratified the process to determine practice level prescribing budgets for 2017/18.</i></p>	

No	Item	Action
FR17/100	<p>Update on procurement of new anticoagulant clinics</p> <p>SL confirmed that despite a rise in DOAC prescribing, the number of patients visiting the community anticoagulation service has not reduced. The CCG is working with the current provider, Aintree University Hospital, to understand this trend. SL noted the number of patients within the service is in line with the expected benchmark for the population.</p> <p>A bidder day for a new service model was held last week; the new service specification will focus on self-testing and innovative use of technology. It was noted that given the activity in the current service, the CCG will need to ensure that sufficient transition is built in towards a new model. A further update will be provided at the next Finance & Resource Committee meeting on 21st September 2017.</p> <p><i>The committee received this verbal update.</i></p>	JL
FR17/101	<p>Any Other Business</p> <p><u>CCG Improvement and Assessment Framework</u></p> <p>FLT reported that the embargo for the release of the Improvement and Assessment Framework has been extended to 21st July 2017.</p>	
FR17/102	<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>	
	<p>Date of Next Meeting</p> <p>Thursday 21st September 2017 1.00pm to 3.00pm 3rd Floor Board Room, Merton House</p>	

Joint Quality Committee Minutes Part A – NHS South Sefton CCG

Date: Thursday 27th July 2017, 9am – 11.30am

Venue: Boardroom, 3rd Floor. Merton House, Stanley Road. Bootle. L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Lin Bennett	Practice Manager (SSCCG)	LB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	Chair & GP Governing Body Member (SFCCG)	RC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation (SSCCG)	PC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

Ex Officio Member

Fiona Taylor	Chief Officer	FT
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In attendance

Tracey Forshaw	Head of Vulnerable People	TF
Karen Garside	Designated Nurse Safeguarding Children	KG
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Programme Manager Quality and Performance	JS

Apologies

Dr Doug Callow	GP Clinical Quality Lead (SFCCG)	DC
Dr Pete Chamberlain	GP Clinical Lead Strategy & Innovation (SSCCG)	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DmcD
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS

Minutes

Jacqui Bal	PA to the Chief Nurse & Quality Officer	JB
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Membership Attendance Tracker

Name	Membership	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jul 17
Dr Rob Caudwell	GP Governing Body Member		√		L	L	√		√	√	L	√	√	√
Paul Ashby	Practice Manager, Ainsdale Medical Centre		L		√	A	√							
Graham Bayliss	Lay Member for Patient & Public Involvement		A		√	√	A		√	√	√	√	A	√
Lin Bennett	Practice Manager, Ford		√		A	√	A		A	A				L
Gill Brown	Lay Member for Patient & Public Involvement		√		√	A	√		A	√	√	√	A	√
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead		L		L	A	√		A	A	L	A	A	A
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation		√		A	A	A		A	A	L	A	A	A
Billie Dodd	Head of CCG Development		√		√	L	√		√	A	L	√	A	√
Debbie Fagan	Chief Nurse & Quality Officer		√		√	√	√		√	√	√	√	√	√
Dr Gina Halstead	Chair and Clinical Lead for Quality		√		√	A	A		√	L	L	A	√	√
Dr Dan McDowell	Secondary Care Doctor		A		A	A	A		√	A	√	A	A	A
Martin McDowell	Chief Finance Officer		√		√	A	A		√	A	A	√	√	A
Dr Andrew Mimmagh	Clinical Governing Body Member		A		A	√	√		√	L	L	A	A	A
Dr Jeffrey Simmonds	Secondary Care Doctor				√	A	A		A	A	√	√	A	A

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

Part A

No	Item	Actions
17/085	<p>Welcome & Introductions / Apologies for Absence</p> <p>DF explained that as the Joint Quality Committee was being held in its new format following feedback from the committee development session, there were no Part 1 minutes to be considered for accuracy and matters arising. Minutes from the previous meeting are on the Part 2 agenda.</p> <p>Apologies were received from DC; PC; JC; DMcD; JSi.</p>	
17/086	<p>Declarations of Interest regarding Agenda Items</p> <p>None declared</p>	

No	Item	Actions
17/087	<p>Annual Complaints Report South Sefton CCG</p> <p>BP presented the report compiled by NHSE(C&M) detailing complaints activity, data and themes for General Practice for the time period 1st April 2016 – 31st March 2017. The themes identified were as follows:</p> <ul style="list-style-type: none"> • Clinical care • Removal from practice list • Access to services • Prescriptions • Communication • Premises • Staff attitude <p>The committee were asked to note that the Quality Team had asked that this report be an agenda item for discussion at the next NHSE / CCG joint commissioning meeting (primary care).</p> <p>GH queried what the definition of 'no consent' was within the NHSE report. The Quality Team will liaise with NHSE colleagues and feedback to GH.</p>	
	<p>Action:</p> <p>DF to ask JH to liaise with NHSE(C&M) colleagues to find out the definition of 'no consent' within the general practice complaints report.</p>	DF

No	Item	Actions
17/088	<p>Month 2 South Sefton CCG Performance Report/Handover Documents</p> <p>JSi presented the performance report for the local providers by exception.</p> <p><u>Aintree University Hospitals NHS Foundation Trust</u></p> <p>The issue relating to performance within the Rapid Access Chest Pain Clinic and the referral form has been discussed at the CQPG and there will also be a discussion at the CRM – this had been previously escalated by the Chief Nurse to the Medical Director and a conversation had subsequently been had regarding the referral form between the lead Consultant and the CCG Clinical Vice Chair.</p> <p>Concerns regarding dementia performance are being addressed and the Trust have reported that challenges in the length of time junior doctors are able to spend on the ward areas have impacted on achieving this indicator.</p> <p>The committee noted that C.difficile performance should be RAG rated ‘green’ and not ‘red’.</p> <p>Pressure ulcer performance was discussed and the committee were informed about the work the Trust are undertaking in support of ‘React to Red’ to reduce the number of pressure ulcers. The Trust have undertaken a data capture exercise which has looked at patients presenting with pressure ulcers on admission to the Trust. Further development of this work is being prevented due to capacity issues. Due to the value that this will have for the system, the Quality Team informed the committee that they had approached Edge Hill University to explore the feasibility of Student Quality Ambassadors or other student nurses supporting work on this area as part of any quality improvement projects they may need to undertake as part of their training</p> <p>Stroke underperformance was discussed and plans across the LDS to support Southport & Ormskirk Hospital were raised. GH stated that this had been discussed at the last CQPG and the lead consultant had expressed concerns regarding the impact that this may have. DF to raise with KMcC and request that this be included as appropriate on the Corporate Risk Register.</p> <p>Challenging AED performance discussed – focus of the A&E Delivery Board, CRM, CQPG.</p> <p>DF reported that the focus of the next AUH CCF will be on the quality concerns being highlighted within the Trust so that an informed discussion can take place regarding the need to consider increasing the surveillance level – this will be managed in-line with the NHSE quality surveillance process.</p> <p><u>Mersey Care NHS Foundation Trust (Mental Health)</u></p> <p>GH requested that the waiting times be included for specialist services. It was noted that data quality issues still exist with regard to CPA performance. Psychotherapy waiting times remain an issue and this is being discussed at the CQPG – recruitment is reportedly underway within the team and a recovery plan is being requested. It was noted that underperformance has a negative impact on the workload within primary care.</p>	

No	Item	Actions
	<p><u>Mersey Care NHS Foundation Trust (Community Contract)</u></p> <p>This contract has recently transitioned to Mersey Care NHS Foundation Trust and it was acknowledged that the performance information is Month 2 before Mersey Care took over responsibility for these services. Business Intelligence is on the risk log for the provider and they are currently still reliant on information flow coming via Liverpool Community Health NHS Trust. The committee were informed that a discussion has taken place regarding commissioner assurance and also the provider's own scrutiny and assurance.</p> <p>DF reported that national Gram-negative Blood Stream Infection (GNBSI) reduction programme has been / will be discussed at provider contract meetings in order to gain the necessary assurances. A GNBSI Reduction Steering Group has been established across the Sefton Health Economy and met for the first time in July 2017 with representation from provider and public health. The reduction programme is part of the Quality Premium and the CCG plan will be submitted in September 2017.</p>	
	<p>Action:</p> <p>DF to raise concerns about stroke service raised at CQPG with KMcC</p>	<p>DF</p>
17/089	<p>GP Quality Lead/Locality Update Nothing to report at this time</p>	
17/090	<p>Key Issues Log (issues identified from this part of the meeting) Nothing to report at this time</p>	
17/091	<p>Any Other Business None reported</p>	

Joint Quality Committee Minutes Part B – NHS South Sefton CCG / Southport & Formby CCG

Date: Thursday 27th July 2017, 9am – 11.30am

Venue: Boardroom, 3rd Floor. Merton House, Stanley Road. Bootle. L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Lin Bennett	Practice Manager (SSCCG)	LB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	Chair & GP Governing Body Member (SFCCG)	RC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation (SSCCG)	PC
Billie Dodd	Head of CCG Development	BD
Debbie Fagan	Chief Nurse & Quality Officer	DF
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DMcD
Martin McDowell	Chief Finance Officer	MMcD
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

Ex Officio Member

Fiona Taylor	Chief Officer	FT
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In attendance

Tracey Forshaw	Head of Vulnerable People	TF
Karen Garside	Designated Nurse Safeguarding Children	KG
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Jo Simpson	Programme Manager Quality and Performance	JS

Apologies

Dr Doug Callow	GP Clinical Quality Lead (SFCCG)	DC
Dr Pete Chamberlain	GP Clinical Lead Strategy & Innovation (SSCCG)	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DmcD
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS

Minutes

Jacqui Bal	PA to the Chief Nurse & Quality Officer	JB
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Membership Attendance Tracker

Name	Membership	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jul 17
Dr Rob Caudwell	GP Governing Body Member		√		L	L	√		√	√	L	√	√	√
Paul Ashby	Practice Manager, Ainsdale Medical Centre		L		√	A	√							
Graham Bayliss	Lay Member for Patient & Public Involvement		A		√	√	A		√	√	√	√	A	√
Lin Bennett	Practice Manager, Ford		√		A	√	A		A	A				L
Gill Brown	Lay Member for Patient & Public Involvement		√		√	A	√		A	√	√	√	A	√
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead		L		L	A	√		A	A	L	A	A	A
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation		√		A	A	A		A	A	L	A	A	A
Billie Dodd	Head of CCG Development		√		√	L	√		√	A	L	√	A	√
Debbie Fagan	Chief Nurse & Quality Officer		√		√	√	√		√	√	√	√	√	√
Dr Gina Halstead	Chair and Clinical Lead for Quality		√		√	A	A		√	L	L	A	√	√
Dr Dan McDowell	Secondary Care Doctor		A		A	A	A		√	A	√	A	A	A
Martin McDowell	Chief Finance Officer		√		√	A	A		√	A	A	√	√	A
Dr Andrew Mimmagh	Clinical Governing Body Member		A		A	√	√		√	L	L	A	A	A
Dr Jeffrey Simmonds	Secondary Care Doctor				√	A	A		A	A	√	√	A	A

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

Part B

No	Item	Actions
17/092	Welcome & Introductions / Apologies for Absence DF welcomed everyone to Part II of the meeting and explained that this is the joint part of the meeting being held in the new format following feedback from the Joint Development Session.	
17/093	Declarations of Interest regarding Agenda Items None declared	
17/094	Minutes and Key Issues from the previous meeting. The minutes were approved subject to amendments provided by DF and saved as the final version.	

No	Item	Actions
17/095	<p>Matters Arising / Action Tracker</p> <p>17/65 (i) DF to contact Dan Seddon at PHE to gain feedback following concerns that had been raised regarding the quality of the RCA. DF reported that she had received an out of office and so had forwarded the request for an update to the named person indicated on the e-mail. Is awaiting a response at the time of the meeting. Outcome: C/F to the next meeting.</p> <p>17/65 (ii) GH to e-mail DW at AUH to discuss issues relating to histology. Outcome: Action completed – remove from the tracker.</p> <p>17/065(iii) GH to report to the CQPG for July re: Choose & book GH provided an update. Outcome: Action completed – remove from the tracker</p> <p>17/65 (iv) Commissioner Quarterly Controlled Drug Report. HR to amend the report for the purposes of accuracy. Outcome: Action completed – remove from the tracker</p> <p>17/065(v) GH to request numbers and commentary from Medical Director at AUH regarding the Dementia Fair Rescue Plan BP provided an update. Outcome: Action completed – remove from the tracker</p> <p>17/65 (vi) Readmissions need to be explored with Dave Warwick DF has liaised with Dave Warwick. Outcome: Action completed – remove from the tracker</p> <p>17/65 (vii) The next Planned Care Group meeting needs the relevant KPIs showing slot availability has reduced at both AUH and RLBUHT Outcome: C/F to the next meeting.</p> <p>17/65 (viii) Issue to be raised on the key issues log to the Governing Body DF stated this has been included on the key issues log. Outcome: Action completed – remove from the tracker</p> <p>17/065(ix) Meeting scheduled for Friday with the Safeguarding Service in attendance to develop any subsequent action for Mersey Care. Meeting has taken place. Outcome: Action completed – remove from the tracker</p> <p>17/065 (x) Prison Services Patient Discharges Outcome: C/F to next meeting</p> <p>17/065 (xi) IAPT – ensure the Draft Prioritisation Process is copied through to the JQC JS to liaise with GO’C. Outcome: C/F to next meeting.</p>	

No	Item	Actions
	<p>17/065(xii) LCCG Lead Providers Outcome: Action completed – remove from the tracker</p> <p>.17/065(xv) Clarify gaps in junior doctors numbers BP raised with the Trust and issue with new clinical rotas for junior doctors as opposed to fewer junior doctors. Trust finding solutions to this challenge. Outcome: Action completed – remove from the tracker</p> <p>17/065(xix) LWH the section mentioned along with comments on EPR reports will be picked up and rectified. CP to raise with LWH at CQPG. Outcome: Action completed – remove from the tracker</p> <p>17/065(xx) LWH GH will e-mail WH asking to arrange discussion on requests for safeguarding information from GP practices. Outcome: C/F to next meeting.</p> <p>17/065(xxi) as per 17/065(xx) Outcome: C/F to next meeting.</p>	
17/096	<p>Terms of Reference</p> <p>ToR have been revised to reflect the new three part agenda for the Joint Quality Committee. Highlighted changes have been accepted. Once amendments have been made the ToR will go to Governing Body for approval.</p>	
17/097	<p>Summary of JQC Development Session June 2017</p> <p>Notes of session were agreed and GBr suggested that patient stories should be considered in general.</p>	
17/098	<p>Chief Nurse Report</p> <p>The Chief Nurse report was presented and received by the Committee. Key areas were highlighted for discussion.</p>	
17/099	<p>SEND Written Statement of Action</p> <p>This paper presents the Quality Committee with the revised SEND Written Statement of Action (Action Plan) which was re-submitted to the regulators on 6th July 2017. This was reported to the Governing Bodies with the latest draft being available on the day of the meeting and the final version sent to members following submission. At the time of writing this report, feedback was still being awaited from the regulators. A monitoring meeting has been scheduled for August between the CCGs, LA, NHSE and DfE.</p>	

No	Item	Actions
17/100	<p>DCO Q1 Quarterly Update 2017/18</p> <p>The report was presented to the committee to provide an update to the Sefton SEND Strategic Steering Group on the following:</p> <ul style="list-style-type: none"> • DCO activity for Q1 2017-18. • Specific requests made of the DCO. • Status of provider health services post NHS Improvement led Transaction process • Service issues • Complaints, compliments and comments. <p>The committee were asked to note that this report had also been presented to the Sefton SEND Strategic Partnership Board and it had been received favourably by members.</p>	
17/101	<p>Month 2 Joint CCG Provider Performance Report</p> <p>The report was presented to the Committee with narrative and accompanying performance dashboard in relation to:</p> <ul style="list-style-type: none"> • Royal Liverpool & Broadgreen University Hospitals Trust • Liverpool Heart & Chest Hospital Foundation Trust • Liverpool Women's NHS Foundation Trust • Alder Hey Children's Foundation Trust <p>The reports were received and exceptions discussed. Issues raised regarding provider narrative which would be addressed back with LCCG as co-ordinating commissioner. The Committee noted the new style of reports with trend analysis now included. BP confirmed that the KPIs for the paediatric services that had been awarded to AHCH are being monitored via the AHCH CCF and CQPG as these are important for improvements in relation to SEND.</p>	
17/102	<p>Issues from Clinical QIPP Committee / QIA Activity</p> <p>BP raised as a new standing agenda item to reflect JQC responsibility as part of QIPP and QIA process.</p>	
17/103	<p>Joint Quality Strategy</p> <p>BP presented the revised Quality Strategy for the CCGs. Members provided comments and amendments for consideration. BP to amend accordingly. The Committee approved the revised strategy subject to the amendments.</p>	
	<p>Action:</p> <p>BP to make suggested amendments to the revised Quality Strategy.</p> <p>Revised strategy approved subject to these amendments.</p>	BP

No	Item	Actions
17/104	<p>CCG Safeguarding Service Q4 Update</p> <p>The report was received by the committee. The committee were asked to note the continued improvement in performance at S&O although the contract performance notice does remain open. Slight downturn in performance noted at AUH although they remain on reasonable assurance. Mersey Care contract performance notice remains open but positive progress is being demonstrated.</p>	
17/105	<p>CCG Clinical Quality Quarterly Report – Nursing Home Clinical Quality & Safeguarding Q4.</p> <p>The report provides an update on Clinical Quality Indicators and CQC inspection ratings for nursing homes at Q4. TF took the Committee through the report, highlighting inadequate homes.</p> <ul style="list-style-type: none"> • The report provides an update on Clinical Quality Indicators and CQC inspection rating for nursing home at Q4. • Information on ADAM, the dynamic purchasing tool in relation to quality indicators • Section 42 Safeguarding enquiries in nursing homes <p>GBr raised a query on the criteria for assessing quality in care homes and TF to discuss outside the meeting.</p>	
17/106	<p>CD Occurrence Report Q1</p> <p>The Quality Committee received the Commissioner Quarterly CD Report to NHS England CD AO for Quarter 1, 2017-18.</p>	
17/107	<p>Tracheostomy Standards Letter</p> <p>The letter was received by the committee and highlighted a death related to a tracheostomy at a hospital in our Network. Its purpose was to remind colleagues of the risks that patients with tracheostomies are exposed to. This letter has been raised at provider contract meetings as appropriate.</p>	
17/108	<p>Key Issues Log (identified in this part of the meeting)</p> <ul style="list-style-type: none"> • Revised Terms of Reference for the Committee <p>New function of the committee in the oversight of QIA as part of the CCGs' QIPP processes and governance</p>	
17/109	<p>Any other business</p> <p>Eating Disorder Service – GP colleagues raised concern that workload was being passed from Mersey Care to Primary Care. GP Mental Health Lead is aware and is raising with the provider via the CQPG.</p>	

Joint Quality Committee Minutes Part B – Southport & Formby CCG and South Sefton CCG

Date: Thursday 31st August 2017

Venue: Boardroom, 3rd Floor, Merton House, Stanley Road, Bootle L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Lin Bennett	Practice Manager / Govn Body Member (SSCCG)	LB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	(Chair) GP Governing Body Member (SFCCG)	RC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation (SSCCG)	PC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DMcD
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FT
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In attendance

Tracey Forshaw	Head of Vulnerable People	TF
Karen Garside	Designated Nurse Safeguarding Children	KG
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Gail Winder		

Apologies

Dr Pete Chamberlain	GP Clinical Lead Strategy & Innovation (SSCCG)	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DmcD
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS
Graham Bayliss	Lay Member (SSCCG)	
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	

Minutes

Jo Bou-zeid	PA to the Chief Nurse & Quality Officer	JB
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Membership Attendance Tracker

Name	Membership	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
Dr Rob Caudwell	GP Governing Body Member	√												
Graham Bayliss	Lay Member for Patient & Public Involvement	A												
Lin Bennett	Practice Manager, Ford	√												
Gill Brown	Lay Member for Patient & Public Involvement	√												
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A												
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A												
Billie Dodd	Head of CCG Development	A												
Debbie Fagan	Chief Nurse & Quality Officer	√												
Dr Gina Halstead	Chair and Clinical Lead for Quality	A												
Dr Dan McDowell	Secondary Care Doctor	A												
Martin McDowell	Chief Finance Officer	A												
Dr Andrew Mimmagh	Clinical Governing Body Member	A												
Dr Jeffrey Simmonds	Secondary Care Doctor	A												

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

Part B

No	Item	Actions
17/126	Welcome, Introductions & Apologies Apologies received from GH, FLT, DMcD JS to be replaced with Emma Bracewell for future invites.	
17/127	Declarations of Interest None	
17/128	Minutes & Key Issues from previous meeting Approved	

No	Item	Actions
17/129	<p>Matters Arising / Action Tracker</p> <p>17/065(i) - DF to contact Dan Seddon at PHE to gain feedback following concerns that had been raised regarding the quality of the RCA DF to follow up as Dan Seddon currently on leave. Outcome: Carried forward to the next meeting.</p> <p>17/065(vii) - The next Planned Care Group meeting needs the relevant KPIs showing that slot availability has reduced at both AUH and RLBUHT. Dave Warrick is currently on leave and back next week. DF to follow up and action outside of the committee. Outcome: Closed</p> <p>17/065(x) - Prison Service Patient Discharges - Will raise this with Geraldine O'Carroll and the team and pick up at the next meeting. Due to annual leave, DF to pick up with Geraldine O'Carroll. Outcome: Carried forward to the next meeting.</p> <p>17/065(xi) - IAPT Ensure the Draft Prioritisation Process is copied through to the JQC. No update available for this meeting. Outcome: Carried forward to the next meeting.</p> <p>17/065(xx) - LWH - GH will email WH asking to arrange for conversations with our GP Clinical Leads in South Sefton and stating that this issue has been raised at Quality Committee this morning. No update available for this meeting. Outcome: Carried forward to the next meeting.</p> <p>17/065(xxi) - Safeguarding - the issue will be raised through the safeguarding service and they can liaise with Wendy Hewitt who will have a conversation through the Business Manager to the Board. KG gave an update. Discussions have been had with WH regarding streamlining processes and raising these issues with the Multi Agency Safeguarding Hub (MASH) and LSCB. Outcome: Closed</p> <p>17/103 - BP to make suggested amendments to the revised Quality Strategy Amendments have been made and are subject to approval. Outcome: Closed.</p> <p>17/105 - TF to discuss with GBr outside of the committee the assessment of quality in nursing homes Action complete. Outcome: Closed.</p>	

No	Item	Actions
17/130	<p>Chief Nurse Report</p> <p>Summary/Key Issues:</p> <p>DF presented the Chief Nurse Report. The Committee received the report and noted the following key issues:</p> <p>Section 2 Sefton SEND Written Statement of Action The revised SEND Written Statement of Action has now been deemed 'fit for purpose' by OfSTED and the CQC. The first monitoring meeting with the DfE and NHSE has taken place in August 2017 to monitor progress against the plan. A monitoring report has been submitted to the national team which the CCGs have been informed states an agreed progress measure of 'Amber / Green' against all 5 strands of the plan.</p> <p>Section 6 Quality & Performance at AUH At the August 2017 meeting of the AUH CCF there was a focused discussion on the quality concerns emerging at the Trust – NHSI and CQC were represented at the meeting and NHSE were informed that a discussion had taken place. These discussions were verbally reported to the C&M Quality Surveillance meeting and the CCGs are managing this through the NHSE quality surveillance process. For the purposes of transparency, the Chief Nurse at AUH has been informed of discussions both at the CCF and the QSG by the CCG Chief Nurse.</p> <p>Section 8 Kirkup Review – Liverpool Community Health NHS Trust SSCCG attended for interview as part of the Kirkup Review (LCH) on 27th July 2017. The CCG were represented by the Chair, Clinical Vice Chair, Chief Officer, GP Clinical Quality Lead, Chief Nurse and Deputy Chief Nurse. The report is expected to be published in the autumn of 2017.</p> <p>Section 9 Gram Negative Blood Stream Infection (GNBSI) Reduction Plan The CCGs are required to develop a GNBSI Reduction Plan by September 2017. The CCGs have established a GNBSI Reduction Steering Group across the local health economy which included representation from West Lancashire and Liverpool and have met twice. It is envisaged that this Steering Group will drive forward the reduction plan and facilitate closer collaborative working across the STP / LDS footprint.</p> <p>There has been some concerns expressed regarding the CCGs holding patient identifiable data in order to deliver on the requirements set out in parts of this ambition and CSU is working with the CCGs to find a solution to ensure deliverability against such elements of the ambition / plan.</p>	

No	Item	Actions
17/131	<p>NHSE C&M Quality Surveillance Group Exception Report</p> <p>BP presented the Cheshire & Merseyside Quality Surveillance Group Exception Report. The paper provides an exception report on quality issues for providers which were presented to the August 2017 NHSE C&M QSG. The Committee are asked to note that a verbal update was given in addition to this report by the CCG regarding the discussion that took place about commissioner concerns relating to AUH at the August 2017 AUH Collaborative Commissioning Forum.</p> <p>The Committee were also informed that St Joseph's Hospice had received an inadequate rating following a recent CQC inspection and is currently restricted to admissions. The CCGs are working in partnership with the provider and the CQC to support the necessary improvements required. From a quality surveillance perspective, the provider will remain under close scrutiny with the Care Home Quality Team from the CSU undertaking regular visits along with the CCGs' Medicines Management Team..</p>	
17/132	<p>Queens Court Hospice – Specialist Level Palliative and End of Life Care Services</p> <p>BP presented the QIA which was completed as a result of a proposal relating to services provided by Queens Court Hospice. The committee reviewed the QIA and noted the risk score to patient experience and safety should the CCG's contribution to the funding of services need to be reduced. . The JQC acknowledged the excellent standard of care provided and recommended that if the CCG contribution was to remain at the same level then discussions should be had with the provider to determine any additional services that could be delivered within available capacity.</p>	
17/133	<p>NHSE DST Letter</p> <p>The Joint Quality Committee received the paper which highlighted the planned national reduction in Delayed Transfers of Care (DTOCs). The CCGs are required to ensure that less than 15 % of all full NHS CHC assessments take place in acute hospital setting. The CCGs must ensure that in more than 80% of cases with a positive NHS CHC checklist, the CHC eligibility decision is made by the CCG within 28 days from receipt of the Checklist</p> <p>NHSE have provided a list of 100 CCG's currently reporting that over 30% of full NHS CHC assessments are taking place in an acute hospital setting. SSCCG and SFCCG feature in the list of CCGs were more than 30% are undertaken within an acute Trust environment.</p> <p>The Quality Team have requested CSU check the data and figures are correct before they are formalised and published nationally on 14th September 2017. There will also be a discussion with the Deputy Director of Nursing with a view to submitting an action plan.</p>	
17/134	<p>Sefton CCG's Annual Safeguarding Report 2016/17</p> <p>The CCGs' Safeguarding Annual Report for 2016/17 was received by the committee. The training figures for the CCG were noted and the need for further improvement. The Safeguarding service was asked to re-check the document for purposes of accuracy to ensure both CCGs are consistently referenced throughout. The work undertaken by the team was noted in supporting the CCG to discharge their statutory responsibilities along with the priorities for 2017/18. The Committee recommended the annual report for presentation to the Governing Body for approval.</p>	

No	Item	Actions
17/135	<p>Key Issues Log (identified in this part of the meeting)</p> <ul style="list-style-type: none"> • SEND - Written statement of action now been deemed fit for purpose by the DFE/NHSE the first monitoring meeting has taken place with amber/green rag rating. • CQC inspection report into St Joseph's Hospice - The inadequate rating has been reported into the Quality Committee along with information regarding how the CCG's are working in partnership with the provider in order to support the improvements whilst admissions remain restricted. • Queens Court Quality Impact Assessment - The Quality Committee have reviewed the QIA and have made the recommendation if funding was to remain at the same level Queens Court Hospice if the CCG contribution was to remain at the same level then discussions should be had with the provider to determine any additional services that could be delivered within available capacity. • NHSE DST Letter – This was presented to the Quality Committee and the need for further data quality assurance checks discussed prior to the submission of any required action plan. • Safeguarding Annual Report - It was received by the Committee and recommended the report be presented to Governing Body 	
17/136	<p>Any Other Business</p> <p>None</p>	
	<p>Date & Time of Next Meeting</p> <p>10am – 11am Thursday 28th September 2017 3A Meeting Room, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Joint Quality Committee Minutes Part C – NHS South Sefton CCG

Date: Thursday 31st August 2017

Venue: Boardroom, 3rd Floor, Merton House, Stanley Road, Bootle L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Lin Bennett	Practice Manager / Govn. Body Member (SSCCG)	LB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	(Chair) GP Governing Body Member (SFCCG)	RC
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation (SSCCG)	PC
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DMcD
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FT
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In attendance

Tracey Forshaw	Head of Vulnerable People	TF
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR

Apologies

Dr Doug Callow	GP Clinical Quality Lead (SFCCG)	DC
Dr Pete Chamberlain	GP Clinical Lead Strategy & Innovation (SSCCG)	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Dr Dan McDowell	Secondary Care Doctor (SSCCG)	DmcD
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS
Graham Bayliss	Lay Member (SSCCG)	GBa
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FT
Gill Brown	Lay Member (SFCCG)	GB
Dr Rob Caudwell	GP Governing Body Member (SFCCG)	RC

Minutes

Jo Bou-zeid	PA to the Chief Nurse & Quality Officer	JB
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Membership Attendance Tracker

Name	Membership	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
Dr Rob Caudwell	GP Governing Body Member													
Graham Bayliss	Lay Member for Patient & Public Involvement	A												
Lin Bennett	Practice Manager, Ford	√												
Gill Brown	Lay Member for Patient & Public Involvement													
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead													
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A												
Billie Dodd	Head of CCG Development	A												
Debbie Fagan	Chief Nurse & Quality Officer	√												
Dr Gina Halstead	Chair and Clinical Lead for Quality	A												
Dr Dan McDowell	Secondary Care Doctor	A												
Martin McDowell	Chief Finance Officer	A												
Dr Andrew Mimmagh	Clinical Governing Body Member	A												
Dr Jeffrey Simmonds	Secondary Care Doctor													

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

Part C

No	Item	Actions
17/137	Welcome, Introductions & Apologies Apologies received from GB, PC, BD, GH, DMcD, MMcD and AM	
17/138	Declarations of Interest None	
17/139	Minutes & Key Issues from previous meeting LB requested 'late for meeting' be removed from previous minutes. Agreed and approved.	
17/140	Matters Arising / Action Tracker 17/087 - DF to ask JH to liaise with NHSE colleagues to find out definition of 'no consent' within the GP complaints report Df gave an explanation of what this meant. Outcome: Closed 17/088 - DF to raise concerns about stroke service with KMcC (as reported at AUH CQPG) DF confirmed this had been raised. Outcome: Closed	

No	Item	Actions
17/141	<p>Q1 2017-18 SI Report</p> <p>TF presented the CCG Quarter 1 2017/18 Serious Incidents Report. The JQC received the report and were asked to note the following:</p> <ul style="list-style-type: none"> Mersey Care NHS Foundation Trust - The contract for community services transferred across from Liverpool Community Health NHS Trust to Mersey Care NHS Foundation Trust on 1st June 2017. Liverpool CCG remains the Co-ordinating Commissioner for Mersey Care and Serious Incidents. A SOP is being developed for South Sefton CCG to take the lead for incidents arising from the Community Division, which requires agreement by NHS E C&M. There is an MOU in place with Liverpool Community Health NHS Trust to continue to provide support to Mersey Care NHS Foundation Trust until all serious incident reports have been agreed by South Sefton and Liverpool CCG up to and including 31st May 2017. SSCCG Medicines Management Team raised a Primary Care incident on StEIS in March 2017 for a patient who required an admission to ITU following an overdose of Oramorph. The incident highlighted internal process issues within the CCG which required review; this has been escalated to the Chief Nurse, and added to the risk register. A review is being undertaken of the serious incident process the outcome of which will be reported through to the Quality Committee and disseminated across all CCG employees. <p>It was also noted that a Pressure Ulcer Reduction Meeting has been established with Mersey Care. The first meeting is scheduled for this week to discuss the action plan for improvement and this forms part of the on-going patient safety work which was commenced with Liverpool Community Health and has now transferred to Mersey Care as the new provider of community services in South Sefton.</p>	
17/142	<p>AQUA Quarterly Mortality Report – AUH</p> <p>DF presented the latest AQUA Quarterly Mortality Report for AUH. The Quality Committee received the report and was asked to note the crude in-hospital mortality rate / crude in-hospital NEL mortality rate in comparison to England and the North West that the SHMI fell within the expected range, higher rates of palliative care coding, higher than the average 'R' coding and Charlson Co-morbidity index. The Trust is also showing higher than what would be expected for Septicaemia The committee were informed that mortality was a focus for discussion at the August 2017 AUH CCF along with other quality and performance measures that were giving cause for concern and required further consideration as part of the quality assurance and surveillance processes.</p> <p>BW, KMcC and PC will be asked to review the data giving an outline of the highlights. Views to be circulated outside of the committee.</p>	
	<p>Action:</p> <p>AQUA Quarterly Mortality Report – AUH BW, KMcC and PC will be asked to review the data giving an outline of the highlights. Views to be circulated outside of the committee.</p>	DF

No	Item	Actions
17/143	<p>GP Quality Lead / Locality Update</p> <p>LB referred to ongoing work on referral rates at Seaforth locality.</p> <p>LB also raised issues regarding delays from Mersey care in relation to Mental Health. Issue has been picked up by the quality team and addressed through the CQPG.</p>	
17/144	<p>Key Issues Log (identified in this part of the meeting)</p> <ul style="list-style-type: none"> • Serious Incident Management - Although community services have transferred to Mersey Care under a separate contract arrangement to mental health services, NHSE have stated Liverpool CCG are still required to be the lead commissioner for this process and a standard operating procedure is being developed for governance purposes. • AQuA Quarterly Mortality Report - The AQuA Quarterly Mortality Report was discussed. Action to laisse with data analyst and GP clinical leads to gain further understanding of the data for the purposes of assurance. 	
17/145	<p>Any Other Business</p> <p>None</p>	
	<p>Date & Time of Next Meeting 11am – 12noon Thursday 28th September 2017 3A Meeting Room, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Audit Committee Minutes

Thursday 13th July 2017

1.00pm to 2.30pm

NHS South Sefton CCG, 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

Members		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Dr Dan McDowell	Secondary Care Doctor	DMcD
In attendance		
Martin McDowell	Chief Finance Officer, SSCCG	MMcD
Leah Robinson	Chief Accountant, SSCCG	LR
Adrian Poll	Senior Audit Manager, MIAA	AP
Robin Baker	Audit Director, Grant Thornton	RB
Georgia Jones	Manager, Grant Thornton	GJ
Apologies		
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	AO
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Position	April 17	May 17	July 17	Oct 17	Jan 18
Graham Morris	Lay Member (Chair)	✓	✓	✓		
Graham Bayliss	Lay Member	✓	A	✓		
Dan McDowell	Secondary Care Doctor	✓	✓	✓		
Martin McDowell	Chief Finance Officer	✓	✓	✓		
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A		
Leah Robinson	Chief Accountant	✓	✓	✓		
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	A	A		
Adrian Poll	Audit Manager, MIAA	✓	A	✓		
Ann Ellis	Audit Manager, MIAA	N	A	N		
Rob Jones	Audit Director, KPMG	A	✓			
Jerri Lewis	Audit Manager, KPMG	N	N			
Gordon Haworth	Assistant Manager, Public Sector Audit, KPMG	✓	✓			
Robin Baker	Audit Director, Grant Thornton			✓		
Georgia Jones	Manager, Grant Thornton			✓		

No	Item	Action
A17/66	<p>Apologies for absence The Chair welcomed representatives from Grant Thornton to the meeting as the new external auditors for the CCG. MMcD noted he had agreed with KPMG, the CCG's external auditors for 2016/17, that representatives were not required to attend this meeting and that he would present the Annual Audit Letter 2016/17.</p> <p>Apologies for absence were received from Alison Ormrod and Michelle Moss.</p>	
A17/67	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations declared by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The Register is available via the CCG website at the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</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>	
A17/68	<p>Advance notice of items of other business MMcD noted he would be raising two items of other business at this meeting.</p>	
A17/69	<p>Minutes of the previous meeting and key issues The minutes of the previous two meetings (20th April 2017 and 24th May 2017) were approved as true and accurate records. The key issues logs were approved as accurate reflections of the main issues from the previous two meetings.</p>	
A17/70	<p>Action points from previous meeting</p> <p><u>Actions from Audit Committee meeting on 20th April 2017</u></p> <p>A17/30 Action points from previous meeting (A16/23: A16/13 IG Toolkit Submission) Tracy Jeffes has confirmed she has asked Human Resources and Information Governance leads from Midlands & Lancashire CSU to action a joint target (across South Sefton CCG and Southport & Formby CCG) for compliance with IG training, to be used in the 2017/18 toolkit. Action closed.</p> <p>A17/30 Action points from previous meeting (A17/15 Review of NFI Matches) Review of NFI Matches is on the agenda. Action closed.</p> <p>A17/32 Information Governance Toolkit Review MMcD confirmed Midlands & Lancashire CSU are reviewing to ensure confidential information is not going outside the UK. An update is to be provided at the next Audit Committee meeting in October 2017.</p>	MMcD

A17/34 Single Tender Action**- QIPP Programmes Lead / Interim COO****- Occupational Health Contract - Aintree Hospital**

Both actions under this item have been completed. Actions closed.

A17/36 Losses and special payments

MMcD has spoken to Steve Shanahan (Director of Finance at Southport & Ormskirk Hospital NHS Trust) about the invoice to the Trust to the value of £72,208, which relates to CQUIN 2015/16. This will be discussed further under item A17/71. Action closed.

A17/36 Losses and special payments

The issue in relation to a special payment (re. legal settlement concerning Lincoln House Surgery) being incorrectly made from the South Sefton CCG account has been rectified. Action closed.

A17/39 Audit Committee Annual Report 2017

Action completed and closed.

A17/40 Un-audited Annual Accounts 2016/17

Action completed and closed.

A17/47 Risk Management Strategy

Action completed and closed.

A17/47 Risk Management Strategy

Debbie Fairclough (Chief Operating Officer) has asked the Communications team to upload the updated Risk Management Strategy to the CCG website. Action closed.

A17/48 Risk Register and GBAF

Action completed and closed.

A17/49 Register of Interests

MMcD confirmed he has had meetings with Debbie Fairclough and GM to review the register of interests. The register is not on the agenda as, pending approval of the updated Managing Conflicts of Interest and Gifts and Hospitality Policy (item A17/80 on the agenda), the routine call for individuals to make their declarations will be actioned with the updated policy attached, and the register will be refreshed further. Action closed.

A17/51 Audit Committee Terms of Reference

The Audit Committee Terms of Reference have been updated with the changes agreed at the committee meeting on 20th April 2017. Action closed.

A17/51 Audit Committee Terms of Reference

GM noted Lin Bennett (Practice Manager, Ford Medical Practice and Governing Body member of South Sefton CCG) has expressed interest in joining the Audit Committee to fill the vacant Practice Manager Governing Body Member position. It was agreed for Lin Bennett to be invited to join the committee. This action is to supersede the current action on the tracker.

TK

A17/54 Any other business

MMcD has liaised with Debbie Fairclough about the possibility of joint Audit Committee meetings with Southport & Formby CCG. This is to be discussed further under item A17/87: Any Other Business. Action closed.

	<p><u>Actions from Audit Committee meeting on 24th May 2017</u></p> <p>A17/59 Annual Report and Accounts 2016/17 Both actions under this item have been completed. Actions closed</p> <p>A17/62 Risk Management Strategy Action completed and closed.</p> <p>A17/63 Risk Register and GBAF - MMcD confirmed a moderation process to determine whether risks reflected CCG overall view is in progress. Action closed.</p>	
A17/71	<p>Losses and special payments</p> <p>LR noted seven losses have been identified for write-off since the Audit Committee meeting on 20th April 2017. The committee agreed for the following debts to be written off:</p> <ul style="list-style-type: none"> • Jet Document Storage Ltd (value: £83.96) • Boehringer Ingleheim Ltd (value: £300.00) • Merck Sharp & Dohme Ltd (value: £300.00) <p>The debts with Boehringer Ingleheim Ltd and Merck Sharp & Dohme Ltd relate to sales invoices raised for sponsorship of PLT events. MMcD suggested that in future, a signed letter is requested from senior management of the potential sponsor organisation which confirms the intention to sponsor. Sponsorship of the PLT event is to be confirmed only upon receipt of this letter. LR to ensure this process is actioned in future.</p> <p>The committee agreed to provide bad debts provision for the following three debts, which are currently on unsecured creditor list, pending outcome of liquidation of companies.</p> <ul style="list-style-type: none"> • Assured Care North West (value: £2,216.00) • Jencare Homes (value: £2,336.00) • Regency Hospitals Ltd (value: £6,423.52) <p>In regards to the remaining loss detailed in the report (Stocks Hall Care Home Ltd; value £364.35), the committee agreed for MMcD to write to the chief finance officer of the organisation to request payment.</p> <p>LR noted outstanding debt has been reviewed up to last period end (June 2017) and there is one item greater than £5k and over six months old. This is an invoice to Southport & Ormskirk NHS Trust to the value of £72,208, which relates to CQUIN 2015/16. MMcD confirmed he had raised this debt with Steve Shanahan (Director of Finance at Southport & Ormskirk Hospital) at a meeting on 6th July 2017. MMcD noted Steve Shanahan will be writing to the CCG to address this issue. MMcD to update at the next Audit Committee meeting in October 2017.</p> <p><i>The committee received this report and approved the write-off of three of the seven losses detailed in the report.</i></p>	<p>LR</p> <p>MMcD</p> <p>MMcD</p>
A17/72	<p>Audit Committee Recommendations Tracker</p> <p>LR presented the recommendations tracker and highlighted the following:</p> <ul style="list-style-type: none"> • HMRC Office Holder Contracts – the CCG is still awaiting final confirmation from the HMRC that they accept that payments have been made in good faith. • Proactive Exercise CHC review (December 2015) – one discrepancy 	

	<p>in charges applied (identified in sample of 40 items tested) remains outstanding. This is currently being investigated by the CSU administration team.</p> <p><i>The committee received this report</i></p>	
A17/73	<p>Review of NFI matches LR confirmed there are currently 37 National Fraud Initiative (NFI) mismatches, which relate to duplicated invoice amounts, creditor references, creditor names or supplier addresses. All of these mismatches are currently under investigation and an update will be provided at the next Audit Committee meeting in October 2017.</p> <p><i>The committee received this report</i></p>	LR
A17/74	<p>Petty Cash Policy & Procedure LR noted the CCG requires a petty cash policy and procedure as there are currently no arrangements in place. She confirmed there will be two separate petty cash boxes (one for South Sefton CCG and the other for Southport & Formby CCG), both of which will be kept in a safe at Merton House. The petty cash float will be £100 for each CCG.</p> <p><i>The committee approved the petty cash policy and procedure.</i></p>	
A17/75	<p>Single Tender Action - PharmOutcomes Software MMcD presented the single tender action form for the provision of PharmOutcomes software to support the delivery of commissioned services in community pharmacy. He noted that options for provision of the software have been reviewed and that the change in provider from Webstar Health to PharmOutcomes will produce a cost saving for the CCG. MMcD confirmed the contract value is in his delegated limits as Chief Finance Officer to sign off.</p> <p><i>The committee received the Single Tender Action form.</i></p>	
A17/76	<p>MIAA Internal Audit Progress Report AP provided an overview of the Internal Audit Progress Report. He noted MIAA have completed work on assurance regarding the mechanisms established to support management of the Service Level Agreement with Midlands & Lancashire CSU. He confirmed a positive conclusion has been reached, with assurance that the CCG and the CSU have robust controls in place to ensure that reporting and monitoring of performance and Key Performance Indicators are adequate.</p> <p>AP noted the internal audit progress is in line with plan.</p> <p><i>The committee received this report.</i></p>	
A17/77	<p>MIAA Insight: CCG Assurance Framework Benchmarking AP presented the CCG Assurance Framework Reviews report, which summarises the results of the 2016/17 Assurance Framework reviews across the CCGs in MIAA's client base and highlights good practice examples and key areas for enhancement.</p> <p><i>The committee received this report.</i></p>	

<p>A17/78</p>	<p>Annual Audit Letter 2016-17 MMcD presented the Annual Audit Letter 2016/17, which summarises the key issues arising from KPMG's 2016/17 audit of the CCG. MMcD noted the following headlines:</p> <ul style="list-style-type: none"> • KPMG issued an unqualified opinion on the CCG's accounts on 30 May 2017. • Value for Money (VFM) conclusion – KPMG were satisfied the CCG had met arrangements for VFM. <p><i>The committee received the Annual Audit Letter 2016-17.</i></p>	
<p>A17/79</p>	<p>External Audit Progress Report RB introduced himself as the external audit engagement lead for South Sefton CCG. GJ confirmed she will be the audit manager for the CCG's external audit.</p> <p>GJ presented the progress report for external audit and reported the outline plan for the financial year. She noted an error in the report, confirming the section entitled 'Progress at July 2017' refers to work for 2017/18 (not 2016/17). The agreed fee for the audit of the CCG for 2017/18 is £38,000. A detailed audit plan will be brought to the Audit Committee meeting in January 2018.</p> <p>MMcD noted he had attended a Joint Auditor Panel Meeting on 3rd July 2017 facilitated by RB. Attendees included Audit Chairs from St Helens CCG and Wirral CCG. MMcD commented this was a productive meeting and had involved discussion on risk issues for CCGs in general.</p> <p><i>The committee received this report.</i></p>	
<p>A17/80</p>	<p>Updated Managing Conflicts of Interest and Gifts and Hospitality Policy MMcD noted the policy on Managing Conflicts of Interest and Gifts and Hospitality has been updated following the publishing of additional guidance by NHSE in June 2017. He provided a summary of the updates as detailed in the cover sheet of the report.</p> <p>MMcD noted a requirement for communications activity to ensure that individuals the policy applies to (listed in section 4 of the policy) make a declaration when gifts have been offered but not accepted.</p> <p>MMcD confirmed he will check that the policy is consistent with any similar policy of doctors' regulatory bodies (e.g. General Medical Council, British Medical Association etc.).</p> <p><i>The committee approved the updated Managing Conflicts of Interest and Gifts and Hospitality Policy.</i></p>	<p>MMcD</p>
<p>A17/81</p>	<p>Risk Register and GBAF MMcD presented the corporate risk register and the Governing Body Assurance Framework (GBAF).</p> <p>GM referred to the following risks in the GBAF and queried whether the current scores should be higher:</p> <ul style="list-style-type: none"> • <i>Risk 3.1: There is a risk that identified areas of adverse performance are not managed effectively or initially identified. [Current score: 8].</i> 	

	<i>The committee received the key issues of the Finance and Resource Committee, Quality Committee and Joint Commissioning Committee.</i>	
A17/86	<p>Key Issues of other committees to be formally received</p> <ul style="list-style-type: none"> Approvals Committee <p>MMcD reported that an Approvals Committee meeting took place on 6th July 2017 in regards to the validation process undertaken and rationale to determine the Primary Care Access Part 1 achievement of the Local Quality Contract. MMcD confirmed the Approvals Committee had accepted the recommendations of the Validation Panel and the process undertaken by the panel to determine the rationale used for the achievement of Primary Care Access Part 1.</p> <p><i>The committee received this verbal update.</i></p>	
A17/87	<p>Any other business</p> <p>i) <u>Review of Remuneration Committee</u> MMcD informed the committee that following recent publication of a report relating to governance arrangements at Liverpool CCG, Debbie Fairclough (Chief Operating Officer, South Sefton CCG) will be undertaking a retrospective review of South Sefton CCG's remuneration committee for assurance that the committee has followed due process and acted within delegated responsibilities. GM asked for the outcome of this review to be brought to the next Audit Committee meeting in October 2017.</p> <p>ii) <u>Joint Audit Committee meeting</u> MMcD confirmed he has liaised with Debbie Fairclough about the possibility of joint Audit Committee meetings with Southport & Formby CCG. A draft terms of reference has been written for a joint Audit Committee, which he will circulate to the committee. GM asked MMcD to ensure that the terms of reference allow the flexibility for single CCG Audit Committee meetings to take place if this is required by auditors.</p> <p>TK and MMcD to review the practicalities of implementing joint Audit Committee meetings, with a view to arranging the first joint meeting for October 2017.</p>	<p>MMcD</p> <p>MMcD</p> <p>TK / MMcD</p>
A17/88	<p>Key issues review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p>Date and time of next meeting October 2017 (Date, time and location TBC)</p>	

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

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

**FRIDAY 15TH SEPTEMBER 2017
Boardroom, Liverpool CCG
The Department, Lewis's Building, 2 Renshaw Street, L1 2SA**

**Time 12.00pm – 2.00pm
AGENDA**

1.	Welcome, Introductions and Apologies	Dr Nadim Fazlani
2.	Declarations of interest	ALL
3.	Minutes and actions from the 9 th June 2017 meeting	ALL
4.	Update on Review of Services Provided by Liverpool Women's Hospital	Dr Fiona Lemmens/Dr Chris Grant Report No: CIC 04-17
5.	Joint Committee Update	All Verbal
6.	Any other business	
7.	Date and time of next meeting: Friday, 13 th October 2017, 12pm to 2pm, Boardroom, Liverpool CCG	

NHS South Sefton CCG CORPORATE GOVERNANCE TEMPLATE – COMMITTEE MINUTES

Committee: Committee(s) In Common	Meeting Date: 15 th September 2017	Chair: Dr Simon Bowers
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Key issues:	Risks Identified:	Mitigating Actions:
1. Review of Services Provided by Liverpool Women's Hospital	<ul style="list-style-type: none"> Assurance regarding the clinical and financial case for the proposal for a new Liverpool Women's Hospital on the Royal Liverpool Campus 	<ul style="list-style-type: none"> The report from an Independent Clinical Senate confirms the clinical case and the preferred option, leading to decision that there is only one viable clinical option to propose in a formal public consultation The CIC noted the next steps in the process.
2. North Mersey Joint Committee	<ul style="list-style-type: none"> To agree a robust terms of reference which reflects the scope of the committee 	<ul style="list-style-type: none"> AOs working together to finesse the draft terms of reference, which will be considered by Governing Bodies in November 2017.
3.	<ul style="list-style-type: none"> .. 	<ul style="list-style-type: none"> ..

Recommendations to NHS Liverpool CCG Governing Body:

- To note the key issues and risks.