

## Governing Body Meeting in Public Agenda

**Date:** Thursday 1<sup>st</sup> February 2018, 13:00 to 15:30hrs  
**Venue:** Boardroom, 3<sup>rd</sup> Floor, Merton House, Bootle, L20 3DL

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

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

### The Governing Body 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
Dr Gina Halstead	GP Clinical Director	GH
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
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS
Dr Jeff Simmonds	Secondary Care Doctor	JS
Dr Ricky Sinha	GP Clinical Director	RS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

### In Attendance

Debbie Fairclough	Chief Operating Officer	DFair
Tracy Jeffes	Chief Delivery & Integration Officer	TJ
Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Martin Seymour	Consultant in Public Health, Sefton MBC	MS
Andrew Woods	Senior Governance Manager	AW
Judy Graves	<i>Minutes</i>	

**Quorum: Majority of voting members.**

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
<b>General</b>					<b>13:15hrs</b>
GB18/1	Apologies & Welcome	Chair	Verbal	R	2 mins
GB18/2	Declarations of Interest	Chair	Verbal	R	3 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB18/3	Minutes of Previous Meeting - 2 <sup>nd</sup> November 2017	Chair	Report	A	5 mins
GB18/4	Action Points from Previous Meeting - 2 <sup>nd</sup> November 2017	Chair	Report	A	5 mins
GB18/5	Business Update	Chair	Verbal	R	5 mins
GB18/6	Chief Officer Report	FLT	Report	R	10 mins
<b>Finance and Quality Performance</b>					
GB18/7	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	R	10 mins
GB18/8	Integrated Performance Report	KMcC/ MMcD/DCF	Report	R	30 mins
GB18/9	Improvement Assessment Framework	KMcC	Report	R	10 mins
<b>Governance</b>					
GB18/10	GBAF and CRR: Q3 2017/18	TJ	Report	A	10 mins
GB18/11	Register of Interests: December 2017	TJ	Report	R	10 mins
GB18/12	Joint Committee Terms of Reference	FLT	Report	A	5 mins
GB18/13	Disinvestment Policy & Procedure (Cessation and Significant Reduction of Services)	Andrew Woods	Report	A	10 mins
<b>Service Improvement/Strategic Delivery</b>					
GB18/14	Equality and Diversity Annual Report 2017	Andrew Woods	Report	R	10 mins
GB18/15	Commissioning Policies (PLCV; Cataract)	Jan Leonard	Report	R	10 mins
<b>For Information</b>					
GB18/16	Key Issues Reports: a) Finance & Resource Committee (F&R): October 2017 November 2017 b) Quality Committee: September 2017 c) Audit Committee: October 2017 d) Joint Commissioning Committee: June 2017 November 2017 e) Locality Meetings: Q3 2017/18	Chair	Report	R	10 mins
GB18/17	F&R Committee Approved Minutes: October 2017 November 2017		Report	R	
GB18/18	Joint Quality Committee Approved Minutes: September 2017		Report	R	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB18/19	Audit Committee Approved Minutes: October 2017		Report	R	
GB18/20	Joint Commissioning Committee Approved Minutes: June 2017 November 2017		x	x	
GB18/21	CIC Realigning Hospital Based Care Key Issues None		Report	R	
GB18/22	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB18/23	Date of Next Meeting  <b>Thursday 1<sup>st</sup> March 2018, 13:00 hrs in the Boardroom, 3<sup>rd</sup> Floor, Merton House.</b>  <u>Future Meetings:</u> From 1 <sup>st</sup> 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:  3rd May 2018 5th July 2018  All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3 <sup>rd</sup> Floor Merton House.				-
Estimated meeting close					<b>15:30 hrs</b>

**Motion to Exclude the Public:**

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

## Governing Body Meeting in Public Draft Minutes

Date: Thursday 2<sup>nd</sup> November 2017, 13:00 – 15:30-pm  
Venue: Boardroom, 3<sup>rd</sup> 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
Maureen Kelly	Chair, Healthwatch ( <i>co-opted Member</i> )	MK
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS
Dr Ricky Sinha	GP Clinical Director	RS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

### In Attendance

Jan Leonard	Chief Redesign and Commissioning Officer	JL
Karl McCluskey	Chief Strategy & Outcomes Officer	KMcC
Martin Seymour	Consultant in Public Health, Sefton MBC	MS
Debbie Fairclough	Interim Chief Operating Officer ( <i>Minute taker</i> )	DFair

### 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	✓	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	✓	✓	
Dr John Wray	GP Clinical Director	✓	A	A	A	A	✓	

No	Item	Action
Public	<p><b>Questions from the Public</b></p> <p><b>1. What is Sefton doing to support children who have special educational needs when they are transitioning (2 year wait) to Adult Services? How are carers signposted to services available?</b></p> <p>DCF provided an overview of the support in place and described the joint working arrangements between the CCG and Sefton MBC. The CCG and the council have recently produced a Special Educational Needs (SEND) action plan that is currently being implemented. DJ also advised that there is a corporate parenting forum that meets regularly to advise on such issues and a parent and carers forum. DCF also provided an update on the recent workshop regarding the ASD pathway and promotion at Recent Big Chat events with an opportunity to attend future meetings.</p> <p><b>2. Are there any plans to reintroduce Care at the Chemist to the pharmacies no longer offering the service?</b></p> <p>MMcD confirmed that there were no immediate plans to expand the Care at the Chemist schemes. In 2017 all pharmacies within South Sefton were invited by the CCG to participate in the scheme, under a revised contract, but only a relatively small number agreed. Although this has meant there are fewer pharmacies providing the service, there is fair coverage within the area. The details are available on the CCGs website.</p> <p><b>3. When the public consultation on Liverpool Women’s Hospital resumes can South Sefton CCG ensure that as it begins a consultation, and as promised by the CCG, all the options are up for discussion and not just the preferred option of Liverpool CCG given the evidence and strong support for some of the other options?</b></p> <p>FLT informed the meeting that the consultation is being led by Liverpool CCG as they are the lead commissioner of those services. At present there remains a single preferred option and that is based on robust clinical evidence and ensuring patient safety.</p>	
Presentation	<p><b>Consultation and Engagement Sessions: proposals for the development of family wellbeing centres</b></p> <p>DJ delivered a presentation that formed an element of the consultation exercise currently underway across the area in respect of the development of family wellbeing centres. The proposals were developed having taken feedback from users of the current services and were tailored around that feedback. It was evident that the current centres were being accessed but not necessarily for their intended purpose so it was appropriate to reconsider the service model.</p> <p>DJ confirmed that the proposals did not include the closure of any centres but did propose the relocation of one in Seaforth; members of the Governing Body and the public in attendance were asked for their feedback and also provided with the details on where additional information could be found. The consultation is due to end on 17<sup>th</sup> November 2017.</p> <p>PC requested clarification on how health visitors and school nurses would fit into this work. DJ reported that the service would have close alignment with those professionals and the model seeks to facilitate skills transfers particularly in respect of early intervention and prevention opportunities.</p>	

No	Item	Action
	<p>DJ also advised that he and his colleagues would be very keen to discuss any potential co-location options and CG agreed to contact him to progress further.</p> <p><b>RESOLUTION:</b> The governing body received the presentation and thanked DJ for the consultation.</p>	
GB17/172	<p><b>Apologies for Absence</b></p> <p>Apologies were received on behalf of Dr Dan McDowell.</p>	
GB17/173	<p><b>Declarations of Interest</b></p> <p>Those holding dual roles across both South Sefton CCG and Southport &amp; Formby CCG declared their interest; 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>	
GB17/174	<p><b>Minutes of Previous Meeting: 7<sup>th</sup> September 2017</b></p> <p><b>RESOLUTION :</b> The minutes of the previous meeting held 7<sup>th</sup> September 2017 were accepted as a true and accurate record.</p>	
GB17/175	<p><b>Action points from meeting held on 7<sup>th</sup> September 2017</b></p> <p><b>GB17/141: Mortality Data</b> - DFag advised that this is now dealt with in the Integrated Performance Report. <b>Action closed.</b></p> <p><b>GB17/145: Integrated Performance Report (BI support to practices)</b> - KMcC advised this had now been addressed. <b>Action closed.</b></p> <p><b>GB17/147: Safeguarding Annual Report (safeguarding training)</b> - DCF advised that the relevant individuals had been contacted. <b>Action closed.</b></p> <p><b>GB17/148: Audit Committees in Common (terms of reference)</b> - DFair advised that the terms of reference had been updated to provide clarity on chairing. <b>Action closed.</b></p> <p><b>GB17/149: EPRR (circulation of on call rota</b> - FLT advised that the rota had been circulated. <b>Action closed.</b></p>	
GB17/176	<p><b>Business Update</b></p> <p>AM provided a business update to members. The financial position remains a significant challenge and although every effort is being made to identify opportunity to reduce spend, the pressure is increasing and the CCG is forecasting a deficit. GM noted that at a recent meeting with NHSE on 31<sup>st</sup> October the financial position and associated pressures had been reported, however, NHSE are clear that the CCG must deliver a break even position.</p> <p>Members were advised that the localities are continuing to deliver services for their population with increased vigilance for the most vulnerable patients as winter approaches.</p> <p><b>RESOLUTION:</b> The governing body received the report.</p>	
GB17/177	<p><b>Chief Officer Report</b></p> <p>The Governing Body received the Chief Officer report. QIPP and financial</p>	

No	Item	Action
	<p>recovery remains a key priority for the CCG and all staff and the executive team continue to focus their efforts on delivery. The CCG will be introducing a “check and challenge” approach to provide further scrutiny of schemes and identify any risks to delivery at an early stage.</p> <p>The Chief Officer also advised members that the Care for You (Southport and Ormskirk Hospital Services Review) is being progressed and that that the CORE 24 hospital mental health liaison services had been formally launched on the 29<sup>th</sup> September 2017. Following a successful bid to NHS England by Mersey Care NHS Foundation Trust supported by the A&amp;E Delivery Board, pump prime investment of circa £1m was secured to provide enhanced A&amp;E and inpatient ward mental health liaison services provided across the three acute hospital sites within the North Mersey footprint</p> <p>Members were also apprised of the key programmes of work led by the Chief Nurse and the Quality Team, that includes: sustained focus on the SEND programme; addressing concerns in respect of the ADAM procurement system for end of life packages of care; the submission of improvement plans aimed at reducing the number of full CHC assessments undertaken in an acute setting and working with local providers on quality and CQC related matters.</p> <p>The Chief Officer provided an update on the CQC inspections at both Alder Hey Children’s Hospital and Aintree University Hospitals NHS Trust. The outcomes of which will be reported through to the CCGs Quality Committee and any issues will be escalated to the governing body as appropriate.</p> <p>Members also noted the progress in respect of ICRAS Sefton that had been 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.</p> <p>The Governing Body also received updates on the Integration Framework and noted that the Better Care Fund had been authorised with conditions. The CCG and Sefton MBC responded positively in order to address any outstanding issues and a resubmission was made on 31<sup>st</sup> October.</p> <p><b>RESOLUTION:</b> The governing body received the report.</p>	
GB17/178	<p><b>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</b></p> <p>MMcD presented the Governing Body with a report which provided an update on the progress being made to implement the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains; planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.</p> <p>The QIPP savings requirement to deliver the agreed financial plan is £8.480m and at month 6 the CCG is behind plan. The plan set out to achieve £2.4M savings at this point in the year however, only £0.936 has been achieved despite efforts by the CCG.</p> <p>The governing body were advised of the significant pressures have emerged in year as a result of national decisions including HRG4 and the retention of Category M medicines refunds by NHSE. The CCG is also anticipating increased pressures as a consequence of the No Cheaper Stock Options (NCSO) for medicines of approximately £1.1M as well as financial pressures associated with CHC.</p>	

No	Item	Action
	<p>MMcD reported that the Acting as One arrangements have meant that the CCG has been unable to address the variation that exists in secondary care contracts. The potential arrangements have meant that it has not possible to acquire neither the transformational opportunities identified by RightCare for planned care equates to £1.9 M, whilst the potential urgent care opportunity is £6.1 M.</p> <p>It will be necessary for the Governing Body to review and consider further options in December as NHSE have been explicit in stating the CCG must deliver a break even position.</p> <p>MMcD was able report positively in respect of the medicines optimisation plan and reported that it was on track to deliver 88% of the planned savings available.</p> <p>Members were assured that the QIPP Programme Lead, the Leadership Team and staff will continue to seek out opportunities to make savings.</p> <p><b>RESOLUTION:</b> The governing body received the report.</p>	
GB17/179	<p><b>Integrated Performance Report</b></p> <p>KMcC presented the report to members and highlighted the following key areas.</p> <p><b>Planned Care</b></p> <p>Members were advised that at month 5 the CCG is just achieving the targets in respect of RTT. As winter approaches there is a risk that this position may deteriorate and could result in a breaches. There will be continued vigilance with the providers so that any risks to achievement are identified as soon as possible. It was also noted that there is a continued reduction in GP referrals particularly across gastro, dermatology and orthopaedic services. Consultant to consultant referrals are increasing and are up by 2.7% on last year. This is being reviewed in detail to understand the causes.</p> <p>There is concern about the requirement to achieve 80% of e-referrals in Q2 as Aintree is only performing at 19%, this is under review by the planned care team. Members were pleased to note that there had been some improvements in cardiology and that other minor issues in respect of gastro were being picked by the relevant CQPG. The cancer 2 week wait target was achieved at month 5 but the CCG is still trying to address the under-performance that was noted earlier in the year. There are some issues regarding 62 day waits as detailed in the report, and KMcC offered assurances that these were being addressed by the CQPG.</p> <p><b>Unplanned care</b></p> <p>The governing body were advised of the continued pressures experienced at Aintree's A&amp;E department, however improvements had been seen at month 5 (August). Stroke targets have been a challenge with a level of only 62% compliance evident during the reporting period. A review of stroke services is underway across the North Mersey footprint with the outcome report due by 9<sup>th</sup> November. DCF advised that a clinical audit was being carried out of patients cared for outside stroke beds to identify if their care has been compromised in any way. DTOC reporting has now changed to a twice weekly basis and will be monitored by the leadership team.</p>	



No	Item	Action
	<p><b>Mental health</b></p> <p>The CCG is reporting 2 breaches of CPA targets during August and this will be picked up with the provider. The governing body were however, pleased to note that the CCG is exceeding the dementia diagnosis target.</p> <p>FLT updated members on the transfer of paediatric audiology from Liverpool Community Healthcare Trust. The service had now transferred to Alder Hey Children's Hospital.</p> <p>FLT also requested an amendment to the Integrated Performance Report at page 94. There is an erroneous reference to the CCG having 19 practices, when the figure should be amended to 30.</p> <p><b>Quality</b></p> <p>DCF provided an overview of key quality issues that were detailed in the report. Members were asked to note the following in particular; The CCG has notified Aintree University Hospitals NHS Trust that the surveillance level has increased from routine to enhanced. In terms of HCAI standards, whilst there haven't been any reported outbreaks of C.Diff, there has been an increase in the number of incidences and this will be closely monitored. E.coli is an emerging issue and the CCG has submitted an action plan to NHSE that is now being implemented locally.</p> <p>AM expressed his concern in respect of the terminology relating to children attending appointments. He advised that this should not be referred to as "did not attend" (DNA) as children rely upon parents or guardians to take them to appointments. A more appropriate reference would be "was not brought".</p> <p><b>Finance</b></p> <p>MMcD presented the report and advised that 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 CCG's strategic financial plan aims to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20.</p> <p>Members noted that 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 Joint QIPP Committee. As at Month 6, £0.936m QIPP savings have been achieved.</p> <p>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 and that there are limited options for the CCG to explore as detailed under the QIPP report item.</p> <p>Positively, MMcD reported that the CCG is on track to deliver running cost targets and there has been good progress relating to Better Payment Practices.</p> <p><b>RESOLUTION:</b> The governing body received the report.</p>	
GB17/180	<p><b>Governing Body Assurance Framework and Corporate Risk Register</b></p> <p>DFair presented the GBAF and CRR that had been approved by the Audit</p>	

No	Item	Action
	<p>Committee. It was noted that a number of risks would now require adjusting as activities to mitigate risks had been implemented. Those changes would be reflected in the Q3 routine updates oversee by the Leadership Team and the relevant committees. FLT advised that SS023 on page 110 of the pack requires an update as primary care leads are progressing choose and book issues.</p> <p>QIPP and financial recovery remain as the highest risk on the GBAF but members were assured that substantial effort was underway to mitigate under delivery. DFair and MMcD assured the governing body that there will continue to be sustained effort by the organisation to address those risks. GM requested that the risk score should be increased in respect of QIPP as it was highly unlikely the CCG will deliver the full QIPP plan. The risk shall be scored as 20.</p> <p><b>RESOLUTION:</b> The governing body received, reviewed and scrutinised the Governing Body Assurance Framework and Corporate Risk Register</p>	<p>DFair</p> <p>DFair</p>
GB17/181	<p><b>Children in Care Annual Report</b></p> <p>Carlene Baines (CB), Sefton MBC, attended the meeting to present the above report that had previously been reviewed by the Quality Committee. FLT asked if the patterns and levels of out of area placements were consistent with that being seen elsewhere across Cheshire and Merseyside and CB confirmed that the activity was consistent.</p> <p>AM requested an amendment to the report in respect of the requirement for GPs to provide information. For clarity there is no statutory duty for the GPs to provider information but there is a statutory duty that such information should be requested.</p> <p>FLT wished to formally record that the excellent work outlined in the report was attributable to strength and the quality of leadership on this challenging agenda.</p> <p>Members thanked CB for the presentation and approved the report subject to the amendment proposed by AM.</p> <p><b>RESOLUTION:</b> The governing body approved the report subject to clarity being provided in respect of the GPs responsibilities.</p>	
GB17/182	<p><b>Consultation and Engagement Sessions: Proposals for the Development of Family Wellbeing Centres</b></p> <p>Discussed under presentation item.</p>	
GB17/183	<p><b>Better Care Fund: Update</b></p> <p>MMcD advised that the IBCF had been approved with conditions and a letter had been received from the Better Care Support Team on 26<sup>th</sup> October. The conditions had been addressed by CCG and Local Authority leads and following a conversation with the NHSE lead, the plan was now ready for resubmission, inline with the deadline of 2<sup>nd</sup> November.</p> <p>DJ drew members attention to page 175 of the pack that set out the BCF commitment to release £300K to fund re-ablement services that will be accessible to GPs for patients in crisis.</p> <p><b>RESOLUTION:</b> The governing body received the report and approved delegated responsibility to the Chair and Chief Officer to formally sign off the IBCF re-submission.</p>	

No	Item	Action
GB17/184	<p><b>Key Issues Reports:</b></p> <p>a) Finance &amp; Resource (F&amp;R) Committee: 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</p> <p><b>RESOLUTION:</b> The governing body received the key issues reports</p>	
GB17/185	<p><b>Finance and Resources Committee Approved Minutes:</b> July and September 2017</p> <p><b>RESOLUTION:</b> The Governing Body received the approved minutes.</p>	
GB17/186	<p><b>Joint Quality Committee Approved Minutes:</b> July and August 2017</p> <p><b>RESOLUTION:</b> The Governing Body received the approved minutes.</p>	
GB17/187	<p><b>Audit Committee Approved Minutes:</b> July 2017</p> <p><b>RESOLUTION:</b> The Governing Body received the approved minutes.</p>	
GB17/188	<p><b>Joint Commissioning Committee Approved Minutes:</b> None</p>	
GB17/189	<p><b>CIC Realigning Hospital Based Care Key Issues –</b> September 2017</p> <p><b>RESOLUTION:</b> The Governing Body received the key Issues.</p>	
GB17/190	<p><b>Any Other Business</b></p> <p>None</p>	
GB17/191	<p><b>Date of Next Meeting</b></p> <p><b>Thursday 4th January 2018, 13:00 hrs in the Boardroom, 3<sup>rd</sup> Floor, Merton House.</b></p> <p><u>Future Meetings:</u>            From 1<sup>st</sup> 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:</p> <p>1st March 2018            3rd May 2018            5th July 2018</p> <p>All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3<sup>rd</sup> Floor Merton House.</p>	
<p><b>Meeting concluded</b></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><b>15:35hrs</b></p>



## MEETING OF THE GOVERNING BODY FEBRUARY 2018

<b>Agenda Item:</b> 18/06	<b>Author of the Paper:</b> Fiona Taylor Chief Officer Email: <a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> Tel: 0151 247 7069						
<b>Report date:</b> February 2018							
<b>Title:</b> Chief Officer Report							
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's monthly update.							
<b>Recommendation</b>  The Governing Body is asked to receive this report.	<table style="float: right;"> <tr> <td>Receive</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives ( <i>x those that apply</i> )	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes 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 February 2018

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 January 2018 the CCG held the fourth in a series of facilitated events in which leads were tasked with the identification of new schemes for 2018/19 to mitigate risk of under delivery of the original plan for 2017/18.

During the most recent “QIPP week”, the Joint QIPP Committee presided over “check and challenge” sessions that enabled a thorough analysis of QIPP schemes and anticipated spend in respect of medicines optimisation, planned care, urgent care, end of life services, pain management and MCAS. Whilst good progress has been made it is essential that every effort continues to be made to release efficiencies whilst maintaining the quality of the services we commission.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £8.480m. Work remains ongoing to develop a fully identified plan to achieve the required efficiencies in year to deliver the financial target. As at Month 9, £1.806m QIPP savings have been achieved in the financial year to date.

The CCG has implemented a number of QIPP schemes to address efficiencies across all areas of spend including medicines management. In 2017/18 changes were made to Care at the Chemist Scheme. I am pleased to report that the scheme remains a well utilised service across Sefton with 1600 consultations each month in South Sefton. We are writing to all current providers to confirm they will be continuing to offer the service from 1st April 2018 and also writing to all other pharmacies asking them to advise if they would like to offer the service from 1st April 2018.

The Chief Finance Officer will provide a full overview of the financial position as part of the Integrated Performance Report discussions.

### 2. Commissioning Intentions 2018/19

In November 2017 South Sefton and Southport and Formby CCGs issued a *Commissioning Intentions and Contracts Re- Fresh* document for 2018/19. As there is currently a two year contracting and planning cycle within the NHS, this builds on commissioning intentions formally issued in November 2016. The purpose of the document is to provide further detail and information on CCG priorities and schemes, to identify any new areas and to re-fresh contracts where required. The CCG QIPP schemes are identified within the document with CCG leads allocated for each area.

Cross functional groups within the CCGs are currently working through the Commissioning Intentions, taking forward discussions with providers at an operational or contract planning level. Where required, issues will be escalated to executive leads. The intentions include reference to the updated Merseyside Commissioning Policy (Prior Approval) which will be incorporated into

provider contracts. The Sefton Cataract Policy is unchanged in respect of clinical criteria but the process for seeking authorisation has been strengthened.

### **3. National deed of Variation 2017/19**

On 3<sup>rd</sup> January NHS England issued updated NHS Standard contract documentation for 2017/19. Commissioners are required to implement a National Variation for their contracts to take effect on 1<sup>st</sup> February 2018. In addition commissioners must use the updated versions for any new contracts they place. The CCG Contracts Team is progressing these changes in accordance with the national timescales.

**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.**

### **4. Sefton Health & Care Transformation Board**

In Sefton, a Transformation Programme Board has been established to co-ordinate a system approach to care pathways and the sustainability of services for the population of Sefton based on the population needs. This Board will include members of key local NHS Providers and Sefton Metropolitan Borough Council.

The inaugural meeting took place on the 24.1.18. Attended by the senior leadership of the partners across Sefton, the meeting focused on its establishment and the acceptance of its terms of reference.

There followed discussion on the three key components of the work, namely care pathway development, placed based care and acute services.

These meetings are currently being chaired by Andrew Gibson-Executive Chair NHS CM and will occur monthly.

This enhancement of approach will enable the CCG to consolidate its strategic priorities and take the "Shaping Sefton" strategic plan further with partners across the system. As this work progresses, the Governing Body will receive further updates

### **5. Sefton Place Based-Care closer to home workshop**

The CCG has been working with the Cheshire & Merseyside Health Partnership over the last few months to build a "Place based approach" to care. This approach is being mirrored by CCG's across Cheshire & Merseyside and is aimed at bringing together health providers, commissioners and Local Authorities in an effort to drive integration of care.

The first place based workshop took place on the 31.1.18 as part of the newly formed Sefton Transformation Programme.

### **6. Transforming Care Partnership**

The Government and leading organisations across the health and care system are committed to transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services. The oversight of the C&M TCP has recently moved from Knowsley CCG to C&M NHSE through the leadership of Hazel Richards Director of Nursing.



Work is underway across the partnership to create an annual work plan and to ensure an overall effective governance structure and performance framework. This work draws on the roles of NHSE specialised commissioning and the North West operational Delivery Network.

## **7. Aintree University Hospitals NHS Foundation Trust Merger with Royal Liverpool**

The Outline Business Case (OBC) for the proposed merger transaction between Aintree University Hospital NHS FT (AUHFT) and the Royal Liverpool and Broadgreen University Hospitals NHS Trust was submitted to regulator NHS Improvement (NHSI) to review following both Trust Boards' approval of the OBC in October.

NHSI has fed back to both Trusts on the initial findings from its review. NHSI is supportive and committed to the strategic direction of the two Trusts. This is reinforced by its recommendation to continue developing the business case, particularly the work on the patient benefits case.

The review highlighted the challenge of meeting the timeline for the proposed merger, whilst delivering the Royal Liverpool's other major programmes. The latter includes the move to the new Royal Liverpool University Hospital, the financial recovery programme and the Electronic Patient Record implementation, which also involves AUHFT.

NHSI has proposed some changes to the current timeline and will now conclude its OBC review in summer 2018 with the recommendation that the Trusts submit a Full Business Case (FBC) by the end of 2018.

This does bring a delay to the proposed merger date from 1 October 2018 to 1 April 2019. The Trusts will use this extra time to continue to develop and strengthen the work of the integrated planning teams to ensure a smooth transition in bringing clinical services together.

For more information please email [trust.communications@aintree.nhs.uk](mailto:trust.communications@aintree.nhs.uk)

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

## **8. Aintree University Hospital NHS Foundation Trust – Never Event update**

The Trust have commissioned an independent cluster review of the six cases and serious incidents are being completed and they will be reviewed to ensure any lessons learned and subsequent actions related to the investigations can be instituted immediately. The Trust took immediate action, the meeting with the senior surgical team developing a new safety plan for theatres and introducing a culture barometer to gauge how staff feel about theatre safety culture. The WHO checklist process has been reviewed and amended.

## **9. Aintree University Hospital NHS Foundation Trust – NHSI ECIP MADE Event**

Following on from the NHS Improvement (NHSI) Emergency Care Improvement Programme (ECIP) Multi Agency Discharge Event (MADE) in mid-November, there has been a continued focus on the safe and appropriate discharge from the Trust to "transition beds" or their own homes with support from health for patients who are medically optimised but still require ongoing care needs. The new Head of Quality and Safety has been liaising across both Aintree and Mersey Care to ensure the process for discharge and assessment is followed in line with the principles of ICRAS.

## 10. SEND Update

The quarterly joint monitoring meetings continue with the Department for Education (DfE), NHSE, Local Authority and CCGs. The last meeting took place on 15<sup>th</sup> December 2017. Feedback received is that the DfE representative has liaised with NHSE and will be reporting to the Minister the recommendation that Sefton be stepped down from this level of monitoring as we have made satisfactory progress against the Written Statement of Action.

**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. National Diabetes Prevention Programme

A new report has found that Healthier You, the National Diabetes Prevention Programme, has registered over 1000 patients across the whole of Sefton since it launched in January 2016. The report was co-authored by experts from NHS England, Public Health England and the charity Diabetes UK. Our performance data shows that around 86% of local residents joined the programme once referred, one of the highest uptakes of any area in the country. The programme has been particularly successful at reaching those groups who typically do not attend weight loss programmes and groups who are at significantly greater risk of developing Type 2 diabetes.

The project is expected to save both NHS South Sefton CCG and NHS Southport and Formby CCG a combined £48,500 at the end of this financial year, the second year the programme has been running, as diabetes to diagnosis rates stabilise and associated treatment costs are reduced. This is forecast to rise to a total £112,000 after 5 years. Sefton has been acknowledged as an area of good practice, and the CCGs' project team has attended several events and workshops to share experiences and learning.

The current contract, which is managed locally in collaboration with NHS England, will end on 31 March 18 and will be superseded by a Cheshire and Merseyside contract and delivery model which could result in changes to how the local programme is delivered and managed. The procurement process is underway and a new provider announcement is due later in January. The CCG is also currently working in collaboration with Sefton Council public health team to develop and embed a health check referral pathway and to link with other programmes, such as Active Sefton.

The success of the programme led BBC Radio Merseyside to visit Bootle and interview Dr Nigel Taylor about the programme. You can listen to a recording of the feature here:

<http://www.southseftonccg.nhs.uk/get-informed/latest-news/airtime-for-diabetes-prevention-in-sefton/>

You can also watch patients and doctors talking about the programme on the CCG's YouTube channel: <https://www.youtube.com/playlist?list=PLCn6CMQmsERnaRhsIfqYG9WJasvcx2mf4>.

## 12. Achieving World Class Cancer Outcomes

The CCG Integrated Assurance Framework (IAF) has identified South Sefton CCG as an outlier in respect of early diagnosis and access to treatment

### Earlier diagnosis

49.1% of cancers in South Sefton were recorded at stage 1 or 2 in 2015 compared with 52.2% nationally. However 1 year survival which is used as a proxy for early stage survival stands at 70.2% similar to the national average of 70.4%.

We have increased GP access to investigations such as CT abdomen in line with NICE guidance in 2015 for the referral and management of suspected cancer. The Cancer Transformation fund has facilitated dedicated work-streams for early diagnosis looking at lung, colorectal and vague symptoms pathways

### Access to cancer treatments

The Governing Body will be aware of the current challenges in respect of achievement of the 62 day pathway from referral to first cancer treatment and the significant further challenge which awaits from 2020 in respect of the 28 day target to diagnose or exclude cancer.

There is a rising number of patients entering the 62 day system not only due to our ageing demographic but to NICE guidance published in 2015 on referral and management of suspected cancer which has lowered the threshold for referral.

As cancer treatments become more personalised and targeted towards an individual's genetic make-up, the requirement is for additional diagnostics and work up resulting in longer pathways. This is likely to place demand on diagnostic resources.

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

### 13. Winter Support

Over the last two months there has been an intense focus to enable the transfer of patients from Aintree to the community. There has been a particular piece of work undertaken on Ward 35 by Mersey Care to enable the more effective use of beds for 'step up' and 'step down' of patients.

It has also necessitated the review of the systems and processes which wrap around these beds predominately provided by the Urgent Care team and the interface work with social care.

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

### 14. Integrated Community Reablement and Assessment Service (ICRAS)

Implementation of ICRAS continues apace and significant progress has been made. Aintree have commenced implementation of the 'lanes' approach and integrated teams comprised of both health and social care colleagues have coalesced and are collocated in Litherland Town Hall (for admission avoidance) and around the community hub, Ward 35, for supporting hospital discharge.

Next steps are to refine the pathway for lane 4 patients (those with more complex needs upon discharge) and redesign the community bed base within 'Aintree to Home' for this purpose. During

the month of December, circa 90 admissions were avoided following community/primary care referral.

#### **15. Making it Happen-Integration agenda update**

In late Autumn 2017, the Integration Framework was adopted as the process by which we would progress commissioning and thereby delivery integration in Sefton. However, the decision has been made to consider this process alongside the context of the wider Sefton Transformation Programme within the place based work in Sefton.

#### **16. Better Care Fund**

During December 2017, the CCG with Southport & Formby CCG and Sefton Council received formal notification of the approval of our Better Care Fund (BCF) submission. A performance framework has been developed and will report regularly to the Health and Wellbeing Executive Group, the Integrated Commissioning Group and ultimately the Health & Wellbeing Board. The associated Section 75 is being finalised accordingly.

On January 31st, the national BCF team and other external colleagues will be visiting Sefton on a "Local Learning Visit." This is an opportunity for our local teams, working across health and social care, to showcase our integration work, and in particular our recently implemented Integrated Care and Reablement Scheme (ICRAS) programme.

#### **17. Recommendation**

The Governing Body is asked to formally receive this report.

**Fiona Taylor**  
Chief Officer  
January 2018

## MEETING OF THE GOVERNING BODY FEBRUARY 2018

<b>Agenda Item:</b> 18/07	<b>Author of the Paper:</b> Martin McDowell Chief Finance Officer
<b>Report date:</b> January 2018	Email: <a href="mailto:martin.mcdowell@southseftonccg.nhs.uk">martin.mcdowell@southseftonccg.nhs.uk</a> Tel: 0151 247 7071
<b>Title:</b> Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
<b>Summary/Key Issues:</b>  The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.	
<b>Recommendation</b>	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive the report and note the update.	

### Links to Corporate Objectives *(x those that apply)*

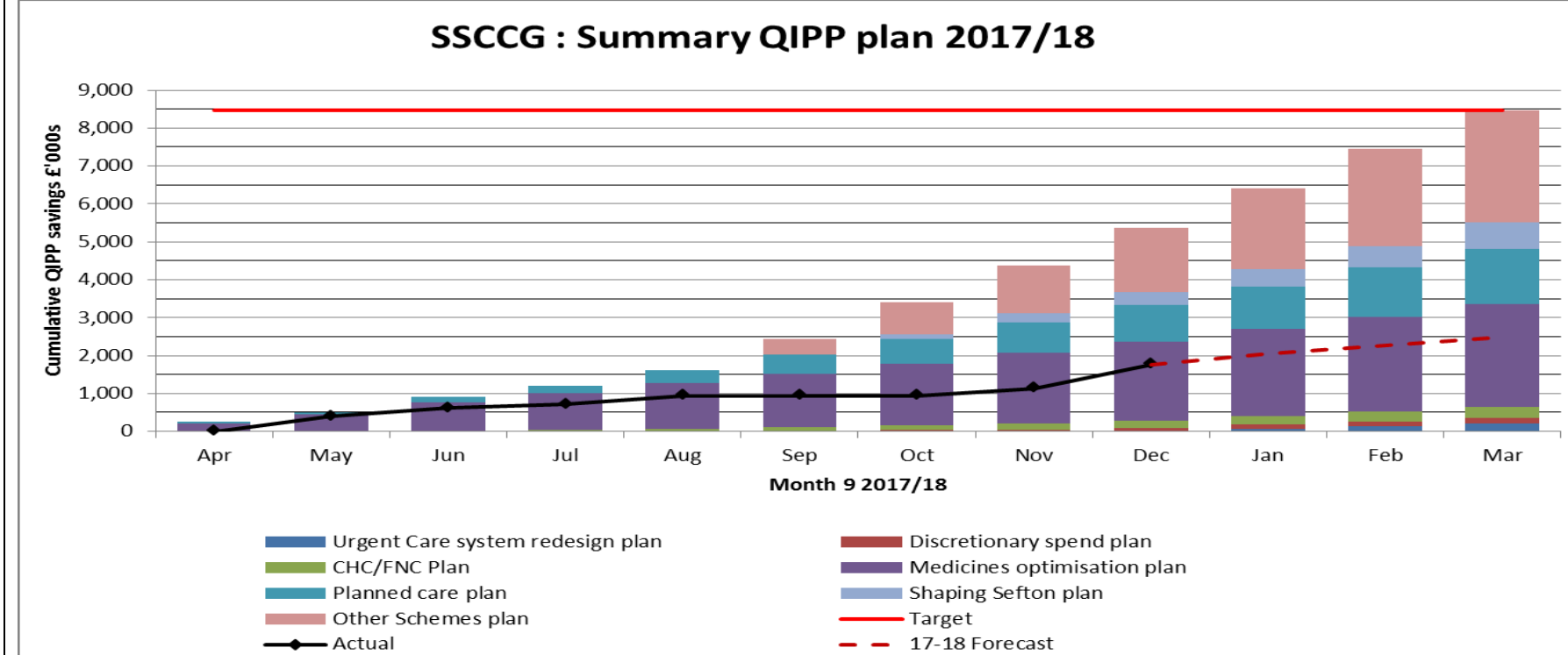
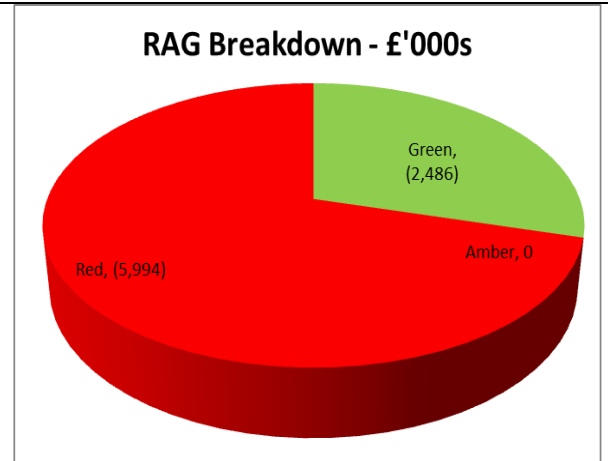
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes.
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 monthly performance was presented in an alternative format to Joint QIPP Committee representatives on 16 <sup>th</sup> January 2018.

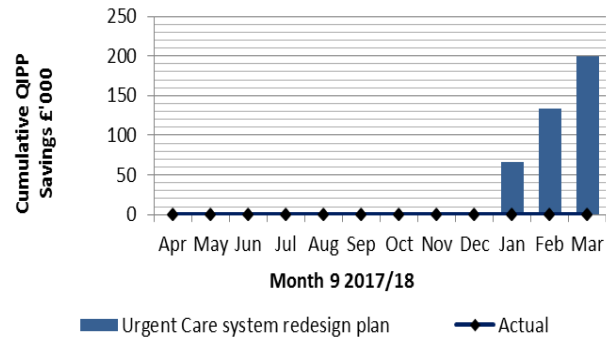
Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience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

## QIPP DASHBOARD – SUMMARY SOUTH SEFTON CCG AT MONTH 9

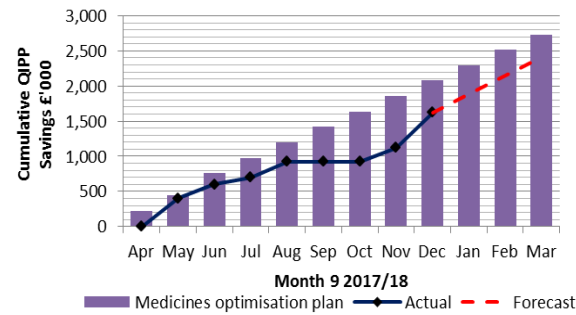
South Sefton CCG				
£'000s				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	1,442	970	0	(970)
Medicines optimisation plan	2,734	2,076	1,660	(416)
CHC/FNC Plan	281	187	0	(187)
Discretionary spend plan	130	93	23	(70)
Urgent Care system redesign	200	0	0	0
Shaping Sefton Plan	693	347	0	(347)
Other Schemes	3,000	1,701	123	(1,578)
<b>Total</b>	<b>8,480</b>	<b>5,373</b>	<b>1,806</b>	<b>(3,568)</b>



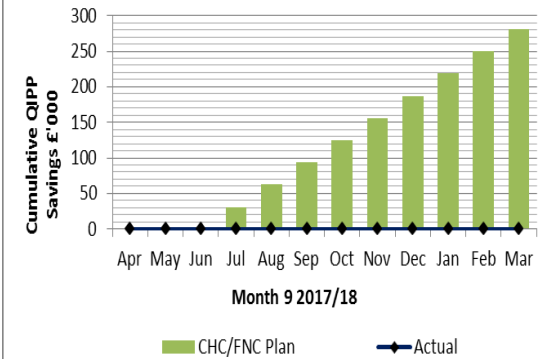
### SSCCG : QIPP target - Urgent Care



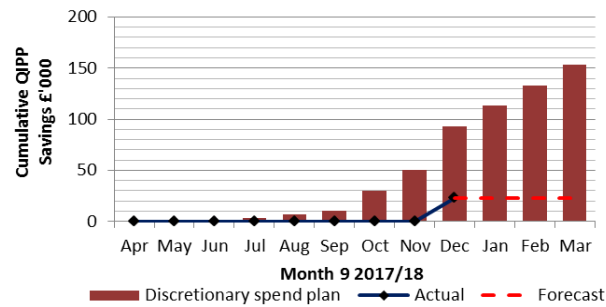
### SSCCG : QIPP target - Medicines Optimisation



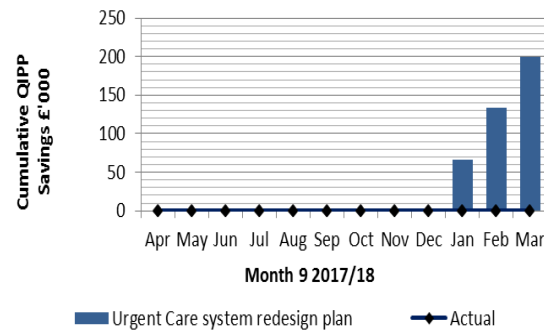
### SSCCG : QIPP target - CHC/FNC



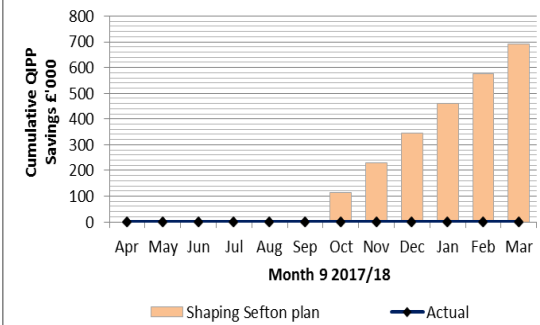
### SSCCG : QIPP target - Discretionary Spend



### SSCCG : QIPP target - Urgent Care



### SSCCG : QIPP target - Shaping Sefton





## MEETING OF THE GOVERNING BODY FEBRUARY 2018

<b>Agenda Item:</b> 18/08	<b>Author of the Paper:</b> Karl McCluskey Chief Strategy & Outcomes Officer Email: <a href="mailto:karl.mccluskey@southseftonccg.nhs.uk">karl.mccluskey@southseftonccg.nhs.uk</a> Tel: 0151 247 7000
<b>Report date:</b> January 2018	
<b>Title:</b> South Sefton Clinical Commissioning Group Integrated Performance Report	
<b>Summary/Key Issues:</b> This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group (note time periods of data are different for each source)	
<b>Recommendation</b>	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 8 (note: time periods of data are different for each source).

### CCG Key Performance Indicators

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

*\*No ambulance data is unavailable at present due to new indicators being developed.*



## 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 was set to deliver a 0.5% surplus in 2018/19 and a 1% surplus in 2019/20, the plan will be revised based on likely performance in 2017/18.

The risk adjusted position has been revised to reflect known changes since 31 December 2017 following intensive review and scrutiny of the Month 9 position with particular focus on realisation of risks and assurance for delivery of QIPP savings for the remainder of the financial year.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan is £8.480m. Work remains ongoing to develop a fully identified plan to achieve the required efficiencies in year to deliver the financial target. As at Month 9, £1.806m QIPP savings have been achieved in the financial year to date. The likely case is that a further £0.680m will be achieved in the remainder of the financial year, bringing the total achievement to £2.486m which is in line with the projection reported in previous months.

The year to date financial position is a year to date deficit of £3.200m, which represents deterioration against the planned deficit of £0.250m. The full year forecast financial position for the CCG's best case is breakeven. This position assumes that the QIPP plans will be delivered in full, but it must be noted that risk exists in terms of delivering these plans. The CCG's most likely case scenario forecasts a deficit of £4.392m and as we enter the final quarter of the year, it is unlikely that the CCG will deliver its agreed plan of break even.

### Planned Care

Referrals in November 2017 saw a slight decrease in all areas resulting in an overall 2.2% compared to the previous month. Year to date, referrals are down slightly (0.4%) compared to 2016/17. GP referrals in 2017/18 to date are 4% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultants to consultant referrals are currently 2.2% higher when comparing to 2016/17 with General Medicine and Urology seeing notable 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 (November) for E-referral Utilisation rates reported for the CCG as a whole is 22%; up by 1% from October.

The CCG failed the under 1% of patients waiting over 6 weeks for a diagnostic test in November. Out of 2734 patients, 147 waited over 6 weeks of them 23 waited over 13 weeks. The majority of breaches were for colonoscopy (62) and gastroscopy (33). This is a decline in performance on last month when the CCG recorded 2.60%. Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in November. Out of 5028 patients, 203 waited over 6 weeks with 15 of them waiting over 13 weeks. The majority of breaches were waiting for a colonoscopy (67) and flexi sigmoidoscopy (57). This is a decline in performance from last month when 1.70% was recorded.

The CCG are failing 1 of the 9 cancer measures year to date. This is the 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms; year to date the CCG

is recording 90.61% which is under the 93% target. Aintree are failing 5 of the 9 cancer measures year to date. Firstly 2 week breast symptom recorded 91.36% year to date, 31 day subsequent treatment (surgery) recorded 93.13% year to date, 62 day upgrade year to date 80.56%, 62 day screening recording 86.54% year to date and lastly the 62 day standard recording 83.28% year to date. The Trust has actions in place to improve performance, see main body of the report.

For the Friends and Family measure 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 November at 18.8% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has improved since last month recording 95% in November (England average 96%). The proportion who would not recommend is higher than last month at 3%, which is 1% higher than the England average.

Performance at Month 8 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£1.3m/-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 -£354k/-1.1%.

The CCG reported 23 personal health budgets at the end of Q2, which is an increase of 12 from Q1. This remains below the trajectory for the targets set by NHS England. The CCG is exploring the expansion of PHBs for ends of life patients as part of CHC fast track funding.

For smoking at time of delivery the CCG is again above the data coverage plan of 95% at quarter 2, but currently above the national ambition of 11% for the percentage of maternities where mother smoked, the ambition will be 6% by the end of 2022.

### **Unplanned Care**

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% November plan agreed with NHS Improvement recording performance with 86.58% (for all A&E department types) in November 2017. Performance against the 4 hour standard was 86.58% (T1 and T3) in November 2017 representing a + 2.36% increase compared to October 2017. Improvements were achieved in 2 of the 5 clinical indicators with a 0.11% improvement for unplanned re-attendances down to 7.76% against a target of 5%. The time to see 1st clinician has decreased to 72 minutes, against the 60 minute clinical quality indicator (a decrease of 2 minutes against October 2017). The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being met month on month.

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. There was a 3 month moratorium in data reporting agreed with the commissioners, this was to allow some time to allow the Trust to understand and learn from ARP and time to start to redraft and reformulate reports. The first lot of reporting will be at NWS and County level, it is unlikely that there will be any CCG level data for this financial year.

The number of 111 calls in November from South Sefton has fallen to 1,971 from 2,079 in October, a reduction of 108 calls. When compared to the same 8 months of the previous year, there have been 245 more contacts in 2016/17. The number of calls closed with advice only in the first 8

months of the year is 2,722. This is 10.6% lower than the same point in the previous year, when 3,044 calls ended this way.

The number of calls from South Sefton patients to the GP OOH service has fallen slightly in November to 839. When compared to the same point in the previous year, there have been 524 more calls so far in the first 8 months of 2017/18, an increase of 7.3%. GP OOH calls from nursing homes within South Sefton have increased in November to 67. When compared to the same point in the previous year, the first 8 months of 2017/18 have received 201 more calls to nursing homes, an increase of 67.4%.

Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in November, achieving 59%. 39 patients with a diagnosis of stroke were discharged from the Trust during the month. 23 patients spent 90% of their stay on the Stroke Unit the standard was not achieved for 16 patients. All breaches of the standard are reviewed and reasons for underperformance identified. The Trust continue to achieve their TIA target.

The CCG achieved their C.difficile plans for November. Aintree had 3 new cases reported in November (45 year to date) against a year to date plan of 30. (There have been 15 successful appeals upheld at panel, so 30 cases following appeal). The year-end plan is 46.

The CCG and Aintree recorded one case of MRSA in June and therefore have failed the zero tolerance plan for the whole of 2017/18 but had no new cases in November. 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 November there were 14 cases bringing the year to date total to 96 which is over the 88 year to date plan. There are no targets set for Trusts at present

There are a total of 99 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 93, 69 apply to South Sefton patients. 24 are attributed to Aintree University Hospitals NHS Trust. Zero Never Events in month for SSCCG patients with, 4 reported by Aintree (5 YTD). 3 incidents were closed in month (45 YTD) and 4 downgraded and removed from StEIS. 38 remain open on StEIS for > 100 days for South Sefton patients. 2 incidents remain open of StEIS for the CCG 1x Primary Care and 1x DMC Ltd.

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 November to 38 from 24 reported in October. Of the 38, 17 were patient or family choice (44.7%), 16 were awaiting further NHS non-acute care (42.1%), 4 were awaiting care package in own home (10.5%) and 1 completion assessment (2.6%). Analysis of average delays in November 2017 compared to November 2016 shows an increase of 44.7% in the average number of patients from 21 to 38. The average number of delays per day at MerseyCare decreased slightly to 40 in November. Analysis of average delays in November 2017 compared to November 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 and is over 15% plan for November recording 16.6%. The percentage of people that would recommend A&E is the same at the England average reporting 87% in November an improvement from October when 82% was recorded. The not recommended percentage is at 9% in November which is lower than the previous month (12%).

Performance at Month 8 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £935k/3.3%.

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 -£101k/-0.4%. Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 7 with a year to date variance of £934k/4% and £376k/33% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£233k/13%.

## Mental Health

All of the three of the CPA mental health measures were failed in November. CPA percentage of people under CPA followed up within 7 days of discharge recorded 89.3% (target 95%). CPA Follow up 2 days (48 hours) for higher risk groups failed the target reporting 66.7% in November (1 breach out of 3) (target 95%). Also Early Intervention in Psychosis 2 week referral recorded 40%, (Target 50%).

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is September to November 2017 where 10 OAP's were reported, an improvement on the last reporting period of 20. The CCG is therefore currently in line with the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 357 South Sefton patients entering treatment in Month 8, which is a 21.4% increase from the previous month when 294 were reported. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only. 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 therefore set for Quarter 3 at 3.75% which equates to 1.25% per month. The access rate for Month 8 was 1.47% and therefore achieved the standard.

There were 426 Referrals in Month 8, which was a 2.4% increase compared to the previous month when there were 416. Of these, 63.6% were Self-referrals which is a decrease from the previous month (69.7%). GP Referrals were higher than the previous month with 87 compared to 71 for Month 7. 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 47.4% in Month 8, which is an increase from 44.4% for the previous month although still failing to meet the target of 50%.

Cancelled appointments by the provider saw a decrease in Month 8 with 58 compared to 73 in Month 7.

The latest data on the HSCIC website shows that South Sefton CCG are recording a dementia diagnosis rate in November 2017 of 67.12% which has met the national dementia diagnosis ambition of 66.7%.

The CCG has new plans for Improving Access to Children & Young People's Mental Health Services (CYPMH) and a target of 30% by the end of the financial year. Quarter 1 performance shows 2.4% of children and young people receiving treatment (75 out of an estimated 3,121 with a diagnosable mental health condition), against a target of 5.1%.

## 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 has now met on several occasions. 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 reports an improvement in cancellation rates with 8.2% in November, 20% reported last month. Adult Dietetics also continues to report high rates at 10.8% in November, another improvement from 14.5% in October.

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 and Q2.

## Primary Care

In October, Eastview Surgery was inspected by the CQC and has improved in their overall rating to 'Good' previously requiring improvement in 'Safe and 'Well Led'. There hasn't been any new inspection of Sefton GP Practices in the last month.

## Better Care Fund

A quarterly performance monitoring return was submitted on 19th January on behalf of the Sefton Health and Wellbeing Board. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

## CCG Improvement & Assessment Framework

Publication of the updated Framework for 2017/18 was significantly delayed and released 21<sup>st</sup> November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed.

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible and expected date of improvement for the indicators.

## 2. Financial Position

### 2.1 Summary

This report focuses on the financial performance of South Sefton CCG as at 31 December 2017.

The risk adjusted position has been revised to reflect known changes since 31 December 2017 following intensive review and scrutiny of the Month 9 position with particular focus on realisation of risks and assurance for delivery of QIPP savings for the remainder of the financial year.

The year to date financial position is a deficit of £3.200m which represents deterioration against the planned deficit of £0.250m. The reported forecast financial position at Month 9 is the CCGs best case scenario of break even. This is in line with previous reports and the likely case scenario is reported after inclusion of further risks and mitigations. The CCG's likely case scenario forecasts a deficit of £4.392m

The cumulative CCG position is a surplus of £0.100m which incorporates the historic surplus brought forward from previous financial years.

Cost pressures have emerged in the first nine months of the financial year which are balanced out to a certain extent by underspends in other areas. The main areas of forecast overspend are within Continuing Healthcare relating to Continuing Healthcare packages, cost pressures in respect of pass through payments for PbR excluded drugs and devices, full year costs for the Acute Visiting Scheme (AVS), overperformance at Spire and Ramsay hospitals and costs for referral management and prior approval services, currently agreed on a non-recurrent basis.

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 nine 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 CCG's potential to deliver efficiency savings in the secondary care sector.

The CCG is working on a revised trajectory for delivery of savings for the remainder of the financial year.

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	✔

Key Performance Indicator		This Month
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✗
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£1.806m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.90%
	NHS – Volume YTD > 95%	96.91%
	Non NHS - Value YTD > 95%	97.30%
	Non NHS – Volume YTD > 95%	96.54%

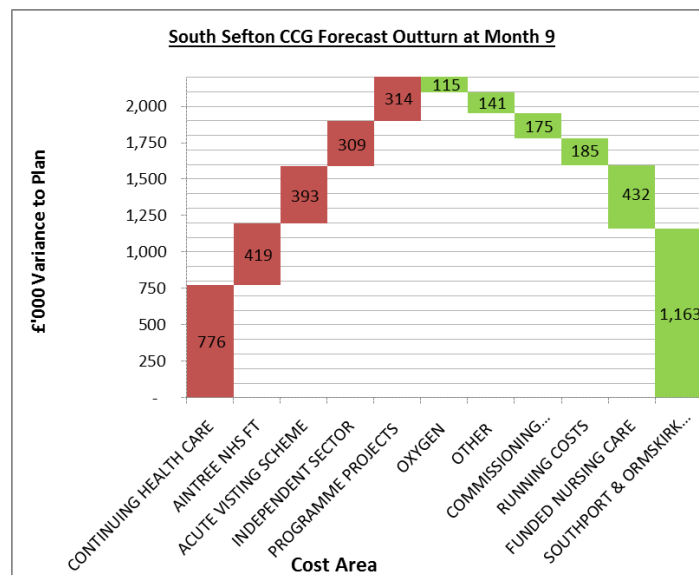
- The CCG will not achieve the NHS England business rule to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- 0.5% Non-Recurrent Reserve is held uncommitted as directed by NHS England.
- The financial plan agreed at the start of the year was to achieve a break even position in year; this position was dependent on delivery of the QIPP plan of £8.480m in full. The likely case scenario is a deficit of £4.392m.
- QIPP Delivery is £1.806m to date; this is £3.568m behind the planned delivery at Month 9.
- The forecast expenditure for the Running Cost budget is below the allocation by £0.185m for 2017/18.
- BPPC performance is above the 95% target in all areas for the year to date.

## 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 upon the delivery of the QIPP target in full.
- The main financial pressures relate to
  - Cost pressures relating to Continuing Healthcare packages.
  - Overspend for PbR excluded drugs and devices at Aintree FT.
  - Full year costs for the Acute Visiting Scheme (AVS)
  - Over performance at Spire and Ramsay hospitals
  - 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 and on Funded Nursing Care packages.

### 2.3 Provider Expenditure Analysis – Acting as One

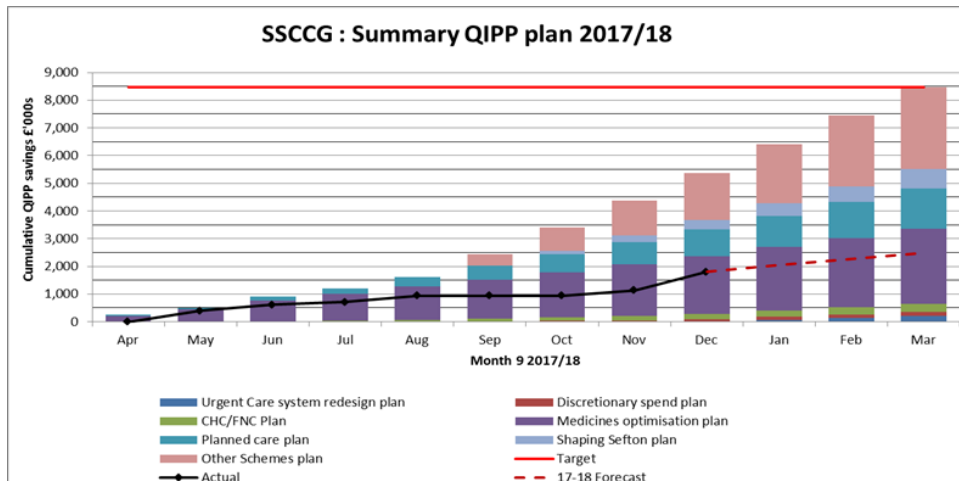
Figure 3 – Acting as One Contract Performance

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	£1.033
Alder Hey Children's Hospital NHS Foundation Trust	-£0.125
Liverpool Women's NHS Foundation Trust	-£0.449
Liverpool Heart & Chest NHS Foundation Trust	-£0.125
Royal Liverpool and Broadgreen NHS Trust	£0.482
Mersey Care NHS Foundation Trust	£0.000
The Walton Centre NHS Foundation Trust	-£0.081
<b>Grand Total</b>	<b>£0.735</b>

- 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 overperformance spend against plan, this would represent a year to date overspend of £0.735m under usual contract arrangements.

## 2.4 QIPP

Figure 4 – 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	2,415	0	319	2,734
CHC/FNC plan	281	0	281	0	0	281	281
Discretionary spend plan	100	53	153	53	0	100	153
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	2,677	300	2,977	(23)	0	3,000	2,977
<b>Total QIPP Plan</b>	<b>8,127</b>	<b>353</b>	<b>8,480</b>	<b>2,486</b>	<b>0</b>	<b>5,994</b>	<b>8,480</b>
<b>QIPP Delivered 2017/18</b>				<b>(1,806)</b>		<b>0</b>	<b>(1,806)</b>

- 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 planned £0.500m non-recurrent transitional support to the new provider.
- The revised QIPP target is **£8.480m** which incorporates the two additional pressures. Options to identify and prioritise future projects were discussed at the Governing Body development

session in December. The CCG will hold check and challenge sessions with QIPP Leads during QIPP week, commencing 15 January 2018 to further inform QIPP delivery to 31 March 2018.

- The CCG has identified **£1.806m** QIPP savings at Month 9, the majority of this relates to savings within the prescribing budget.
- The forecast QIPP delivery for the year is **£2.486m** which represents 100% of schemes rated Green. A high proportion of the plan remains rated red. Further work is required to provide assurance that additional savings can be delivered.

## 2.5 Risk

- The CCG forecast financial position is breakeven.
- 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
<b>QIPP requirement (to deliver agreed forecast)</b>	(6.674)	(6.674)	(6.674)
Predicted QIPP achievement	0.750	0.680	0.600
<b>Forecast Surplus / (Deficit)</b>	<b>(7.098)</b>	<b>(7.168)</b>	<b>(7.248)</b>
Further Risk	(1.655)	(1.705)	(2.269)
Management Action Plan	4.615	4.481	3.709
<b>Risk adjusted Surplus / (Deficit)</b>	<b>(4.138)</b>	<b>(4.392)</b>	<b>(5.808)</b>

- 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 a deficit of **£4.138m** and includes an assumption that the current expenditure trends continue and this reduces the remaining QIPP requirement.
- The likely case is a deficit of **£4.392m** and assumes that QIPP delivery will be **£2.486m** in total with further risk and mitigations as per the best case scenario.
- The worst case scenario is a deficit of **£5.808m** and assumes reduced QIPP delivery, additional risks in respect of elective activity, outpatient procedure coding and CQUIN.

## 2.6 Contract Alignment – Month 6

**Figure 6 – Contract Alignment table**

	2017/18 YTD		2017/18 YTD	
	£000		£000	Formula
Provider	YTD	Commissioner	YTD	YTD Variance
Alder Hey Children's NHS Foundation Trust	5,027	NHS South Sefton CCG	4,903	(124)
Aintree University Hospitals NHS Foundation Trust	43,338	NHS South Sefton CCG	43,135	(203)
Liverpool Women's NHS Foundation Trust	5,089	NHS South Sefton CCG	5,064	(25)
Royal Liverpool and Broadgreen University Hospitals NHS Trust	4,797	NHS South Sefton CCG	4,694	(103)
Southport and Ormskirk Hospital NHS Trust	2,969	NHS South Sefton CCG	2,657	(312)
Mersey Care NHS Foundation Trust	12,006	NHS South Sefton CCG	11,971	(35)
<b>Total</b>	<b>73,226</b>		<b>72,424</b>	<b>(802)</b>

- CCGs and Providers were required to report a contract alignment position at Month 6 to highlight any areas of dispute.
- The main issues highlighted relate to the contract with Southport & Ormskirk NHS Trust on a number of outstanding issues:
  - £0.182m - CQUIN
  - £0.021m – ACU Follow ups
  - £0.078m – Contract Sanctions
  - £0.094m - Outpatient Procedure Coding
  - £0.012m – PLCP
- The CCG has sent a formal response to issues raised by the Trust and continues with the mediation process which was initiated in December. Three issues were taken forward for mediation – CQUIN, ACU Follow ups and Outpatient Procedure Coding. Other issues are expected to be resolved locally and the CCG has sent a proposal to the provider.

## 2.7 Statement of Financial Position

Figure 7 – Summary of working capital

	2016/17	2017/18			
	M12	M6	M7	M8	M9
	£'000	£'000	£'000	£'000	£'000
Non Current Assets	14	14	14	14	14
Receivables	1,817	2,918	2,313	1,934	1,373
Cash	139	2,609	3,836	1,841	3,456
Payables & Provisions	(11,850)	(13,819)	(14,686)	(13,231)	(14,680)
Value of debt > 180 days old (6months)	76	87	140	136	128

BPPC (value)	98%	100%	100%	100%	100%
BPPC (volume)	96%	96%	96%	97%	97%

- The 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 stands at £128k. This consists of:
  - CQUIN payment recovery (£72k) with Southport & Ormskirk NHS Trust. The CCG continues to pursue resolution to the outstanding balance and work is being progressed as part of actions in response to the NHS England Contract Alignment Exercise in December 2017.
  - LQC reclaim invoices (£56k) relating to four practices. An insolvency practitioner has contacted the CCG with regard to the practices concerned indicating that a creditors' voluntary liquidation is being progressed. Balances outstanding will be provided to the insolvency practitioner by the date advised.
- 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 £242.124m at Month 9. The actual cash utilised at Month 8 was £183.755m which represents 75.9% of the total allocation. The balance of MCD to be utilised over the rest of the year is £58.370m.
- The CCG aim to pay at least 95% of invoices within 30 days of the invoice date in line with the Better Payment Practice Code. 2017/18 performance exceeds 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed on a monthly basis.

## 2.8 Recommendations

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

- The year to date financial position is a deficit of £3.200m, which is deterioration against the planned deficit of £0.250m. At Month 9, the reported financial forecast is breakeven. This position assumes that the CCG will deliver the 2017/18 QIPP requirement in full. Current trends suggest that the CCG will not deliver the required QIPP saving. The CCG's likely case scenario forecasts a deficit after risk and mitigation of £4.392m.
- The year to date planned QIPP savings for the first nine months of the financial year (£5.373m) have not been achieved. Delivery at month 9 is £1.806m, 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 must consider further review of cost savings and service reductions in order to develop a robust contingency plan to meet its statutory financial duty for the year, and into 2018-19.
- 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 8 - GP and 'other' referrals for the CCG across all providers for 2015/16, 2016/17 and 2017/18

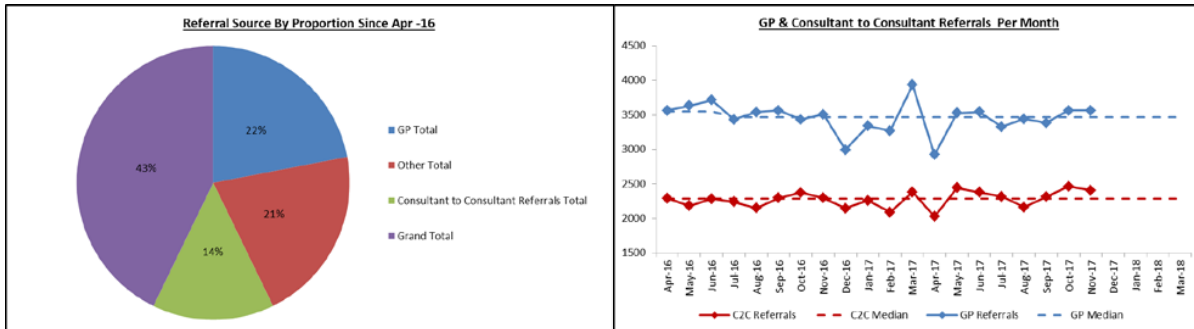


Figure 9 - Breakdown of referrals for the CCG across all providers for 2016/17, 2017/18

Referral Type	Referral Source Code	Referral Source Name	2017/18							2016/17 YTD	2017/18 YTD	YTD Variance	YTD %	
			Apr	May	Jun	Jul	Aug	Sep	Oct					Nov
GP	3	referral from a GENERAL MEDICAL PRACTITIONER	2,923	3,529	3,545	3,330	3,442	3,386	3,564	3,565	28,394	27,284	-1,110	-4%
<b>GP Total</b>			<b>2,923</b>	<b>3,529</b>	<b>3,545</b>	<b>3,330</b>	<b>3,442</b>	<b>3,386</b>	<b>3,564</b>	<b>3,565</b>	<b>28,394</b>	<b>27,284</b>	<b>-1,110</b>	<b>-4%</b>
Other	1	following an emergency admission	149	146	139	135	133	174	179	145	1,446	1,200	-246	-17%
	2	following a Domiciliary Consultation	3	3	5	8	1	3	13	5	36	31	-620%	
	4	referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)	419	425	377	410	366	391	372	413	3,393	3,173	-220	-6%
	5	referral from a CONSULTANT, other than in an Accident and Emergency Department	1,148	1,504	1,488	1,386	1,346	1,420	1,511	1,459	10,294	11,262	968	9%
	6	self-referral	253	270	256	254	250	267	305	270	2,208	2,125	-83	-4%
	7	referral from a Prosthetist		1				1		3	11	5	-6	-55%
	8	Royal Liverpool Code (TBC)	74	59	83	66	102	87	89	75	612	635	23	4%
	10	following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)	122	138	148	125	106	90	112	116	781	957	176	23%
	11	other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	191	230	223	258	205	236	286	262	2,208	1,891	-317	-14%
	12	referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)	5	5	2	2	4	5	9	8	45	40	-5	-11%
	13	referral from a Specialist NURSE (Secondary Care)	7	4	5	6	6	5	5	5	27	43	16	59%
	14	referral from an Allied Health Professional	131	212	164	144	134	157	158	135	1,141	1,235	94	8%
	15	referral from an OPTOMETRIST	1	1	4	5			4	3	6	18	12	200%
	16	referral from an Orthoptist		1						1	4	3	-1	-25%
	17	referral from a National Screening Programme	3	2	1	13	1	9	4	5	43	38	-5	-12%
	92	referral from a GENERAL DENTAL PRACTITIONER	137	142	165	193	180	202	171	127	1,107	1,317	210	19%
	93	referral from a Community Dental Service									3	0	-3	-100%
97	other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode	248	334	344	390	353	328	356	365	2,452	2,718	266	11%	
	Unknown	Unknown	1		1					1	0	3	3	0%
<b>Other Total</b>			<b>2,889</b>	<b>3,477</b>	<b>3,403</b>	<b>3,393</b>	<b>3,194</b>	<b>3,373</b>	<b>3,564</b>	<b>3,406</b>	<b>25,786</b>	<b>26,699</b>	<b>913</b>	<b>4%</b>
Consultant to Consultant Referrals Total			2,029	2,446	2,378	2,319	2,164	2,312	2,463	2,408	18,127	18,519	392	2%
<b>Grand Total</b>			<b>5,812</b>	<b>7,006</b>	<b>6,948</b>	<b>6,723</b>	<b>6,636</b>	<b>6,759</b>	<b>7,128</b>	<b>6,971</b>	<b>54,180</b>	<b>53,983</b>	<b>-197</b>	<b>-0.4%</b>

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 was followed by three consecutive monthly decreases in activity. Referrals in November 2017 saw a slight decrease in all areas resulting in an overall

2.2% compared to the previous month. Year to date, referrals are down slightly (0.4%) compared to 2016/17.

GP referrals in 2017/18 to date are 4% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. Consultants to consultant referrals are currently 2.2% higher when comparing to 2016/17 with General Medicine and Urology seeing notable 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 work-streams 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.

### 3.1.1 E-Referral Utilisation Rates

**Figure 10 - South Sefton CCG E Referral Performance**

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - November	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	22.00%	↑

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

The latest data (November) for E-referral Utilisation rates reported for the CCG as a whole is 22%; up by 1% from October.

Aintree Hospital is undergoing a Paper Switch off Programme with NHS Digital which will be fully implemented by August 2018. This is supported by:

- CQUIN in relation to all services being available on the Electronic Referral System (e-RS) and appointment slot issues being minimised through alignment of appointment polling ranges with waiting times at a specialty level
- Relaunch and training on e-RS with general practices
- Communications Plan

In addition, practice level E-referral uptake reports are being developed to identify practices who may require some extra support being offered by the national NHS Digital E-referral implementation team.



### 3.2 Diagnostic Test Waiting Times

**Figure 11 - Diagnostic Test Waiting Time Performance**

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	17/18 - Nov	1.00%	4.53%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	17/18 - Nov	1.00%	3.73%	↓

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in November. Out of 2,734 patients, 124 waited longer than 6 weeks and of them 23 waited longer than 13 weeks. The majority of breaches were for colonoscopy (62) and gastroscopy (33). This is a decline in performance on last month when the CCG recorded 2.60%. Performance at the Royal Liverpool and Broadgreen is having an impact on the CCG's overall performance as they continue to report significantly above the threshold, at 22.5% in November, a slight decrease in long waiters compared to 23.4% reported in October. The biggest pressure is in Colonoscopy with the Trust reporting a total of 1,197 patients waiting over 6 weeks.

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in November recording 3.73%. Out of 5028 patients, 188 waited longer than 6 weeks with 15 of them waiting over 13 weeks. The majority of breaches were waiting for a colonoscopy (67) and flexi sigmoidoscopy (57). This is a decline in performance from last month when 1.70% was recorded.

**Endoscopy** has continued to experience some pressures during November with long term Consultant and Nurse Endoscopist sickness absence. Along with long and short term sickness in the endoscopy booking team. The overall number of patients waiting over 6 weeks has increased. Additional activity continues through WLIs and PA sessional rates. The department has continued to prioritise cancer and urgent referrals.

Proposed Actions:

- Additional WLI activity continues to support the recovery of endoscopy performance.
- 1<sup>st</sup> Agency consultant locum was in post for a period of 2 weeks during September and a second locum consultant was in post for 2 weeks in October. This was discontinued due to clinical safety concerns. Locum Consultant support is being requested via the Trust Agency.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- The substantive CBM has commenced during September, the substantive ACBM has been recruited to and is due to commence in post in January 2018.
- Unisoft Scheduler has been implemented during the latter part of October and the reporting functionalities are being explored to allow closer scrutiny of slot utilisation and management of DNA rates.
- Endoscopy recovery meetings chaired by the DDO commenced in August. Activity against plan and DNA rates are discussed in detail. Weekly actions are monitored for recovery.
- Potential regular Consultant capacity to be available from January for 2 x colon lists and 1 x clinic at WLI rate. Provided by a visiting Consultant know to the department.

**Radiology** continues to experience a considerable increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Demand is in excess of funded capacity.

Following validation by the Clinical Teams, there has been a reduction in the number of patients waiting greater than 6 weeks.

MR wait has risen from 2.1% to 3.3%. This should drop significantly in December due to mobile activity at the end of December. CT Wait over 6 weeks has dropped from 6.0% to 1.5 % this is due to additional sessions that have been created. There is funded capacity for 9 scans per week, with a weekly average of 25 referrals continuing to be received.

Proposed Actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity.
- MR referrals have been verified by the Cardiology MR lead and a small number returned as considered no longer required. The Cardiology CD has verified CT referrals and reduced the backlog by 35%. The increase in CT cardiac referral was reviewed and is directly linked to several practice changes, including referral processes to tertiary services.
- Mobile MR Van has been arranged to come on site to provide Cardiac Imaging (Dec 1<sup>st</sup>, 22<sup>nd</sup>, 27<sup>th</sup>, 29<sup>th</sup> and 5<sup>th</sup> January 2018). This is the only availability via the company.
- Recovery action plan written by DDO Support Services is in place, with the priority being the reduction of current demand with extra capacity in the first instance.
- Radiology/Cardiology Meeting took place on 13-10-17 to take forward the recovery plan.
- Radiology, Cardiology and NHSE meeting was held on 6-11-17 to discuss potential solutions to manage increased demand. NHSE have agreed to benchmark with other Trusts.
- Costs for additional sessions have now been identified for a long term solution if demand cannot be reduced. Options for redeploying resource have been explored but will not cover full cost therefore focus on demand reduction remains a priority.
- Mobile CT Cardiac Imaging service sought, not available as company unable to provide Radiologist cover. Aintree Cardiac Radiologists Job Plans flexed to provide additional In House sessions. Mobile to be brought on site to accommodate lost general activity (Dec 6<sup>th</sup>, 7<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>, and 14<sup>th</sup>). Additional Cardiac Sessions commenced 13<sup>th</sup> and 14<sup>th</sup> November, additional appointments to accommodate 12 patients. Further sessions arranged for 4<sup>th</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> and 19<sup>th</sup> December, this will provide 45 additional appointments.
- Costs for additional sessions provided. Trust to review prior to further discussions with NHSE. Source of funding from Cardiology be explored.

### 3.3 Referral to Treatment Performance

Figure 12 - Referral to Treatment Time (RTT) 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. <b>(CCG)</b>	17/18 - Nov	0	0	↓
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. <b>(Aintree)</b>	17/18 - Nov	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(CCG)</b>	17/18 - Nov	92%	92.21%	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% <b>(Aintree)</b>	17/18 - Nov	92%	92.0%	↔

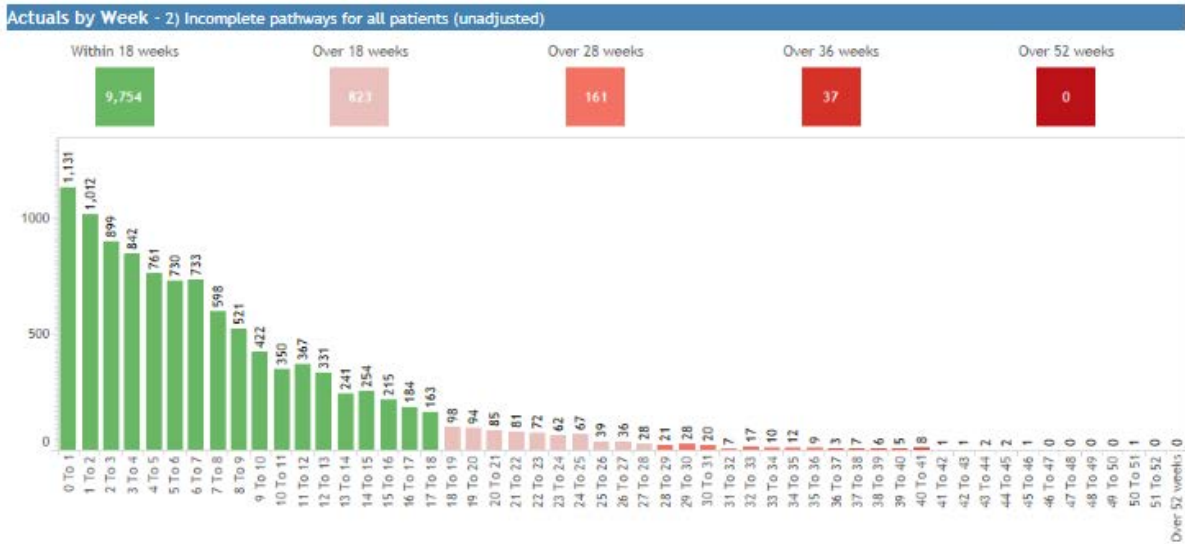
Whilst the CCG has met the 92% RTT standard for November, declining performance at the Royal Liverpool & Broadgreen Hospitals is having an adverse impact on South Sefton CCG performance in particular. Royal Liverpool & Broadgreen Trust as a whole (i.e. regardless of which CCG patients were registered with) did not achieve RTT standard for November reporting 84.62%. The issues were in General Surgery (81.52%), T&O (79.91%), ENT (91.70%), Ophthalmology (79.92%), Gastro (84.82%), Cardiology (90.44%), and Dermatology (87.11%). Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN, although the use of this service by GPs is limited. Increases in referrals are also being monitored as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues. Within Dermatology, South Sefton CCG are leading a Dermatology review working with other commissioners and providers as a result of service closures across the Merseyside area.

Liverpool CCG, as lead commissioner for the Royal, is currently exploring all available options in terms of contractual levers to address RTT performance levels. Liverpool CCG’s Chief Officer has also formally written to the Royal Liverpool’s Chief Executive regarding the Trust’s deteriorating RTT performance, expressing their Governing Body’s concerns and seeking assurances of recovery and sustainability of RTT performance going forward.

In addition, RTT performance for the CCG is at risk due to poor performance at University Hospital of North Midlands NHS Trust in Stoke. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. November performance for this Trust overall for incomplete pathways was 80.0%. This is being followed up by South Sefton CCG on behalf of all Cheshire and Merseyside CCGs seeking reasons for underperformance and actions being taken to address.

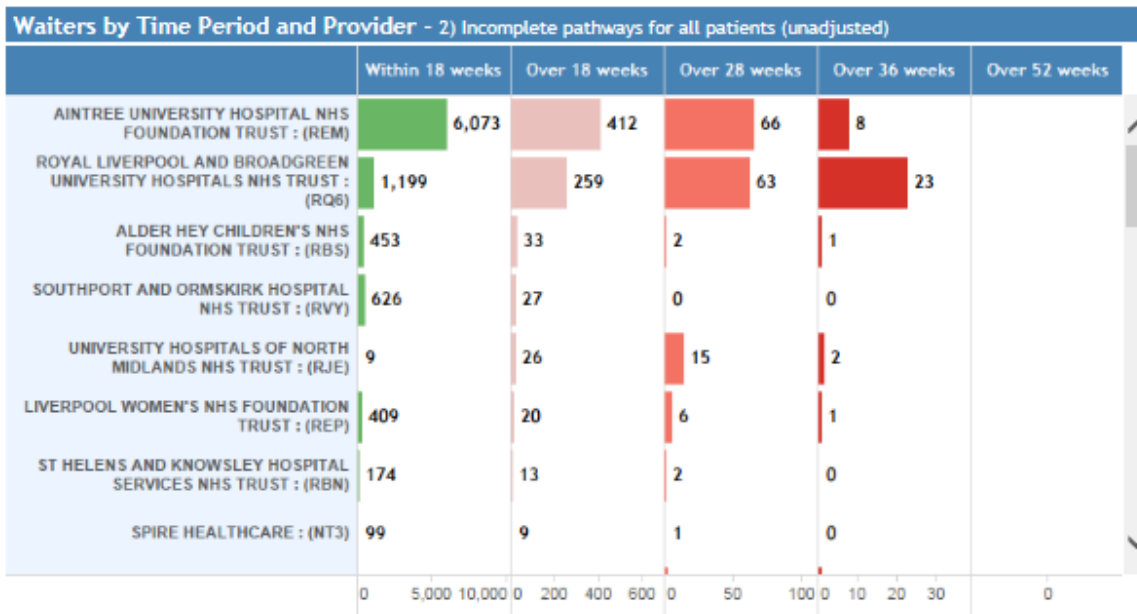
### 3.3.1 Incomplete Pathway Waiting Times

Figure 13 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



### 3.3.2 Long Waiters analysis: Top 5 Providers

Figure 14 - 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 15 - Patients waiting (in bands) on incomplete pathways by Specialty for Aintree University Hospitals NHS Foundation Trust

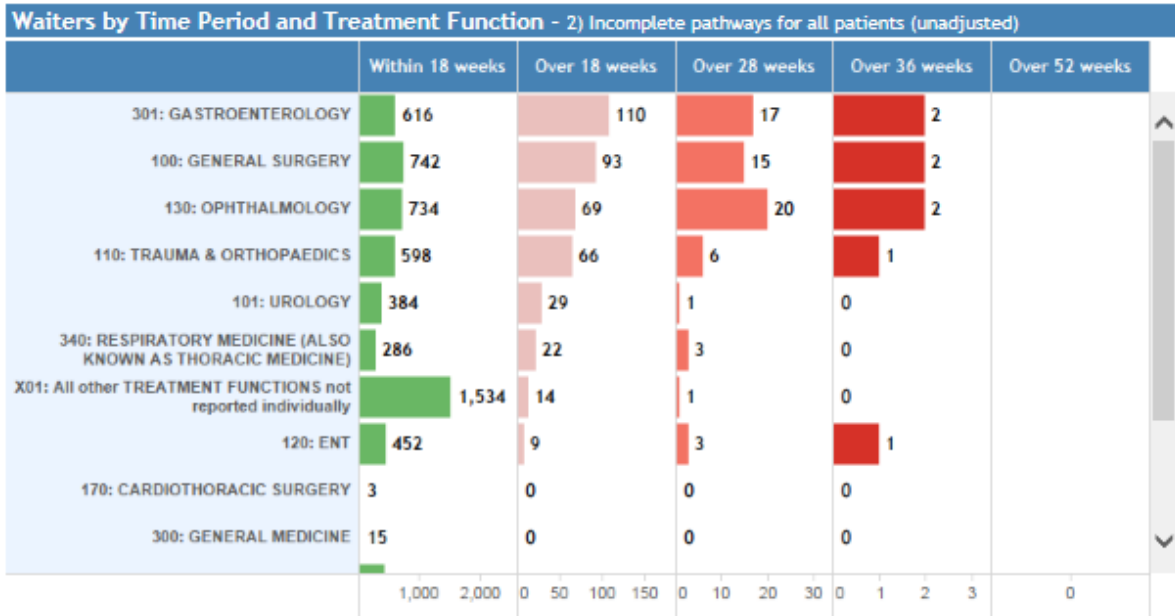
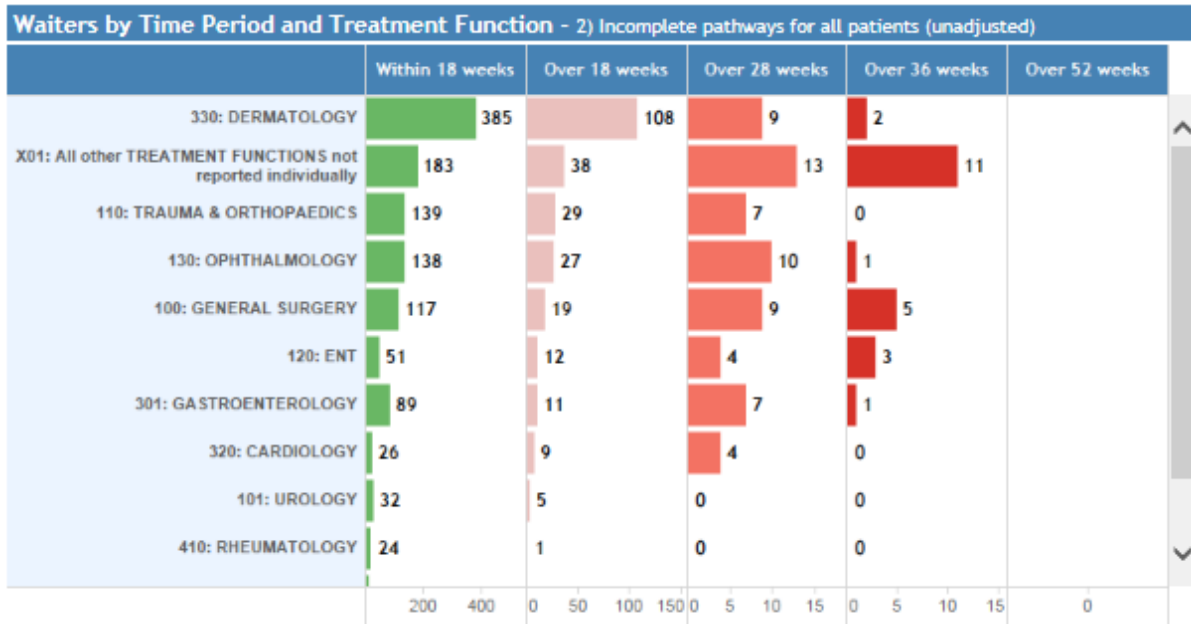


Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



### 3.3.4 Provider assurance for long waiters

Figure 17 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Registered practice code	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Aintree	General Surgery	40	G9803491	Seen in clinic 11/5/17/no TCI date	Capacity issues within general surgery, limited theatre list & due to pressures within AED/Trauma team have been unable to support additional theatres.
South Sefton CCG	Aintree	T&O	40	G6746609	Clock stopped 06/12/2017 - 1st treatment	Capacity issues
South Sefton CCG	Aintree	Ent	50	G9107164	Clock stopped 03/03/2017 - 1st treatment	On validation not a long waiter; clock stopped first treatment on 03/03/17 (11 weeks waited)
South Sefton CCG	Royal Liverpool	General Surgery	40	N84004	TCI 09/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ent	40	N84027	Patient treated in December	
South Sefton CCG	Royal Liverpool	Ent	40	N84027	Patient treated in December	
South Sefton CCG	Royal Liverpool	All Other	40	N84011	TCI 25/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	40	N84003	TCI 25/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	41	N84025	TCI 25/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	General Surgery	42	N84020	Patient treated in December	
South Sefton CCG	Royal Liverpool	General Surgery	43	N84034	TCI to be confirmed	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Gastroenterology	43	N84007	TCI 16/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	44	N84001	TCI 04/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	44	N84015	TCI 25/01/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	All Other	45	N84019	Patient treated in December	
South Sefton CCG	Manchester Un Hospital	General Surgery	40		AWAITING UPDATE FROM TRUST(CSU HAVE ATTEMPTED SEVERAL TIMES)	

### 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**

Figure 18 – Aintree Cancelled Operations

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 - Nov	0	0	↑ ↔

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

Figure 19 – Aintree Cancelled Operations for a second time

Cancelled Operations				
No urgent operation should be cancelled for a second time - <b>Aintree</b>	17/18 - Nov	0	0	1 ↔

### 3.5 Cancer Indicators Performance

#### 3.5.1- Two Week Waiting Time Performance

**Figure 20 – Two Week Cancer Performance measures**

Cancer waits – 2 week wait				
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(CCG)</b>	17/18 - Nov	93%	93.52%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) <b>(Aintree)</b>	17/18 - Nov	93%	94.42%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(CCG)</b>	17/18 - Nov	93%	90.61%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) <b>(Aintree)</b>	17/18 - Nov	93%	91.36%	↑

The CCG failed the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in November, with 91.67% and it is currently failing year to date at 90.61% due to lower rates in May, June and July. In November there were 6 breaches out of a total of 72 patients.

Aintree achieved the 93% breast target for November reaching 94.79%, but are failing year to date 91.36%. Out of 192 patients there have been 10 breaches year to date. The majority of breaches were due to patient choice.

A Protected Learning Time event was held with General Practice staff in November 2017. This session included advice on how best to manage symptomatic breast patients and the importance of patients understanding the timescale for breast appointments and the need to be available. It is hoped this may reduce demand for these services and ensure patients who are referred are less likely to reject appointment offers or cancel appointments.

### 3.5.2- 31 Day Cancer Waiting Time Performance

**Figure 21 – 31 Day Cancer Performance measures**

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	17/18 - Nov	96%	98.13%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	17/18 - Nov	96%	97.72%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	17/18 - Nov	94%	97.88%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	17/18 - Nov	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	17/18 - Nov	94%	96.15%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	17/18 - Nov	94%	93.13%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	17/18 - Nov	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	17/18 - Nov	98%	100.00%	↔

Aintree failed the 94% target for 31 day wait for subsequent treatment (surgery) in November recording 87.10% and are now under plan year to date (93.13%). In November there were 4 breaches out of a total of 31 patients. The longest wait was 71 days and the reason was capacity, other reasons for the breaches included no anaesthetist available so surgery cancelled, and patient didn't stop warfarin so surgery date has to be changed.



### 3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 22 – 62 Day Cancer Performance measures

Cancer waits – 62 days				
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) <b>(CCG)</b>	17/18 - Nov	85% local target	89.77%	↔
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) <b>(Aintree)</b>	17/18 - Nov	85% local target	82.94%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(CCG)</b>	17/18 - Nov	90%	95.38%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) <b>(Aintree)</b>	17/18 - Nov	90%	86.54%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(CCG)</b>	17/18 - Nov	85%	85.16%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) <b>(Aintree)</b>	17/18 - Nov	85%	83.28%	↔

Aintree failed the local 85% target in November for 62 day wait for definitive treatment following consultant's decision to upgrade, recording 71.74% and also failed year to date (82.94%). In November the equivalent of 6.5 out of 23 patients breached the target. Reasons for breaches include complex diagnostic pathways, patient choice and lack of capacity for treatments. Longest wait was 179 days.

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 Operations.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics and Support Services.
- Delay of the recovery plan in collaboration with the Divisional Director of Operations Diagnostics and Support Services.

Aintree failed the 90% target for 62 day screening in November with 1.5 patient breaches out of a total of 8.5 patients - recording 82.35%. The Trust is also failing year to date, reaching 86.54%, partly due to previous breaches. It should be noted that the Trust undertakes Bowel screening and only and so treatment numbers are low in comparison to other organisations. Therefore just 1

breach will result in the Trust failing this standard unless treatments are higher. The Trust is predicted to achieve the 90% plan for Q3 but this is dependent on December breaches.

**Actions:**

- Continued monitoring and intervention by the Clinical Business Unit to manage the patient pathways and remove any
- Escalate constraints in the patient pathway to the weekly Cancer Performance meeting (CPG) and to the Divisional Director of Ops.

Aintree also failed the 85% target in November for 2 month wait from urgent GP referral to first definitive treatment recording 83.81%, and are still failing year to date with 83.28%. In November, the equivalent of 6.5 breaches out of a total of 23 patients occurred.

**Main reasons for breaches include:**

- Delay in referrals between trusts, patient declining surgery, complex patients, patient holidays – unavoidable breach, fertility preservation before treatment, patient requiring repeat biopsy.




**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.
- 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 and twice weekly performance meetings with relevant CBMs have been commenced.
- Delivery of recovery plan for Diagnostics. This is to be progressed in collaboration with Surgery and Specialty Medicine.
- Continue work with Surgery to assess the impact of theatre refurbishment to ensure effective use of all available theatre lists for Urology and Head & Neck.

### 3.6 Patient Experience of Planned Care

**Figure 23 – Aintree Inpatient Friends and Family Test Results**

Friends and Family Response Rates and Scores  
 Aintree University Hospital NHS Foundation Trust  
 Latest Month: Nov-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%	18.8%		96%	95%		2%	3%	

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 November at 18.8% (and have been for all of 2017/18 so far). The proportion of patients who would recommend has improved since last month recording 95% in November (England average 96%). The proportion who would not recommend is higher than last month at 3%, which is 1% higher than 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 8 of financial year 2017/18, against planned care elements of the contracts held by NHS South Sefton CCG show an under performance of -£1.3m/-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 -£354k/-1.1%.

At specific over performing Trusts, Royal Liverpool are reporting the largest cost variance with a total of £131k/4% followed by Spire Liverpool (£108k/22%).

Figure 24 - 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	120,505	118,995	-1,510	-1%	£20,946	£20,129	£-817	-4%	£817	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	9,291	9,602	311	3%	£1,169	£1,110	£-59	-5%	£59	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	821	955	134	16%	£279	£310	£30	11%	£-30	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	10,806	9,787	-1,019	-9%	£2,052	£1,864	£-189	-9%	£189	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	20,938	22,546	1,608	8%	£3,511	£3,642	£131	4%	£-131	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,106	2,090	-16	-1%	£677	£572	£-105	-15%	£105	£0	0.0%
ACTING AS ONE TOTAL	164,466	163,975	-491	0%	£28,633	£27,626	£-1,007	-4%	£1,007	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	57	170	113	197%	£14	£33	£18	128%	£0	£18	128%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	113	113	0%	£0	£16	£16	0%	£0	£16	#DIV/0!
FAIRFIELD HOSPITAL	130	107	-23	-18%	£35	£27	£-8	-22%	£0	£-8	-22%
ISIGHT (SOUTHPORT)	341	372	31	9%	£79	£71	£-8	-10%	£0	£-8	-10%
RENACRES HOSPITAL	4,235	4,124	-111	-3%	£1,190	£1,229	£38	3%	£0	£38	3%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	10,374	8,748	-1,626	-16%	£1,932	£1,493	£-439	-23%	£0	£-439	-23%
SPIRE LIVERPOOL HOSPITAL	1,611	1,932	321	20%	£500	£609	£108	22%	£0	£108	22%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	2,464	3,081	617	25%	£683	£656	£-27	-4%	£0	£-27	-4%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	854	715	-139	-16%	£196	£163	£-33	-17%	£0	£-33	-17%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	73	114	41	56%	£11	£21	£10	94%	£0	£10	94%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	70	70	0%	£0	£7	£7	0%	£0	£7	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	308	224	-84	-27%	£82	£52	£-30	-37%	£0	£-30	-37%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	793	889	96	12%	£326	£319	£-7	-2%	£0	£-7	-2%
ALL REMAINING PROVIDERS TOTAL	21,242	20,659	-583	-3%	£5,050	£4,696	£-354	-7%	£0	£-354	-7%
<b>GRAND TOTAL</b>	<b>185,708</b>	<b>184,634</b>	<b>-1,074</b>	<b>-1%</b>	<b>£33,683</b>	<b>£32,322</b>	<b>£-1,361</b>	<b>-4.0%</b>	<b>£1,007</b>	<b>£-354</b>	<b>-1.1%</b>

\*PBR Only

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

**Figure 25 - 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	9,804	8,514	-1,290	-13%	£5,837	£5,536	£-301	-5%
Elective	1,365	1,101	-264	-19%	£3,871	£3,275	£-596	-15%
Elective Excess BedDays	449	231	-218	-49%	£109	£55	£-53	-49%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	295	151	-144	-49%	£62	£34	£-28	-45%
OPFANFTF - Outpatient first attendance non face to face	1,669	2,425	756	45%	£47	£64	£16	34%
OPFASPCL - Outpatient first attendance single professional consultant led	22,100	20,985	-1,115	-5%	£3,471	£3,424	£-47	-1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	958	621	-337	-35%	£81	£63	£-18	-23%
OPFUPNFTF - Outpatient follow up non face to face	2,165	5,726	3,561	164%	£52	£138	£86	164%
OPFUPSPCL - Outpatient follow up single professional consultant led	55,521	52,120	-3,401	-6%	£3,823	£3,745	£-78	-2%
Outpatient Procedure	15,678	16,202	524	3%	£2,072	£2,123	£51	2%
Unbundled Diagnostics	9,516	9,846	330	3%	£768	£861	£93	12%
Wet AMD	986	1,073	87	9%	£753	£812	£59	8%
<b>Grand Total</b>	<b>120,505</b>	<b>118,995</b>	<b>-1,510</b>	<b>-1%</b>	<b>£20,946</b>	<b>£20,129</b>	<b>£-817</b>	<b>-4%</b>

Non face to face activity (both first and follow up attendances) are reporting an over performance within planned care at month 8 with the majority of other areas within outpatients currently under performing (the exception being outpatient procedures). The over performance for non-face to face first outpatient activity is focussed within Acute Internal Medicine (GP Hotline at £24 per call) whereas non face to face follow up over performance is credited to the Ophthalmology, Cardiology and Dermatology specialties.

Unbundled diagnostics is the highest over performing POD in planned care with a cost variance of £93k/12% against plan. This is followed by Wet AMD (£59k/10% above plan at month 8).

Cardiology is showing the largest cost variance at month 8 (£616k/62%). The cardiology over performance is largely related to day case activity, which can be attributed to the heart failure pathway. Conversely, Trauma & Orthopaedics is under performing by -£737k/-20% against plan.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently -£817k/-4% down against plan at month 8. 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 8:

**Figure 26 - Planned Care - Aintree University Hospital NHS Foundation Trust Variance from plan by Specialty and by POD**

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	701	£578,101	6	£20,736	36	£8,579	229	(£2,968)	193	(£39,662)	436	£51,429	1,600	£616,215
Geriatric medicine	3	(£1,036)	3	(£4,086)	-4	(£824)	217	£59,803	442	£59,660	5	£653	666	£114,170
Acute internal medicine	2	£80	0	(£2,545)	-13	(£3,135)	1,031	£110,424	62	£6,989	-59	(£8,404)	1,023	£103,410
Colorectal surgery	-23	(£3,540)	-3	£137,634	-220	(£51,985)	-35	(£12,167)	277	£15,358	26	£3,404	22	£88,705
Nephrology	24	£8,971	-2	(£1,059)	-2	(£411)	285	£76,461	-179	(£20,405)	14	£1,626	141	£65,183
Breast surgery	53	£104,665	-13	(£36,021)	-64	(£13,038)	-103	(£7,583)	-103	(£7,583)	83	£11,490	-46	£59,513
Rheumatology	33	£8,974	-3	(£2,053)	-7	(£1,785)	33	£8,319	452	£38,140	-24	(£5,760)	484	£45,835
Respiratory medicine	-18	(£781)	-14	(£17,072)	3	£787	75	£30,999	170	£2,299	152	£26,650	367	£42,883
Physiotherapy							-223	(£10,810)	1,568	£51,538	1	£33	1,346	£40,761
Transient ischaemic attack							174	£52,896	-24	£0	-167	(£21,157)	-17	£31,739
Cardiothoracic surgery							-7	(£2,544)	-72	(£10,892)	-1	(£207)	-80	(£13,644)
Upper gastrointestinal surgery	-26	(£38,815)	4	£19,915	-2	(£526)	-36	(£5,549)	-102	(£6,566)	-2	(£266)	-164	(£31,809)
Clinical haematology	-541	(£78,260)	-10	(£16,883)	-40	(£11,203)	-78	(£19,702)	654	£73,742	3	£757	-11	(£51,550)
Anticoagulant service									-3,406	(£87,738)			-3,406	(£87,738)
General surgery	-67	(£82,328)	-32	(£50,940)	0	(£10)	-37	(£6,281)	-136	(£9,925)	-6	(£843)	-279	(£150,328)
Dermatology	-40	(£19,993)					-552	(£76,284)	238	(£15,056)	-624	(£59,156)	-977	(£170,489)
Urology	-151	(£28,842)	-38	(£87,344)	43	£9,639	-459	(£67,569)	-26	(£1,941)	-148	(£22,934)	-780	(£198,991)
Ophthalmology	-343	(£256,109)	1	£745	4	£1,047	-309	(£45,182)	1,133	£11,294	669	£66,644	1,155	(£221,561)
Gastroenterology	-755	(£327,237)	-24	(£70,772)	-34	(£8,245)	-393	(£77,648)	-891	(£56,824)	-18	£690	-2,114	(£540,035)
Trauma & orthopaedics	-184	(£205,159)	-111	(£421,506)	20	£4,653	-182	(£28,518)	-441	(£26,852)	-482	(£60,303)	-1,380	(£737,685)
<b>Grand Total</b>	<b>-1,290</b>	<b>(£300,786)</b>	<b>-264</b>	<b>(£595,895)</b>	<b>-218</b>	<b>(£53,419)</b>	<b>-504</b>	<b>(£58,970)</b>	<b>-177</b>	<b>(£10,415)</b>	<b>524</b>	<b>£50,994</b>	<b>-1,928</b>	<b>(£968,491)</b>

### 3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 27 - 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	646	558	-88	-14%	£468	£356	£-112	-24%
Elective	136	107	-29	-21%	£381	£242	£-140	-37%
Elective Excess BedDays	24	1	-23	-96%	£9	£0	£-8	-97%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	165	91	-74	-45%	£27	£16	£-11	-41%
OPFASPCL - Outpatient first attendance single professional consultant led	1,549	1,178	-371	-24%	£255	£191	£-63	-25%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	380	198	-182	-48%	£29	£16	£-12	-43%
OPFUPSPCL - Outpatient follow up single professional consultant led	3,299	2,803	-496	-15%	£252	£217	£-35	-14%
Outpatient Procedure	3,577	3,269	-308	-9%	£467	£411	£-56	-12%
Unbundled Diagnostics	600	543	-57	-9%	£44	£43	£-1	-3%
<b>Grand Total</b>	<b>10,374</b>	<b>8,748</b>	<b>-1,626</b>	<b>-16%</b>	<b>£1,932</b>	<b>£1,493</b>	<b>£-439</b>	<b>-23%</b>

\* PbR only

Planned care elements of the contract continue to underperform against plan in month 8 2017/18 as they had throughout 2016/17 and previous months in 2017/18, with all areas below plan year to date.

The largest variance against plan is within elective and day case procedures at a combined underspend of -£262k. Earlier in the year as previously reported, decontamination issues resulted in inpatient cancellations in April. May activity was further affected with the cyber-attack resulting in further elective cancellations.

Further adding to the low performance against plan is the reduced levels of referrals into Southport Trust. This is having a knock on effect through to Outpatient points of delivery and conversion rates into planned surgery.

Under direction from NHS England and NHS Improvement, Providers have been instructed to review all elective activity with a view to cancelling some planned outpatient clinics and procedures due to the impact of winter pressures on emergency care.

The Trust is unlikely to recover lost activity throughout the year to regain position back to planned levels.

### 3.7.3 Renacres Hospital

Figure 28 - 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	417	346	-71	-17%	£503	£405	£-98	-19%
Elective	77	113	36	46%	£366	£517	£150	41%
OPFASPCL - Outpatient first attendance single professional consultant led	863	727	-136	-16%	£138	£120	£-18	-13%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,062	1,127	65	6%	£67	£72	£5	7%
Outpatient Procedure	548	268	-280	-51%	£57	£43	£-14	-25%
Unbundled Diagnostics	343	269	-74	-22%	£33	£26	£-7	-20%
Physio	924	950	26	3%	£27	£28	£1	3%
<b>Grand Total</b>	<b>4,235</b>	<b>3,800</b>	<b>-435</b>	<b>-10%</b>	<b>£1,190</b>	<b>£1,210</b>	<b>£19</b>	<b>2%</b>

Renacres over performance of £19k/2% is driven by a £150k/41% over performance in Electives, suggesting a continuing theme from 2016/17. The majority of this activity is within the Trauma & Orthopaedics specialty and related to very major hip and knee procedures. In contrast, day case activity is currently under performing by £-98k/-19%, which can be attributed to activity within Trauma & Orthopaedics and General Surgery, particularly major knee and shoulder procedures.

The planning profile for Renacres Hospital has recently been amended for 2017/18 based on working days rather than previous activity. The new plans for each month of 2017/18 are more static, and more in line with expected levels of activity.

### 3.7.4 Spire Liverpool

Spire Liverpool 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	141	210	69	49%	£200	£262	£62	31%
Elective	37	40	3	7%	£192	£207	£15	8%
OPFASPCL - Outpatient first attendance single professional consultant led	183	272	89	49%	£30	£45	£14	48%
OPFUPSPCL - Outpatient follow up single professional consultant led	974	1,088	114	12%	£44	£58	£14	31%
OPFUPSPNCL - Outpatient follow up single professional non-consultant led	31	46	15	49%	£2	£2	£1	49%
Outpatient Procedure	151	157	6	4%	£21	£21	£1	3%
Unbundled Diagnostics	94	119	25	27%	£12	£14	£2	18%
<b>Grand Total</b>	<b>1,611</b>	<b>1,932</b>	<b>321</b>	<b>20%</b>	<b>£500</b>	<b>£609</b>	<b>£108</b>	<b>22%</b>

Spire Liverpool is over performing across all PODs in 2017/18. However, total over performance of £108k/22% is driven by a £62k/31% increase in day cases. The majority of activity at Spire Liverpool is within the Trauma & Orthopaedics specialty. Pain Management has also seen an increase in activity against plan (£26k/204%). At HRG level, activity has been recorded across a number of HRGs, many against a zero plan.

### 3.8 Personal Health Budgets

**Figure 29 - South Sefton CCG – 2017/18 PHB Plans**

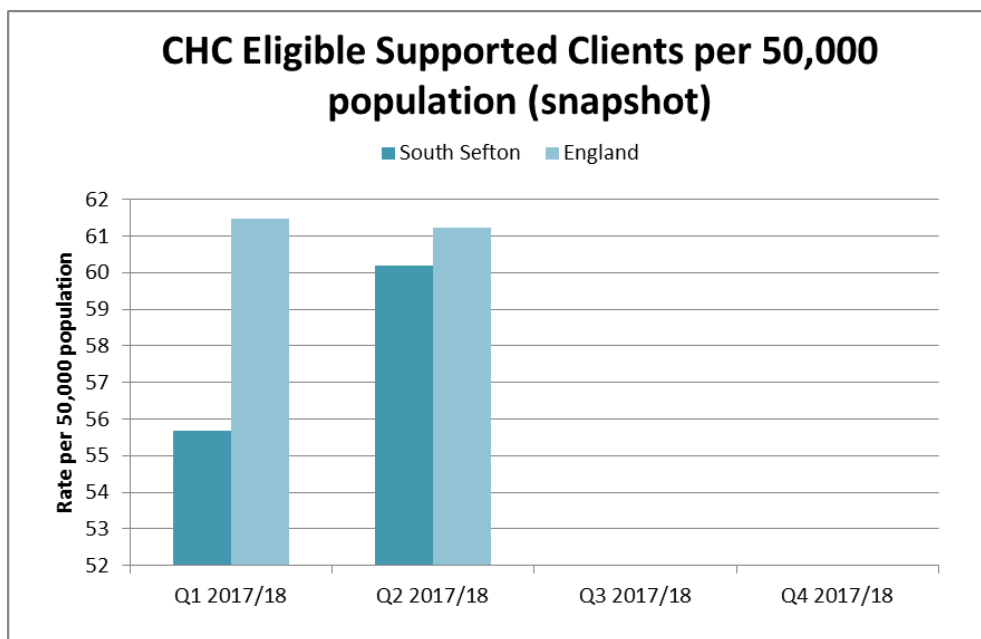
	Q1 Plan	Q1 Actual	Q2 Plan	Q2 Actual	Q3 Plan	Q3 Actual	Q4 Plan	Q4 Actual
1) Personal health budgets in place at the beginning of quarter (total number per CCG)	48	11	52	23	56		60	
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4		4	
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	24	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	15.49	38.73		41.31	

The CCG reported 23 personal health budgets at the end of Q2, which is an increase of 12 from Q1. This remains below the trajectory for the targets set by NHS England. The CCG is exploring the expansion of PHBs for ends of life patients as part of CHC fast track funding, with the learning from Warrington CCG where this is being successfully delivered. Mersey Internal Audit Agency has recently reported further opportunities to the CCG regarding increasing the use of PHBs.

### 3.9 Continuing Health Care (CHC)

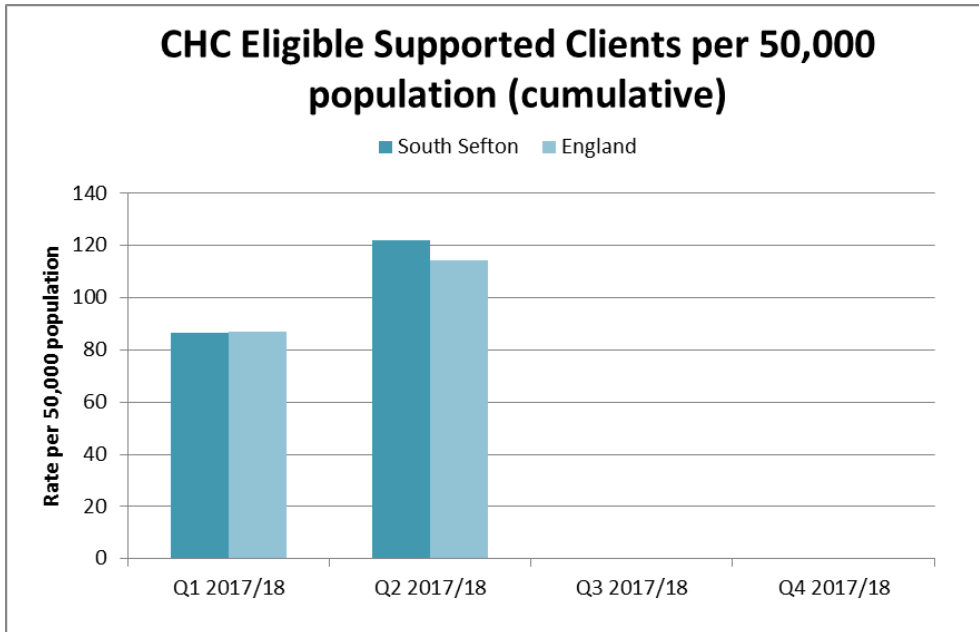
A number of measures are reported nationally on the NHS England website relating to Continuing Health Care (CHC). Three are reported in this report, and further indicators will be added to the report in the coming months.

**Figure 30 - People eligible (both newly eligible and existing patients) at the end of the quarter (snapshot) divided by the population aged 18+, and expressed as a rate per 50,000 population**

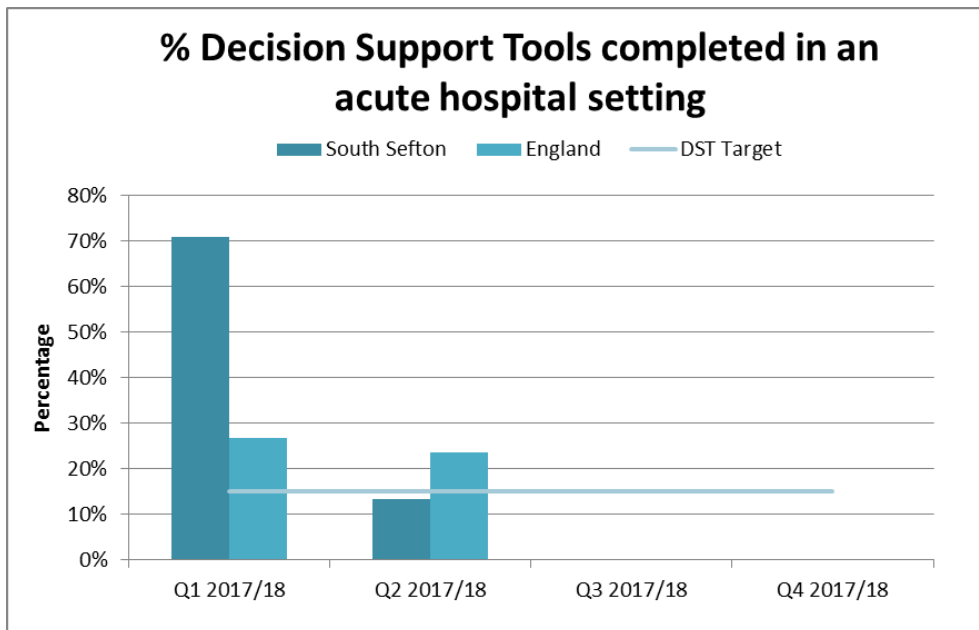




**Figure 31 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population**



**Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed**



The proportion of DST assessments occurring in an acute hospital bed in South Sefton was significantly higher than the national average of 27% in Q1. Data submissions were validated to

ensure accuracy, and a significant improvement was recorded at Q2 with 13.3% occurring in an acute setting.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board will meet in January 2018, bringing together commissioners, providers and Local Authority colleagues.

### 3.10 Smoking at Time of Delivery (SATOD)

**Figure 33 - Smoking at Time of Delivery (SATOD)**

	South Sefton			
	Actual Q1	Actual Q2	YTD	FOT
Number of maternities	367	452	819	1638
Number of women known to be smokers at the time of delivery	56	62	118	236
Number of women known not to be smokers at the time of delivery	310	389	699	1398
Number of women whose smoking status was not known at the time of delivery	1	1	2	4
Data coverage %	99.7%	99.8%	99.8%	99.8%
Percentage of maternities where mother smoked	15.3%	13.7%	14.4%	14.4%

The CCG is again above the data coverage plan of 95% at Q2, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. 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.

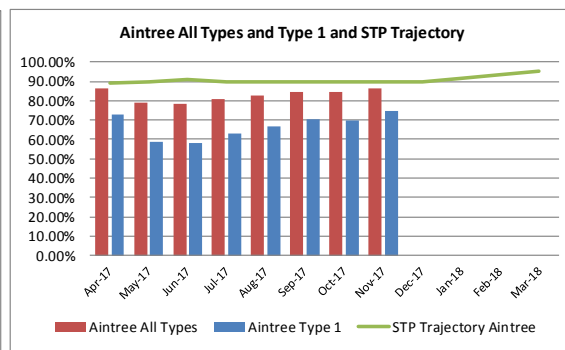
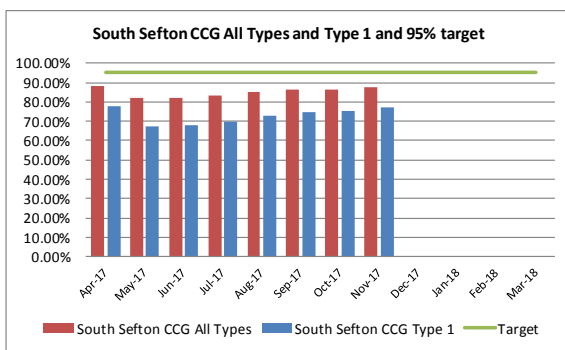
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

Figure 34 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	17/18 - Nov	95%	85.06%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	17/18 - Nov	95%	72.87%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	17/18 - Nov	STP Trajectory Nov Target 90%	82.70%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	17/18 - Nov	95%	66.72%	↑

A&E All Types	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	YTD
STP Trajectory Aintree	89%	90%	91%	90%	90%	90%	90%	90%	%
Aintree All Types	86.13%	78.78%	78.42%	80.81%	82.35%	84.47%	84.41%	86.58%	82.70%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2017/18 and have failed the 90% November plan agreed with NHS Improvement recording performance with 86.58% (for all A&E department types) in November 2017.

Performance against the 4 hour standard was 86.58% (T1 and T3) in November 2017 representing a + 2.36% increase compared to October 2017.

Improvements were achieved in 2 of the 5 clinical indicators with a 0.11% improvement for unplanned re-attendances down to 7.76% against a target of 5%. The time to see 1st clinician has decreased to 72 minutes, against the 60 minute clinical quality indicator (a decrease of 2 minutes against October 2017). The clinical quality indicators for the number of patients who leave the department before being seen and the 15 minute from registration to triage are being met month on month.

**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% notification to handover (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. This project is being supported by EY to ensure realignment of current workforce is undertaken prior to business case completion.
- Fully implement PCS once funding arrangements are agreed.
- NWS 90 day project completed. Awaiting start date agreement for direct conveyancing to AEC. Raised at NWS meeting 13/11 and action was for NWS to inform the Trust of start date.
- Recruitment of Acute Physicians is underway. Interview date scheduled for 4<sup>th</sup> January.
- Informed of complete full ED nurse establishment review dependency study completed by the 19/11/17.
- EY and Exec led support is in place to ensure delivery of KPI's to improve quality and performance. A rapid improvement event with focus on non-accepted patients attending ED took place week commencing 11<sup>th</sup> December and a further event is in progress for the assessment area (Mab/Fab).
- Undertake series of PDSA cycles and RIWs to introduce/monitor:
  - See and Treat – Allocation of rooms has been introduced and patient allocated to room for review.
  - Board rounds – walk-a-rounds have commenced to ensure that staff are redirected to any hot spots.
  - Direct pathways to assessment areas.

A Multi Agency Discharge Event (MADE) was held in early November and the formal report from this is awaited. A number of recommendations were made following the event of which 4 were classified as “urgent”;

- Half day MADE once a week, every week.
- A dedicated social worker on the Frailty Unit and Aintree to Home
- Roll out the SAFER patient flow bundle and Red2Green as soon as possible on the high traffic wards. ECIP would recommend commencing roll out on the Frailty Unit, Aintree to Home and Ward 35
- The ambulatory area within the Frailty Unit at Aintree must function at all times. The common practice of increasing the bed base within the frailty Unit must stop with immediate effect in order for the ambulatory area to function.

**Figure 35 - A&E Performance – 12 hour breaches**

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 - Nov	0	11	↔

Aintree had no 12 hour breaches in November. 11 have been reported year to date; 9 in May and 2 in June. 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. Although ARP is now live the data is still being analysed at a Northwest level and is not yet ready to be shared at County or CCG level due to the fundamental shifts.

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 90<sup>th</sup> 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**.

There was a 3 month moratorium in data reporting agreed with the commissioners, this was to allow some time to allow the Trust to understand and learn from ARP and time to start to redraft and reformulate reports. The first lot of reporting will be at NWS and County level, it is unlikely that there will be any CCG level data for this financial year.

**Figure 36 - Previous Ambulance performance targets and new ARP Targets**

CURRENT				FUTURE ARP				
 <b>RED 1</b> Life Threatening	3% of calls (NWS 3%)	75% response within 8 mins	Clock starts at point call connected from 999	 <b>CATEGORY 1</b> Life Threatening	8% of calls	7 mins mean response time 90% in 15 mins	Clock starts 30 secs from call connect or problem identified	
 <b>RED 2</b> 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	 <b>CATEGORY 2</b> Emergency Calls	48% of calls	18 mins mean response time 90% in 40 mins	Clock starts 240 secs from call connect or problem identified	
 <b>ALL RED</b> <b>GREEN 1</b> Emergency Care	(NWS 5%)	95% within 19 minutes NW local target 20 mins response	60 secs from call connect / ambulance dispatched / problem identified	 <b>CATEGORY 3</b> Urgent Calls	34% of calls	90% in 120 mins	Clock starts 240 secs from call connect or problem identified	
 <b>GREEN 2</b> Emergency Care	(NWS 29%)	NW local target 30 mins response		 <b>CATEGORY 4</b> Less Urgent Calls				10% of calls
 <b>GREEN 3</b> Urgent Care	(NWS 7%)	NW local target Tel assessment 60 mins / 180 mins response		If conveyed, transporting vehicle stops the clock				
 <b>GREEN 4</b> 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"> <li>• Change the dispatch model, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions</li> <li>• Further prioritises a time critical response for the most life threatening conditions</li> <li>• 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.</li> <li>• 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.</li> </ul>				
 <b>ALL GREEN</b>	50% of calls (NWS 56%)	No national targets (local apply)						

**Figure 37 - Ambulance handover time performance**

Handover Times						
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - Aintree	17/18 - Nov	0	168	↑ ↓		The Trust recorded 168 handovers between 30 and 60 minutes, this is less than last month when 214 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 - Nov	0	91	↓		The Trust recorded 91 handovers over 60 minutes, this is less than the previous month when 173 was reported and is still breaching the zero tolerance threshold.

There has been a decrease in the number of handover delays in excess of 30 minutes to 168 (-46), of which 91 (-82) were in excess of 60 minutes.

The average time from notification to handover standard of 15 minutes has decreased to 17:39 minutes compared to 21:43 minutes in October (-4.04 minutes). Ambulance Hospital Arrival Screen (HAS) compliance increased to 89.40% (+5%).

In mid-November, a guidance letter was issued to CCGs, Providers, and A&E Delivery Boards from the National Directors for Acute and Urgent Care at NHS England. The guidance 'Addressing ambulance handover delays: Actions for Local A&E Delivery Boards' sets out the main points from recent guidance documents, and separates them into actions to be embedded as part of normal working practice, and actions to be taken should ambulances begin to queue. There are 4 key principles that local systems should note:

- The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch.
- Acute Trusts must always accept handover of patients within 15 minutes of an ambulance arriving at the ED or other urgent admission facility (e.g. medical/surgical assessment units, ambulatory care etc.).
- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is inappropriate.
- The patient is the responsibility of the ED from the moment that the ambulance arrives outside the ED department, regardless of the exact location of the patient.

### 4.3 NWAS, 111 and Out of Hours

#### 4.3.1 111 Service Calls



The number of calls in November has fallen to 1,971 from 2,079 in October, a reduction of 108 calls. When compared to the same 8 months of the previous year, there have been 245 more contacts in 2016/17

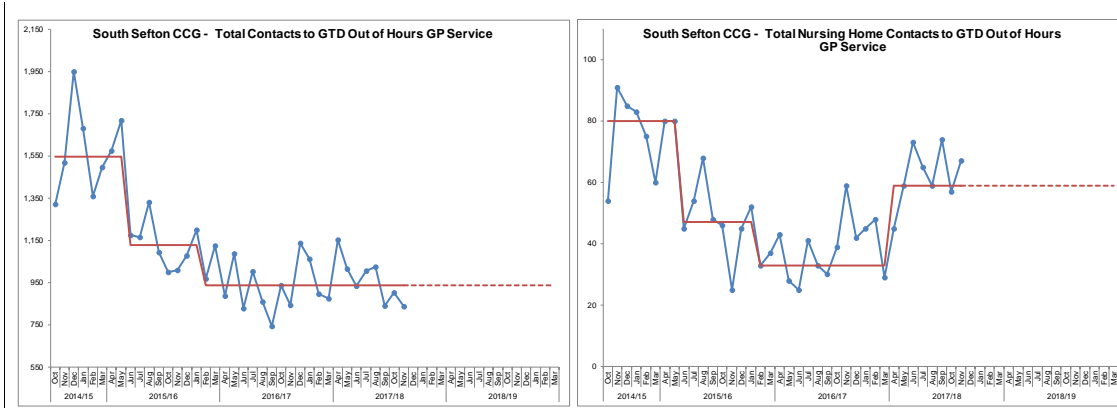
The breakdown for outcomes of 111 calls in November 2017 is as follows:

- 57% advised to attend primary and community care
- 17% closed with advice only
- 16% transferred to ambulance
- 7% advised to attend A&E
- 4% advised to other service.

The number of calls closed with advice only in the first 8 months of the year is 2,722. This is 10.6% lower than the same point in the previous year, when 3,044 calls ended this way.



### 4.3.1 GP Out of Hours Service Calls



The number of calls from South Sefton patients to the GP OOH service has fallen slightly in November to 839. When compared to the same point in the previous year, there have been 524 more calls so far in the first 8 months of 2017/18, an increase of 7.3%.

GP OOH calls from nursing homes within South Sefton have increased in November to 67. When compared to the same point in the previous year, the first 8 months of 2017/18 have received 201 more calls to nursing homes, an increase of 67.4%.

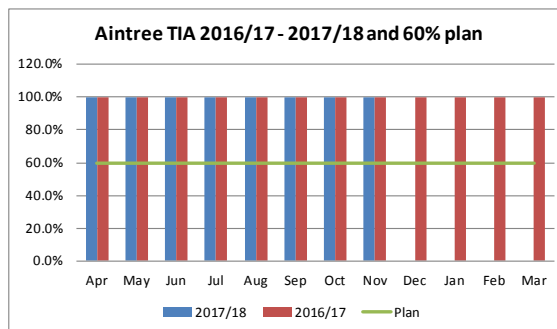
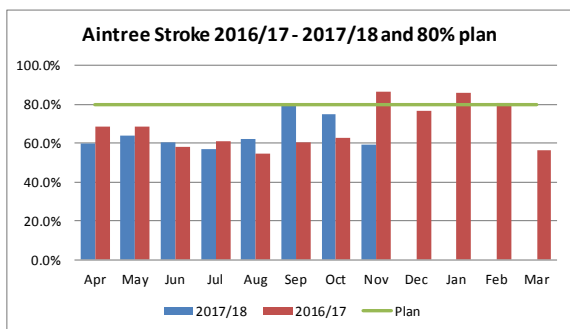
South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, has now gone live with their out of hours Clinical Assessment Service (CAS) in June 2017.

## 4.4 Unplanned Care Quality Indicators

### 4.4.1 Stroke and TIA Performance

Figure 38 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit ( <b>Aintree</b> )	17/18 - Nov	80%	59.00%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours ( <b>Aintree</b> )	17/18 - Nov	60%	100%	↔



Aintree failed the 80% target of stroke patients spending at least 90% of their time on a stroke unit in November, achieving 59%. 39 patients with a diagnosis of stroke were discharged from the Trust during the month. 23 patients spent 90% of their stay on the Stroke Unit the standard was not achieved for 16 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 12 patients required admission to the Stroke Unit but no beds were available
- 1 patient was for palliative care and not suitable to transfer
- 3 patients were diagnosed as a stroke after MRI

Lack of available stroke beds remains a recurring theme and biggest contributor to the inability to achieve the standard. This is being addressed through implementation of a business case to increase Stroke inpatient capacity however recruitment of nursing staff and therapists is hindering progress. Three additional staff have been recruited with start dates up to Sept '18, still leaving significant gaps against required numbers.

**Actions:**

- Continue Registered Nurse and Therapy recruitment for funded HASU beds. Staff were offered more attractive shifts (nights, 9-5). Targeted recruitment campaign to commence 14<sup>th</sup> January 2018 supported by Corporate Nursing Team.
- Prioritisation of Stroke patients for step down to Aintree 2 Home.
- Weekly Stroke meetings to discuss outliers and delayed transfers of care, plus escalation of stroke outliers through bed meetings.
- Weekly breach meeting with Dr Cullen and Stroke Nurse Clinicians to discuss failed pathways, reasons for not achieving the 4 hour time target.

**4.4.2 Mixed Sex Accommodation**

**Figure 39 - Mixed Sex Accommodation breaches**

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

### 4.4.3 Healthcare associated infections (HCAI)

**Figure 40 - Healthcare associated infections (HCAI)**

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(CCG)</b>	17/18 - Nov	36	29	↓
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) <b>(Aintree)</b>	17/18 - Nov	30	45 (30 following appeal)	↓
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(CCG)</b>	17/18 - Nov	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) <b>(Aintree)</b>	17/18 - Nov	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) <b>(CCG)</b>	17/18 - Nov	88	96	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) <b>(Aintree)</b>	17/18 - Nov	No Plan	201	↑

The CCG had 1 new case of Clostridium Difficile reported in November 2017 (29 year to date) against a year to date plan of 36 (17 apportioned to acute trust and 12 apportioned to community). The year-end plan is 54. Aintree had 3 new cases reported in November (45 year to date) against a year to date plan of 30. (There have been 15 successful appeals upheld at panel, so 30 cases following appeal). The year-end plan is 46.

Aintree had no new cases of MRSA in November and just 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 November there were 14 cases bringing the year to date total to 96 which is over the 88 year to date plan. There are no targets set for Trusts at present.

### 4.4.4 Hospital Mortality

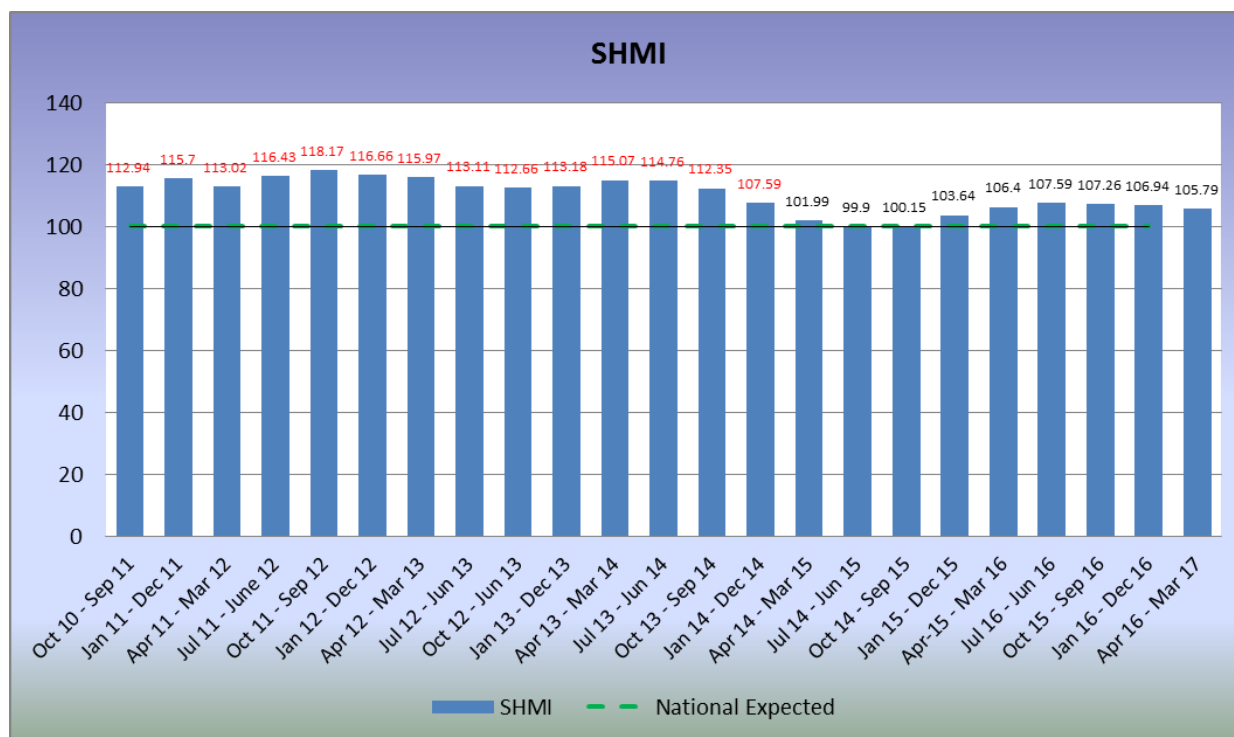
**Figure 41 - Hospital Mortality**

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	17/18 - Nov	100	94.24	↑ ↓
Summary Hospital Level Mortality Indicator (SHMI)	Dec-16 to Jan-17	100	105.79	↓

HMSR is reported for the rolling 12 months to August 2017 with the latest data showing a marginal decrease to 94.24 from 96.17 previously reported. Position remains better than expected. A ratio of greater than 100 means more deaths occurred than expected, while the ratio is fewer than 100 this suggest fewer deaths occurred than expected.

SHMI at 105.79 is marginally better at March 2017 and within tolerance levels.

**Figure 42 - Summary Hospital Mortality Indicator**



A mortality workshop was hosted by South Sefton CCG on 2<sup>nd</sup> November. This workshop had two clear aims: to develop a coherent and consistent view of mortality at Aintree; and Consider an appropriate process to raise queries and manage responses regarding mortality at Aintree. Attendees were from a number of organisations and departments including quality, commissioning, finance, contracts, and clinical leads from South Sefton, Liverpool, and Knowsley CCGs, contract leads from NHS England, and also colleagues from Aintree including the Associate Director of



## South Sefton Clinical Commissioning Group

Strategy, Service Development and BI, Clinical Coding and Audit Manager, and Advancing Quality Programme Management Lead. The group reviewed in detail the latest Advancing Quality Alliance (AQuA) report, and the latest Aintree University Hospital Full Mortality Report. The workshop also heard a description of the work the Aintree Avoidable Mortality Reduction Group has undertaken over the last four years, the work streams, the format and structure of the meetings, progress to date. The attendees also discussed the connectivity between forums such as the Aintree Avoidable Mortality Reduction Group, Clinical Quality & Performance Group, Collaborative Commissioning Forum, and Contract Review Meetings, and how these link to each CCG's respective forums and committees. It was agreed that mortality to be a standing agenda item at CQPG.

### 4.5 CCG Serious Incident Management

Serious incidents reporting within the integrated performance report is in line with the CCG reporting schedule for Month 8.

There are a total of 99 serious incidents open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 93, 69 apply to South Sefton patients. 30 are attributed to Aintree University Hospitals NHS Trust. Zero Never Events in month for SSCCG patients (1 YTD), however 4 reported by Aintree (5 YTD). 3 incidents were closed in month. 45 closed with 4 downgraded and removed from StEIS. 38 remain open on StEIS for > 100 days for South Sefton patients.

Aintree University Hospitals NHS Foundation Trust reported 7 incidents in month (25 YTD), with 4 Never Events (1 YTD), 1 closed in month (22 YTD). 30 remain open with 13 open for > 100 days.

Mersey Care NHS Foundation Trust reported 3 incidents in month (30 YTD), 0 reported by Mental Health Services and 13 by Community Division. 28 related to South Sefton CCG patients with zero Never Events (0 YTD). There was one incident closed in month (29 YTD). 39 remain open on StEIS with 17 remaining open > 100 days, 14 for South Sefton patients.

Two incidents remain open for South Sefton CCG (1 x Primary Care Medicines Management, 1 x DMC Healthcare Ltd).

### 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.

NHS England are replacing the previous patient snapshot measure 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.

#### Figure 43 - Average Delayed Transfers of Care per Day at Aintree April 2016 – November 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	Sep	Oct	Nov
A) COMPLETION ASSESSMENT	1	1	1	1	3	6	1	0	0	2	2	0	0	0	2	1	2	2	1	1
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	9	8	8	6	7	19	9	6	10	10	8	7	11	9	11	7	8	9	9	16
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	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	2	5	4
F) COMMUNITY EQUIPMENT/ADAPTIONS	2	1	1	1	1	1	0	0	0	0	0	0	0	0	1	0	1	0	1	0
G) PATIENT OR FAMILY CHOICE	15	16	19	15	12	13	12	11	18	5	7	10	13	18	20	8	14	15	8	17
H) DISPUTES	0	0	0	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	1	0	0
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>30</b>	<b>31</b>	<b>34</b>	<b>29</b>	<b>27</b>	<b>46</b>	<b>25</b>	<b>21</b>	<b>32</b>	<b>22</b>	<b>22</b>	<b>22</b>	<b>28</b>	<b>29</b>	<b>39</b>	<b>18</b>	<b>28</b>	<b>29</b>	<b>24</b>	<b>38</b>

The average number of delays per day in Aintree hospital increased in November to 38 from 24 reported in October. Of the 38, 17 were patient or family choice (44.7%), 16 were awaiting further NHS non-acute care (42.1%), 4 were awaiting care package in own home (10.5%) and 1 completion assessment (2.6%).

Analysis of average delays in November 2017 compared to November 2016 shows an increase of 44.7% in the average number of patients from 21 to 38.

**Figure 44 - Agency Responsible for Days Delayed at Aintree April 2016 – November 2017**

Agency Responsible	2016-17												2017/18						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS - Days Delayed	808	773	863	677	677	1,093	664	516	880	519	490	565	726	852	962	515	725	800	584
Social Care - Days Delayed	85	184	153	228	167	292	98	118	121	177	133	106	112	45	221	34	134	93	176
Both - Days Delayed	0	0	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 991 in November, a decrease of 407 from October when 584 was reported. Delays due to social care was 134 in November, a decrease from 176 reported in October. No delays due to both were reported in November.

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 MADE has representation from all system partners and focuses on providing targeted support to inpatient wards with a high number of health and social care delays.

Additionally, local CCG representatives from South Sefton, Knowsley and Liverpool now provide a daily "CCG Link Officer" whose role is to be the single point of contact for acute providers and support system pressures including delays to discharge. LA colleagues have made available monies to deliver transitional placement and increased weekly rates of pay to care homes and the hourly rate of pay to domiciliary providers in an attempt to attract additional capacity into the local market.

The Intermediate Care, Reablement and Assessment Service (ICRAS) 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, commenced on October 2<sup>nd</sup> 2017 and will facilitate timely discharge of patients to the most appropriate setting.

**Figure 45 - Average Delayed Transfers of Care per Day - Merseycare - April 2016 – November 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	Sep	Oct	Nov
A) COMPLETION ASSESSMENT	3	5	7	9	7	8	8	8	9	7	6	6	8	4	6	6	6	5	6	5
B) PUBLIC FUNDING	5	2	3	6	5	3	2	3	4	4	7	12	8	6	5	3	2	1	2	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	6	6	5
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	2	3	2	5	4	2	1	2	3	2	1	2	3	1	0	3	4	3	2	3
DII) AWAITING NURSING HOME PLACEMENT	3	5	5	9	9	10	9	7	5	3	3	2	4	4	4	7	8	8	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	3	4	3
F) COMMUNITY EQUIPMENT/ADAPPTIONS	1	2	2	1	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
G) PATIENT OR FAMILY CHOICE	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3	3
H) DISPUTES	4	5	6	7	4	4	4	3	2	2	2	0	0	0	0	1	1	1	1	1
I) HOUSING	4	3	4	2	3	2	2	2	1	1	0	2	1	4	5	3	8	10	10	8
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1	1	1	0	2
<b>Grand Total</b>	<b>28</b>	<b>34</b>	<b>33</b>	<b>51</b>	<b>42</b>	<b>37</b>	<b>42</b>	<b>41</b>	<b>43</b>	<b>40</b>	<b>34</b>	<b>40</b>	<b>35</b>	<b>29</b>	<b>34</b>	<b>37</b>	<b>41</b>	<b>40</b>	<b>41</b>	<b>40</b>

The average number of delays per day at Merseycare decreased slightly to 40 in November. Of the 40 delays, 18 were due to housing, 8 were awaiting nursing home placements, 5 waiting further NHS non-acute care, 5 awaiting completion assessments, 3 awaiting residential care home placements, 3 awaiting care package in own home, 3 patient or family choice, 2 public funding and 1 dispute. Analysis of average delays in November 2017 compared to November 2016 shows them to be lower by 1.

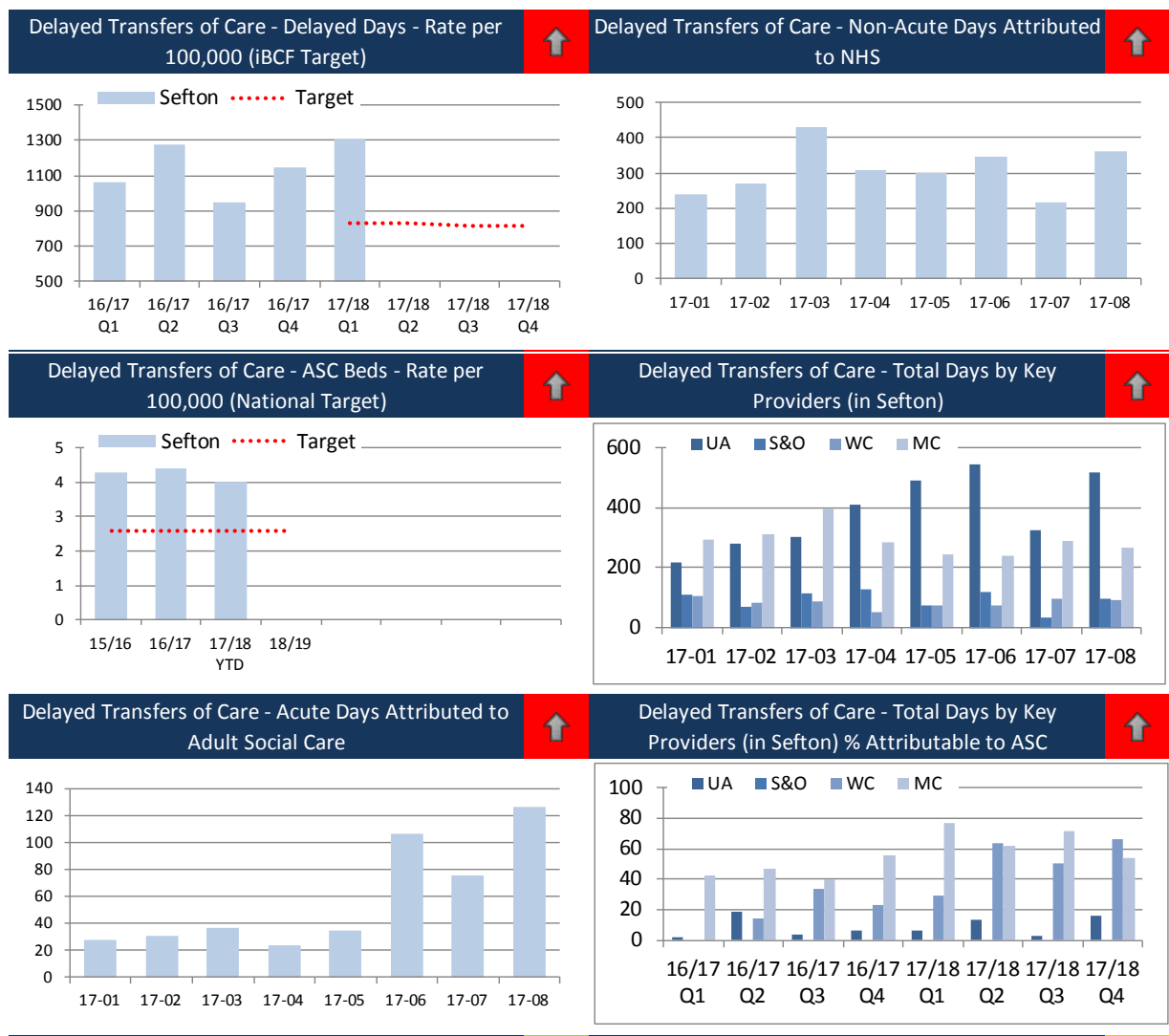
**Figure 46 - Agency Responsible and Total Days Delayed - Merseycare - April 2016 – November 2017**

Agency Responsible	2016/17												2017/18						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS - Days Delayed	430	550	409	566	477	343	507	604	616	678	436	591	409	488	447	403	613	680	704
Social Care - Days Delayed	264	337	359	670	545	505	572	530	537	428	356	343	351	243	367	574	526	406	396
Both - Days Delayed	153	144	227	350	391	379	230	180	186	160	179	303	285	197	217	149	132	151	178

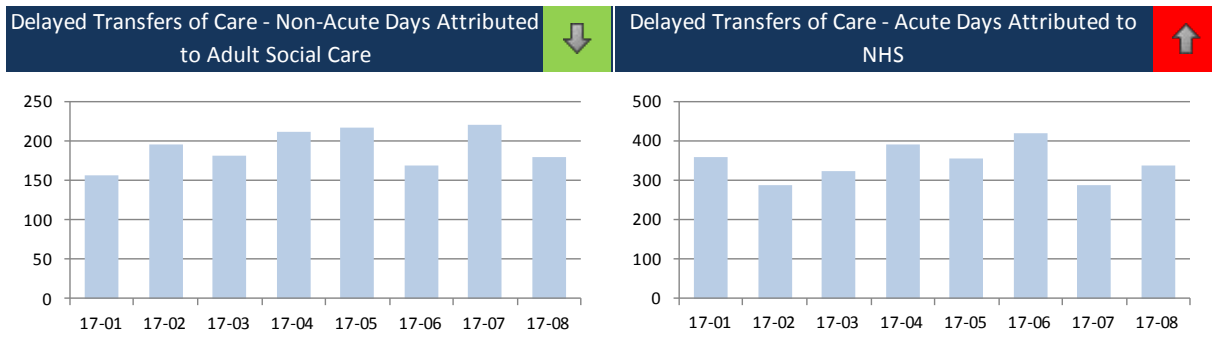
The total number of days delayed caused by NHS was 705 in November, compared to 704 last month. Analysis of these in November 2017 compared to November 2016 shows an increase from 604 to 705 (101). The total number of days delayed caused by Social Care was 327 in November, compared to 396 in October, showing a decrease of 69. Merseycare also have delays caused by both which was 166 in November, a decrease from the previous month which reported 178.

### 4.7 ICRAS

The Integrated Community Reablement and Assessment Service (ICRAS) commenced in October 2017 with phase 1, introducing a series of discharge 'lanes' for patients to speed up transition from hospital. The teams are working together to not only support discharge from hospital, but significant progress is being made in supporting people to avoid unnecessary hospital admission as well. Reports from colleagues within the system, particularly in South Sefton, are reporting the positive impact of the scheme, both personally and professionally and how this has improved the patients' journeys. Phase 2 (incorporating patients with more complex discharge needs) will be phase 2, planned for 1 April 2018. Specific metrics for the service are still being developed, but the metrics below are some of the outcomes being reported to Sefton Health and Wellbeing Board as part of an integration dashboard.







### 4.8 Patient Experience of Unplanned Care

**Figure 47 - Aintree A&E Friends and Family Test performance**

Friends and Family Response Rates and Scores  
 Aintree University Hospital NHS Foundation Trust  
 Latest Month: **Nov-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%	16.6%		87%	87%		7%	9%	

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

- % Response Rate
- % Recommended
- % Not Recommended

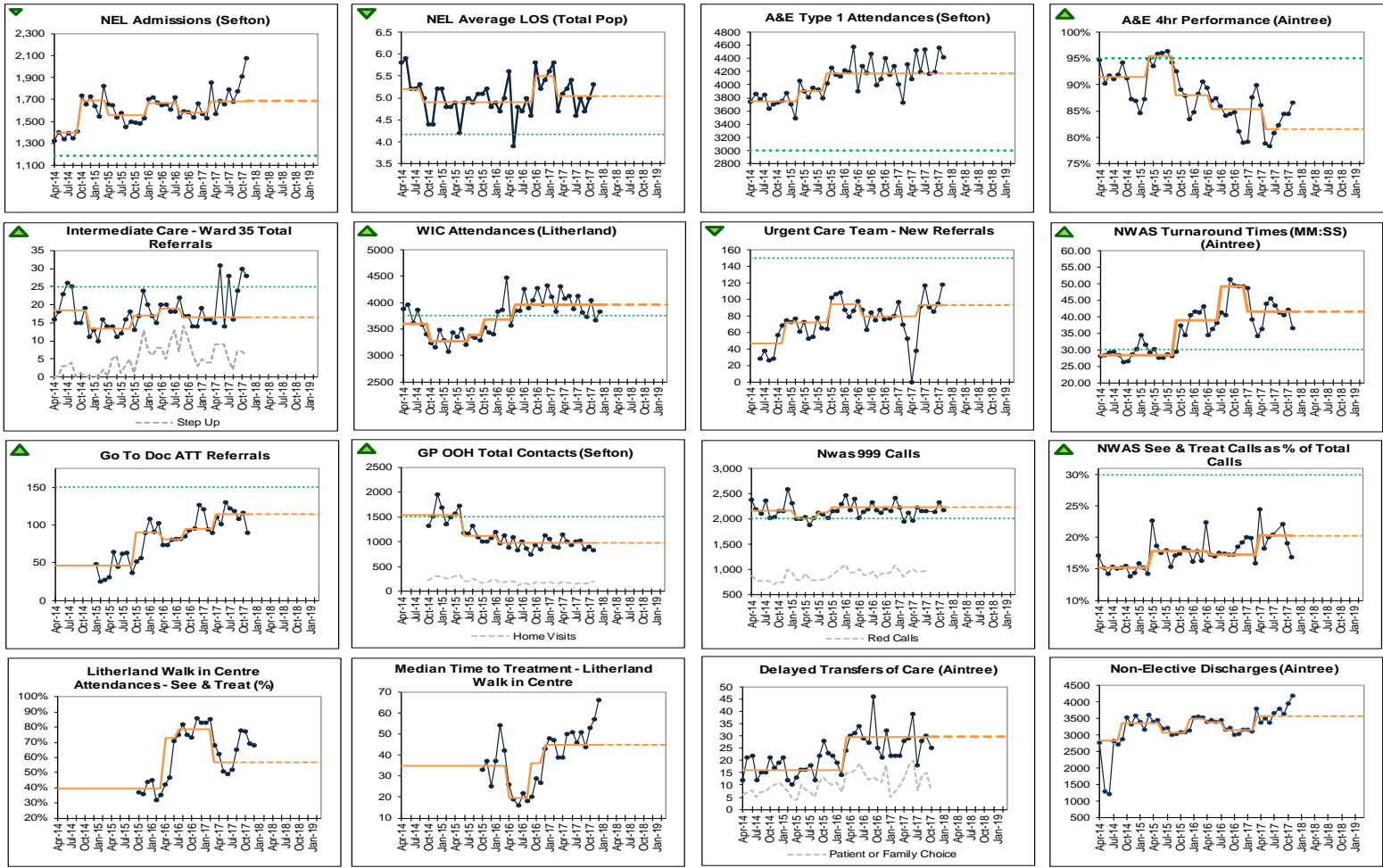
The percentage of people that would recommend A&E is the same at the England average reporting 87% in November an improvement from October when 82% was recorded. The not recommended percentage is at 9% in November which is lower than the previous month (12%).

### 4.9 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 16 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



# South Sefton Clinical Commissioning Group



**Definitions**

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

## 4.10 Unplanned Care Activity & Finance, All Providers

### 4.10.1 All Providers

Performance at Month 8 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £935k/3.3%. 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 -£101k/-0.4%.

Aintree and Royal Liverpool represent the highest over performing providers for unplanned care at month 7 with a year to date variance of £934k/4% and £376k/33% respectively. In contrast, Southport & Ormskirk is currently underperforming by -£233k/13%.

**Figure 48 - Month 8 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	63,633	71,397	7,764	12%	£23,744	£25,211	£1,466	6%	-£1,466	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,625	6,255	-370	-6%	£1,431	£1,307	-£123	-9%	£123	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	165	99	-66	-40%	£272	£228	-£44	-16%	£44	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,299	2,150	-149	-6%	£2,784	£2,634	-£150	-5%	£150	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	3,600	3,780	180	5%	£1,317	£1,710	£392	30%	-£392	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	7	6	-1	-11%	£37	£47	£10	26%	-£10	£0	0.0%
<b>ACTING AS ONE TOTAL</b>	<b>76,328</b>	<b>83,687</b>	<b>7,359</b>	<b>10%</b>	<b>£29,585</b>	<b>£31,136</b>	<b>£1,551</b>	<b>5%</b>	<b>-£1,551</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	45	76	31	70%	£11	£24	£13	118%	£0	£13	118%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	53	53	0%	£0	£10	£10	0%	£0	£10	#DIV/0!
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	5,455	5,337	-118	-2%	£2,068	£1,746	-£322	-16%	£0	-£322	-16%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	592	720	128	22%	£264	£289	£25	10%	£0	£25	10%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	49	75	26	54%	£119	£170	£50	42%	£0	£50	42%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	27	27	0	-2%	£9	£13	£4	44%	£0	£4	44%
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	0	89	89	0%	£0	£12	£12	0%	£0	£12	#DIV/0!
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	163	191	28	17%	£59	£99	£40	67%	£0	£40	67%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	41	38	-3	-7%	£26	£16	-£10	-37%	£0	-£10	-37%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>6,371</b>	<b>6,606</b>	<b>235</b>	<b>4%</b>	<b>£2,556</b>	<b>£2,379</b>	<b>-£177</b>	<b>-7%</b>	<b>£0</b>	<b>-£177</b>	<b>-7%</b>
<b>GRAND TOTAL</b>	<b>82,699</b>	<b>90,293</b>	<b>7,594</b>	<b>9%</b>	<b>£32,142</b>	<b>£33,515</b>	<b>£1,374</b>	<b>4.3%</b>	<b>-£1,551</b>	<b>-£177</b>	<b>-0.6%</b>

\*PbR Only

### 4.10.2 Aintree University Hospital NHS Foundation Trust

**Figure 49 - Month 8 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	27,480	31,491	4,011	15%	£649	£649	£0	0%
A&E - Accident & Emergency	20,367	21,954	1,587	8%	£2,746	£3,015	£268	10%
NEL - Non Elective	9,779	9,823	44	0%	£18,222	£18,901	£679	4%
NELNE - Non Elective Non-Emergency	32	23	-9	-29%	£115	£83	£-32	-28%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	13	69	56	412%	£4	£17	£14	359%
NELST - Non Elective Short Stay	1,333	1,413	80	6%	£895	£980	£84	9%
NELXBD - Non Elective Excess Bed Day	4,629	6,624	1,995	43%	£1,112	£1,566	£454	41%
<b>Grand Total</b>	<b>63,633</b>	<b>71,397</b>	<b>7,764</b>	<b>12%</b>	<b>£23,744</b>	<b>£25,211</b>	<b>£1,466</b>	<b>6.2%</b>

### 4.10.3 Aintree Hospital Key Issues

The Urgent Care over spend of £1.4m/6.2% is driven by over performance within Non Electives and Non Elective Excess Bed Days as well as within Accident & Emergency. The key specialties over performing within unplanned care include Acute Internal Medicine, Gastroenterology, Diabetic Medicine 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.

### 4.10.4 Royal Liverpool University Hospital

**Figure 50 - Month 8 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	2,973	2,985	12	0%	£309	£334	£25	8%
AMAU - Acute Medical unit	14	41	27	184%	£1	£4	£3	184%
NEL - Non Elective	449	455	6	1%	£891	£1,187	£297	33%
NELNE - Non Elective Non-Emergency	10	16	6	65%	£56	£78	£22	39%
NELST - Non Elective Short Stay	60	92	32	54%	£38	£61	£23	59%
NELXBD - Non Elective Excess Bed Day	94	191	97	104%	£22	£45	£23	108%
<b>Grand Total</b>	<b>3,600</b>	<b>3,780</b>	<b>180</b>	<b>5%</b>	<b>£1,317</b>	<b>£1,710</b>	<b>£392</b>	<b>30%</b>

### 4.10.5 Royal Liverpool University Hospital Key Issues

The overall Urgent Care over spend of £392k/30% is largely driven by a £297k/33% over performance in Non-Elective costs. Vascular Surgery is the top over performing specialty within this POD with a variance of £166k/174% against plan.

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 51 - NHS South Sefton CCG – Shadow PbR Cluster Activity

PBR Cluster	NHS South Sefton CCG			
	Caseload as at 30/11/2017	2017/18 Plan	Variance from Plan	Variance on 31/10/2016
1 Common Mental Health Problems (Low Severity)	11	43	- 32	- 31
2 Common Mental Health Problems (Low Severity with greater need)	8	25	- 17	- 17
3 Non-Psychotic (Moderate Severity)	73	150	- 77	- 77
4 Non-Psychotic (Severe)	288	270	18	16
5 Non-psychotic Disorders (Very Severe)	83	67	16	16
6 Non-Psychotic Disorder of Over-Valued Ideas	35	46	- 11	- 11
7 Enduring Non-Psychotic Disorders (High Disability)	300	251	49	48
8 Non-Psychotic Chaotic and Challenging Disorders	132	122	10	10
10 First Episode Psychosis	148	144	4	5
11 On-going Recurrent Psychosis (Low Symptoms)	316	399	- 83	- 77
12 On-going or Recurrent Psychosis (High Disability)	395	354	41	42
13 On-going or Recurrent Psychosis (High Symptom & Disability)	107	101	6	5
14 Psychotic Crisis	33	27	6	5
15 Severe Psychotic Depression	8	6	2	2
16 Psychosis & Affective Disorder (High Substance Misuse & Engagement)	43	38	5	5
17 Psychosis and Affective Disorder – Difficult to Engage	40	50	- 10	- 10
18 Cognitive Impairment (Low Need)	246	224	22	26
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	446	446	-	-
20 Cognitive Impairment or Dementia Complicated (High Need)	453	398	55	56
21 Cognitive Impairment or Dementia (High Physical or Engagement)	125	140	- 15	- 14
Cluster 99	272	558	- 286	- 281
<b>Total</b>	<b>3,562</b>	<b>3,859</b>	<b>- 281</b>	<b>- 278</b>

#### 5.1.1 Key Mental Health Performance Indicators

Figure 52 - CPA – Percentage of People under CPA followed up within 7 days of discharge

Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	
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%	92.3%	96%	89.3%
Rolling Quarter			97%	100%	96.0%	95.2%	96%	92.6%	

There were 3 of a total of 28 patients that were not followed up within 7 days. The Provider (Mersey Care) states that there was one breach following a number of attempted visits when the patient could not be contacted but has been seen since. The second breach was due to a data entry delay and the third patient was discharged on non - CPA

**Figure 53 - CPA Follow up 2 days (48 hours) for higher risk groups**

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
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%	100%	66.7%	66.7%
Rolling Quarter				100%	100%	100%	100%	66.7%	66.7%

There was 1 patient that was not followed up within 48 hours out of a total of 3. The provider (Mersey Care) states that this is due to a patient being uncontactable within the 48 hour period but was subsequently contacted.

**Figure 54 - EIP 2 week waits**

	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	No Patients	100%	67%	100%	50%	100%	67%	40.0%
Rolling Quarter				80%	100%	81.8%	84.6%	67%	50%

There were 3 breaches out of a total of 5 patients. The provider has given the following explanations for these breaches:

- Breach 1 – service user was referred by GP on 09.10.17 due to c/o psychosis. AIC assessed them on 10.10.17, reported that they were psychotic but did not refer to EIT until 29.10.17. EIT took them on within 11 days of referral being made.
- Breach 2 – Service user breached due to a combination of failed access, not responding to any correspondence re appointments and also they changed address without notifying GP of new address.
- Breach 3 – AIC received referral on 13.10.17 and forwarded it to EIT Liverpool (wrong catchment area). It did not come to EI Sefton until 24.10.17 (11 days later). There were failed access appointments but was eventually determined FEP by EIT Sefton on 13.11.17.

The Trust has provided assurance that EIP services plan to provide communication sessions with other teams and referring agents in 2018 to help resolve some issues that are contributing to the breaches.

### 5.1.2 Out of Area Placements (OAP's) –

**Figure 55 - OAP Days**

Period	Period Covered	Total number of OAP days over the period
	Feb 17 to Apr 17	128
	Mar 17 to May 17	160
<b>Q1 2017/18</b>	<b>Apr 17 to June 17</b>	<b>96</b>
	May 17 to Jul 17	51
	June 17 to Aug 17	28
<b>Q2 2017/18</b>	<b>Jul 17 to Sep 17</b>	<b>23</b>
	Aug 17 to Oct 17	20
	Sep 17 to Nov 17	10

The CCG has a target to reduce OAP's by 33% based on quarter 4 2016/17 activity. In quarter 4 2016/17, 104 OAP's were reported, and therefore the target for 2017/18 is 70. The latest reporting period is September to November 2017 where 10 OAP's were reported, an improvement on the last reporting period of 20. The CCG is therefore currently in line with the target.

### 5.1.3 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 has established an urgent pathway workstream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. The first phase of this work will involve assessment based staff being within a single team with the Trust's footprint with agreed triage and assessment process. This work also includes the identification of staff who undertake CRHT team functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has appointed a manager who will manage the integrated team and the bed management function so as to optimise appropriate admissions and discharges.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed plans to enhance GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. As from 1st December 2017 consultant psychiatrists will be aligned to primary care localities and respective Primary Care Mental Health Liaison Practitioners so as to increase the mental health support available for GPs. Contact will soon be established to arrange consultant visits to practices and within these meetings it will be possible to discuss GP patients open to mental health services, and those patients not open but for whom the GP may wish to take advice on to either avoid the need for a referral or for support with signposting to an appropriate alternative service e.g. The Life Rooms. The CCG and the Sefton LMC are seeking to meet with the Trust so as ensure that any planned changes in respect of pathways between primary and secondary care agreed.





## South Sefton Clinical Commissioning Group

Enhanced GP liaison arrangements should contribute to efforts to improve sub optimal performance against GP communication KPIs which continues to be a focus of concern which the Trust is seeking address.

Commissioners are involved in the urgent care pathway and enhanced GP Liaison working. This work was presented at the most recent CQPG meeting held in December 2017.

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 was reported against the remedial action plan at the recent CQPG meeting in December 2017 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 and the trust has reported that the vacant sessions will be filled in January 2018. The recently Sefton LMC approved shared care protocol for adult has been approved by the Trust and transfers of patients back to primary care are expected to commence in January 2018.

In response to commissioner and provider concerns about the memory pathway and throughput of patients there have been initial discussions about undertaking a pilot involving two South Sefton general practices and Churchtown practices in Southport to forming part of a multi-disciplinary/multi –agency approach to the management of people living well with Alzheimer’s disease. Initial work will focus on gathering baseline evidence from general practices involved and community nursing teams involved. The target cohort are those patients who are prescribed Acetyl-Cholinesterase or Memantine. Cross referencing GP and community data will help understand demand /capacity issues.

### 5.1.4 Patient Experience of Mental Health Services

**Figure 56 - Merseycare Friends and Family Test performance**

**Friends and Family Response Rates and Scores**  
Mersey Care NHS Foundation Trust  
Latest Month: **Nov-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%	2.4%		88%	90%		5%	4%	

Merseycare recorded 90% of respondents as recommending, this is above the England average of 88%. The rate of those not recommending is 4% below the England average of 3%.

### 5.2 Improving Access to Psychological Therapies

**Figure 57 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)**

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March
National definition of those who have entered into treatment	2016/17	282	294	294	272	246	269	269	254	198	307	284	315
	2017/18	223	320	332	315	269	289	294	357				
Access % ACTUAL - Monthly target 1.25% for Q1 to Q3 - Quarter 4 only 1.4% is 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%	1.11%	1.19%	1.21%	1.47%				
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%	46.3%	41.9%	43.9%	47.4%	49.5%	44.4%	47.4%				
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%	98.4%	99.5%	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%	100.0%	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	181	196	184	198	186	184	183				
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	2	6	8				
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	79	90	91	79	83				
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	84.5%	89.0%	90.3%	84.7%	88.6%	88.9%	91.8%	86.6%				

Cheshire & Wirral Partnership reported 357 South Sefton patients entering treatment in Month 8, which is a 21.4% increase from the previous month when 294 were reported. Confirmation from NHS England has outlined that Commissioners are advised that for 2017/18 the access standard of 4.2% per quarter (16.8% annually) should apply to quarter 4 only.

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 therefore set for Quarter 3 at 3.75% which equates to 1.25% per month. The access rate for Month 8 was 1.47% and therefore achieved the standard.

There were 426 Referrals in Month 8, which was a 2.4% increase compared to the previous month when there were 416. Of these, 63.6% were Self-referrals which is a decrease from the previous month (69.7%). GP Referrals were higher than the previous month with 87 compared to 71 for Month 7. 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 47.4% in Month 8, which is an increase from 44.4% for the previous month although still failing to meet the target of 50%.

Cancelled appointments by the provider saw a decrease in Month 8 with 58 compared to 73 in Month 7.

There was a further increase in DNAs in Month 8 (from 181 in Month 7 to 197 in Month 8); the provider has commented that the DNA policy has been tightened with all clients made aware at the



**South Sefton**  
Clinical Commissioning Group

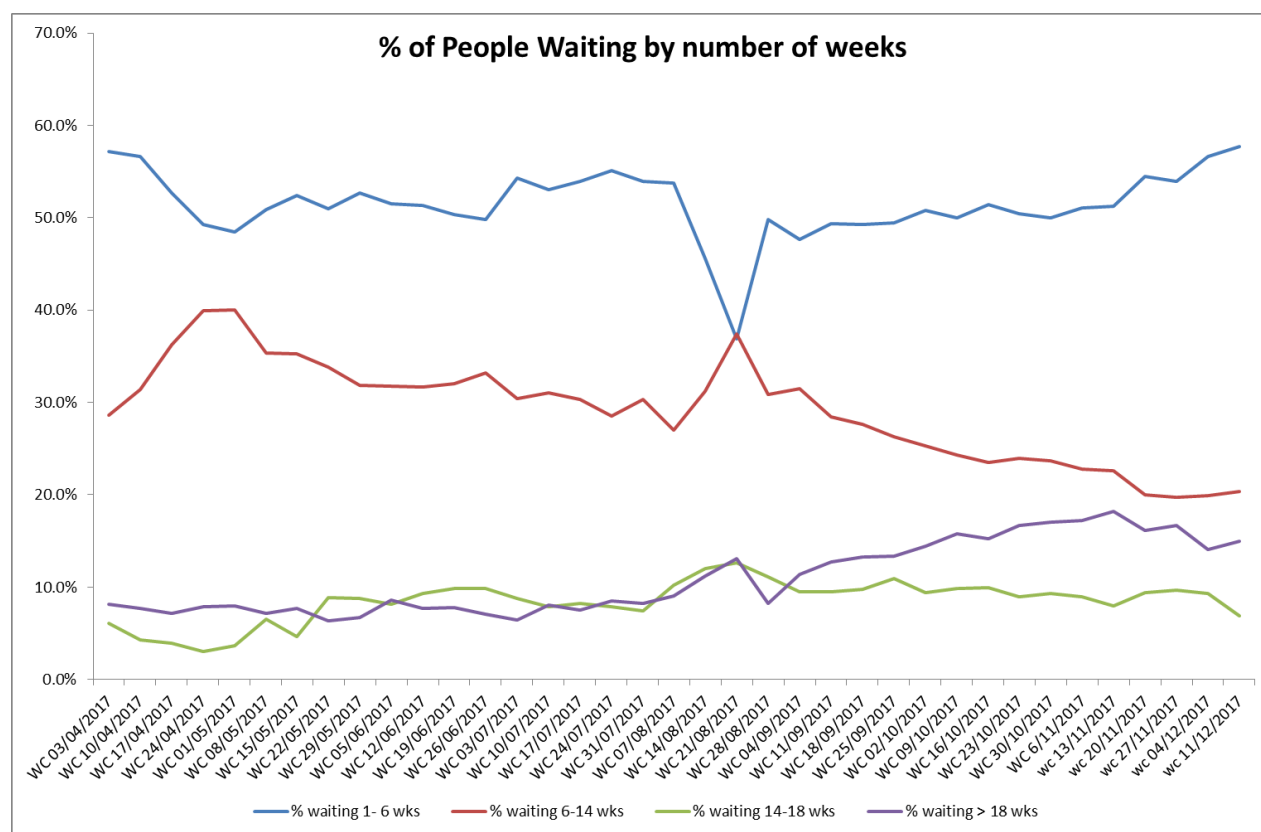
outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 8, 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.

**Figure 58 - NHS South Sefton CCG – Access Sefton % Internal waiters**



The chart above illustrates internal waits activity for April 2017 onwards over the 37-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, however the service reports that some patients request very specific days and appointment times for appointments.

### 5.3 Dementia

**Figure 59 - Dementia casefinding**

NHS South Sefton CCG								
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
People Diagnosed with Dementia (Age 65+)	1219	1213	1224	1237	1247	1245	1259	1250
Estimated Prevalence (Age 65+)	1845	1851.4	1855.3	1862	1860.5	1864.6	1864.6	1862.3
<b>NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)</b>	<b>66.07%</b>	<b>65.52%</b>	<b>65.97%</b>	<b>66.43%</b>	<b>67.02%</b>	<b>66.77%</b>	<b>67.52%</b>	<b>67.12%</b>
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

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 November 2017 of 67.12% which has met the national dementia diagnosis ambition of 66.7%. 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)

**Figure 60 - NHS South Sefton CCG – Improve Access Rate to CYPMH 17/18 (30% Target)**

E.H.9	Q1 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	25	35	100	35
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	160	75	940	75
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121
<b>Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.</b>	5.1%	2.4%	30.1%	2.4%

The CCG target is to achieve 30% by the end of the financial year. Quarter 1 performance shows 2.4% of children and young people receiving treatment (75\* out of an estimated 3,121 with a diagnosable mental health condition), against a target of 5.1%. 85\* more patients needed to have received treatment to achieve the quarter 1 target.

\*For this data all values of less than 5 are suppressed by NHS Digital and replaced with a \*, and all other values are rounded to the nearest 5.



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

**Figure 61 - 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	6	2		2	
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2	6	2		2	
%	100.00%	33.33%	100.00%	100.00%	100.00%		100.00%	

**Figure 62 - 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	0	2		2	
Number of CYP with a suspected ED (urgent cases) that start treatment	2	0	2	0	2		2	
%	100.00%	#DIV/0!	100.00%	#DIV/0!	100.00%		100.00%	

For Q2 South Sefton had no patients waiting for urgent (less than 1 week waiting), and had 6 patient waiting for a routine appointments. Of those 6 patients, 2 were seen between 0-1 weeks, 2 were seen at 2-3 weeks and 2 were seen at 3-4 weeks so performance against the 4 week target is 100% (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 2017. 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 has now met on several occasions. Activity reports submitted by the Trust (produced by Liverpool Community Health) are reviewed on a monthly basis and an activity query log has also been developed. The following issues have been raised at the information sub group:

- 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 has been reviewed and focusses on all relevant areas including those highlighted in the QRP (Quality Risk Profile), Aintree 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

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 reports an improvement in cancelation rates with 8.2% in November, 20% reported last month. Adult Dietetics also continues to report high rates at 10.8% in November, another improvement from 14.5% in October. These high DNA rates have been discussed in the monthly contract meetings and the Trust is reviewing the appointments that are currently available to patients to ensure they are convenient, for example a potential need for out of hours or weekend appointments to accommodate those who work full time.

### 6.1.3 Waiting Times

Waiting times are reported a month in arrears. In October 2017, the following services reported just above the 18 week waiting times target for the completed pathways (95<sup>th</sup> percentile).

Adult SALT: In October, this service reported an average wait of 20 weeks, a slight decline compared to last month when 18 weeks was reported.

Physiotherapy: In October, this service reported an average wait of 21 weeks, an improvement on last month when it was red at 23 weeks. However, waiting times have gradually increased over the current financial year from 14 weeks in April. The average waiting times on the incomplete pathway are currently amber at 19 weeks but this has also been increasing over the year from 12 weeks in May.

Podiatry: In October, this service reported an average wait of 22 weeks (amber), the same as last month. Again, waiting times seem to be increasing slightly as the year progresses.

Nutrition & Dietetics: In October, the service reported an average wait of 19 weeks, an improvement on last month when 22 weeks was reported.

## 6.2 Any Qualified Provider Mersey Care Podiatry Contract

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

At Month 8 2017/18 YTD the costs for the CCG for initial contacts was £20,497 with 304 contacts and for follow-ups costs were £128,626 with 3838 contacts.

### 6.2.1 Liverpool Community Health Quality Overview

Paediatric Therapy Services - From 1<sup>st</sup> 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 November 2017, 24 weeks was reported for the second consecutive month for incomplete pathways against the 18-week target. This shows no improvement in waiting times compared to last month. A total of 126 patients were waiting over 18 weeks (an increase of 8 reported last month), with the longest waiter at 30 weeks.

### 6.3.3 Patient DNA's and Cancellations

Paediatric Dietetics: October 2017 shows the trend of high DNA's continuing at 14.1%, a decline on last month when 11.9% was reported. April remains the only month this year to report low DNA's with 3.1%.



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

**Figure 63 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2017/18 (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	Nil return	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	Nil return	20		20	
%	95.00%	0.00%	95.00%	0.00%	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.

## 7. Third Sector Overview

Funding for 2018-19 has now been confirmed by the CCGs senior leadership team. Letters confirming commissioning intentions and funding arrangements have now been sent to providers. Reports detailing activity and outcomes during Q2 have now been finalised, a copy of this report has now been circulated amongst commissioners. Referrals to most services have increased during Q2 compared to the same period last year; the complexity of service user issues is also increasing, cases are now taking longer to resolve. Q3 reports are currently underway

Information reporting flows are now being received for Netherton Feelgood Factory, CHART & Parenting 2000. Work is ongoing with hospices to establish information schedules and reporting shortly.

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, Women’s & Children’s Aid (Domestic Violence), Stroke Association and dementia services.

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 carers. 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 within the Sefton footprint.

## 8. Primary Care

### 8.1 Extended Access (evening and weekends) at GP services

**Figure 64 - South Sefton CCG - Extended Access at GP services 2017/18 Plans**

		E.D.14	Months 1-6	Months 7-12
Extended access (evening and weekends) at GP services	2017/18 Plan	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"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>		
		Total number of practices within the CCG.	30	30
		%	0.00%	0.00%
	2018/19 Plan	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"> <li>• Provision of pre-bookable appointments on Saturdays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on Sundays through the group or practice AND</li> <li>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice</li> </ul>		
Total number of practices within the CCG.		30	30	
	%	0.00%	0.00%	

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 October, Eastview Surgery was inspected and has improved in their overall rating to 'Good' previously requiring improvement in 'Safe and 'Well Led', there hasn't been any new inspections in Sefton in recent months. All the results are listed below:

Figure 65 - 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	11 October 2017	Good	Good	Good	Good	Good	Good
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

Sefton Health and Wellbeing Board 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

DTOC 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.

Quarterly performance monitoring returns are required to be submitted by Health and Wellbeing Boards. Q2 was submitted on 17<sup>th</sup> November and Q3 on 19<sup>th</sup> January 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q3 BCF performance is as follows:

**Figure 66 – BCF Metric performance**

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 67 – BCF High Impact Change Model assessment

		Maturity assessment			
		Q2 17/18	Q3 17/18 (Current)	Q4 17/18 (Planned)	Q1 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established
Chg 2	Systems to monitor patient flow	Established	Established	Established	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Established	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Mature	Mature	Mature
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place
Chg 6	Trusted assessors	Established	Established	Established	Mature
Chg 7	Focus on choice	Plans in place	Plans in place	Plans in place	Plans in place
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place

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

### 10.1 Background

The CCG Improvement and Assessment Framework (IAF) draws together in one place 51 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 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. 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 the updated Framework for 2017/18 was significantly delayed and released 21<sup>st</sup> November. For 2017/18, a small number of indicators have been added. A number of updates have been made to existing indicators, and some indicators have been removed. The new indicators are:

123b: Improving Access to Psychological Therapies – access

124c: Completeness of the GP learning disability register

105c: Percentage of deaths with three or more emergency admissions in last three months of life

132a: Evidence that sepsis awareness raising amongst healthcare professionals has been prioritised by the CCG

166a: Compliance with statutory guidance on patient and public participation in commissioning health and care

A full exception report for each of the indicators citing performance in the worst quartile of CCG performance nationally or a trend of three deteriorating time periods is presented to Governing Body as a standalone report. This outlines reasons for underperformance, actions being taken to address the underperformance, more recent data where held locally, the clinical, managerial and SLT leads responsible, and expected date of improvement for the indicators.

## 10.2 Improvement & Assessment Framework Dashboard

Figure 68 – Q1 2017/18 IAF Dashboard

### NHS South Sefton CCG

2016/17 Year End Rating: Requires Improvement

Better Health						Better Care					
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend
R 102a	% 10-11 classified overweight 2013/14 to 2015/16	35.4%	↑	6/11	142/207	R 121a	High quality care - acute 17-18 Q1	60	↓	9/11	87/207
103a	Diabetes patients who achieved 2015-16	39.3%	↓	7/11	98/207	R 121b	High quality care - primary care 17-18 Q1	66	↑	8/11	110/207
103b	Attendance of structured education 2014	7.9%	↑	4/11	67/207	R 121c	High quality care - adult social care 17-18 Q1	61	↑	4/11	131/207
R 104a	Injuries from falls in people aged 65-17 Q4	2,865	↑	9/11	197/207	122a	Cancers diagnosed at early stage 2015	49.1%	↑	7/11	166/207
R 105b	Personal health budgets 17-18 Q1	7	↓	11/11	138/207	R 122b	Cancer 62 days of referral to treatment 17-18 Q1	84.5%	↑	4/11	62/207
R 106a	Inequality Chronic - ACS & UC 16-17 Q4	3,184	↑	9/11	191/207	122c	One-year survival from all cancers 2014	70.2%	↑	2/11	94/207
R 107a	AMR: appropriate prescribing 2017 06	1.216	↓	5/11	187/207	R 122d	Cancer patient experience 2016	8.8	↑	7/11	54/207
R 107b	AMR: Broad spectrum prescribing 2017 06	8.2%	↑	7/11	79/207	R 123a	IAPT recovery rate 2017 06	42.4%	↓	10/11	193/207
108a	Quality of life of carers (not available)					R 123b	IAPT Access 2017 06	3.7%	↑	7/11	146/207
<b>Sustainability</b>						<b>Leadership</b>					
R 141b	In-year financial performance 17-18 Q1	Amber	↑			R 123c	EIP 2 week referral 2017 08	81.0%	↓	8/11	82/207
R 144a	Utilisation of the NHS e-referral 2017 06	20.4%	↑	11/11	186/207	123d	MH - CYP mental health (not available)				
<b>Leadership</b>						<b>Leadership</b>					
R 162a	Probity and corporate governance 17-18 Q1	Fully Compliant	↔			123e	MH - Crisis care and liaison (not available)				
163a	Staff engagement index 2016	3.70	↓	9/11	183/207	R 124a	LD - reliance on specialist IP cases 17-18 Q1	66	↓	3/11	141/207
163b	Progress against WRES 2016	0.12	○	7/11	95/207	124b	LD - annual health check 2015-16	10.4%	○	11/11	207/207
164a	Working relationship effectiveness 16-17	63.79	↓	9/11	157/207	124c	Completeness of the GP learning disability register (not available)				
166a	CCG compliance with standards of public and patient participation (not available)					R 125d	Maternal smoking at delivery 17-18 Q1	15.3%	↓	4/11	165/207
R 165a	Quality of CCG leadership 17-18 Q1	Amber	↔			125a	Neonatal mortality and stillbirths 2015	6.1	○	8/11	166/207
						125b	Experience of maternity services 2015	81.2	○	7/11	73/207



## South Sefton

### Clinical Commissioning Group

Key	
	Worst quartile in England
	Best quartile in England
	Interquartile range

	125c	Choices in maternity services	2015	67.0	○	6/11	<b>70/207</b>	
R	126a	Dementia diagnosis rate	2017 08	67.0%	↑	10/11	<b>120/207</b>	
	126b	Dementia post diagnostic sup	2015-16	73.9%	↓	11/11	<b>197/207</b>	
R	127b	Emergency admissions for UC	16-17 Q4	3,254	↓	6/11	<b>186/207</b>	
R	127c	A&E admission, transfer, disc	2017 09	<b>86.0%</b>	↑	9/11	<b>150/207</b>	
R	127e	Delayed transfers of care per	: 2017 08	13.6	↑	10/11	<b>133/207</b>	
R	127f	Hospital bed use following en	16-17 Q4	602.2	↑	9/11	<b>190/207</b>	
	105c	% of deaths with 3+ emergency admissions in last three months of life (not available)						
R	128b	Patient experience of GP servi	2017	83.9%	↑	9/11	<b>128/207</b>	
	128c	Primary care access (not available)						
R	128d	Primary care workforce	2017 03	0.90	↑	9/11	<b>163/207</b>	
R	129a	18 week RTT	2017 08	92.4%	↓	8/11	<b>53/207</b>	
	130a	7 DS - achievement of standards (not available)						
R	131a	% NHS CHC full assessments t	17-18 Q1	70.8%	○	11/11	<b>191/207</b>	
	132a	Sepsis awareness (not available)						

### 10.3 Clinical Priority Areas

The clinical priority areas section of the IAF for 2017/18 has yet to be updated. The Q4 2016/17 publication is shown below:

<b>Dementia</b>	126a	Dementia diagnosis rate	57.5% <b>57.5%</b> 55.7% ↑	↑ 1.8% 2015 08 2017 03	
	126b	Dementia post diagnostic support	77.6% <b>73.9%</b> 73.9% ↓	↓ 3.7% 2014-15 2015-16	
<b>Cancer</b>	122a	Cancers diagnosed at early stage	49.1% <b>49.1%</b> 43.5% ↑	↑ 5.5% 2012 2015	
	122b	Cancer 62 days of referral to treatment	90.7% <b>78.8%</b> 74.4% ↓	↓ 16.2% 13-14 Q1 16-17 Q4	
	122c	One-year survival from all cancers	70.2% <b>70.2%</b> 60.3% ↑	↑ 9.9% 1999 2014	
	122d	Cancer patient experience	8.8 <b>8.8</b> 8.8 ○	↑ 0.0% 2015	
<b>Mental Health</b>	123a	IAPT recovery rate	42.3% <b>38.8%</b> 31.3% ↓	↑ 11.0% 2015 03 2017 01	
	123b	EIP 2 week referral	69.2% <b>67.6%</b> 67.6% ↔	↓ 1.7% 2016 11 2017 03	
	123c	MH - CYP mental health	40.0% <b>40.0%</b> 35.0% ↔	↑ 5.0% 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores
	123d	MH - Crisis care and liaison	47.5% <b>47.5%</b> 42.5% ↔	↑ 5.0% 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores
123e	MH - OAP	87.5% <b>25.0%</b> 12.5% ↓	↑ 75.0% 16-17 Q1 16-17 Q4	No calculation possible due to lack of z-scores	



## 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. A national issue has been identified regarding the application of Identification Rules to identify activity relating to Specialised Commissioning. This has had the (unquantifiable at this stage) effect of overinflating the % variance for each CCG.

**Figure 69 - South Sefton CCG's Month 8 Submission to NHS England**

November 2017 Month 08	Month 08 Plan	Month 08 Actual	Month 08 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
<b>Referrals (MAR)</b>				
GP	3524	3727	5.76%	October saw a spike for GP referrals with November seeing a slight decrease and Other referrals continue to perform at a higher rate than plan (increasing for three consecutive months). Aintree is the main provider causing the increase of GP referrals overall and saw a further increase in November (with the majority of other providers seeing a decrease in November). The increase is across a number of specialties with no one specialty the cause. Reviewing local referral data the 'Other' increases are located in consultant led referrals, A&E, and Dental with the main providers being Aintree, Royal, Southport, and Liverpool Women's. The increases are spread across a number of specialties with the prominent ones as follows: Cardiology, Urology, General Medicine, ENT, Clinical Physiology, and Gynaecology. We are also noticing increases specifically related to Oral Surgery and Maxillo Facial, these are originating with Dental referrals.
Other	2041	2490	22.00%	
<b>Total (in month)</b>	<b>5565</b>	<b>6217</b>	<b>11.72%</b>	
Variance against Plan YTD	44694	47072	5.32%	
Year on Year YTD Growth			6.10%	
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>				
All 1st OP	5019	5394	7.47%	Local monitoring suggests 10% increase for OPFA with multiple providers seeing an increase in November. However, the variance is likely to come back within the 3% tolerance once freeze data is received (as occurred in the previous month). YTD figures and total OP activity within planned range.
Follow Up	11281	11805	4.64%	Local monitoring suggests 7% increase for OPFUP. Activity increase in October at multiple providers, notably Aintree and Royal Liverpool. Key specialties for increases at this time include Ophthalmology, Dermatology and Rheumatology. Activity overall was comparable in November. YTD figures and total OP activity within planned range.
<b>Total Outpatient attendances (in month)</b>	<b>16300</b>	<b>17199</b>	<b>5.52%</b>	As above
Variance against Plan YTD	128218	129027	0.63%	
Year on Year YTD Growth			2.90%	
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>				
Elective Day case spells				
Elective Ordinary spells				
<b>Total Elective spells (in month)</b>	-	2090	-	
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			-4.80%	
<b>Urgent &amp; Emergency Care</b>				
Type 1	-	3565	-	
Year on Year YTD			-1.00%	
<b>All types (in month)</b>	<b>8948</b>	<b>8331</b>	<b>-6.90%</b>	Local monitoring of activity shows levels within the 3% threshold, currently at -1.6% in month for November. Attendances decreased from October and were within the expected ranges.
Variance against Plan YTD	72724	69008	-5.11%	Local monitoring of activity shows levels year to date within the 3% threshold, currently at 1.2%. Planned levels seasonally adjusted and are to increase in the latter part of the year thus mitigating any increases during the winter period.
Year on Year YTD Growth			1.70%	
<b>Total Non Elective spells (in month)</b>	-	2119	-	Non-elective spells have increased for three consecutive months with November being the highest for a number of years. Figures show the increase is predominantly within Aintree, further analysis has revealed increasing conversion rates from A&E to admissions as well as lowering lengths of stay. Further work is to be done and discussions with the Trust are on-going. Plans are seasonally based and as such are scheduled to increase in the coming months, thus bringing plan and activity closer in line.
Variance against Plan YTD	-	-	-	
Year on Year YTD Growth			12.90%	



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Appendix – Summary Performance Dashboard



South Sefton CCG - Performance Report 2017-18



Metric	Reporting Level	2017-18												YTD		
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
<b>Preventing People from Dying Prematurely</b>																
<b>Cancer Waiting Times</b>																
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	R	G	G	G	G	G					G	
		Actual	93.573%	94.653%	83.002%	95.404%	95.159%	95.842%	96.209%	94.484%						93.517%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	R	R	R	G	R	G	R					R	
		Actual	93.846%	86.486%	84.416%	88.462%	93.182%	91.803%	95.775%	91.667%						90.614%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G	
		Actual	100.00%	98.507%	97.143%	98.876%	97.647%	96.341%	99.029%	97.468%						98.125%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	G	G	G	R	G	G					G	
		Actual	93.333%	100.00%	100.00%	100.00%	100.00%	77.778%	94.118%	100.00%						96.154%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G	
		Actual	100.00%	100.00%	100.00%	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%	98.00%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	R	G					G	
		Actual	100.00%	96.875%	100.00%	95.652%	100.00%	100.00%	91.667%	100.00%						97.881%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%





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Enhancing Quality of Life for People with Long Term Conditions

Mental Health

<b>138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G	R		G
		Actual	97.143%	96.667%	0.00%		96.923%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%

Episode of Psychosis

<b>2099: First episode of psychosis within two weeks of referral</b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	R	G	G	G	G	G	R					G	
		Actual	-	100.00%	66.667%	100.00%	50.00%	100.00%	75.00%	40.00%					75.00%
		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%

Dementia

<b>2166: Estimated diagnosis rate for people with dementia</b> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	G	G	G	G					R
		Actual	66.07%	65.52%	65.97%	66.43%	67.02%	66.77%	67.52%	67.12%					
		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%

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

Children and Young People with Eating Disorders

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



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

**EMSA**

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

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

<b>1291: % of all Incomplete RTT pathways within 18 weeks</b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		Actual	93.733%	94.171%	93.624%	92.599%	92.405%	92.295%	92.25%	92.22%					92.894%
		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%
<b>1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	G	G	G	G	G	R	G					R	
		Actual	0	0	0	0	0	0	1	0					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1828: % of patients waiting 6 weeks or more for a diagnostic test</b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R					R	
		Actual	2.207%	3.755%	4.059%	4.632%	6.418%	3.312%	2.612%	4.535%					3.922%
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

**Cancelled Operations**

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

**E-Referrals**

<b>2142: NHS e-Referral Service (e-RS) Utilisation Coverage</b> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	22.059%	19.884%	20.428%	18.783%	21.392%	21.33%	21.496%							20.746%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%

**Wheelchairs**

<b>2197: Percentage of children waiting less than 18 weeks for a wheelchair</b> 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									R
		Actual	0.00%		0.00%									-
		Target	92.00%		92.00%		92.00%		92.00%		92.00%		92.00%	

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

**HCAI**

<b>497: Number of MRSA Bacteraemias</b> Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	R	R	R	R	R	R					R
		YTD	0	0	1	1	1	1	1	1					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: Number of C.Difficile infections</b> Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G					G
		YTD	3	9	12	15	21	26	28	29					29
		Target	5	11	14	18	23	28	34	39	43	45	48	54	43

**Accident & Emergency**

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	88.069%	82.213%	82.323%	83.40%	85.006%	86.063%	86.245%	87.27%	85.90%					85.151%
		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%



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<b>431: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate for Total Provider)</b> % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R	R	R	R	R	R	R	R	R				R
		Actual	86.125%	78.775%	78.421%	80.811%	82.35%	84.469%	84.414%	86.58%	84.791%				82.934%
		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%
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	R	R	G	G	G	G	G	R				R
		Actual	0	9	2	0	0	0	0	0	4				15
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0



## MEETING OF THE GOVERNING BODY FEBRUARY 2018

<b>Agenda Item:</b> 18/09	<b>Author of the Paper:</b> Becky Williams Strategy & Outcomes Officer Email: <a href="mailto:becky.williams@southseftonccg.nhs.uk">becky.williams@southseftonccg.nhs.uk</a> Tel: 0151 247 7000
<b>Report date:</b> January 2018	
<b>Title:</b> South Sefton Clinical Commissioning Group Improvement and Assessment Framework 2017/18 Quarter 1 Exception Report	
<b>Summary/Key Issues:</b> This paper presents an overview of the 2017/18 CCG Improvement and Assessment Framework, and a summary of Q1 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.	
<b>Recommendation</b> The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	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			Dashboard presented to Finance & Resource Committee upon release each quarter.

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 the Governing Body February 2018

### 1. Executive Summary

The Improvement and Assessment framework draws together in one place 51 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. The framework is then used alongside other information to determine CCG ratings for the entire financial year.

An IAF dashboard is released by NHS England on a quarterly basis identifying areas of declining performance, or performance indicators which sit in the most adverse quartile nationally. The Q1 dashboard was released to CCGs 22 November 2017, before public release on My NHS on 30 November 2017.

Some areas of performance have been identified as a Key Line of Enquiry (KLOE) by NHS England due to either a significant improving or deteriorating position (identified by three consecutive data points in the same direction). Other indicators have been identified as residing in the best or worst quartile (25%) of CCGs nationally.

A framework has been drawn up to assign Leadership Team, Clinical, and Managerial leads to every indicator. The purpose of this is to assign responsibility to improving performance for each indicator to a named lead. This paper presents an overview of the 2017/18 CCG Improvement and Assessment Framework, and a summary of Q1 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.

The IAF dashboard is included in the Integrated Performance Report presented to Governing Body monthly for review and assurance.

### 2. Introduction and Background

A dashboard is released each quarter by NHS England outlining performance for all performance 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.

An update of the six clinical property areas for Q1 2017/18 is awaited.

### 3. Key Issues

Areas of performance which have been identified as deteriorating in performance or residing in the worst performing quartile (20%) of CCGs nationally, or identified as a Key Line of Enquiry (KLOE) by NHS England. KLOEs are identified by three consecutive data points in the same direction.

Indicator No.	Indicator Description	Q1 2017/18 Performance	SLT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
104a	Injuries from falls in people aged 65yrs +	Worst quartile, and deteriorating	Jan Leonard/ TBC/ TBC	No strategy in place, Community Provider has not recruited to falls service lead vacancy	CCG has developed a joint integrated programme with the Local Authority (Integrated Commissioning Group). The CCG has reviewed its existing falls incidence and assessed opportunities in relation to Rightcare. A draft strategy was considered through QIPP Committee in June 2017.	2018/19
106a	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS)	Worst quartile but improving	Jan Leonard/ Andy Mimmagh/ David Warwick	Nationally there are large inequalities in the rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions when comparing the most and least deprived areas. The most deprived decile has about three times as many emergency admissions compared to the least deprived decile at a national level.	Locally a Primary Care Streaming service commenced in Aintree 2 <sup>nd</sup> October 2017. As the service develops the volume of primary care eligible patients, and therefore a number of the non-complex UCS presentations, is expected to increase. This development will, over time, reduce the volume of ACS admissions into the acute Trust. The CCG are awaiting data from Aintree relating to the Acute Frailty Unit (AFU) Service. This will support a review of attendances to the AFU which are all classified as admissions.	March 2018
107a	Anti-microbial resistance – appropriate prescribing in primary care	Worst quartile but improving	Jan Leonard/ Anna Ferguson/ Susanne Lynch	National evidence suggests that antimicrobial resistance (AMR) is driven by over-using antibiotics and prescribing them inappropriately. Reducing the inappropriate	Antimicrobial resistance is within the CCG local quality contract facilitated by the CCG medicines management team. Discussions at Practice Quarterly meetings of practice prescribing of antimicrobials using data on the QP target for antimicrobial items	March 2018

				<p>use of antibiotics will delay the development of antimicrobial resistance that leads to patient harm from infections that are harder and more costly to treat. Reducing inappropriate antibiotic use will also protect patients from healthcare acquired infections such as Clostridium difficile infections. Locally some issues with prescribing codes and we need to liaise with other prescribing services attached to the CCG not just GP practices (e.g. sexual health)</p>	<p>per STAR-PU. Implementation within the practice of a process for the issue of delayed / deferred / back-up prescriptions where appropriate, for upper respiratory tract infections and UTI, and inclusion of the processes to support this within the practice prescribing policy.</p>	
122a	Cancers diagnosed at early stage	Worst quartile but improving	Jan Leonard/ Debbie Harvey/ Sarah McGrath	<p>49.1% of cancers in South Sefton were recorded at stage 1 or 2 in 2015 compared with 52.2% nationally. However 1 year survival which is used as a proxy for early stage survival stands at 70.2% similar to the national average of 70.4%.</p>	<p>There is a data lag in respect of this measure. Since 2015 NICE has produced new guidance for the referral and management of suspected cancer. We have increased GP access to investigations such as CT abdomen in line with NICE. The Cancer Transformation fund has dedicated strand for early diagnosis looking at lung, colorectal and vague symptoms pathways</p>	2016 data release (release date TBC)
122b	People with urgent GP referral having first definitive cancer treatment within 62 days	Deteriorating position	Jan Leonard/ Debbie Harvey/ Sarah McGrath	<p>Q4 2016/17 position showed 78.8% of patients referred by GP received their first definitive treatment within 62 days, a decline in performance from previous quarters. The main reasons for breaches are patient choice, equipment failures,</p>	<p>Oversight by CCG leads of Trust actions including:          •Continued monitoring and intervention by the Clinical Business Units to manage the patient pathway and remove any barriers which may be preventing treatment.          •Escalation of delays and constraints to the individual patient journey at the weekly Cancer Performance Meeting</p>	March 2018

				capacity in theatres, complex pathways (patients not fit for treatment); delayed histopathology results meaning patients are not discussed at the earliest possible MDT meeting.	<ul style="list-style-type: none"> <li>•Aintree identified to work with the National Cancer Alliance and NHSE to improve and sustain performance.</li> <li>• Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group and via Datix reporting.</li> <li>• Daily Performance meetings with escalation to the Divisional Directors as required and twice weekly performance meetings with relevant Clinical Business Unit Managers.</li> <li>• Continue with the recovery plan developed in conjunction with Diagnostics, Surgery and Specialist Medicine</li> <li>• Assess the impact theatre refurbishment will have on activity in surgery and to ensure effective use of all available theatre lists particularly for Urology and Head and neck.</li> </ul>	
123a	IAPT recovery rate	Worst quartile, and deteriorating	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	June 2017 performance of 42.4% was reported in the Q1 IAF release. Recovery rates have dipped as the IAPT provider has worked to bring the patients who have been waiting longest into the service. These patients are more likely to disengage without completing treatment. However, as waits reduce, this is expected to improve.	Recruitment of additional staff, increased opening times with late evening sessions, Practitioners have undergone NHSE Long Term Condition training and EMDR training (specific therapy for trauma clients) to meet population needs. Pre-therapy groups offered to waiting list patients waiting for CBT based on feedback that clients are not always prepared for therapy. Anxiety workshops, telephone system upgrade.	March 2018. Latest (Oct 2017) performance shows improvement with 45.9% recovery rate.
124b	LD Annual Health checks	Worst quartile, no trend	Jan Leonard/ Sue Gough/ Tracy Reed	2015/16 performance is reported in the Q1 2017/18 IAF and at 10.4% South Sefton is ranked worst nationally of 207 CCGs. Some practices have signed	Working with practices with low uptake, to identify any difficulties or support issues with access to the LD health checks by people with learning disabilities. Promote awareness and importance of the LD Annual Health Checks Scheme with stakeholders.	Q4 2017/18

				up to DES with NHS England. Capacity to conduct checks across all practices has been cited as a challenge.	Community LD Team to develop a strategy to ensure that systems are in place to maintain relationships with GP practices, and that people with learning disabilities known to team are receiving Health Checks. Local data for 2017/18 Q2 suggests an improvement in performance (19.9% YTD).	
125a	Neonatal mortality and stillbirths	Worst quartile nationally	Debbie Fagan/ Wendy Hewitt/ Peter Wong	2015 performance is reported in the Q1 2017/18 IAF and at 6.1 South Sefton is ranked 166 of 207 CCGs.	Implementation of Saving Babies Lives Care Bundle. Seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures e.g. use of foetal weight charts, supporting mothers who smoke, seek evidence of case note audits). Providers engaged within Children & Maternity Vanguard developments re: neonatal and maternity care	2016 data release
125d	Maternal Smoking at Delivery <b>NEW</b>	Worst quartile nationally but improving	Debbie Fagan/ Wendy Hewitt/ Peter Wong	Q1 2017/18 performance is 15.3%. The CCG is above the data coverage plan of 95% at Q2, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. 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.	March 2018
126b	Dementia post diagnostic support	Worst quartile, and deteriorating	Jan Leonard/ Sue Gough/ Kevin Thorne	2015/16 performance is reported in the Q1 2017/18 IAF and at 73.9% South Sefton is ranked 197 of 207 CCGs nationally. Low uptake	Practices should develop a planned programme of activity to establish internal routines to appropriately review patients with dementia and engage with carers as per QOF guidance. Awareness raising and	2015/16 data 73.9% which is deteriorating but still above QOF

				by some practices.	support from Sefton Alzheimer's Society and Sefton Carers centre should also assist practices to meet these requirements.	requirement of 70%.
127b	Emergency admissions for urgent care sensitive conditions (UCS)	Worst quartile but improving	Jan Leonard/ Andy Mimmagh/ David Warwick	Q4 2016/17 performance is 3,254 admissions. There are large inequalities in the rate of emergency admissions for urgent care sensitive conditions when comparing the most and least deprived areas nationally. A well performing urgent and emergency care system should minimise the rate of emergency admission for urgent care sensitive conditions in more as well as less deprived areas.	Locally a Primary Care Streaming service commenced in Aintree on 2 <sup>nd</sup> October 2017. As the service develops the volume of primary care eligible patients, and therefore a number of the non-complex UCS presentations, is expected to increase. This development will, over time, reduce the volume of ACS admissions into the acute Trust. The CCG are awaiting data from Aintree relating to the Acute Frailty Unit (AFU) Service. This will support a review of attendances to the AFU which are all classified as admissions.	March 2018
127c	A&E admission, transfer, discharge within 4 hours		Jan Leonard/ Andy Mimmagh/ David Warwick	September 2017 performance reported in the Q1 2017/18 IAF at 86%.	Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery performance. Complete review of the medical workforce establishment. Additional sessions are being arranged to cover gaps in the existing rotas. This project is being supported by Ernst & Young to ensure realignment of current workforce is undertaken prior to business case completion. •Following financial agreement for PCS, fully implement •NWAS 90 day project completed. Awaiting start date agreement for direct conveyancing to AEC.	



					<p>Progress the recruitment of Acute Physicians. Interview date scheduled for January.</p> <p>Complete full ED nurse establishment review, including a dependency study within the department which will complete on 19/11. The findings will be fed into the review.</p> <p>EY and Exec support is in place to ensure the delivery the KPI's to improve quality and performance. A rapid improvement event with focus on the See &amp; Treat area is planned for week commencing 20/11.</p> <p>Develop series of PDSA cycles to test improvements in the following elements of the EACP:- See and Treat- Board rounds - 60 minute to first clinician- Direct pathways to assessment areas.</p>	
127f	Population use of hospital beds following emergency admission	Worst quartile, and deteriorating	Jan Leonard/ Andy Mimmagh/ David Warwick	<p>Q4 2016/17 performance is 602.2 admissions. Emergency admissions per weighted population (age, sex, deprivation).</p>	<p>The North Mersey ICRAS service went live on 2<sup>nd</sup> October and aims to deliver a discharge to assess model which will ultimately reduce the number of bed days in hospital once a patient is medically and therapy safe for discharge.</p> <p>SSCCG have increased the number of ICB beds by 11 (+44%) on 2<sup>nd</sup> October 2017. This is additional capacity designated to step up (admission from primary care) and step down (admission from Acute Trust) patients. CCG Quality Team and Urgent Care Operational Team visit Aintree weekly to review and, where required, progress all Sefton CHC and Fast Track referrals. Weekly Delayed Discharge Teleconferences and Bi-weekly MADE meetings continue to take place with all local CCG and LA's</p>	March 2018

					represented.	
128d	Primary care workforce	Worst quartile nationally	Jan Leonard/ Craig Gillespie/ Angela Price	March 2017 is the latest reported period within the Q1 IAF, at 0.9 per weighted population. The counts of GPs, nurses and other clinical staff are from the workforce Minimum Data Set, wMDS. Data from the wMDS are published bi-annually by NHS Digital as "General and Personal Medical Services" data.	Using 2017/18 to understand access and current workforce/skillmix 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	November 2017 Workforce data is being collected as part of the GPFV International Recruitment bid.
144a	E-Referral utilisation <b>NEW</b>	Worst quartile nationally	Jan Leonard/ Andy Mimmagh/ Sarah McGrath	June 2017 is the latest reported period within the Q1 IAF, at 20.4%.	October 2017 is 23%. Small improvements month on month. Aintree is undergoing a paper switch off programme with NHS Digital, which will be fully implemented by August 2018. This is supported by a CQUIN in relation to all service being available on the E-Referral system and appointment slot issues minimised through alignment of appointment polling ranges with waiting times at specialty level; a re-launch and training for E-Referral with GP practices, and a communications plan.	Q2 2018/19 in line with national ambition
163a	Staff engagement index	Worst quartile, and deteriorating	Tracy Jeffes	To signal the expectation that CCGs demonstrate leadership across the organisations in their part of the NHS. The indicator of workforce engagement will show the extent of progress in good engagement across the patch which will inform discussions between the	This is a composite measure from NHS Staff Survey results for the main Providers the CCG commission from. The variation nationally is small; the CCG composite score (last reported 2016) is flagged as being in the lowest quartile with a staff engagement index of 3.7 whilst the peer group average and indeed national average is 3.8 . South Sefton CCG results are consistently higher than those of our Providers with the latest at 4.01	2018/19

				CCGs and their provider organisations on how further progress can be made. Measured as the level of engagement reported by staff in the NHS staff survey for providers in the NHS footprint of the CCG weighted according to the financial flows.	demonstrating good engagement with CCG staff setting an example to our Providers.	
164a	Effectiveness of working relationships in the local system	Worst quartile, and deteriorating	Tracy Jeffes	To identify relationships that need to be strengthened and areas within the system where support may be necessary. Data from NHS England – CCG stakeholder 360 survey 2016-17.	Improved relationships with Sefton MBC through progress on a route map for integration and linking of BCF and wider integration strategy. Improved functioning and governance of the Integrated Commissioning Group High level system leadership through Chief Officer chairing of North Mersey LDS and A&E delivery Board. Implementation of system wide intermediate care scheme ICRAS now underway. Further development of work and function of Aintree Clinical Liaison Forum (South Sefton only) Development of system wise "Care for You" programme around services for Southport and Formby Residents. (Southport & Formby only) Regular collaboration with Healthwatch and the VCF sector through EPEG and a wide variety of other connections.	2018/19

#### 4. Conclusions

The indicators identified as requiring improvement are all either existing metrics reported through the Integrated Performance Report, meaning actions are already in train and are monitored for improvement on a monthly basis to Governing Body e.g. IAPT recovery, dementia diagnosis, emergency admissions, DTOC, RTT. Or they form part of Operational Plans for 2017-19 e.g. Falls, e-referrals, CYPMH transformation. These newer metrics have been added to the Integrated Performance Report for 2017/18 onwards to ensure performance and mitigating actions are monitored.

A timetable for reporting has now been published by NHS England (subject to change) which means the following reports will be available as follows:

Financial Quarter	Estimated dashboard release by NHSE
Q1	22/11/17
Q2	31/01/18
Q3	23/04/18
Q4	July 2018 TBC

#### 5. Recommendations

The Committee is asked to note the contents of the exception report.

#### Appendices

##### Appendix 1 – CCG IAF Dashboard

**Becky Williams**  
 January 2018

## Appendix 1 – CCG IAF Dashboard Q1 2017/18

Better Health						Better Care							
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 102a	% 10-11 classified overweight / <sup>2013/14 to</sup> / <sup>2015/16</sup>	35.4%	↑	6/11	142/207	R 121a	High quality care - acute	17-18 Q1	60	↓	9/11	87/207	
103a	Diabetes patients who achieved 2015-16	39.3%	↓	7/11	98/207	R 121b	High quality care - primary care	17-18 Q1	66	↑	8/11	110/207	
103b	Attendance of structured educa 2014	7.9%	↑	4/11	67/207	R 121c	High quality care - adult social c	17-18 Q1	61	↑	4/11	131/207	
R 104a	Injuries from falls in people 65y 16-17 Q4	2,865	↑	9/11	197/207	122a	Cancers diagnosed at early stage 2015		49.1%	↑	7/11	166/207	
R 105b	Personal health budgets	17-18 Q1	7	↓	11/11	138/207	122b	Cancer 62 days of referral to tre 16-17 Q4		78.8%	↓	10/11	136/207
R 106a	Inequality Chronic - ACS & UCSC 16-17 Q4	3,184	↑	9/11	191/207	122c	One-year survival from all cance 2014		70.2%	↑	2/11	94/207	
R 107a	AMR: appropriate prescribing	2017 06	1.216	↓	5/11	187/207	R 122d	Cancer patient experience	2016	8.8	↑	7/11	54/207
R 107b	AMR: Broad spectrum prescribit 2017 06	8.2%	↑	7/11	79/207	R 123a	IAPT recovery rate	2017 06	42.4%	↓	10/11	193/207	
108a	Quality of life of carers (not available)					R 123b	IAPT Access	2017 07	2.8%	↓	7/11	122/207	
Sustainability						Better Care							
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 141b	In-year financial performance	17-18 Q1	Amber	↑		123c	EIP 2 week referral	2017 08	81.0%	↓	8/11	82/207	
R 144a	Utilisation of the NHS e-referral	2017 06	20.4%	↑	11/11	186/207	123d	MH - CYP mental health (not available)					
123f	MH - OAP (not available)												
123e	MH - Crisis care and liaison (not available)												
Leadership						Better Care							
	Period	CCG	Peers	England	Trend		Period	CCG	Peers	England	Trend		
R 162a	Probity and corporate governan	17-18 Q1	Fully Compliant	↔		R 124a	LD - reliance on specialist IP cari	17-18 Q1	66	↓	3/11	141/207	
163a	Staff engagement index	2016	3.70	↓	9/11	183/207	124b	LD - annual health check	2015-16	10.4%	○	11/11	207/207
163b	Progress against WRES	2016	0.12	○	7/11	95/207	124c	Completeness of the GP learning disability register (not available)					
164a	Working relationship effectiveness 16-17	63.79	↓	9/11	157/207	R 125d	Maternal smoking at delivery	17-18 Q1	15.3%	↓	4/11	165/207	
166a	CCG compliance with standards of public and patient participation (not available)					125a	Neonatal mortality and stillbirth 2015		6.1	○	8/11	166/207	
R 165a	Quality of CCG leadership	17-18 Q1	Amber	↔		125b	Experience of maternity service: 2015		81.2	○	7/11	73/207	
125c	Choices in maternity services	2015	67.0	○	6/11	70/207	R 126a	Dementia diagnosis rate	2017 08	67.0%	↑	10/11	120/207
126b	Dementia post diagnostic suppc 2015-16		73.9%	↓	11/11	197/207	R 127b	Emergency admissions for UCS + 16-17 Q4		3,254	↓	6/11	186/207
R 127c	A&E admission, transfer, discha 2017 09		86.0%	↑	9/11	150/207	R 127e	Delayed transfers of care per 10 2017 08		13.6	↑	10/11	133/207
R 127f	Hospital bed use following emer 16-17 Q4		602.2	↑	9/11	190/207	105c	% of deaths with 3+ emergency admissions in last three months of life (not available)					
128b	Patient experience of GP service 2017		83.9%	↑	9/11	128/207	R 128d	Primary care workforce	2017 03	0.90	↑	9/11	163/207
128c	Primary care access (not available)					R 129a	18 week RTT	2017 08	92.4%	↓	8/11	53/207	
R 130a	7 DS - achievement of standards (not available)					R 131a	% NHS CHC assessments taking p 16-17 Q4		70.8%	○	1/11	18/207	
R 132a	Sepsis awareness (not available)					132a	Sepsis awareness (not available)						

Key	
<span style="background-color: #d9e1f2; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Worst quartile in England
<span style="background-color: #a6c9ec; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Best quartile in England
<span style="background-color: #7092c8; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Interquartile range

## MEETING OF THE GOVERNING BODY FEBRUARY 2018

<b>Agenda Item:</b> 18/10	<b>Author of the Paper:</b> Debbie Fairclough QIPP programme manager Email: Debbie.fairclough@southseftonccg.nhs.uk Tel: 0151 247 7000						
<b>Report date:</b> February 2018							
<b>Title:</b> Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map							
<p><b>Summary/Key Issues:</b></p> <p>The Governing Body is presented with the updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) as at the end of December 2017 (Q3 2017/18). Also attached is a heat map which summarises all the mitigated risks of the CCG with a score of 12 and above. This will aid an overview of the CRR.</p> <p>The GBAF has been updated by the respective leads and presented for review to the Leadership Team on 2<sup>nd</sup> January 2018 and Audit Committee on 10<sup>th</sup> January.</p> <p>Risks in the CRR have been reviewed by the relevant teams and/or committees with an update provided by each of the respective leads. The CRR was presented to the Leadership Team on 2<sup>nd</sup> January 2018 for review and Audit Committee on 10<sup>th</sup> January.</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.</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 (*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			The risks have been reviewed by the respective committees / teams and presented to the Leadership Team for review.

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 February 2018

### 1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework and Corporate Risk Register as at the end of December 2017 (Q3 2017/18).

The GBAF has been updated by the respective leads and presented for review to the Leadership Team on 2<sup>nd</sup> January 2018 and Audit Committee on 10<sup>th</sup> January.

The CRR has been reviewed by the relevant teams and/or committees with an update provided by each of the respective leads. This was presented to the Leadership Team on 2<sup>nd</sup> January 2018 for review Audit Committee on 10<sup>th</sup> January.

### 2. Position Statement December 2017

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

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

#### GBAF Risk Positions

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

#### GBAF Highlights

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

GBAF Highlights	Update
1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position	<p>Extreme Risk</p> <ul style="list-style-type: none"> <li>• Check and challenge sessions being introduced</li> <li>• Ongoing pursuit and identification of additional efficiency schemes</li> <li>• Prioritisation session with Governing Body in December</li> <li>• Robust contract management of providers QIPP week to run week commencing 15<sup>th</sup> January 2018</li> </ul>



## 2.2. Corporate Risk Register

There are 34 operational risks rated high or above that are recorded on the South Sefton CCG CRR as at December 2017:

- There are four new Quality risks and are in relation to packages of care, staffing rota at the Ormskirk Maternity Unit, St Joseph's admissions, quality and safety at Aintree University Hospital Trust AED at times of system pressure.

### CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	27
Extreme	15 - 25	7

### 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)	Winter Plan developed and agreed and submitted to the A&E Delivery Board for approval.	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	LAC meeting held November 17. Action plan aligned to Business Continuity Plan. Issues on LAC and plans remain. Meeting scheduled for December 17 with Mersey Care and North West Boroughs.	16
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	Head of Quality and Safety recruited to commence full time in January 18. One of two Practice Nurse Leads out on secondment. Hours have been increased for the remaining Practice Nurse Lead in order to ensure cover.	16
SS050	There is a risk that challenging performance at AUH will impact on the quality of care and outcomes for patients	QRP awaiting final sign off after AUH comments. Awaiting Spec Comm update. Trust on enhanced surveillance. QRP to be completed December 17.	20

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
SS053	There is a risk that the reduction in numbers of the middle grade medical staffing rota at Ormskirk Maternity Unit will impact on the quality of care and outcomes for mothers and babies.	<p>Regular meetings with NHSE, NHSI and commissioners on S&amp;O plans to recruit locum cover. Vanguard summit to review and organise area support to S &amp; O. Agenda item at CCF. Weekly telecom in place.</p> <p>Rota now covered until February 2018. Chief Officer formally written to trust on staffing assurance. Health Economy discussions continue on longer term solutions.</p>	20
SS044	CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18.	<p>Robust review of all CCG expenditure through monthly management accounting routines.</p> <p>Examination of QIPP savings and opportunities at the beginning of financial year as part of financial planning. Ongoing monitor throughout the year.</p> <p>Focussed QIPP week (May 2017) to explore possible QIPP opportunities.</p> <p>Scheme of delegation in place internally to limit authority to commit CCG resources to senior management.</p> <p>Assurance from Internal Audit re. financial systems.</p> <p>Development of stretch QIPP plan – July 2017.</p>	20
SS045	CCG fails to deliver its QIPP target in 2017/18	<p>Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings.</p> <p>Monthly RAG rated QIPP reporting and challenge at Joint QIPP Committee.</p> <p>CFO set stretch QIPP target at 200% of required target to mitigate risk of non-delivery – July 2017.</p>	20

ID	Description of Risk	Update On Mitigating Action	Score Post Mitigation
		Rapid mobilisation of QIPP projects and ongoing review of timing of delivery. Development of two year QIPP plan.	

### 3. Appendices

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

South Sefton CCG  
Governing Body Assurance Framework  
2017/2018  
Update: December 2017: Q3

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	20	<ul style="list-style-type: none"> <li>There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements</li> <li>QIPP week held July to identify further schemes and plan for 2018/19</li> <li>Senior QIPP programme manager now in place to lead on key schemes and support delivery</li> <li>At month 8 it is evident that QIPP plan will not deliver. Risk score now 20.</li> </ul>
2. To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS.	2.1 N/A		15	9	<ul style="list-style-type: none"> <li>RISK CLOSED</li> <li>Risk being assured through Strategic Objective 1</li> </ul>
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	8	<ul style="list-style-type: none"> <li>New national set performance metrics presented to the Governing Body in October 2017</li> <li>Monthly performance calls with NHSE to review all constitutional targets</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	Tracy Jeffes	5	4	<ul style="list-style-type: none"> <li>• Business Continuity plans approved</li> <li>• Composite plan and strategy approved</li> <li>• Training and awareness raising continues</li> <li>• Development Plan in place</li> <li>• <a href="#">NHSE Self-Assessment Assurance process completed.</a></li> </ul>
4. To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.	4.1 Current work pressures reduce ability to engage on GP Five Year Forward View implementation.	Jan Leonard	9	9	<ul style="list-style-type: none"> <li>• GPFV international recruitment programme in place</li> <li>• <a href="#">LMC planning meetings within LMC continue to be held</a></li> </ul>
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Community Service currently going through transaction process which increasing risk of instability in services.	Jan Leonard	9	9	<ul style="list-style-type: none"> <li>• 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.</li> <li>• <a href="#">Transformation underway with a number of work streams are meeting to discuss issue such as community prescribing.</a></li> </ul>
6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Tracy Jeffes	9	9	<ul style="list-style-type: none"> <li>• BCF plans approved</li> <li>• <a href="#">Final guidance published and aligned to "Making it Happen"</a></li> </ul>

<b>Strategic Objective 1</b>	<b>To focus on the identification of QIPP (Quality, Improvement, Productivity &amp; Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.</b>			
<b>Risk 1.1</b>	<b>Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position</b>			
<b>Risk 1.2</b>	<b>There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements</b>			
<b>Risk Rating</b> Initial Score Current Score	4 x 5 =20 4 x 5 =20		<b>Lead Director</b> Debbie Fairclough <b>Date Last Reviewed</b> 20 December 2017	
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>QIPP plan remains under constant review by the Joint QIPP Committee and the Governing Body</li> <li>QIPP update provided at leadership team every week</li> <li>QIPP week held in May to identify new schemes</li> <li>QIPP week held July to identify further schemes and plan for 2018/19</li> <li>Senior QIPP programme manager now in place to lead on key schemes and support delivery</li> <li>Prioritisation session being held with Governing Body</li> <li>Implementation of a referral management system (ROSS)</li> <li>Stretch QIPP plan for medicines optimisation being developed</li> <li>Monitoring and evaluating the adverse impact of the Acting as One arrangements</li> <li>Check and challenge sessions being introduced</li> <li>Ongoing pursuit and identification of additional efficiency schemes</li> <li>Prioritisation session with Governing Body in December</li> <li>Robust contract management of providers</li> <li>QIPP week to run week commencing 15<sup>th</sup> January 2018</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		<ul style="list-style-type: none"> <li>Additional resource required to support QIPP schemes – support requested from NHSE</li> </ul>	Debbie Fairclough	July 2017
		<ul style="list-style-type: none"> <li>Rapid implementation of big schemes that are not linked to acting as one required</li> </ul>	Debbie Fairclough	July 2017
		<ul style="list-style-type: none"> <li>Refresh of prioritisation session with governing body to identify any areas for efficiency</li> </ul>	Debbie Fairclough	November 2017
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Outcome of audit by NHSE in March shows that we have good arrangements in place</li> <li>Delivery of QIPP targets – monitored month on month</li> <li>Full review of all QIPP activity undertaken in May – June providing assurances that the CCG is doing all it can to identify efficiencies</li> <li>Medicines management schemes continue to deliver</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
The CCG will not deliver the QIPP plan which will adversely impact the CCG's overall financial position.		SF006		

<b>Strategic Objective 2</b>	<b>To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the North Mersey LDS.</b>		
<b>Risk 2.1</b>			
<b>Risk Rating</b>			
Initial Score	<b>5 x 3 = 15</b>	<b>Lead Director</b> Karl McCluskey	
Current Score	<b>3 x 3 = 9</b>	<b>Date Last Reviewed</b> 28 <sup>th</sup> September 2017	
<b>Controls (what are we currently doing about the risk?):</b>	<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
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.	<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
	Stocktake of blueprints. <a href="#">Operational Group held October 2017 to review CCG priorities and blue prints. Reaffirmed three existing priorities and agreed set of programmes in place of blueprints. Programmes now incorporated into single PMO process with QIPP. Draft programme plans on a page completed.</a>	Debbie Fairclough and Fiona Doherty	October 2017
	<a href="#">Review of Shaping Sefton Strategy to be completed.</a>		March 2018
<a href="#">New governance arrangements developed with Cheshire and Merseyside Partnership (STP) to support advancement of 'Sefton Placed Based Transformation Programme'. Programme Board meeting in January 2018.</a>	February 2018		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>	<b>Gaps in assurances (what additional assurances should we seek):</b>		
•			
<b>Additional Comments:</b>	<b>Link to Risk Register:</b>		



<b>Strategic Objective 3</b>	<b>To ensure that the CCG maintains and manages performance &amp; quality across the mandated constitutional measures.</b>			
<b>Risk 3.1</b>	<b>There is a risk that identified areas of adverse performance are not managed effectively or initially identified</b>			
<b>Risk Rating</b> Initial Score Current Score	<b>4x4 = 16</b> <b>2x4 = 8</b>	<b>Lead Director</b> Karl McCluskey <b>Date Last Reviewed</b> 22 December 2017		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times</li> <li>Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated</li> <li>Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week.</li> <li>New management structure put in place with clear lines of accountability and responsibility</li> <li>Identified individuals update monthly through integrated performance meetings</li> <li>Links between Contracting team and CQPG to triangulate on quality aspects of performance</li> <li>New nationally set performance metrics for ambulance performance and CAMHS introduced</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Continued monitoring of associated risks	All	on-going
		Governing Body Development Session will focus on new ambulance performance metrics and CAMHS. <b>Completed.</b>	Karl McCluskey	October 2017
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> <li>- A&amp;E performance</li> <li>- Diagnostic performance</li> <li>- 62 day cancer performance</li> <li>- Dermatology RTT performance</li> </ul>		
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked</li> <li>Integrated Performance Report shows CCG understanding of issues and oversight of actions</li> <li>Integrated Performance Reports may show improved performance as a result of robust management by CCG</li> <li>Assurance from MIAA review of performance reporting</li> <li>Performance continues to be maintained</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
		QUA002, QUA005, QUA008, QUA009, QUA020, QUA022		

<b>Strategic Objective 3</b>	<b>To ensure that the CCG maintains and manages performance &amp; quality across the mandated constitutional measures.</b>			
<b>Risk 3.2</b>	<b>Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.</b>			
<b>Risk Rating</b> Initial Score Current Score	1 x 5 = 5 1 x 4 = 4	<b>Lead Director</b> Tracy Jeffes <b>Date Last Reviewed</b> 20 December 2017		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>CCG Commissions EPRR and Business Continuity support from MLCSU</li> <li>CCG has in place business continuity plans <a href="#">with plans and strategies refreshed September 2017.</a></li> <li><a href="#">Composite plan and strategies approved by F&amp;R September 2017.</a></li> <li>Emergency Planning training taken place in last 12 months</li> <li>Corporate Governance Group has responsibility for ensuring compliance</li> <li>CCG Statutory Lead is Chief Delivery and Integration Officer</li> <li><a href="#">NHSE Self-Assessment Assurance process completed. Development Plan in place.</a></li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		<a href="#">Action plan from exercising from Business Continuity Plans being implemented</a>	Lisa Gilbert	February 2018
		Ongoing training for key staff – multiagency response training event. Exercising of Business Continuity Plans.	Tracy Jeffes	October 2017
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>NHSE assurance through self-assessment and improvement plan</li> </ul>		<a href="#">System wide Pan Flu Planning scheduled for March 2018.</a>		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 4</b>	<b>To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.</b>			
<b>Risk 4.1</b>	<b>Current work pressures reduce ability to engage on GP Five Year Forward View implementation.</b>			
<b>Risk Rating</b> Initial Score Current Score	3x3=9 3x3=9	<b>Lead Director</b> Jan Leonard <b>Date Last Reviewed</b> 21 December 2017		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Joint Commissioning Committee with NHSE established</li> <li>LQC for 17/18 in place</li> <li>GPFV plan</li> <li>GPFV international recruitment programme in place, with participation by the CCG</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		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. Issues continue within Crosby. Further discussion to be had at Locality meeting in January.	Jan Leonard	Sept 17 January 2018
		Workshop for Estates Developments planned for Maghull held. A number of actions to be completed in advance of the next meeting. Workshop held.	Martin McDowell	TBC
		LDS Primary Care Group meeting monthly to deliver GPFV Plan	Jan Leonard	Monthly
		Primary Care Workshop to review strategy and funding is scheduled. Workshop held. Key issues where to try and secure a two year LQC for stability within the practices and to visit each locality to gain their thoughts on the transformation agenda.	J Leonard	October 2017 February 2018
		International recruitment application submitted by NHSE on behalf of the CCGs. We await the outcome.		January 2018
		LQC planning meetings in conjunction with the LMC continue to be held.		January 2018
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>				
<ul style="list-style-type: none"> <li>Primary Care Dashboard in development in Aristotle</li> <li>Transformation agenda and GPFV plan monitored through Joint Commissioning Committee</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
		SS043		

<b>Strategic Objective 5</b>	<b>To advance integration of in-hospital and community services in support of the CCG locality model of care.</b>			
<b>Risk 5.1</b>	<b>Community Service currently mobilising may delay ability to deliver transformation</b>			
<b>Risk Rating</b> <b>Initial Score</b> <b>Current Score</b>	3x3=9 3x3=9	<b>Lead Director</b> Jan Leonard <b>Date Last Reviewed</b> 21 December 2018		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Community Services contract monitoring meetings</li> <li>EPEG monitor feedback on services</li> <li>Quality Committee monitoring of services</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Contract Monitoring Meetings in place	Jan Leonard	Monthly
		Weekly meeting regarding mobilisation established. Complete.	Jan Leonard	On going
		Transformation underway. A number of work streams are meeting to discuss issue such as community prescribing.		February 2018
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
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.				

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



**South Sefton**  
Clinical Commissioning Group

## Corporate Risk Register

<b>Current Version</b>	V7		
<b>Previous Version</b>		<b>Updated Date</b>	Dec-17

Responsible Committee/Team	Committee/Team ID	CRR ID: SS	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 control/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	QUA002	SS041	Q3-1 January 2015	QUA011	Karl McCluskey (Gordon Jones)	Redesign & Commissioning	Risk that patients could be harmed or receive inadequate care due to failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in poor patient care	<ol style="list-style-type: none"> <li>Monthly performance meeting with provider.</li> <li>Remedial action plan in place - which is reviewed monthly with provider</li> <li>Performance and contractual meetings and reporting process in place</li> <li>paper presented to Governing Body November 2014</li> <li>Enhanced open access provision for patients to self refer including easier on line referral.</li> <li>Working across CWP/IAPT sites to ensure data consistency and quality</li> <li>Group session in place</li> </ol>	4	3	12	<ol style="list-style-type: none"> <li>Additional focus on Did Not Attend</li> <li>Re-advertising service with GP practice</li> <li>Using CVS to advertise to general public.</li> <li>Increased group work.</li> <li>From October 2016 new referral who require following up will be seen within 6 weeks.</li> </ol>	<p>Early indicators of reduced DNAs and heightened level of self-referral. Target remains challenging in terms of patient numbers. Requested expert team to support the CCG in improving performance. NHSI team have been formally engaged and working with provider. Access KPIs remain challenging. Performance in Q1 for access was suboptimal. Access KPIs remains challenging. Performance in Q1 for access was suboptimal. Ongoing marketing of the service and more patient group work linking to third sector to provide more counselling. GJ. Self referrals have increased within the Access Self-referral. The numbers of internal waiters have reduced and progress made in reducing excessive internal wait times. Internal waits are monitored on weekly basis. NHSI team completed their work in October 2016 and they have identified key areas for service improvement to enable targets to be achieved. The service has enabled additional clinical capacity to be utilised and has implemented robust clinical management processes to reduce clinical variation. In addition the service is offering group work.</p> <p>Further initiatives in place focusing on specific; GP practices, community groups and local employers. Group sessions are also in place. NHSI returning to the CCG to review if any additional measures can be taken to improve access: Q4 2017/18.</p> <p>Exploring potential for IAPT referrals with the Neuro Vanguard programmes: January 2018.</p> <p>Risk increased as a result of target not being met, despite all areas being actioned.</p>	4	3	12	Dec-17	Jul-17	↑
Quality Committee	QUA008	SS001	Prior Q3 2013/14	BU0001 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. (South Sefton)	<ol style="list-style-type: none"> <li>Monthly contract meetings</li> <li>Clinical Quality and performance meetings</li> <li>Clinical lead for contracts and quality</li> <li>Clinical meetings with Cancer Leads and Manager.</li> <li>Managerial lead for cancer has action plan in place</li> <li>Weekly and monthly monitoring through SMT and contractual performance.</li> <li>RCA for any 62 day breaches</li> <li>Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team).</li> <li>Integrated Performance Report developed and presented to Governing Body.</li> <li>Action plans in place for failed areas: progress being monitored via SMT, contractual performance and continued reviews.</li> </ol>	3	3	9	<p>There are no additional systems or controls that can be put in place currently</p> <p>Performance of providers against constitutional target is monitored monthly with individual exceptions being addressed in turn</p>	<p>The likelihood score remains higher than the initial score due to lack of sustained month on month performance. Challenges in managing referrals from NHS screening service due to complicated pathways, issue raised with Spec Comm &amp; NHSE. CCG to escalate at Q2 assurance review with NHSE. Discussed at April's CCG meeting. Sarah McGrath to update:-</p> <p>Mandate from NHSE May 2017 on recovery and operating model for 62 day cancer standard. Both Aintree and S&amp;O classed as marginally reaching 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.</p> <p>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</p> <ul style="list-style-type: none"> <li>Warrington and Halton Hospital NHS Trust</li> <li>Southport and Ormskirk NHS Hospital Trust</li> <li>Aintree Hospital Trust NHS</li> <li>Liverpool Women's Hospital NHS Trust</li> <li>Catterbridge NHS Hospital Trust</li> </ul> <p>Additional meeting with CCG, CEOs of RLBHUT, Clinical Lead LCL, NHSI to gain assurance. RE: Performance &amp; Quality Improvement meeting held 30-8-17. 70%-80% performance expected by December 2017. Reported to GB September 2017</p>	4	3	12	Dec-17	Jul-17	↔
Quality Committee	QUA009	SR#46 SS019	Apr-15	QUA024	Karl McCluskey (Dave Warwick)	Redesign & Commissioning	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the Trusts (SS)	<ol style="list-style-type: none"> <li>A&amp;E delivery Board in place to monitor &amp; manage performance</li> <li>S&amp;E subgroup in place</li> <li>Monthly contractual performance meetings</li> <li>Monthly Integrated Performance Report: reported to Governing Body.</li> <li>Monthly Quality meeting: reported to Governing Body (SF)</li> </ol>	3	3	9	<p>Recovery plan agreed</p> <p>STF trajectory agreed</p>	<p>ECIP review undertaken in Nov and draft report shared with CCG</p> <p>Enhanced recruitment of nursing staff to support ambulance turnaround times</p> <p>A&amp;E staff resource (Medical and Nursing) discussed in April's COPE.</p> <p>Trust activity recouling.</p> <p>RCA 12 hour breaches perceived as per timeline fed back to Trust at Aintree COGP in April discussion on low levels of harm due to long waits at A&amp;E. Report to Aintree Board on harm over previous 12 months.</p> <p>Will come to COGP.</p> <p>The consequence and impact scores remains higher than the initial score due to lack of sustained month on month performance.</p> <p>Not meeting constitutional target or STF trajectory.</p> <p>Increased number of 12 hour breaches for which RCAs are being completed.</p> <p>Fratley Unit opened in Dec to support patient flow and turnaround.</p> <p>Wrester Plan developed and agreed and submitted to the A&amp;E Delivery Board for approval.</p> <p>ICRAS (Integrated Care Reablement and Assessment) model scheduled for implementation 1st October.</p> <p>Note: Dec 2017: KMCC confirmed this risk SF016 actually referred to South Sefton and not Southport &amp; Formby CCG. Amended from SF to SS</p>	4	4	16	Dec-17	Jun-17	↔
Quality Committee	QUA011	SS029	Q1 2016/17	QUA045	Jenny Owen	Quality	Risk of infection/hospital admission and harm to patients from poorly maintained nebuliser equipment	<p>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 talking with respiratory teams, consultants, LCH and GP teams to ensure basics are right for the future. JK and Hilo to raise at quality committee. Hilo to add to corporate risk register.</p>				<ul style="list-style-type: none"> <li>All providers informed of risk</li> <li>LCH &amp; Aintree have this on their risk registers</li> <li>Pan Mersey Sub Group informed</li> <li>All organisations to follow guidance from governance leads within their organisations</li> <li>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 &amp; education.</li> <li>An update to be presented at the August Quality Committee Meeting</li> <li>A meeting will be held with all providers to work up a longer term solution.</li> </ul>	<p>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.</p> <p>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 alternatives funding streams for example via pharmaceutical companies. This was explored and unfortunately this was unavailable. In the short term Medicines Management will provide education to the patient via 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.</p> <p>Routes map for integration finalised, have 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.</p> <p>Clinical QIPP agreed to proceed phase 3 funding for training. This will cease in July but won't be funded further.</p>						

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								4	5	20	Plan for community respiratory review 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 rebused 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 processes. Search carried out. 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 rebused 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.  Following the completion of the search it was identified that Medicines Management did not have the capacity to take through. As a result the Nurses in Practice will review the data as part of the practice patient annual review and complete the process. The CCG Clinical Leads and Practice Nurse Leads have produced a information leaflet to assist this process. Should a patient be identified as needing a full review they will be referred to the appropriate specialist team. The referral process will be completed by April 2018.	4	3	12	Dec-17	Dec-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 OSG CCF COGP Pro-active comms team			Discussed at OSG 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 Officers July & Aug 2016 Chronology of CCG involvement in performance management of provider ongoing to provide assurance of CCG actions Chronology discussed at CCG GB development session Aug 2016 Consideration of joint MIAA review Sept 2016	Joint presentation to OSG made in October 2016 regarding recommendations and lessons learnt for Cheshire & Merseyside Commissioning colleagues. MIAA TOR for review to be agreed October 2016. Quality Risk Profile (QRP) meeting planned with providers to agree consistent approach to management of current risks with LCH. MIAA review on-going - reporting date likely to be spring 2017. -MIAA review completed and presented to Joint Quality Committee in February 2017. Significant assurance given with a Lessons Learnt report planned for Governing Body Development Session after April 2017. MIAA 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. MIAA 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 Mersey Care Community COGP.*  -Lessons learnt & progress against MIAA review presented to July 2017 GB -Progress to date against action plan reviewed by Chief Nurse and Deputy Chief Nurse September 2017 Letter sent to final MIAA report to NHSE & CCG -SSCCG clinical vice chair has attended community contract review meeting. COGP to review performance of CCG teams -CCG senior leaders interviewed as part of Kirkup review (July 2017). Kirkup review due to be published in November 2017.  Awaiting report to support the performance management of the new providers. Still awaiting Kirkup report and recommendations. Requesting enhanced surveillance data from new providers.	3	4	12	Dec-17	Dec-17	↔	
Quality Committee	QUA014	SS039	Sep-16	N/A	Karl McCuskey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the contractual 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 COGP	The Trust is reviewing long waiting patients and capacity within the Divisions External and an internal Audits 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 RTL meeting has been commenced. Strategic North Mersey review of dermatology. New RTT workgroup has been established. Review of individual specialities and escalated through COGP or Contract Review M11 achieved target and expect delivery for year end. SMcG: 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.  RTT performance has declined. Expecting Q4 target not to be met due to winter pressures.	4	3	12	Dec-17	Jul-17	↓
Quality Committee	QUA019	SS023	Apr-15	QUA032	Sarah McGrath or Team	Redesign & Commissioning	Delay's in specialist review of referrals which may result in a potential risk to patients (Choose and Book)	* Standard Operating Procedures in place with specialities 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	* 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 (Dunne clinics) * Trust monitoring of Clinical business units via reporting mechanism * Interim targets set to ensure timely review of referrals (Max. 2w + 2 days, urgent + 1 weeks, Routine + 6 weeks). 2017/19 COQUIN 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 COQUIN in place with acute providers to ensure availability of all clinics through ERS by March 2018. However there is a mismatch 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 COQUIN trajectory and continue to rise. A full analysis is being prepared for MM2.  ASI rate continues to reduce month on month and polling range extended. will continue to be monitored.	3	4	12	Sep-17	Jul-17	↓



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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	1. Reporting position to Leadership Team 2. Monitor through Quality Committee 3. Agenda item for contract meeting 4. KPIs in contract for Looked After Children 5. Statutory 903 return will be presented to Corporate Parenting Board by LA. CPB chaired by an elective member	5	4	20	Data quality exercise to be carried out. Areas of assessment is on data to 31st March 2015 and will include: - 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 COPMG when Q2 data will be reviewed. Performance discussed at COPMG. Concerns re timeliness of LAC reviews raised. CCG Safeguarding services offered support to LCHT. Performance also discussed at COPMG and CCF. Carleen Blanes 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 Mersey care 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 LACE and YOT, and overall decreased performance for LAC activity. Review of DD Or for LAC commenced by LCCC and awaiting further comment from Alder Hey on leadership function. Supervision of AC nurses now being provided by NWB for update at next Mersey care 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. LAC meeting held November 17. Action plan aligned to Business Continuity Plan. Issues on LAC and plans remain. Meeting scheduled for December 17 with Mersey Care and North West Boroughs.	4	4	16	Dec-17	Dec-17	→
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  Work continues.  Director level discussions in each locality to determine development of locality plans to support the GP forward view.	3	4	12	Dec-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' 3. Working with LMC on a scheme to attract more GPs to Sefton	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.  Seeking international recruitment into Sefton. Awaiting NHSE announcement. Expected January 2018.	4	3	12	Dec-17	Jul-17	→
Quality Committee	QUA033	SS053	1.3.17	N/A	Debbie Fagan	Quality	Non-delivery against recommendations from the recent joint SEND CCG/OFSTED inspection.	1. Regular reporting on Improvement Plan once agreed by CCG 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. 4. Regular progress updates to Chief Officer 5. Monitoring of SEND Action Plan via local and internal governance arrangements 6. Formal monitoring meetings established with DFE & NHS with outcome reporting to central government office	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. NH. 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 NHS 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 co-ordinate 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. Cytology - 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. 13. Regular updates to the JQC 14. Health SEND strategic group established July 2017	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 DCODMO. 2. Awareness raising session regarding SEND reforms commenced with local providers. 3. Outcome of SEND inspection reported through CCGs governance process. 4. SEND Plans presented at extraordinary Overview and Scrutiny Committee at LA. 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. SEND update submission sent December 17. Remains on track. SEND assessment currently out for comment.  Risk is a duplication of QUA033 (SF049 & SS053); contents of risk QUA033 added.	4	3	12	Dec-17	Dec-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 hospital. 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 GPFV plan and NHSE to provide information relating to GPFV funding for CCG.  GPFV - developing plans for 7 day access to primary care services for implementation October 18.  CBM wide bid for international recruitment to include both CCGs November 2017. As part of the bid workforce at practice level is being mapped. IR STP wide bid has passed the regional panel, national panel currently considering bid - outcome to be announced December 2018.  Action learning sets to release time in general practice has been offered to all practices. Provider for care navigator training identified, a plan is being developed for roll out to practices. Care navigator training started for practices.  Information regarding primary care allocations from NHSE finance department have been received. CCG is obtaining clarification on figures received.	4	3	12	Sep-17	Jul-17	→

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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 liaison 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 Seflon MBC 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 Seflon NBC, Head of ASC to support multi agency LeDeR review. 3. CCG local area contact to attend NHE C&M 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 LeDeR reviews started and completed, number of LeDeR reviewers increased.	4	3	12	Dec-17	Dec-17	↓
Quality Committee	QUA039	SS055	Jun-17	N/A	Geraldine O'Carroll	Quality	No assurance that joint packages of care S112 in Mersey care are being regularly reviewed in line with the CCG Governing Body request assurance that reviews are being undertaken in line with Mental Health Act and contract - requirements and that they are being undertaken by an appropriately trained professional. M&GPs have reported with the IPH that a high level of absence and vacancies are impacting on the Trust's capability to fulfil CCG services. The situation is also impacting on the performance of M&GPs who 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 CQPG).	4	4	16	Issue has been raised at Contract meetings and CQPG, 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 GCS National Standard NHS Contract will be issued. The CCG Quality team are undertaking analysis of Mersey Care ST reports to ascertain if there is any correlation with reviews not being carried out.	Provider / commissioner meeting postponed in December 2017 and to be rearranged in January 2018.	4	3	12	Dec-17	Jul-17	↔
Quality Committee	QUA040	SS058	Jun-17	N/A	Debbie Fagan	Quality	Risk of sub performance of safeguarding service with focus on LAC. Risk of MA not being completed as per schedule. Risk of cases for LAC not being identified appropriately. Reworded: Risk of Children in Care not receiving adequately Health Assessment may lead to inadequate provision of care to meet health needs.	Meeting with new provider 16/06/17 and Q4 performance review to identify current issue / identify risk as a system rather than provider issue. Mersey Care Trust 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 CQPG and provider safeguarding meeting. CCG Safeguarding service reviewing LAC activity to determine if resource can meet RHA Schedule. Performance improved but still issues. Reviewed at regular meetings every eight weeks with providers.	4	3	12	Dec-17	Dec-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 with Quality team - August 2017 Chief Nurse contributed to overall Leadership Team paper on team re-alignment to deliver CCG priorities/QIPP Head of Quality and Safety recruited to commence full time in January 18. One of two Practice Nurse Leads out on secondment. Hours have been increased for the remaining Practice Nurse Leads in order to ensure cover.	4	4	16	Dec-17	Dec-17	↔
Quality Committee	QUA045	SS048	Sep-17		Debbie Fagan	Quality	There is a risk to the delivery of the joint SEND. Monitoring of SEND Action Plan via local and internal governance arrangements. Formal monitoring meetings established with DFE & NHS with outcome reporting to central government office.	Regular progress updates to Chief Officer. Monitoring of SEND Action Plan 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 JCC. 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 in DFE and NHE in August 2017 with positive feedback reported to the JCC next meeting outcome of re-alignment paper sent to Governing Body December 17.	4	4	16	Dec-17	Dec-17	↔
Quality Committee	QUA047	SS050	Sep-17		Debbie Fagan	Quality	There is a risk that challenging performance at Anlaby University Hospital 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 CQPG/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 NHE QRP Matrix working between CCG Ops and Quality teams	Commissioner concerns discussed and reviewed at AUH CCF, August & September 2017 Telecom held with NHE 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 NHE to undertake the QRP tool, and held September 2017. Submitted to NHE Sep 2017. QRP awaiting final sign off after AUH comments. Awaiting Sign Comm update. Trust on enhanced surveillance. QRP to be completed Dec 17	4	5	20	Dec-17	Dec-17	↔
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 telecom in place	4	4	16	Temporary suspension in place Re-issuement 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. ADAM reinstated December 17. Daily updates to Quality until week ending 15.12.17 then weekly updates. Packages of care have been commissioned.	3	4	12	Dec-17	Dec-17	↓
Quality Committee	QUA050	SS053	Oct-17		Debbie Fagan	Quality	There is a risk that the reduction in numbers of the middle grade medical staffing rota at Ormskirk Maternity Unit will impact on the quality of care and outcomes for mothers and babies.	1. Trust has alerted the CCG week commencing 18th September. 2. Trust has met with Liverpool Women's to explore feasibility of support options. 3. Joint assessment of issue with the Vanguard undertaken 4. Vanguard is exploring wider network solutions across all providers	5	4	20	Rota covered until November 2017. Local commissioner meeting with Vanguard - Input planned for October 2017. Analysis work on postcode to determine flow if service is reduced and impact on other providers. Vanguard is exploring wider network solutions across all providers	Regular meetings with NHE, NHSI and commissioners on S&O plans to recruit locum cover. Vanguard summit to review and organise area support to S & O. Agenda item at CCF. Weekly telecom in place. Rota now covered until Feb 2018. Chief Officer formally written to trust on staffing assurance. Health Economy discussions continue on longer term solutions.	5	4	20	Dec-17	Dec-17	New

Responsible Committee/Team	Committee/Team ID	CRR ID/SS	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 control 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	QJA051	SS061	Dec 17: QJ 17718	N/A	Debbie Fagan and Jan Leonard	Quality There is a risk of impact of quality and safety of care at Arden University Hospital Trust AED as times of systems pressure.	1. Regular meetings with Trust on plans in place to ensure quality is maintained 2. Intentional rounding 3. Safety Nurses in place 4. Corridor nursing	4	4	16		1. MADE event at Trust to continue internal process issuing and promoting safe and appropriate discharge. 2. Regular updates from Director of Nursing. 3. Any RCA now highlights impact on quality on 12 hour breach. 4. Review of STs and mortality reviews with feedback to provider. 5. Unplanned Care Lead and Quality Team supporting events for discharge	3	4	12	Dec-17	Dec-17	New
Finance and Resource	FR001	SS044	Q1 2017/18	N/A	Martin McDowell	Finance CCG fails to deliver its statutory breakeven day (or financial target set through legal direction) in 2017/18.	<ul style="list-style-type: none"> <li>Robust review of all CCG expenditure through monthly management accounting routines.</li> <li>Examination of QIPP savings and opportunities at the beginning of financial year as part of financial planning. Ongoing monitor throughout the year.</li> <li>Focused QIPP week (May 2017) to explore possible QIPP opportunities.</li> <li>Scheme of delegation in place internally to limit authority to commit CCG resources to senior management.</li> <li>Assurance from Internal Audit re. financial systems.</li> <li>Development of stretch QIPP plan – July 2017.</li> </ul>	3	5	15	<ul style="list-style-type: none"> <li>CCG Board to Board discussions regarding collaboration and joint working with providers and wider health economy to deliver QIPP projects.</li> <li>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.</li> <li>Ongoing review and monitor of cost behaviours to provide an early warning system regarding emerging financial pressures.</li> </ul>	4	5	20	Nov-17	Nov-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"> <li>Monthly review and monitoring of all QIPP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIPP savings.</li> <li>Monthly RAG rated QIPP reporting and challenge at Joint QIPP Committee.</li> <li>CFO set stretch QIPP target at 200% of required target to mitigate risk of non-delivery – July 2017.</li> <li>Rapid mobilisation of QIPP projects and ongoing review of timing of delivery. Development of two year QIPP plan.</li> </ul>	3	5	15	<ul style="list-style-type: none"> <li>Multi-disciplinary teams to work on development / phasing of QIPP schemes.</li> <li>Robust challenge to estimated QIPP achievement and profiling of saving delivery.</li> <li>Progression and ongoing development of future QIPP plans through to 2020/21.</li> </ul>	4	5	20	Nov-17	Nov-17	↑	

Responsible Committee/ Team	Committee/ Team ID	SS CRR 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
		SS003	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	SS004	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 CCGs	3	3	9		Closed Duplicate of risks SF016 & SS019	3	3	9	Jun-16
Quality Committee	QUA004	SS015	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	QUA030	SS017	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	SS012	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	SS020	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	SS 014	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	
Moderate	4-6	
High	8-12	
Extreme	15 - 25	

↓ Significant Risks

### Significant Risks

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

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

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

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

SOUTH SEFTON CCG - SUMMARY OF CORPORATE RISKS HEAT MAP  
(MITIGATED SCORES - 12 AND ABOVE)

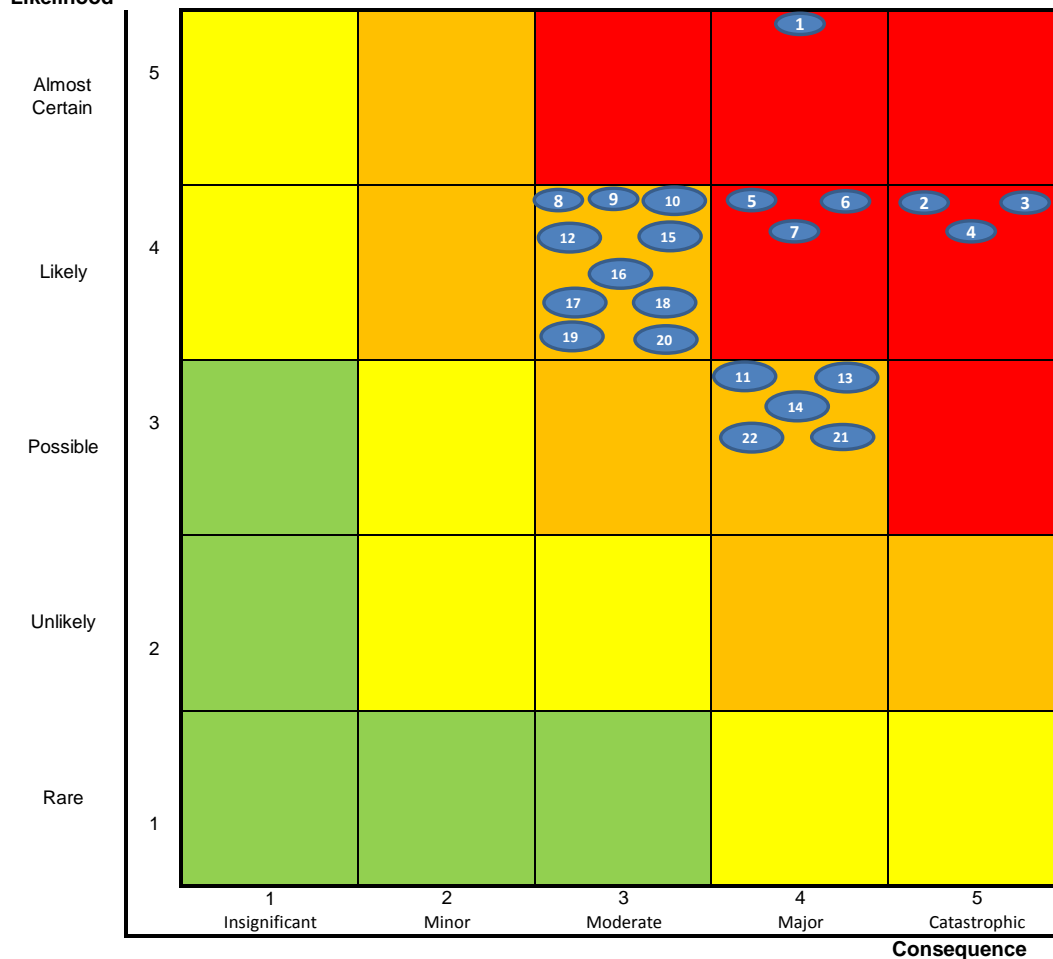
APPENDIX C

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



Significant Risks

Likelihood



Key Risks	Risk Owner
1 Quality of maternity care Ormskirk - reduction in middle grades (20)(5x4)	DF
2 Quality of care, patient outcomes challenging performance AUH (20)(4x5)	DF
3 Delivery of statutory break even 17/18 (20)(4x5)	MMcD
4 Delivery of QIPP target and impact on financial position 17/18 (20)(4x5)	MMcD
5 Non delivery A&E target - patient flow (16)(4x4)	KMcC
6 Patient care - lack of commissioner assurance looked after children (16)(4x4)	DF
7 Provision of QA to GB decreased capacity in Quality Team (16)(4x4)	DF
8 Not delivering National KPI Access Psychological Therapies (12)(4x3)	KMcC
9 Not meeting 62 day Cancer Target - complex pathway AUH (12)(4x3)	KMcC
10 Infectory hospital admissions - poorly maintained nebuliser equipt (12)(4x3)	JO
11 Reputational damage as a result of LCH 'Capsticks' Report (12)(3x4)	DF
12 Not meet Constitutional/RTT 18wk target - lack clinical capacity (12)(4x3)	KMcC
13 Quality of patient care - delays in review specialist referrals UHA (12)(3x4)	SMcC
14 Locality working not leading to greater clinical engagement (12)(3x4)	TJ
15 Additional pressures with workforce gaps - lack workforce planning (12)(4x3)	TJ
16 Non-delivery of recommendations SEND/OFSTED team inspection (12)(4x3)	DF
17 Significant pressure on primary medial care - increase in workload (12)(4x3)	DF
18 Delays of learning from LD deaths (12) (4x3)	DF
19 Lack of timely reviews joint packages or S117 MH Care (12)(4x3)	DF
20 Children in care not receiving adequate h/c assess LCH/Msycare (12)(4x3)	DF
21 Patient and family experience EOL period - ADAM purchasing (12)(3x4)	DF
22 Quality and Safety UHA - systems pressure (12)(3x4)	DF

## MEETING OF THE GOVERNING BODY FEBRUARY 2018

<b>Agenda Item:</b> 18/11	<b>Author of the Paper:</b> Debbie Fairclough QIPP programme manager
<b>Report date:</b> February 2018	Email: Debbie.fairclough@southseftonccg.nhs.uk Tel: 0151 247 7000
<b>Title:</b> Register of Interests	
<b>Summary/Key Issues:</b>  The register of interests is updated on a regular basis. The attached report presents the Governing Body with the most up to register as at 31 <sup>st</sup> December 2017.	
<b>Recommendation</b>  The Governing Body is asked to receive the register.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

South Sefton CCG Register of Interests  
Governing Body Members and Employees

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Alain	Anderson	Employee	Nil									
Jane	Ayres	Employee	Southport and Formby Health Ltd (GP Federation)	✓			Direct	Board Director of Southport and Formby Health Ltd (GP Federation)		Current	Interest declared at relevant meetings	
Joanne	Ball	Employee	Firm Roots (charity)			✓	Direct	Trustee of project supporting people affected by cancer in West Lancashire	2015	current	No mitigation required	
Christine	Barnes	Employee	Royal Preston Hospital			✓	Indirect	Daughter is a Clinical Pharmacist		current	Interest declared at relevant meetings	
Graham	Bayliss	Governing Body Member	Public Sector Management Consultancy	✓			Direct	Director of Public Sector Management Consultancy	2015	current	Interest declared at relevant meetings	
			Pharmaceutical Company			✓	Indirect	Friend works at a Pharmaceutical Company who deals with CCG	2000	current	Interest declared at relevant meetings	
Gillian	Beardwood	Employee	Nil									
Lin	Bennett	Governing Body Member	Ford Medical Practice (General Practice)	✓			Direct	Practice/business manager at Ford Medical Practice		Current	Interest declared at relevant meetings	
Sara	Boyce	Employee	Nil									
Christopher	Brennan	Employee	Nil									
Jayne	Byrne	Employee	Nil									Left: 31st October 2017
Ian	Campbell	Employee	Nil									
Claire	Campbell	Employee	Nil									
Peter	Chamberlain	Governing Body	Alder Hey CAMHS			✓	Indirect	Wife works within the Alder Hey CAMHS team		current	Interest declared at relevant meetings during related discussions	
			Mersey Care			✓	Direct	Secondment to Merseycare NHS trust to assist in Community Services Transformation	8 May 2017	current to 8 May 2018	Interest declared at relevant meetings ; 5. Prohibition from voting in respect of matters relating to Merseycare 6. Prohibition from making formal representation on behalf of Merseycare in any CCG meeting	
Matthew	Collings	Employee	Nil									
Lyn	Cooke	Employee	Nil									
Sandra	Craggs	Employee	Nil									
James	Creese	Employee	Nil									
Sue	Crump	Employee	Nil									
Angela	McMahon	Employee	Nil									
Daniel	Curran	Employee	Nil									

Correct as at: 02/01/2018  
\* employee of South Sefton CCG only

All employees (unless noted) are joint employees of SSCCG and SFCCG, COI are a standing item on all agendas should a conflict arise

South Sefton CCG Register of Interests  
Governing Body Members and Employees

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Emma	Dagnall	Employee	Nil									
Jullie	Dillon	Employee	Nil									
Billie	Dodd	Employee	Nil									
Fiona	Doherty	Employee	Nil									
Ally	Dwyer	Employee	Nil									
Tina	Ewart	Employee	Nil									
Debbie	Fagan	Employee Governing Body	NHS Southport and Formby CCG (NHS)		✓		Direct	Joint appointment as Chief Nurse at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	current	Protocols in place with Chairs, GB & SLT of both organisations	
Debbie	Fahy	Employee	Nil									
Debbie	Fairclough	Consultant	DF Consulting	✓			Direct	Owner	May 2016	Current	excluded from decision making with regard to this organisation	
			Knowsley CCG			✓	In-direct	Step daughter (Danielle McCulloch) employed by Knowsley CCG	May 2016	Current	No action required	
			St. Helens CCG	✓			Direct	management consultancy support through DF Consultancy to St. Helens CCG (governance/QIPP & ad hoc projects)	May 2016	Current	Interest to be declared at relevant meetings	
			Cheshire and Merseyside STP	✓			Direct	management consultancy support through DF Consultancy to Cheshire and Merseyside STP (governance)	May 2016	Current	Interest to be declared at relevant meetings	
			Halton CCG	✓			Direct	Provision of consultancy Support	March 17	Current	Interest to be declared at relevant meetings	
Janet	Fay	Employee	GSK (pharmaceutical company)		✓		Indirect	Daughter works for the pharmaceutical company GSK	2013	Current	Not directly involved in any CCG projects involving GSK. Interest declared at SSMOOG and JMOG meetings, not involved in decisions regarding GSK.	
Lesley	Fazenfield	Employee	Nil									
Brett	Finch	Employee	Nil									
Sharon	Forrester	Employee	Nil									
Tracey	Forshaw	Employee	Nil									

Correct as at: 02/01/2018  
\* employee of South Sefton CCG only

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Governing Body Members and Employees

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Rob	Foster	Consultant		✓				Director and Shareholder in Rob Foster Consulting Ltd	1 April 2016	Current	Employee is a management consultant and does not have any decision making authorities. Interests will be declared when attending any relevant meetings	
				✓				Currently working with Knowsley CCG	1 July 2016	Current		
				✓				Commencing work with GP Health Connect Ltd (GP Federation in Halton)	1 February 2017	Current		
					✓			Spouse is a manager in Greater Manchester CCGs, leading estates redevelopment across Primary Care	1 April 2016	Current		
Mariola	Fothergill	Employee	Nil									
Susan	Fryer	Employee	Nil									
Adam	Gamston	Employee	Nil									
Luke	Garner	Employee	Nil									
Laura	Gibson	Employee	Nil									
Lisa	Gilbert	Employee	Nil									
Craig	Gillespie	Governing Body	Partner in The Blundellsands Surgery. 1 Warren Road, Blundellsands L23 6TZ  Member of South Sefton GP Federation	✓		✓	Direct	Partner	2005	current	To not have voting rights for decisions that affect General Practice.	
				✓			Direct	Member	2016	current	To have no involvement in any decision where South Sefton GP Federation have an interest.	
Ian	Gilmore	Employee	Nil									
Emily	Golightly	Employee	Nil									
Judy	Graves	Employee	Nil									
Georgina	Halstead	Employee	Concept House Surgery 17 Merton Road Bootle L20 3BG	✓			Direct	Partner	2013	current	Interest declared at relevant meetings	Vice Chair of CCG Quality Committee and Clinical Lead for Quality
Grace	Harris	Employee	Nil									

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Debbie	Harvey	Employee	Concept House Surgery 17 Merton Road Bootle L20 3BG	✓			Direct	Salaried GP	1 September 2014	current	Interest declared at relevant meetings	
			MacMillan GP, Wirral	✓			Direct	GP	January 2017	current		
			Cheshire and Merseyside NWC SCN	✓			Direct	CRUK GP Lead and EOL Lead	September 2014 and March 2016	current		
			Cancer Alliance Cheshire and Merseyside	✓			Direct	Board Member and MacMillan GP IOM	March 2017 and July 2016	current		
				✓			Direct			current		
María	Hawkins	Employee	Nil									
Lesley	Hayes	Employee	Nil								Left	
Jo	Herndlhofer	Employee	Nil									
Jackie	Hill	Employee	Nil									
Terry	Hill	Employee	Aintree University Hospital (NHS)		✓		Indirect	Brother employed by Aintree University Hospital	2014	Current	Interest declared at relevant meetings	
			St. Helens CCG (NHS)		✓		Indirect	Partner employed by St. Helens CCG	2016	Current	Interest declared at relevant meetings	
Tom	Hood	Employee	Nil									
Tracy	Jeffes	Employee	Nil									
Dwayne	Johnson	Governing Body (co-opted)	Sefton MBC									
Alison	Johnston	Employee	Nil								Left 28th July 2017	
Gordon	Jones	Employee	Nil									
Josh	Jones	Employee	Nil									
Chicco	Kandemiiri	Contractor	Nil								Left	
Kiran	Kapur	Employee	Nil									
Rebecca	Kelly	Employee	Nil									
Maureen	Kelly	Governing Body (co-opted from Health Watch)	Nil								Pending update	
Mervyn	Kennedy	Employee	Nil									
Jenny	Kristiansen	Employee	Nil									
Tahreem	Kutub	Employee	Nil									
Christine	Lea	Employee	Nil									
Jan	Leonard	Employee	SF GP Federation (NHS)		✓		Indirect	Sister is a member of the SF GP Federation		current	Internal governance process mitigates this risk via committee / approvals process.	

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To			
Cathy	Loughlin	Employee	Nil										
Danielle	Love	Employee	Nil									Left April 2017	
Anne	Lucy	Employee	Nil										
Susanne	Lynch	Employee	Cambridge Road Pharmacy (NHS)		✓		Indirect	Husband is a business partner and superintendent pharmacist for Cambridge Road Pharmacy	2014	Current	Excluded from signing off invoices for commissioned community pharmacy services. Delegate work involving this pharmacy to other senior pharmacists.		
Christine	Marsh	Employee	Nil										
Karl	McCluskey	Employee	Nil										
Dave	McCoy	Employee	Nil										
Rebecca	McCullough	Employee	Nil										
Martin	McDowell	Employee Governing Body	NHS Southport & Formby CCG (NHS)		✓		Direct	Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	Current	Protocols in place with Chairs, GB & SLT of both organisations		
			St Helens and Knowsley NHS Trust (NHS)			✓		Indirect	Partner is Assistant Director of Finance at St Helens and Knowsley NHS Trust	2015	Current		Excluded from decision making in regards to St Helens and Knowsley NHS Trust
			Southport & Formby and South Sefton CCGs	✓			Direct	Conflict raised at PTII Private GB meeting (May 2017 - GB17/94 and GB17/95)	May 2017	Current	Declaration submitted in advance, Chair notified in advance, declaration declared at the commencement of the meeting, MMcD vacated meeting whilst item was discussed.		
Dan	McDowell	Governing Body	Nil									Left: Last date as governing body member 31st December 2017	
Colette	McElroy	Member Practice	Nil Dr C A McElroy & Partners 15 Sefton Road, Litherland, Merseyside L21 9HA					Principle Partner		Current			
Pamela	McGorry	Employee	Nil										
Clair	McGovern	Employee	Nil										
Sarah	McGrath	Employee	Nil										
Moir	McGuinness	Employee	Nil										
Claire	McGuinness	Employee	Nil										
Ryan	McKernan	Employee	Nil									Left: Last working date 7th Dec 17	

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Lesley	McKinnell	Employee	Nil									
Linda	McLaughlin	Employee	Nil									
Ruth	Menzies	Employee	Nil									
Andy	Mimmagh	Governing Body	Eastview Surgery (General Practice)  Liverpool Health (NHS)	✓	✓		Direct  Indirect	Principal in General Practice  Brother is Director of Strategy, Liverpool Health			Excluded from decision making in regards general practice (note of conflict declared for April GB Development Session and the presentation by Dr Mark Hughes who is a partner with Dr A Mimmagh)  Interest declared at relevant meetings	AM on sick leave so unable to clarify. Will be progressed when AM returns.
Graham	Morris	Governing Body	Alternative Futures Group  Family Housing Association Ltd (Birkenhead & Wirral)			✓	Indirect  Direct	Son is employed as HR Manager  Board member		Current  October 2017	Declare an interest and withdraw from any discussion of Alternative Futures Group  Declare an interest and withdraw from any discussion of Family Housing Associations.	
Tanya	Mulvey	Employee	Nil									Left
Anthony	North	Employee	Nil									
Geraldine	O'Carroll	Employee	Nil									
Alison	Ormrod	Employee	Liverpool Community NHS Trust (via Sellich Partnership)			✓	Indirect	Son is employed as Finsncial Support Officer as fixed term contractor.	03/01/2017	20 June 2017	Interest declared at relevant meetings. Exclusions from discussions/decision making where conflicted.	
Sejal	Patel	Employee	Pfizer (Pharmaceutical company)  AstraZeneca (Pharmaceutical company)  Octapharma (Pharmaceutical company)		✓  ✓  ✓		Indirect  Indirect  Indirect	Spouse works for Pfizer  Sister is employedby AstraZeneca  Sister is employed by Octapharma		current  current  current	Excluded from decision making in regards to this organisation  Excluded from decision making in regards to this organisation  Excluded from decision making in regards to this organisation	
Sophie	Pradnam	Employee	Nil									
Brendan	Prescott	Employee	Aintree Hospital (NHS)		✓		Indirect	Spouse is an employee at Aintree University Hospital	2013	current		

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Linda	Pye	Employee	Central Manchester University Hospitals NHSFT (NHS)		✓		Indirect	Partner Operational Finance Director at Central Manchester University Hospitals NHSFT	2015	current	Excluded from decision making regarding Central Manchester University Hospitals NHSFT	
Helen	Quinn	Employee	Nil									
Chloe	Rachelle	Employee	Nil									Maternity Leave until June 2018
Tamara	Ramirez-roman	Employee	Nil									
Jo	Roberts	Employee	Nil									
Helen	Roberts	Employee	NHS Southport and Formby CCG (NHS)				Indirect	Spouse works for NHS Southport & Formby CCG		current		
Thomas	Roberts	Employee	Nil									
Leah	Robinson	Employee	Nil									
Shaun	Roche	Employee	Nil									
Paul	Rooney	Employee	Nil									
Pippa	Rose	Employee	CQC (Healthcare)		✓		Direct	CQC Advisor	2014	current	Does not work in the local area	
Sunil	Sapre	Governing Body Member	S2S Health Ltd  Daughter is Consultant Pshychiatrist in Wirral	✓		✓	Direct  Indirect	Director.  Wife is also Practice Manager and Partner, Son-in-Law is also a partner.	1st October 2017  1st October 2017	Current  Current	Interest declared at relevant meetings  No mitigation required.	
Michael	Scully	Employee	Nil									
Jo	Sebborn	Employee	Nil									
Erika	Setzu	Employee	Aintree University Hospital (NHS)		✓		Indirect	Spouse in Consultant anaesthetist at Aintree University Hospital	2016	current		
Jo	Simpson	Employee	Nil									
Ricky	Sinha	Governing Body	Dream Solutions Ltd (General Practice activities)  CMM Locums (General Practice activities)  Sefton LMC (NHS)	✓  ✓		✓	Direct  Direct  Direct	Director at Dream Solutions Ltd  Director of Primary Care at CMM Locums  Member of Sefton LMC	July 2014  October 2015  April 2009	current  current  current	Excluded from decision making in regards to these organisations	

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Fiona	Skelton	Employee										Currently on sickness absence
Jacqueline	Smith	Employee	Nil									
Nadine	Smith	Employee	Nil									
Robert	Smith	Employee	Nil									
David	Smith	Employee	Manor House Primary School			✓	Direct	Governing Body Member of Manor House Primary School, Frodsham		current	No mitigation required	Left
Barrie	Stanhope	Consultant	Nil									
Terry	Stapley	Employee	Nil									
Stephanie	Stokes	Employee	Nil									
Lisa	Tate	Employee	Nil									
Kevin	Taylor	Employee	Nil									
Fiona	Taylor	Employee Governing Body	NHS Southport & formby CCG		✓		Direct	Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	Current	Protocols in place with Chairs, GB & SLT of both organisations	
			St Ann's Hospice	✓			Direct	Conflict raised at PTII Private GB meeting (May 2017 - GB17/94 and GB17/95)	May 2017	Current	Chair notified in advance, declaration declared at the commencement of the meeting, FLT vacated meeting whilst item was discussed.	
			AQuA	✓			Direct	Trustee of St Ann's Hospice, Cheadle	1 January 2017	Current	No mitigation required	
			St Georges Central CE School & Nursery, Tyldesley			✓	Direct	Board Member for AQuA	1 January 2017	Current	Interest declared at relevant meetings	
							Direct	Chair of Governors	September 2017	Current	No mitigation required	
Vicky	Taylor	Employee	Nil									Left; first date of sickness 20/3/17 until last date 30/9/17
Louise	Taylor	Employee	Nil									

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
William Nigel	Taylor	Employee	Eastview Surgery (General Practice)		✓		Indirect	Married to Dr Harwood, salaried GP at Eastview Surgery	14 February 2012	Current		
			Abhurst Healthcare Ltd		✓		Indirect	Married to Dr Harwood, salaried GP	14 February 2012	Current		
			AQuA		✓		Direct	Member of Clinical Report Group	2006	Current		
			Primary Care Diabetes Society		✓		Direct	Member	2006	Current		
			Diabetes UK		✓		Direct	Member	November 1999	Current		
			British Heart Foundation		✓		Direct	Member	November 1999	Current		
			MSD Janssen, Sanofi, AstraZeneca	✓			Direct	Educational sessions and Chairing meeting services provided; honorarium received.		Ongoing		
Kevin	Thorne	Employee	Nil									
Jane	Tosi	Employee	Nil									
Clare	Touhey	Employee	Nil									
Linda	Turner	Governing Body (co-opted)	Sefton MBC								Co-opted member - Deputised for DPH - now left	
David	Warwick	Employee	Nil									
Becky	Williams	Employee	Nil									
Jayne	Williams	Employee	Nil									
Peter	Wong	Employee	Nil									
Andy	Woods	Employee	EDDS	✓			Direct	Main employee of EDDS, EDDS is a shared service between Merseyside CCGs hosted by South Sefton CCG	2013	current	There should be no conflicts arising from the shared service working however; should a conflict arise this will be declared at relevant meetings	

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
John	Wray	Governing Body Member (GP Clinical Director) and Clinical Lead	NWAS  Concept House Surgery, Bootle L20	✓	✓		Direct  Direct	NWAS Merit Team Dr then Associate Medical Director  Salaried GP	2015 then 1st June 2017  01/07/17	Current  Current	Excluded from decision making regarding this organisation Interest declared at relevant meetings Interest declared at relevant meetings	
Melanie	Wright	Employee	Nil									

Work is ongoing with member practices on the requirements of the new guidance and to complete declarations as appropriate

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		

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Member Practices

First Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Jon	Clarkson	Member practice	Nil									
Lynne	Creevy	Member practice	Nil									
Anna	Ferguson	Member practice	Strand Medical Centre	✓			Direct	GP Partner	2003	Current		
		Clinical Lead	Sefton MBC	✓			Direct	Clinical Lead for Sexual Health	August 2012	Current		
		Clinical Lead	South Sefton CCG	✓			Direct	Clinical Lead for Transgender Service	August 2017	Current		
Brian	Fraser	Member practice	Ford Medical Practice (General Practice)	✓			Direct	GP at Ford Medical Practice		Current	Interest declared at relevant meetings	
			Sefton LMC (NHS)		✓		Direct	Chair of Sefton LMC				
			Royal Liverpool and Broadgreen University Hospitals (NHS)		✓		Indirect	Spouse employed by RLBHUT				
Peter	Goldstein	Member practice	Nil									
Gina	Halstead	Member practice	Concept House Surgery (General Practice)	✓				GP Partner at Concept House Surgery		current		
Jakub	Krecichwost	Member practice	Nil									
Colette	McDonagh	Member practice	Nil									
Emma	McDonnell	Member practice	Nil									
Sharon	McGibbon	Member practice	Nil									Left practice
Pauline	Needham	Member practice	Nil									
Sophie	Reck	Member practice	Ford Medical Practice (General Practice)	✓			Direct	GP at Ford Medical Practice		Current	Interest declared at relevant meetings	
Anthony	Roberts	Member practice	Alder Hey CAMHS				Indirect	Wife works within the Alder Hey CAMHS team		current	Interest declared at relevant meetings during related discussions	
Andrew	Slade	Member practice	Nil									

Correct as at: 02/01/2018

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To		
Pauline	Sweeney	Member practice	Nil									
Ade	Taiwo	Member practice	Ford Medical Practice (General Practice)	✓			Direct	GP at Ford Medical Practice		Current	Interest declared at relevant meetings	
Nigel	Tong	Member practice	Nil									
Noreen	Williams	Member practice	Ford Medical Practice (General Practice)	✓			Direct	GP at Ford Medical Practice		Current	Interest declared at relevant meetings	Retired March 2017

Work is ongoing with member practices on the requirements of the new guidance and to complete declarations as appropriate

## MEETING OF THE GOVERNING BODY FEBRUARY 2018

<b>Agenda Item:</b> 18/12	<b>Author of the Paper:</b> Fiona Taylor Chief Officer						
<b>Report date:</b> February 2018	Email: <a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> Tel: 0151 247 7069						
<b>Title:</b> Establishing a North Mersey Joint Committee of Clinical Commissioning Groups							
<b>Summary/Key Issues:</b>  This paper sets out a proposal to establish a Joint Committee across South Sefton, Southport and Formby, Knowsley and Liverpool CCGs.							
<b>Recommendation</b>  <ul style="list-style-type: none"> <li>Agree in principle the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs and recommend that establishment to the Wider Group.</li> <li>Agree in principle the Terms of Reference of the Joint Committee and recommend formal approval of the Terms of Reference to the Wider Group.</li> <li>Nominate three governing body representatives to sit on the Joint Committee</li> </ul>	<table style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">Receive</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Approve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Ratify</td> <td style="text-align: center;"><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> )	
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.
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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 February 2018**

### **1. Purpose**

The purpose of this paper is to propose the establishment of a North Mersey Joint Committee across Knowsley, Liverpool, South Sefton and Southport and Formby CCGs, to enable joined-up, effective decision-making for programmes of service redesign and transformation across a defined range of services which are commissioned collectively.

### **2. Background**

The *Next Steps on the NHS Five year Forward View (March 2017)* stated that commissioners and providers need to work closely together to improve the health and wellbeing of their local population. For commissioners this included a call to establish appropriate decision making mechanisms for service improvement/transformation proposals relating to populations larger than a single CCG footprint.

A Joint Committee is a statutory mechanism to support integration and strategic alignment in commissioning decisions. The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees.

The CCGs serving the populations of Knowsley, Liverpool, Southport and Formby and South Sefton propose that North Mersey is the appropriate footprint on which to establish and constitute a Joint Committee as this represents the geography of our NHS health system, where commissioners plan and fund services delivered by a shared network of NHS providers.

There is a track record of collaboration in commissioning in North Mersey which this proposal seeks to build upon. A Committee(s) in Common (CIC) was established across Liverpool, South Sefton and Knowsley CCGs in October 2014 to consider changes in hospital services arising from the Healthy Liverpool Programme. However, the CIC does not have delegated decision making powers; its role has been to make recommendations to constituent Governing Bodies on hospital service change proposals.

### **3. Purpose and scope of the Joint Committee**

The Joint Committee would be responsible for decisions regarding the delivery of agreed programmes of transformation or service redesign across a defined range of services which are commissioned collectively. The services within scope would be defined in an annually agreed forward programme, approved in advance by each CCG.

Individual CCGs would remain accountable for meeting their statutory duties, and the Joint Committee would undertake its delegated functions in a manner which complies with the statutory duties of the CCGs, as set out in the NHS Act 2006.

In delegating specific decisions, agreed through the annual work plan, decisions made by the Joint Committee would be binding on member Clinical Commissioning Groups.

The full member organisations of the North Mersey Joint Committee:

- NHS Knowsley CCG
- NHS Liverpool CCG

- NHS South Sefton CCG
- NHS Southport & Formby CCG

Each full member organisation would nominate three Governing Body representatives to sit on the Committee, one of which would be an Executive member.

The Joint Committee would aim to make decisions through consensus. In the event of a requirement to make a decision by taking a vote, the threshold for a decision would be a majority of 10 out of 12 votes.

In addition to full voting members, the committee may include associate members who are partners with an interest in the decisions to be made but are not legally bound by the decisions of the Committee.

Each CCG Governing Body would receive assurance through representation on the committee as well as the submission of minutes and an annual report to inform annual governance statements.

#### 4. Recommendations

Governing Body is asked to:

- Agree in principle the establishment of a Joint Committee across Liverpool, South Sefton, Southport and Formby and Knowsley CCGs and recommend that establishment to the Wider Group.
- Agree in principle the Terms of Reference of the Joint Committee and recommend formal approval of the Terms of Reference to the Wider Group.
- Nominate three governing body representatives to sit on the Joint Committee

#### 5. Next Steps

A draft Terms of Reference for the North Mersey Joint Committee, at **Appendix 1**, has been developed by the North Mersey Committees in Common, which has representation from each CCG Governing Body. The Terms of Reference remain in draft, pending approval by the Wider Group

Other actions required to establish the Joint Committee include:

- Formal approval of the Terms of Reference to be recommended to the Wider Group
- If approved, it will require an amendment of the CCG constitution to formally include the Terms of Reference of the Joint Committee;
- Implementation of a process to determine the Joint Committee membership from each CCG, associates and in-attendance representation;
- Implementation of an annual forward work programme to be proposed for approval by each CCG;

It is anticipated that each CCG will progress the terms of reference through Governing Bodies and wider membership forums between February and March with the Joint Committee being formally established by 1<sup>st</sup> April 2018.

**Fiona Taylor**  
Chief Officer  
February 2018



NHS Knowsley CCG  
NHS Liverpool CCG  
NHS South Sefton CCG  
NHS Southport and Formby CCG

## North Mersey Joint Committee of Clinical Commissioning Groups (CCGs)

### 1 Introduction

- 1.1 The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may for a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.
- 1.2 The Five Year Forward View footprints were established in accordance with the NHS Shared Planning Guidance requirements 2015/16 which required every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View.

### 2 Establishment

- 2.1 The CCGs have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the North Mersey Joint Committee of Clinical Commissioning Groups (CCGs).

### **3 Role of the Committee**

- 3.1 The overarching role of the Joint Committee is to take collective commissioning decisions about services provided for the North Mersey population. Decisions will be appropriate and in accordance with delegated authority from each CCG Member. Members will represent the whole North Mersey population, rather than the populations of the CCGs they represent.
- 3.2 Decisions will also support the aims and objectives of the Cheshire & Merseyside STP, whilst contributing to the sustainability of the local health and social care systems. The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the Parties.

### **4 Remit of the Joint Committee**

- 4.1 The Joint Committee will be responsible for decisions regarding the delivery of programmes of transformation / service redesign across a defined range of services commissioned collectively by its members. The services within scope will be defined in an annually agreed forward programme, the scope of which may include locally initiated proposals and proposals developed by the Cheshire and Merseyside STP. In setting a forward work programme for delegation to the Joint Committee, members will consider the materiality and geographical scope of proposals, with only significant and collaborative proposals to be included.
- 4.2 The Joint Committee will take into account other service providers as may be relevant to the transformation / service redesign under consideration.
- 4.3 The Joint Committee will develop an annual work plan to reflect the agreed priorities of the Cheshire & Merseyside STP and North Mersey Plan, where joint commissioning decisions are required. The draft work plan will be presented to the respective CCG Governing Bodies for approval, defining the conditions for progressing individual work streams in advance of the work commencing. The priorities within each of the work streams will align with that of the Cheshire & Mersey STP and will incorporate/take account of any proposals or dependencies that need consideration or decisions.

## 5 Functions of the Joint Committee

- 5.1 The Committee is a Joint Committee of NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG and NHS Southport & Formby CCG established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended). Its primary function is to make collective decisions on the review, planning and procurement of health services within its delegated remit.
- 5.2 In order to deliver its delegated functions the Joint Committee will:
- Agree an annual work plan for approval by each Governing Body
  - Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit
  - Approve individual programme and project briefs, initiation documents and plans. This will include agreeing the parameters at the start of each programme of work, governance and financial arrangements for individual programmes.
  - Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
  - Approve future service reconfiguration, service models, specifications, and business cases up to the value as determined for the Governing Body by each constituent CCG's Scheme of Reservation & Delegation
  - Ensure appropriate patient and public consultation and engagement and compliance with public sector equality duties as set out in the Equality Act 2010 for the purposes of implementation.
  - Ensure consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
  - Agree and oversee the communications and engagement framework relevant to areas of work of the Joint Committee.
- 5.3 Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:
- Management of the conflicts of interest (section 14O)
  - Duty to promote the NHS Constitution (section 14P)
  - Duty to exercise its functions effectively, efficiently and economically (section 14Q)
  - Duty as to the improvement in quality of services (section 14R)
  - Duties as to reducing inequalities (section 14T)
  - Duty to promote the involvement of patients (section 14U)
  - Duty as to patient choice (section 14V)
  - Duty as to promoting integration (section 14Z1)
  - Public involvement and consultation (section 14Z2)

- 5.4 In discharging its responsibilities the Joint Committee will provide assurance to each Governing Body through the submission of minutes from each meeting and an annual report to inform constituent members' annual governance statements.
- 5.5 The Committee will conduct an annual effectiveness review which will be reported to each CCG's Audit Committee.

## 6 Membership

- 6.1 The Committee will have two levels of membership, full members and associate members. Full member organisation means those which have the final 'vote' on agreements as the Committee is a Joint Committee of those organisations. Associate members are partners who have an interest in the work plan of the Committee but are not legally bound by the decisions of the Committee
- 6.2 The full member organisations are:
- NHS Knowsley CCG
  - NHS Liverpool CCG
  - NHS South Sefton CCG
  - NHS Southport & Formby CCG
- 6.3 Each full member organisation will nominate three Governing Body representatives to sit on the Committee, one of which must be an Executive GB member.
- 6.4 Chairing of the Joint Committee will be managed on a 6 month rotation between the four CCG members.
- 6.5 Decisions made by the Joint Committee will be binding on its member Clinical Commissioning Groups.
- 6.6 Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups in the North Mersey footprint.
- 6.7 Other organisations, including local authorities within the North Mersey area, may be invited to send representatives to the meetings. In attendance members represent other functions / parties/ organisations or stakeholders who are involved in the programmes of work of the Joint Committee and will provide support and advise the members on any proposals.
- 6.8 Representatives from NHS England will be co-opted to attend as required.

## 7 Deputies

- 7.1 A deputy must have delegated decision making authority to fully participate in the business of the Committee. Each full member organisation will identify a named deputy member to represent one of the full members in the event of absence.

## 8 Decision-Making

- 8.1 The Joint Committee will aim to make decisions through consensus. In the event of a requirement to make a decision by taking a vote, the threshold for a decision will be by achieving a majority by members of 10 out of 12 votes.

## 9 Quoracy

- 9.1 The meeting will be considered quorate with two representatives of each CCG (including the Joint Committee Chair); one representative from each CCG must be an executive GB member.

## 10 Meetings

- 10.1 The Joint Committee shall meet at least annually and then as required in order to deliver the workplan; the Chair will have authority to call an extraordinary meeting with at least 2 days' notice.
- 10.2 Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.
- 10.3 Meetings with other Joint Committees in the Cheshire & Merseyside STP footprint will be arranged, as required. In the event that a sub group or working group is considered appropriate from such a meeting, all parties will need to agree the reporting arrangements.
- 10.4 Joint Committee meetings will be held in public, members of the public may observe deliberations of the Committee but do not have the right to contribute to the debate. Items the Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.

## 11 Conflicts of Interest

- 11.1 Individual members of the Joint Committee will have made declarations to their own CCG; a register of the interests of all members of the committee (full and associate) will be compiled and maintained as a Joint Committee Register of Interests. This register shall record all relevant and material, person or business interest, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each individual CCG's website.
- 11.2 Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.
- 11.3 Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant party may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter, as per section 7 above.
- 11.4 Should the Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.
- 11.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.
- 11.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

## 12 Attendance at meetings

- 12.1 Members of the committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.



## 13 Administration

- 13.1 Support for the Joint Committee will be provided on a rotation basis by the participating CCGs in line with the rotation agreed for Chairing the Joint Committee.
- 13.2 Papers for each meeting will be sent to the Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

## 14 Review

- 14.1 These terms of reference shall be reviewed by the Joint Committee at least annually, with input from governing bodies, and any consequential amendments approved by each CCG members' Governing Body.

## MEETING OF THE GOVERNING BODY FEBRUARY 2018

<b>Agenda Item:</b> 18/13	<b>Author of the Paper:</b> Andy Woods Senior Governance Manager (Merseyside Inclusion Service) <a href="mailto:andrew.woods@southseftonccg.nhs.uk">andrew.woods@southseftonccg.nhs.uk</a> 07825111596
<b>Report date:</b> February 2018	
<b>Title:</b> Revised disinvestment policy and procedure	
<b>Summary/Key Issues:</b>  The report presents NHS South Sefton Clinical Commissioning Group's revised Disinvestment Policy (Appendix 1). The policy was approved by the Governing Body in November 2016. As a result of the review some changes to the policy have been made. The original section six of the policy entitled 'Disinvestment: Stages and Flow Charts' has been removed and relevant sections have been incorporated into section five of the policy. Many of the points contained within the original section are no longer relevant as the CCG has reviewed all areas of spend across the CCG. The policy will continue to ensure the CCG's decision making process operates within its legal requirements and support the CCG to demonstrate that it is making the most effective use of public money to meet the needs of its population.	
<b>Recommendation</b>  The Governing Body is asked to approve the policy.	Receive <input type="checkbox"/> Approve <input checked="" 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.

	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
Patient and Public Engagement		x		Requires all disinvestment proposals to undergo stringent patient and public engagement and consultation
Clinical Engagement		x		Requires all disinvestment proposals to undergo appropriate clinical engagement
Equality Impact Assessment		x		Requires all disinvestment proposals to consider Public Sector Equality Duty (section 149 Equality Act 2010)
Legal Advice Sought		x		
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x			The policy was approved by the Joint QIPP committee and Governing Body in November 2016

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

<b>Title: Disinvestment Policy and Procedure (Cessation and Significant Reduction of Services)</b>	
Scope: NHS South Sefton CCG	Classification: Policy
Replaces: N/A	
Authors/Originators: Andy Woods – Senior Governance Manager (Merseyside CCGs, Equality & Inclusion Service)	
Chief Officer: Fiona Taylor, Chief Officer	
Authorised by: CCG Governing Body	Date: November 2016
To be read in conjunction with: Governance Policies	
Issue Date: January 2017	Review Date: November 2017

**Version Control**

Version	Date	Reviewed By	Comment
2	16/01/2018	Andy Woods	The original section six of the policy entitled 'Disinvestment: Stages and Flow Charts' has been removed and relevant sections have been incorporated into section five of the policy. Many of the points contained within the original section are no longer relevant as the CCG has reviewed all areas of spend across the CCG.

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## 1 Background

- 1.1 It is important for NHS South Sefton Clinical Commissioning Group (CCG) to demonstrate that it is making the most effective use of public money to commission the right care, in the right place, at the right time, within the context of unprecedented financial challenges within the NHS. This policy's main objective is to connect all key programmes within the CCG that generates proposals for disinvestment with one single process and oversight procedure.
- 1.2 To ensure that limited resources are consistently directed to the highest priority areas, the CCG has identified the need to develop a Disinvestment (cessation and reduction of services) Policy and Procedure that sets out the agreed principles for disinvesting in a service, so that either funds can be saved or redirected where appropriate.
- 1.3 Disinvestment decisions will take account of clinical quality and outcomes, cost effectiveness, usage, duplication, patient satisfaction and priority of service and are made on the information and evidence available. The decisions will follow a defined process and clear lines of accountability and responsibility. These include consideration around all our legal requirements such as: Equality legislation; Human Rights legislation and consultation with the public, providers and all interested parties.
- 1.4 For the purpose of this policy the following definition has been applied:
- Disinvestment:** This relates to the withdrawal of funding from a provider organisation such that services are ceased or significantly reduced.
- Please note:** When a service is going through the normal cycle or decommissioning and re commissioning, without any significant change; this process will be outside this policy and treated as business as usual.
- 1.5 When a programme has been identified as one of significant change but not disinvestment then the principles and process in this policy can be used.

## 2 Introduction

- 2.1 The CCG's long term commissioning strategy and financial challenges require clarity on when and how services should be disinvested and a robust procedure that will be adopted to ensure these decisions are rational and properly managed.
- 2.2 Where key programme reviews such as QIPP Programmes, contracts cycles or other sources identify the need to disinvest in a service, a number of stages will be required to make the case for change. These will include:
- Project Initiation Document (PID) process (identifying potential savings and filtering viable ideas).
  - Rightcare – Review commissioning for value
  - Business case for change and evidence of usage and performance (prioritisation tool)
  - Equality implications (Both pre and post consultation)
  - Clinical Quality implications (Quality Impact Assessment and prioritisation)
  - Consultation /engagement and communication requirements
  - Correct governance and decision making processes

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

- 3.1 The objective of the policy is to:
- Connect with all the key programmes that generate proposals for disinvestment with one single process and oversight
- 3.2 The aims of this policy are to:
- Provide a lawful, rationale and robust process that demonstrates how the proposal to disinvest has been identified and actioned
  - Contribute to the delivery of the CCG's commissioning strategy and priorities.
  - Highlight the process in which commissioners need to take when disinvesting
  - Ensure the CCG is operating within its legal parameters

### **4 Structure, Roles and Responsibilities**

- 4.1 The Governing Body
- 4.1.1 The Governing Body, as the legally accountable body for NHS resources on behalf of the membership of the CCG ultimately take the decision with regard to the disinvestment of any service following the criteria and process set out in this document. The Governing Body has delegated the responsibility for oversight and delivery of QIPP and disinvestment to the Joint QIPP Committee. The Governing Body ultimately has sign off of all decisions.
- 4.2 Joint QIPP Committee
- 4.2.1 The Joint QIPP Committee monitors progress of all schemes and can call in any scheme for additional scrutiny at any time.
- 4.2.2 No final decision will be made by the Joint QIPP committee on behalf of Governing Body without consideration to:
- Business case for change and evidence of usage and performance
  - Equality implications
  - Quality implications
  - Consultation /engagement findings
  - Lawfulness
  - Rationality of the process
  - Rationality and efficacy (clear thought through process).
- 4.3 **Clinical QIPP Advisory Group**
- 4.3.1 The Clinical QIPP Advisory Group is not a decision making group. It supports the QIPP Committee by ensuring there is robust clinical input and advice into clinical QIPP schemes.
- 4.3.2 The Clinical QIPP Advisory Group is the key mechanism for:
- Providing full clinical assessment of all schemes
  - Evaluating potential ideas and initial proposals regarding disinvestment
  - Ensuring that all legal requirements have been considered
  - Reviewing the case for change and weigh the savings against the risks and prioritise accordingly

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

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

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

4.5 CCG Senior Responsible Officers

4.5.1 Chief Operating Officer (and QIPP Lead)

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

4.5.2 Senior responsible Officers (SRO's)

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

They are required to undertake the following actions:

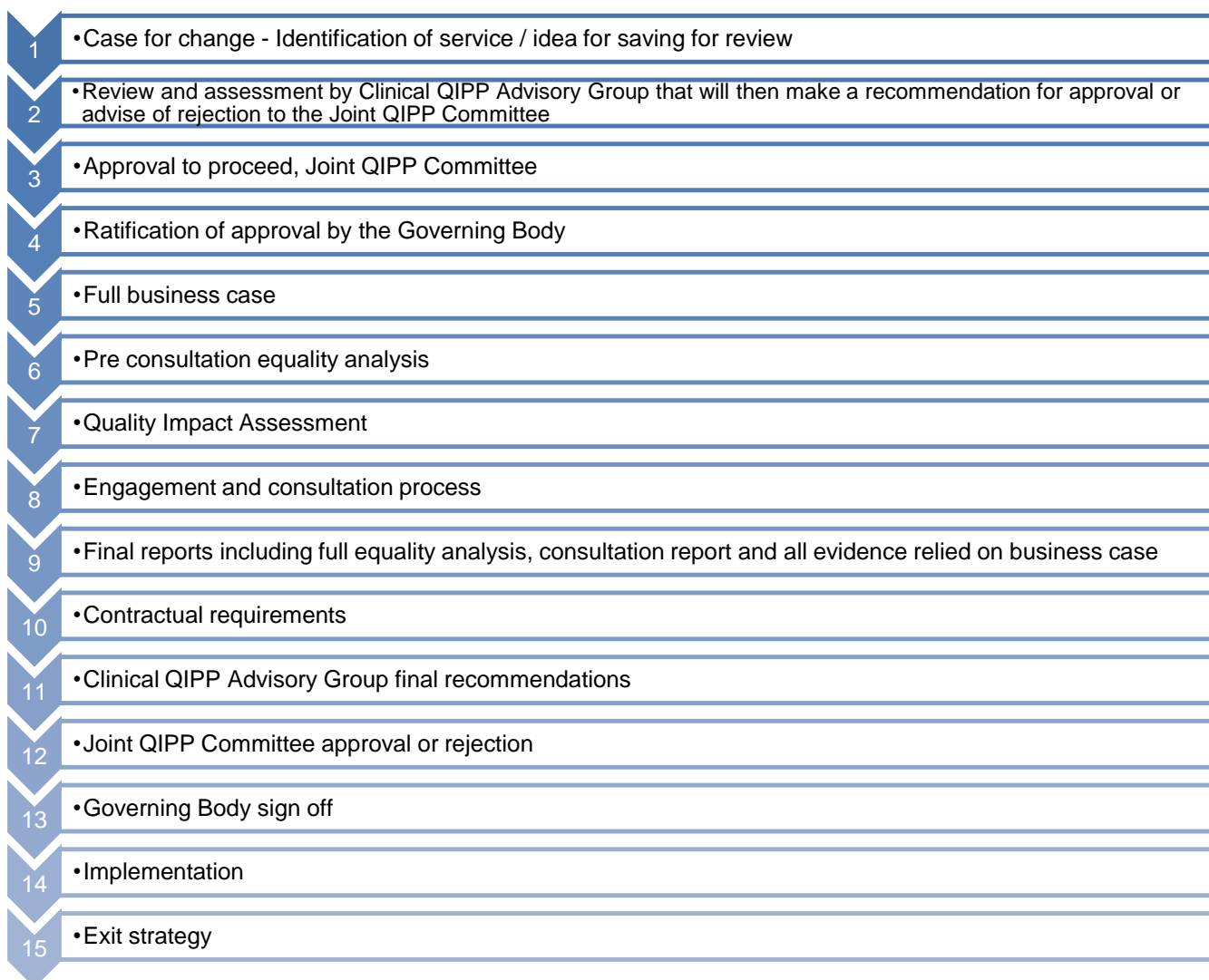
- Identify services for consideration of disinvestment or reduction in provision
- Provide an initial case for change of the service to be reviewed



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

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

**5 Disinvestment Procedures**



Approved by: Governing Body  
Date: November 2016

5.1 Generating the case for change

5.1.1 The initial case for change will identify the anticipated or actual impacts of any disinvestment, including legal and reputational risks and anticipated savings.

5.1.2 The process must show that the savings will be realistic and achievable.

5.1.3 The full business case

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

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

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

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

- does not maximise the health gain that could be achieved by reinvesting an element of the funding elsewhere
- fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes

## 5.2 Clinical QIPP Advisory Group recommendations

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

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

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

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

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

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

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

This will be achieved by:

- Providing a coherent structure for discussion, ensuring all important aspects of each issue are considered prior to decisions being made
- Assuring that appropriate engagement and or formal consultation has taken place when and where necessary and is fed into the full equality analysis report

- Promoting fairness and consistency in decision making and with regard to different clinical topics, reducing the potential for inequity
- Providing a means of explaining the reasons behind the decisions made
- Managing the risk of judicial review by implementation of robust decision-making processes that are based on evidence of clinical and cost effectiveness and adopting a decision making framework so that decisions are made in a manner which is fair, rational and lawful
- Ensuring the vision, values and goals of the CCG are reflected in business decisions
- Ensuring any perceived or actual conflicts of interest are identified

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

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

- The service provided is no longer the statutory responsibility of the CCG
- The service is no longer shown to be a component of the CCG's core provision
- Service not linked to a CCG priority
- No longer meet the needs of the population
- Are of low quality
- Do not demonstrate value for money
- Are of high expenditure and low outcomes (Rightcare)
- Have continued poor performance identified through the contract monitoring process and / or feedback from patients, public and partners (poor patient experience)
- Are not sufficiently meeting the health needs of the population
- Do not maximise the health gain that could be achieved by reinvesting the funding elsewhere
- Do not meet the standards of a modern NHS as defined by: NHS England / NICE
- Are linked to professionally driven change i.e. a provider driven business case which delivers modern innovative service.
- Are linked to nationally driven change i.e. national policy or guidance requires change in service delivery.
- is of limited clinical evidence, quality or safety
- Are linked to efficiencies in delivering services (Cost Improvement Programmes)
- Are linked to oversupply of services (duplication/ market place for patients has changed)
- Are possible savings linked to estates
- Are not value for money
- Over supply due to professional assessments (need for CCG to control quality and quantity of referrals)
- The original service was a pilot and funding has been rolled over
- The original service was funded through non recurrent monies and has been rolled over
- The original decision to fund a service was made on assumptions that have not realised
- There is an inability to demonstrate delivery of agreed outcome measures or failure to deliver outcomes, despite agreed remedial action as detailed in the relevant contract
- The service does not deliver value for money, as demonstrated through financial review
- The investment in a service does not maximise the health gain that could be achieved by reinvesting an element of the funding elsewhere
- Service fails to meet the standards of a modern NHS as defined by the NHS Constitution, professionally driven change and nationally driven changes

**No disinvestment of the service will commence until the relevant statutory requirements have been met. This would include the engagement/ consultation**

**report and full equality analysis report and quality impact report presented to the Joint QIPP Committee for their consideration, prior to making a final decision/ recommendation to Governing Body.**

- 5.4 Engagement and Consultation Process
  - 5.4.1 Following the development of a proposal, the engagement and consultation process will commence. Advice on engagement should be sought from the Communications and Engagement Team, and Equality Teams
  - 5.4.2 The CCG will communicate clearly, fully and continuously with the provider of the service and all stakeholders and **all interested parties** following any proposal for potential disinvestment or the reduction in provision of services.
  - 5.4.3 The engagement and consultation will include the appropriate methods and timescales to engage with the public, patients and stakeholders and this will be informed by the pre consultation equality analysis, stakeholder analysis and matrix
  - 5.4.4 An appropriate period of consultation will be undertaken and the outputs fully considered before any decision to disinvest or reduce service provision is made.
  - 5.4.5 The feedback from all statutory and non-statutory consultation will be fully reviewed and analysed and will be used to assist in the decision making process.
  - 5.4.6 Sefton Metropolitan Borough Council's Overview and Scrutiny Committee will be involved in line with current guidance.
- 5.5 Clinical QIPP Advisory Group final recommendation
  - 5.5.1 Following the engagement and consultation process, the SRO will present a final report to the Clinical QIPP Advisory Group. Once the group has reviewed the information provided, a final recommendation will be presented to the Joint QIPP Committee.
  - 5.5.2 The recommendation will first be shared with the provider so as to enable them to raise any final matters which may then be considered by the Joint QIPP Committee
  - 5.5.3 Following the completion of statutory reports, should any indicate that disinvestment is not viable or appropriate, the outcome will be submitted to Clinical QIPP Advisory Group with a recommendation from the SRO to accept the findings and remove the proposal from the disinvestment programme. The Joint QIPP Committee will be notified and given the reason behind the decision. The Joint QIPP Committee will in turn advise the Governing Body through its key issues reporting process.
- 5.6 Joint QIPP Committee Approval
  - 5.6.1 The Joint QIPP Committee, as the committee with delegated responsibility for QIPP decisions, will ultimately make the decision with regard to the disinvestment of any service following the criteria and process set out in this policy. The Governing Body will be asked to ratify that decision.
  - 5.6.2 The committee will make the appropriate decision following their review of the information:

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

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

**2. Approval to the disinvestment recommendation**

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

**3. Request more information**

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

5.7 Implementation

5.7.1 Actions subsequent to approval to disinvest

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

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

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

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

5.8 Exit process

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

5.8.2 The plan will cover at a minimum:

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

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

- 5.8.4 Disinvestment of any service will be managed in line with the “Principles and Rules for Cooperation and Competition” regulation (2012) and related Monitor Guidelines.  
<https://www.gov.uk/government/publications/principles-and-rules-for-cooperation-and-competition>
- 5.8.5 Disinvestment of any service will also be processed in line with the CCG’s Financial Polices and contractual requirements.
- 5.9 Recordkeeping and reporting
- 5.9.1 An auditable record and trail of all decision making and all communications relating to each disinvestment decision and contract termination will be kept by the CCG.
- 5.9.2 This is vital, both to demonstrate that the process was robust and transparent, and as evidence in the event of any challenge, legal or otherwise.

## 6. Prioritisation principles and Tools

### 6.1 Background

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

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

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

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

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

### 6.2 Application of the prioritisation tools

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

- Does it work and how close is it to core priority?

- Does it add value to society/ health inequalities?
- Is it a reasonable cost to the public?
- Is it the best way of delivering the service?

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

The completed information for each service/intervention/proposal under consideration will be presented by its compilers to QIPP.



**Appendix 1 Prioritisation Tool**

<b>Does it work?</b>		
1.	Quality Clinical effectiveness <ul style="list-style-type: none"> <li>• Patient experience</li> <li>• Patient Safety</li> <li>• effectiveness</li> </ul>	If not effective, this does not need to go through further process, can make decision to disinvest.  See Quality Impact Assessment
2.	Health gain and outcomes	Life expectancy, healthy life expectancy, quality of life and risk factors Review Rightcare – Performance compared to peer group
3.	Is it over subscribed / is there an over demand	<ul style="list-style-type: none"> <li>• Is there any way of controlling through put?</li> <li>• Are providers creating over demand (is this clinically appropriate?)</li> <li>• Is service underfunded?</li> </ul>
<b>Does it add value to society?</b>		
4.	Strategic fit with CCG priorities and legal duties	How close is it to core priorities Is there a statutory duty to provide the service/function? If it is a statutory duty can efficiencies be made?
5.	Strategic fit with 5 Year forward view	<a href="https://www.england.nhs.uk/ourwork/futurenhs/">https://www.england.nhs.uk/ourwork/futurenhs/</a>
6.	Strategic fit SDP	
7.	Population and individual impact	Proportionality: a balance between the needs of a group of patients, and that of the wider community  Does this only affect one particular group?
8.	Health Inequities	Reduce or widen?
9.	Equality implication PSED	Equality Analysis Report
<b>Is it a reasonable cost to the public?</b>		
10.	Affordability/ efficiencies	Can we release resources for alternative uses to achieve the same aim?  Can this be bought from a cheaper source?  Pooling budgets with partners (What are the opportunity costs for other services or interventions (including those of partners)?)
11.	Cost effectiveness and value for money	Expenditure in relation to outcomes Review Rightcare – Performance compared to peer group

12.	Is there over supply of services	Duplication of services
13.	Through put of patients/ service users	Low through put of patients for service provision?
<b>Is it the best way of delivering the service?</b>		
14.	Alternative services	Ward based services compared to community based services  Private and Public sector versus Community Voluntary/ Third sector?
15.	Impact on services elsewhere	<ul style="list-style-type: none"> <li>• Is there an impact for other health service (For example A&amp;E)?</li> <li>• Is there an impact for non-health services? (For example, social services)</li> </ul>
16.	Workforce implications	<ul style="list-style-type: none"> <li>• Will it increase or decrease or change human resources and skills mix?</li> <li>• Will it have legal HR implications? (TUPE, redundancy, recruitment/ retention)</li> </ul>
17.	Geography	Is it in the best place to deliver the service? <ul style="list-style-type: none"> <li>• Rural issues</li> <li>• Transport issues</li> <li>• Parking</li> <li>• Access</li> </ul>
18.	Physical buildings and estates	Is it beyond service Does it need decommissioning Is it operating at full potential/ capacity

## MEETING OF THE GOVERNING BODY FEBRUARY 2018

<b>Agenda Item:</b> 18/14	<b>Author of the Paper:</b> Andy Woods, Senior Governance Manager (Merseyside CCGs Equality & Inclusion Service) <a href="mailto:Andrew.woods@southseftonccg.nhs.uk">Andrew.woods@southseftonccg.nhs.uk</a> Mobile: 07825111596						
<b>Report date:</b> February 2018							
<b>Title:</b> Equality and Diversity Annual Report 2017							
<b>Summary/Key Issues:</b>  To present the CCG's Equality and Diversity Annual Report 2017 and provide an update on progress against the Equality Objectives Plan 2015/18.							
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"><b>Recommendation</b></td> <td style="width: 20%; text-align: right;">Receive <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Approve <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Ratify <input type="checkbox"/></td> </tr> </table> <p>The Governing Body is recommended to:</p> <ul style="list-style-type: none"> <li>• Note the Equality and Diversity Annual Report 2017 (Appendix A);</li> <li>• Note progress made against the Equality Objectives Plan 2015/18</li> </ul>		<b>Recommendation</b>	Receive <input checked="" type="checkbox"/>		Approve <input type="checkbox"/>		Ratify <input type="checkbox"/>
<b>Recommendation</b>	Receive <input checked="" type="checkbox"/>						
	Approve <input type="checkbox"/>						
	Ratify <input type="checkbox"/>						

Links to Corporate Objectives <i>(x those that apply)</i>	
x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
x	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Forward View", underpinned by transformation through the agreed strategic blueprints and programmes 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.
	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.
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Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement	x			
Clinical Engagement			x	
Equality Impact Assessment				
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
	Treating and caring for people in a safe environment and protecting them from avoidable harm

## Report to Governing Body February 2018

### 1. Executive Summary

The CCG has produced, for receiving, an annual Equality and Diversity Report 2017 which demonstrates how the CCG has paid 'due regard' to the Public Sector Equality Duty and aims to eliminate discrimination, advance equality of opportunity and foster good community relations. Its publication will meet the specific equality duty requiring all public sector organisations to publish their equality information annually and set Equality Objectives.

### 2. Introduction and Background

The CCG is required to pay due regard to the Public Sector Equality Duty as defined by the Equality Act 2010. The Equality Act 2010 Specific Duties require organisations to set strategic equality objectives, which can be seen on the Equality Objectives Plan 2015/18.

The CCG as part of the NHS Assurance Framework are required to undertake and implement the NHS England Equality Delivery Systems 2 (EDS2).

### 3. Key Issues

#### 3.1 ANNUAL EQUALITY & DIVERSITY REPORT 2016/17 (Appendix A)

The CCG has produced an annual Equality & Diversity Report which sets out how the CCG has been demonstrating 'due regard' to their Public Sector Equality Duty's (PSED) three aims to eliminate discrimination, advance equality of opportunity and foster good community relations and will provide evidence for meeting the specific equality duty, which requires all public sector organisations to publish their equality information annually.

#### 3.2 EQUALITY DELIVERY SYSTEMS 2

The CCG adopted the Equality Delivery System (EDS2) toolkit as its performance toolkit to support the NHS England Assurance process on equality and diversity. The CCG's grades can be viewed in *Appendix A section two*. The CCGs performance and grades have progressed from 'developing' status across all outcomes to 'achieving' status in seven outcome areas and this demonstrates the CCG is improving its equality performance.

The CCG's NHS England (NHSE) EDS2 Summary Report (Appendix B) outlines how the CCG implemented the toolkit and the current grading of the CCG.

The CCG is working collaboratively with other Merseyside CCGs and key providers such as Aintree Hospital NHS Trust, Alder Hey and Liverpool Heart and Chest on implementing EDS 2 over the 2017/18 to ensure all services are responding to the needs of the population in line with the Five year Forward View and Strategic Transformation Plans.

### **3.3 EQUALITY OBJECTIVE PLAN 2016-2019**

All Public authorities are required to meet their specific duties under the Equality Act 2010 to set Equality objectives every 4 years. As a result of the EDS 2 process, the CCG has significantly revised their Equality Objective Plan 2016- 2018 (Appendix A, section three, Appendix 1 of the annual report) which has been developed which aims to improve access and outcomes for people who share protected characteristics. The plan represents the key priority areas the CCG will be focussing on, including the need to consider people who share protected characteristics when the CCG makes difficult commissioning decisions during these unprecedented financial times within the NHS. The Governing Body approved the 4 year Objectives in January 2016

## **4. Conclusions**

By receiving the Annual Report and approving the Equality Objective Plan the CCG will continue to pay due regard to the exacting Public Sector Equality Duty and strive to continue to address barriers people with protected characteristics face.

## **5. Recommendations**

The Governing Body is recommended to:

- Note the Equality and Diversity Annual Report 2017 (Appendix A);
- Note progress made against the Equality Objectives Plan 2015/18

## **Appendices**

Appendix A – Annual Equality & Diversity report 2017

**Andy Woods**  
**Senior Governance Manager**  
**January 2018**



**South Sefton**  
Clinical Commissioning Group

**NHS South Sefton CCG**  
**EQUALITY & DIVERSITY ANNUAL**  
**REPORT**  
**2016-2017**

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## Foreword

There is clear evidence that people's health, their access to health services and experiences of health services are affected by their age, gender, race, sex, sexual orientation, religion/belief, transgender, marital/civil partnership status and pregnancy/maternity status.

NHS South Sefton Clinical Commissioning Group strives to commission services that meet the needs of our communities in relation to access and outcomes for patients and we understand that this is more important than ever given the unprecedented financial pressures that the NHS currently faces and the challenges outlined in the 5 year forward view.

**Graham Bayliss, South Sefton CCG's Lay Member for Patient and Public**

## 1.0 Introduction

This document is the CCG's annual Equality & Diversity Report which sets out how the CCG is working with the Equality Act 2010 and in particular paying 'due regard' to the Public Sector Equality Duty's (PSED) three objectives to:-

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Protected characteristics include; age disability, gender reassignment status, religion or belief, sex, sexual orientation, marriage and civil partnership status

This document outlines the CCG's approach to embedding Equality & Diversity within the organisations via the EDS 2 toolkit, setting Equality Objectives, monitoring the equality performance of our key NHS providers, ensuring our workforce are supported and engaged and that we have robust processes in place to consider our Public Sector Equality Duty (PSED) when we are making commissioning decisions. The report also outlines our strategy and plans to ensure we have strong engagement with people who share protected characteristics.

### 1.1 'Due regard' and equality analysis reports

"Due regard" is a legal requirement and means that the Governing Body of the CCG has to give *advanced* consideration (consider the equality implications of a proposal before a decision has been made) to issues of 'equality and discrimination' before making any commissioning decision or policy that may affect or impact on people who share protected characteristics. It is vitally important to consider equality implications as an integral part of the work and activities that the CCG does.

'Due regard' can be paid by the Governing Body, officers can only support this process by developing information and presenting views to the Governing Body. The reports that go to the Governing Body are Equality Analysis reports – commonly known as Equality Impact Assessments (EIAs)

The reports will test the proposal and say whether it meets PSED and ultimately complies with the Equality Act 2010. The CCG is under a statutory duty to comply with The Equality Act 2010. Recommendations will be part of the reporting process, the Governing Body in making decisions have to consciously take into consideration the content of the reports as part of their deliberations and decision making process. Failure to do this would be grounds for Judicial Review.

Equality Analysis reports cannot be done after a decision is made as this is unlawful and could be grounds for Judicial Review.

South Sefton CCG is becoming stronger at developing and delivering Equality Analysis reports and linking them to the current change programme.

Equality Analysis reports have to consider the effect or impact of any change to policy, practice or procedure against all the protected characteristics this means that there has to be a strong link to the consultation and engagement process in order to identify different peoples perspectives and concerns.

Training and support has been given to all staff making them aware of the process and there are strong support mechanisms in place to help staff and the organisation to develop and deliver timely and accurate reports

## 2.0 Equality Delivery Systems (EDS2)

We have adopted the Equality Delivery System (EDS2) as our performance toolkit to support us in demonstrating our compliance with the Public Sector Equality Duty. The Equality Delivery System (EDS2) is a tool-kit that can support the CCG to improve access to the services we provide for our local communities, consider health inequalities in our borough and provide better working environments, free of discrimination, for those who work with us in the NHS.

The EDS 2 has four key goals (with 18 specific outcomes); **achieving better outcomes, improving patient access and experience, developing a representative and supported workforce and finally, demonstration of inclusive leadership**. Each of these goals can be assessed and a grading applied to illustrate progress in achieving the outcomes and the involvement of the communities and organisations which represent the views of people with protected characteristics. The grading's available are as follows:

**Undeveloped** if there is no evidence one way or another for any protected group of how people fare or Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well

**Developing** if evidence shows that the majority of people in three to five protected groups fare well

**Achieving** if evidence shows that the majority of people in six to eight protected groups fare well

**Excelling** if evidence shows that the majority of people in all nine protected groups fare well

## 2.1 The local approach to EDS 2

During 2015/16, the CCG's adopted an innovative approach to delivering the EDS 2 Toolkit; engaging with national, regional and local organisations who represent the views of people and communities who share protected characteristics. The CCG undertook one-to-one meetings, workshops, interviews, briefings and research with partner organisations and stakeholders including to name but a few: Healthwatch, The Race Equality Foundation, Deaf Health Champions (Sick of It Report), In Trust Merseyside, Age Concern, Black Minority Ethnic Community Development project (hosted in Sefton CVS). The aim of the engagement was to ensure the CCG understood the 'barriers' communities across protected characteristics face to enable the CCG to improve access and outcomes. As a direct result of our EDS 2 exercise we have significantly revised our Equality Objective Plan (Appendix 2)

The CCG recognises that patients and staff who share certain protected characteristics are less likely to complain, complete NHS surveys or access community networks to provide their feedback and this level of engagement with stakeholders will ensure that the entrenched barriers communities face in relation to accessing healthcare services are understood and mitigated as part of the CCG's strategic and operational programmes. Meeting and understanding the needs of people is essential to remove disadvantage and advance equality of opportunity, so we will continue to endeavour to address these issues through mainstream plans, changing service specifications, the way we monitor our NHS providers, business plans and strategies, procurement activity, contract monitoring and discussions with key partners including NHS England, the Local Authority and community, voluntary and faith sectors.

## 2.2 How did we do?

The EDS2 findings identified a range of actions for CCG's Equality Objective Plan and EDS 2 grading. This process also informed the preparation of the CCG's *EDS2 Summary Submission* to NHS England for 2016/2017, which explains some of our processes.

The CCG's performance and grades have progressed from 'developing' status across all outcomes to 'achieving' status for seven outcome areas and this demonstrates the CCG is improving its equality performance. Once these key issues are being addressed and or mitigated via mainstream business plans then the CCG can maintain its status across the relevant outcomes and goals, during these challenging financial times.

The EDS2 assessment for the CCG can be viewed in **Appendix 1** below and each goal is presented alongside the national EDS 2 grading achieved by the CCG.

The CCG will be working closely on implementing EDS 2 over 2017/18 with other Merseyside CCGs and key providers including Southport & Ormskirk NHS Trust, , Alder Hey, Aintree Hospital, Liverpool Heart and Chest and Walton Neurological Centre. This new and innovative approach will ensure that all organisations are addressing the needs of the population as a whole in line with Accountable Care systems and the Five Year Forward View.

### **3.0 NHS South Sefton CCG Equality Objective Plan 2017/2020 (Appendix Two)**

As a direct result of EDS 2 South Sefton CCG has developed a specific long term Equality Objectives Action Plan, which will enable the CCG to address barriers through mainstream plans including - changes to specifications, business plans and strategies, improving procurement activity and processes, changing quality contract monitoring and enabling improved information and intelligence exchange with key partners including NHS England, the Local Authority and Community, Voluntary and Faith Sector.

Some of the key issue are

- All commissioning organisations need improved processes to enable transparent decision making during unprecedented financial times, to ensure needs are considered and barriers and unequal outcomes are mitigated.
- Translation and interpretation across health services remains varied and standards need to be raised via work through the Quality Contract Schedule for Secondary Care Providers and establishing a base line of standards and usage in Primary Care
- The duty to carry out reasonable adjustments (Equality Act 2010) to support better access and outcomes for disabled people and frail elderly is often misunderstood, and needs to addressed via contract monitoring and collaborative work between providers
- Understanding Transgender issues across health services is a key priority and needs to be progressed further within the CCG, the services they commission and Primary Care.

#### **The CCG's current equality objectives are:-**

- To make fair and transparent commissioning decisions;
- To improve access and outcomes for patients and communities who experience disadvantage
- To improve the equality performance of our providers through robust procurement and monitoring practice
- To empower and engage our workforce

The Objective Plan has mapped the Objectives, EDS 2 outcomes and Public Sector Equality Duties to each action area.

### **4.0 Monitoring the Equality & Diversity performance of our key NHS providers**

During the year South Sefton CCG collaborated with neighbouring CCGs to ensure that contracts with key local NHS providers include requirements to achieve and improve equality and diversity standards, including through the Equality Delivery System.

Providers over 2016 were expected to:

- Show evidence that they has implemented the Accessible Information Standard
- Show and demonstrate progress against their Smart Equality Objectives Plan;
- Complete an EDS assessments
- Provide evidence of compliance with Equality Act 2010 specific duties (including the Workforce Race Equality Standard)

- Only take decisions about service redesign after an equality analysis or equality impact assessment has been carried out to demonstrate due regard of the PSED
- Provide data on the use of translation and interpretation services.
- Improve and develop awareness of how to provide reasonable adjustments

## **5.0 Equality & Diversity and the Workforce**

The CCG is committed to developing a representative and supported workforce and we specifically consider equality and diversity for our staff. We aim to ensure that we have fair and equitable employment and recruitment practices as well as holding up to date information about the CCG's workforce. The CCG have developed a Workforce Equality and diversity plan in **Appendix 4** below and this will ensure we are cognisant of Equality Duties and our Workforce Race Equality Standard and that our relevant committees scrutinise the data available to them and ensure we value diversity and advance equality of opportunity for our staff. The CCG will work closely with the Human Resource Business Partners from Midlands and Lancashire Commissioning Support Unit to ensure compliance with the Equality Act 2010.

### **5.1 Workforce and EDS 2**

A key part of our EDS 2 (Goal 3) assessment focusses on our workforce and for the majority of our outcomes we are graded as developing to achieving status. These grades can be viewed in **Appendix 1**. By rolling out our Equality Workforce Plan over the next two year we intend to progress to **achieving** across all our EDS 2 workforce outcomes.

### **5.2 Staff Training**

Staff working within the CCGs undertakes annual equality and diversity training. The training is designed not only as an introduction to diversity and cultural awareness, but also as a practical guide to making our organisational culture an inclusive one. It combines a focus on personal and organisational beliefs, values and behaviours and the impact they have in our interactions at workplace, internally and externally. Furthermore all our staff within the CCG including commissioning programme leads, contract and procurement staff, finance, governing body members within the CCG have received specific training and or support on Equality Acts 2010, Public Sector Equality Duty compliance, specifically during these unprecedented financial challenging times.

## **6.0 Governance and accountability**

The Chief Delivery and Integration Officer will be directly responsible to the Senior Management Team and Governing Body of the CCG for providing the necessary information on progress and compliance to the PSED as part of their update on equality and diversity, which is planned into the Governing Body reporting and meeting cycle. The CCG receives regular updates on E&D performance and risks via a number of groups including the Corporate Governance Group and EPEG and finance and resource Committee.

## **7.0 Conclusion**

The CCG will continue to strive to ensure that the services the CCG commission are accessible to all. During the last twelve months we have made good progress around equality & diversity, developing new and building on existing relationships with groups and

individuals who share and represent the interests of protected characteristics. This year's EDS2 exercise has allowed us to fully improve our understanding of what barriers certain communities face and tackle them through mainstream processes and plans. We have developed a refreshed and long term Equality Objective Plan 2016-2019 that focuses' on the internal processes we need to improve and the actions we need to undertake to tackle barriers and disadvantages certain communities face. The CCG has developed a Workforce Equality & Diversity Plan which aims to build on the solid foundations that are already in place. The CCG will continue to engage with the population and staff as a whole and continue to develop strong links with members of the population and groups who represent the interests of people who share protected characteristics and ensure that their views are built into the services we commission or the policies we develop.

NHS South Sefton CCG is committed to reducing health inequalities, promoting equality and valuing diversity as an important part of everything we do. This document clearly describes the headline activity that has taken place and more importantly it sets out the work and approaches that need to be undertaken to advance equality of opportunity.

The CCG will continue to monitor our progress against the action plan and report annually and openly on the development of this work and the CCG will ensure that it considers and pays due regard to its exacting Public Sector Equality Duty to support its difficult decision making during these unprecedented financial times in the NHS.

**APPENDIX 1 SOUTH SEFTON CCG EDS 2 GRADES AND OUTCOMES**

NHS South Sefton CCG EDS2: The Goals and Outcomes			Current Grade Status 2017	Grade status 2014-2016
Goal	Number	Description of outcome		
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	Developing
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	Developing
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing	Developing
	1.4	When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	Developing	Developing
	1.5	Local health information and communications reach communities	Achieving	Developing
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing	Developing
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing	Developing
	2.3	People report positive experiences of the NHS	Developing	Developing
	2.4	People's complaints about services are handled respectfully and efficiently	Developing	Developing
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Developing
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving	Developing
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Developing	Developing
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing	Developing
	3.6	Staff report positive experiences of their membership of the workforce	Developing	Developing

Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving	Developing
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Achieving	Developing
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Developing



**APPENDIX 2 NHS South Sefton CCG Equality Objective Plan 2017-2020**

**The CCGs current equality objectives are:-**

1. To make fair and transparent commissioning decisions;
2. To improve access and outcomes for patients and communities who experience disadvantage
3. To improve the equality performance of our providers through robust procurement and monitoring practice
4. To empower and engage our workforce

Protected Characteristic	Key Issue and Barrier Identified	Action and Activity	Responsible Officer	Date	EDS Outcome PSED CCG Equality Objective
Race	Language and cultural barriers	Consider implementation of the new NHS England Translation and Interpretation (T&I) Framework for primary care when it is launched in 2016/17	<b>Chief Delivery and Integration Officer</b>	<b>Awaiting launch In progress</b>	1.1, 1.2,1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 2.4
		Develop a local T&I Policy and awareness raising programme for the CCG and Primary Care (and cross-reference with the NHS England guidance when received).	<b>Senior Governance manager &amp; Chief Delivery and Integration Officer &amp; Head of communications</b>	<b>March 2018 In progress</b>	Eliminate Discrimination Advance Equality Of Opportunity  Equality Objectives 1,2,3

			and engagement		
		Identify relevant data that can support the CCG to measure T&I usage in Primary Care	Senior Governance manager & Primary care lead	July 2017 completed	
		Ensure key secondary care providers continue to report on T&I usage as set out in the Quality Contract Schedule 2016/17	Chief Nurse	Completed – on going	
		CCG to consider developing a Bilingual Volunteer project to provide non- clinical T&I support to the CCG and partners	Senior Governance manager & Chief Delivery and Integration Officer	March 2018 In progress	



**South Sefton  
Clinical Commissioning Group**

<b>Race</b>	Lack of understanding of which services to access and inappropriate A&E attendance	Work collaboratively with relevant community groups and health services to develop local communications to support appropriate access - including registration with GPs	<b>Senior Governance manager &amp; VCF representatives</b>	<b>March 2018</b> <b>(In progress)</b>	2.1, 1.1  Advance Equality of Opportunity
		Ensure Specification for CCG funded Community Development (CD) BME related project reflects actions within the Equality Objective Plan and EDS2 exercise  Intelligence barriers feeds into CCG	<b>Chief Delivery and Integration Officer</b>	<b>March 2018</b> <b>Completed</b>	Equality Objectives  1,2

<b>Race</b>	Lack of Cultural understanding within commissioning and primary and secondary care services	Promote CD BME organisation's offer and promote cultural competency training across CCGs, primary and secondary care	<b>Senior Governance manager</b>	<b>December 2017</b>  <b>Completed</b>	1.1, 1.5, 2.1  Advance Equality Of Opportunity  Foster Good Community Relations  Equality Objectives  1, 2,3
<b>Disability / age / frail elderly</b>	Lack of understanding of reasonable adjustments by health professionals across health services	Accessible information Standard is embedded across the CCG and promoted across GP Practices	<b>Senior Governance manager &amp; Chief Delivery and Integration Officer</b>	<b>March 2018</b>  <b>In progress</b>	1.1,1.2,1.3,2.1  Advance Equality of Opportunity
		Develop a local T&I policy and awareness raising programme for the CCG and Primary Care. (Future NHS England guidance will be cross referenced into the local policy and programme)	<b>Senior Governance manager &amp; Head of communications</b>	<b>March 2018</b>  <b>In progress</b>	Equality Objectives  1,2,3

	Implement Accessible Information Standard		and engagement		
	Duty to make Reasonable Adjustments	Develop comprehensive reasonable adjustment guidance to support improvements in standards in Primary, Community and Secondary Care and share with the Local Authority to consider for their services	<b>Senior Governance manager &amp; Chief Delivery and Integration Officer</b>	<b>December 2017</b> <b>Completed</b>	
		Ensure Accessible Information Standard and the need to make reasonable adjustments is monitored with the providers via the Quality Contract Schedule	<b>CCG E&amp;D Lead and Chief Nurse</b>	<b>Completed</b>	
		Develop and distribute Reasonable Adjustment Guidance  Develop communication brief on the Standard to be issued to primary care (GPs)	<b>Senior Governance manager &amp; primary care lead</b>	<b>Completed</b>	

		Produce brief 'Consider Reasonable Adjustments' CQUIN proposal' and address in Quality schedule	<b>Senior Governance manager</b>	<b>Completed</b>	
<b>Age - young people and working age older citizens</b>	Further explore potential for vulnerable Young People to face disadvantages	Issue will be addressed in the Merseyside Quality Surveillance thematic work stream for mental health and Crisis Care (co-ordinated by Halton CCG's Head of Quality and Chief Nurse )	<b>Senior governance Manager &amp; Chief Nurse</b>	<b>December 2018</b> <b>In progress</b>	1.1, 1.2, 1.4, 1.3  Advance Equality of Opportunity  Equality Objectives 2,3
		Voice of the Child activity – feeds into commissioning activity	<b>Chief nurse</b>	<b>March 2018</b>  <b>Completed</b>	

<b>Age - older citizens</b>	Waiting times and timescales of referrals and appointments for frail elderly and older citizens living alone	Address concerns raised by age organisations in the community specifically on inappropriate appointment times in Primary and Secondary Care (in conjunction with Halton CCG's Head of Quality and Chief Nurse )	<b>Senior Governance manager &amp; Chief Delivery and Integration Officer</b>	<b>December 2016</b>	1.1,1.2,1.3, 1.4, 2.1, 2.3,  Advance Equality of Opportunity
		Implement Accessible Information Standard into provider contracts and monitor	<b>Senior Governance Manager</b>  <b>Primary care lead</b>	<b>Completed</b>	Equality Objectives 2,3

		Ensure Serious Incidents Policy and activity consider PSED and needs associated with protected characteristics via the Quality Surveillance Group in conjunction with Halton CCG's Head of Quality and Chief Nurse	<b>Senior Governance manger &amp; Chief nurse</b>	<b>March 2017</b> <b>Completed</b>	
<b>Transgender</b>	Lack of understanding of trans issues and variation in service standards	Explore options to improve knowledge and understanding of the Transgender community across health services (issues raised are stored in EDS Engagement Excel spreadsheet)  Continue to develop local responses to Trans needs across Primary Care and links with In Trust Merseyside	<b>Senior Governance Manager &amp; Chief Nurse</b>  <b>Transgender lead</b>	<b>March 2018</b>  <b>On- going</b>	1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 2.3  Eliminate discrimination, Advance Equality of Opportunity  Equality Objectives



					1,2,3,4
<b>Sexual Orientation &amp; Transgender</b>	Poorer patient experience and lack of understanding of needs across health services	Develop a proposal to support and improve awareness raising of LBGT issues across the CCG, primary care and secondary care to improve access and outcomes  Please note barriers are listed in the EDS2 engagement document	<b>Senior Governance Manager &amp; Head of Communication &amp; Engagement</b>	<b>March 2019</b> <b>In Progress</b>	1.1, 1.2, 1.4 Eliminate Discrimination Advance Equality of Opportunity  Foster Good Community relations  Equality Objectives 1,2,3,4
<b>Pregnancy &amp; Maternity</b>	Barriers will be identified via the maternity services review pre and post Equality Assessment process	Barriers will identified via the maternity services review pre and post Equality Assessment process –in line with Improving Me timescales	<b>Co-ordinating CCG lead</b>	<b>March 2018</b> <b>In Progress</b>	1.1,2.1,1.21.3  Eliminate Discrimination Advance Equality of Opportunity  Foster Good Community Relations

					Equality Objectives 1,2,3,4
<b>All Protected Groups</b>	Human resources and workforce	Develop an Equality Workforce Plan in conjunction with CSU HR Business Partners to be ratified and approved at CCG HR Committee	<b>CSU Business Partner</b>	<b>Completed</b>	3.1,3.2,3.3,3.4,3.5,3.6  Eliminate Discrimination  Advance Equality of Opportunity  Foster Good Community relations  Equality Objective 4
		Embed and implement the Workforce Race Equality Standard	<b>Governance manager &amp; Chief Delivery and Integration Officer</b>	<b>April 2016 and repeated in line with NHSE</b>	Equality Objective 4  Advance equality of Opportunity

			CSU HR Business Partner	guidance <b>Completed</b>	
<b>All Protected Groups</b>		Ensure EDS2 approach and plans are embedded into the refreshed Communications and Engagement Plans & activity	Communication and Engagement Manager  & Chief Delivery and Integration Officer	November 2017 <b>Completed</b>	Equality Objectives 1,2,3,4  All PSED  1.1,1.2,2.1,4.2

		<p>Ensure that Governing Body, and other key decision- making panels (including Individual Funding Requests) and programme leads receive the appropriate level of E&amp;D training</p>	<p><b>Senior Governance Manager &amp; Governance manager &amp; Chief Delivery and Integration Officer</b></p>	<p><b>March 2018</b> <b>In Progress</b></p>	
		<p>Develop guidance to support the CCG to pay due regard to PSED for difficult commissioning decisions, including reductions in service and cessations</p>	<p><b>Senior Governance Manager &amp; Governance manager &amp; Chief Delivery and Integration Officer</b>  <b>Chief Operating Officer</b></p>	<p><b>June 2016</b> <b>Completed</b></p>	



**South Sefton  
Clinical Commissioning Group**

		Continue to monitor and improve the equality performance of providers	<b>Senior Governance Manager &amp; Chief Nurse</b>	<b>On-going</b>	
		Continue to work closely with NHS provider's Equality Leads through the NHS Equality Leads Provider Forum to improve access and outcomes for protected groups	<b>Senior Governance Manager</b>	<b>March 2018</b> <b>On – going</b>	
		Ensure governance and decision-making committee templates are reviewed to meet Equality Act 2010 requirements	<b>Senior Governance Manager &amp;</b>	<b>March 2018</b> <b>In progress</b>	



## South Sefton Clinical Commissioning Group

		Develop guidance and support embedding the Equality Act requirements and Fair Consultation principles into consultation and engagement activity	<b>Senior Governance Manager &amp; Head of Communication &amp; Engagement</b>	<b>March 2018</b> <b>In Progress</b>	
		Embed comprehensive Equality Analysis into the CCG's key Projects and redesign Programme Management Process and QUIP	<b>Senior Governance Manager &amp; Chief Operating Officer</b>	<b>March 2017</b> <b>Completed</b>	

In the last column each Objective plan action has been mapped to the CCG's Equality Objectives (above), EDS 2 18 outcomes and Public Sector Equality Duties

**APPENDIX 3 Key NHS Provider EDS 2 grades**

Goal	Number	Merseycare	Liverpool Women's	Aintree	Alder Hey	Wirral and Cheshire Partnership (Access Sefton IAPT)	Liverpool Heart & Chest	Southport and Ormskirk
Better health outcomes	1.1	Achieving	Achieving	Developing	Developing	Developing	Developing	Developing
	1.2	Achieving	Achieving	Developing	Developing	Developing	Developing	Developing
	1.3	Achieving	Developing	Developing	Excelling	Developing	Developing	Developing
	1.4	Achieving	Achieving	Developing	Achieving	Developing	Developing	Developing
	1.5	Developing	Achieving	Developing	Developing	Developing	Developing	Developing
Improved patient access and experience	2.1	Achieving	Achieving	Developing	Developing	Developing	Developing	Developing
	2.2	Achieving	Achieving	Developing	Achieving	Developing	Developing	Developing
	2.3	Achieving	Achieving	Developing	Developing	Developing	Achieving	Developing
	2.4	Achieving	Achieving	Developing	Developing	Developing	Achieving	Developing
A representative and supported workforce	3.1	Achieving	Achieving	Developing	Developing	Achieving	Developing	Developing
	3.2	Achieving	Achieving	Developing	Under Developed	Achieving	Achieving	Developing

	3.3	Achieving	Developing	Developing	Under Developed	Achieving	Developing	Developing
	3.4	Achieving	Developing	Developing	Developing	Achieving	Developing	Developing
	3.5	Achieving	Achieving	Developing	Developing	Achieving	Developing	Developing
	3.6	Achieving	Achieving	Developing	Developing	Achieving	Developing	Developing
Inclusive leadership	4.1	Achieving	Developing	Developing	Developing	Achieving	Developing	Developing
	4.2	Achieving	Developing	Developing	Developing	Achieving	Developing	Developing
	4.3	Developing	Developing	Developing	Developing	Achieving	Developing	Developing



**APPENDIX 4 Workforce E&D plan and progress report**

Task	Activity	Outcome	EDS comparator	Action plan
<b>Policy Proofing</b>  <b>2016-2018</b>	Prioritise policies Identify policy against essential list Identify guidance with policy <sup>1</sup> and test for indirect discrimination & advancing opportunity	<ol style="list-style-type: none"> <li>1. Proportional input.</li> <li>2. Cover fundamental elements of Equality Act 2010</li> <li>3. Impact assess process against PSED – identifying any remedial actions</li> </ol>	3.4	All CCG HR Policies which have been ratified have now been equality impact assessed.  All Policies have been prioritised in relation to Public Sector Equality Duty (PSED). Owner – Human Resource Business Partner (HRBP) <b>Completed</b>
<b>Monitoring</b>  <b>2016-2018</b>	Identify policies and performance for monitoring – check against key tasks: <ul style="list-style-type: none"> <li>• Recruitment</li> <li>• Selection</li> </ul>	Establish monitoring system Identify indirect discrimination Consider positive action or corrective	3.1 3.2 3.3 3.4 4.3	These policies have been ratified and have been equality impact assessed.  HRBP is currently working with the Workforce Team to establish relevant monitoring systems for each of these key policies.  CSU HR team to be EIA trained on October

<sup>1</sup> policy may be a statement of intention but the process of enacting the policy, i.e. guidance notes , also needs to be proofed

	<ul style="list-style-type: none"> <li>Review &amp; performance</li> <li>Disciplinary</li> </ul>	action		<p>2017.</p> <p>Development of Task and Finish Groups to ensure robust processes</p> <p>Owner – HRBP</p> <p><b>In Progress</b></p>
<b>Training March 2018</b>	Identify current training programmes linked to E&D	<p>Proof suitability and identify gaps in provision.</p> <p>Check profile of attendees against worker profile</p>	<p>3.3</p> <p>4.3</p>	<p>A new learning Management system has been implemented with a reviewed and updated Equality and Diversity module</p> <p>As above monitoring systems are currently being implemented</p> <p>Owner – HRBP</p> <p><b>In Progress</b></p>
<b>Annual review</b>	Establish best measure for review programme	Performance of policies monitored against PSED	<p>3.3</p> <p>3.4</p> <p>3.5</p> <p>4.3</p>	<p>Equality impact assessments completed as policies produced/reviewed</p> <p>Owner – CCG</p> <p>Supported by HRBP</p> <p>See Monitoring as above.</p> <p><b>In Progress</b></p>

<b>Staff surveys</b>	The CCG to consider rolling out staff survey including questions on E&D	Understanding staff relationship with organisational culture to eliminate any institutional discrimination	3.4 3.6 4.3	CCG Staff survey drafted Owner – CCG <b>Completed</b>
<b>Positive Action</b>	<ol style="list-style-type: none"> <li>1. Monitor performance against policies to establish base line</li> <li>2. Identify trends</li> <li>3. Establish conditions for positive action</li> </ol>	<p>Challenge barriers if data/evidence identifies them</p> <p>Advance equality of opportunity.</p>	3.2 3.5 3.1 3.3 3.5 4.1 4.3	<p>HRBP is currently working with the Workforce Team to establish relevant monitoring systems for each of these key policies</p> <p>Awaiting Task and Finish Groups.</p> <p>Owner – HRBP</p> <p><b>In progress</b></p>
<b>Implement NHS Workforce Race Equality Standard</b>	<p>Implement and embed the 9 national Workforce Race Equality Standard indicators</p> <p>Establish conditions for Positive action</p>	<p>Eliminate Discrimination</p> <p>Advance Equality Of Opportunity</p>	3.1 3.3 3.4 3.6 4.1 4.3	<p>As NHS England guidance</p> <p><b>Completed</b></p>

## MEETING OF THE GOVERNING BODY FEBRUARY 2018

<b>Agenda Item:</b> 18/15	<b>Author of the Paper:</b> Moira Harrison EOL Clinical Lead/Planned Care Lead Email: moira.harrison@southportandformbyccg.nhs.uk 01704 387008
<b>Report date:</b> February 2018	
<b>Title:</b> Review of Procedures of Low Clinical Value	
<b>Summary/Key Issues:</b>  The CCG has been working collaboratively with other local CCGs to review the current Commissioning Policy. The final policies from the first two phases are ready for ratification in order for them to become operational. The final policies and the Equality Impact Assessments are included as appendices with the paper.	
<b>Recommendation</b>  The Governing Body is asked to ratify this report.	Receive <input type="checkbox"/> Approve <input type="checkbox"/> Ratify <input checked="" type="checkbox"/>

Links to Corporate Objectives ( <i>x those that apply</i> )	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.
	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.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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 February 2018

### 1. Introduction and Background

South Sefton CCG has been working collaboratively with Southport & Formby CCG, Halton CCG, Knowsley CCG, Liverpool CCG, St Helens CCG, and Warrington CCG to review and update the procedures and treatments listed in the Commissioning Policy 2014/15.

Providers and CCG clinical leads were invited to provide feedback and commentary on the proposed policies and this has helped to develop the changes.

Midland and Lancashire CSU have recently completed a period of communications and engagement with the public and the finalised policies are now being shared with CCG Governing Bodies for ratification ahead of publication in February / March 2018.

### 2. Key Issues

Providers have been notified of the revised policies in suite 1&2 and will receive the policies once they have been ratified and it is intended to implement one month after ratification. The policies are included as appendix A and B and a glossary is included as appendix C. Full Equality Impact assessments have not been included due to the volume of papers but can be viewed via the CCG website.

### 3. Outcomes

Through the implementation of the revised policy we anticipate:-

- More patients receive appropriate treatment that is evidence based.
- A reduction in the number of procedures undertaken that fall within the category of Procedures of Limited Clinical Value.
- Improved clarity for referring and treating clinicians around the policy.

### 4. Future Plans

There is a further phase of review covering the final suite of policies.

### 5. Recommendations

The Governing Body is asked to ratify the policies.

Moira Harrison  
Planned Care Lead  
February 2018

**Appendix A Phase 1 – policies reviewed**

**Policies with no position change and which did not require engagement**

<b>Policy name</b>	<b>Position</b>	<b>Category</b>
Surgery for treatment of Symptomatic Incisional and Ventral Hernias and Surgical correction of Diastasis of the Recti	No Position Change	Not routinely commissioned
Surgery for Asymptomatic Gallstones	No Position Change	Not routinely commissioned
Dilatation and Curettage	No Position Change	Not routinely commissioned
Policy for Private Mental Health Care – Non – NHS Commissioned Services; including Psychotherapy, adult eating disorders, general in-patient care, post-traumatic stress and adolescent mental health	No Position Change	Not routinely commissioned
Policy for Hyaluronic Acid and Derivatives injections for Peripheral Joint Pain	No Position Change	Not routinely commissioned
Hip Replacement Surgery	No Position Change	Restricted criteria
Knee Replacement Surgery	No Position Change	Restricted criteria
Surgical Removal of Ganglions	No Position Change	Not routinely commissioned
Adenoidectomy	No Position Change	Restricted criteria
Policy for Tonsillectomy for recurrent Tonsillitis (excluding peri-tonsillar abscess) Adults and Children	No Position Change	Restricted criteria
Hysterectomy for Heavy Menstrual Bleeding	No Position Change	Restricted criteria
Varicose Veins Treatment	No Position Change	Restricted criteria
Mastopexy – Breast Lift	No Position Change	Not routinely commissioned
Surgical Correction of Nipple Inversion	No Position Change	Not routinely commissioned
Surgical Treatment for Pigeon Chest	No Position Change	Not routinely commissioned
Labiaplasty, Vaginoplasty and Hymenorrhaphy	No Position Change	Not routinely commissioned
Liposuction	No Position Change	Not routinely commissioned
Penile implants	This will now be commissioned under NHS England Pathway	

**Policies that included a proposed change and were part of the phase 1 engagement process**

<b>Policy name</b>	<b>Position</b>	<b>Category</b>
Surgical Treatments for Minor Skin Lesions	Position Change - this policy will now also apply to Children under age 16 also	Not routinely commissioned
Rhinoplasty	Position change – this policy will now also apply to Children under age 16 also	Restricted criteria
Surgical removal of Lipoma	Position Change	Restricted criteria
Haemorrhoidectomy – Rectal Surgery & Removal of Haemorrhoidal Skin Tags	Position Change	Restricted criteria
Surgical Revision of Scars	No Position Change	Restricted criteria
Cataract	No Position Change	Restricted criteria
Reduction Mammoplasty	Position Change	Restricted criteria
Breast Enlargement	Position Change	Restricted criteria
Removal of Replacement of Silicone Implants	Position Change	Restricted criteria
Male Breast Reduction for Gynaecomastia	No Position Change	Not routinely commissioned
Laser Tattoo Removal	No Position Change	Not routinely commissioned
Apronectomy or Abdominoplasty	No Position Change	Not routinely commissioned
Body Contouring Surgery	No Position Change	Not routinely commissioned
Surgical Treatments for Hair Loss - Alopecia, male patterned baldness and hair transplantation	No Position Change	Restricted criteria
Rhytidectomy – Face or Brow Lift	No Position Change	Restricted criteria
Male Circumcision	No Position Change *	Restricted criteria
Pinnaplasty	Position Change - this policy will now also apply to Children under age 16 also	Not routinely commissioned
Hair removal for excessive hair growth (Hirsutism) – including laser and depilation	Position Change	Restricted criteria



Appendix B – Phase 2 review of back pain policies

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
<p><b>Policy for Diagnostic Interventions and Treatments for Early Management of Back Pain</b></p>	<p>The following treatments should not be offered for the early management of persistent non-specific low back pain.</p> <ul style="list-style-type: none"> <li>• Selective serotonin re-uptake inhibitors (<b>SSRIs</b>) for treating pain.</li> <li>• Injections of therapeutic substances into the back.</li> <li>• Laser therapy.</li> <li>• Interferential therapy.</li> <li>• Therapeutic ultrasound.</li> <li>• Transcutaneous electrical nerve stimulation (<b>TENS</b>).</li> <li>• Lumbar supports</li> </ul> <p>Traction.</p>	<p><b>Policy for non-invasive interventions for low Back pain and sciatica</b></p> <p><u>Acupuncture</u> Acupuncture for low back pain and sciatica is <b>not routinely commissioned</b></p> <p><u>Manual Therapy</u> The following procedures are <b>not routinely commissioned</b>:</p> <ul style="list-style-type: none"> <li>• Lumbar traction</li> <li>• Technology Assisted Micromobilisation and Reflex Stimulation (TAMARS)</li> <li>• Manual therapy (spinal mobilisation, manipulation, soft tissue techniques and massage) in isolation.</li> </ul> <p>Note: Consider manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy.</p> <p><u>Orthotics</u> The following are <b>not routinely</b></p>	<p><i>There is some difference between the current and proposed policy. The proposed policy is aligned with NG59.</i></p> <p><i>Treatment options have been clearly broken down in the proposed policy into 5 headings:</i></p> <ul style="list-style-type: none"> <li>• <i>Acupuncture</i></li> <li>• <i>Manual therapy</i></li> <li>• <i>Orthotics</i></li> <li>• <i>Electrotherapy</i></li> <li>• <i>Pharmacology</i></li> </ul> <p><i>These make reference to specific treatments under these areas, all of which are not routinely commissioned.</i></p>

		<p><b>commissioned:</b></p> <ul style="list-style-type: none"> <li>• Foot orthotics</li> <li>• Rocker shoes</li> <li>• Belts and corsets</li> </ul> <p><b><u>Electrotherapy</u></b> The following are <b>not routinely commissioned:</b></p> <ul style="list-style-type: none"> <li>• Transcutaneous electrical nerve stimulation (TENS)</li> <li>• Percutaneous electrical nerve stimulation (PENS)</li> <li>• Ultrasound</li> <li>• Interferential</li> <li>• Laser therapy</li> </ul> <p><b><u>Pharmacological interventions TheCCG doesn't commision the following of low back apin without neuropathic</u></b> The CCG <b>does not routinely commission</b> the following in the treatment of low back pain without Neuropathic pain:</p> <ul style="list-style-type: none"> <li>• Paracetamol used alone</li> <li>• Selective serotonin re-uptake inhibitors (<b>SSRIs</b>)</li> <li>• Serotonin– norepinephrine reuptake inhibitors</li> <li>• Tricyclic antidepressants</li> <li>• Anti-convulsants</li> <li>• Opioids for the management of acute back pain (if NSAIDs are contraindicated,</li> </ul>	
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		<p>ineffective or not tolerated then weak opioids may be given +/- paracetamol)</p> <p>Patients with neuropathic pain should be managed in line with NICE CG 173:</p> <ul style="list-style-type: none"> <li>• Offer a choice of amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain (except trigeminal neuralgia)</li> <li>• 1.1.9 If the initial treatment is not effective or is not tolerated, offer one of the remaining 3 drugs, and consider switching again if the second and third drugs tried are also not effective or not tolerated.</li> <li>• 1.1.10 Consider tramadol only if acute rescue therapy is needed (see recommendation 1.1.12 about long-term use).</li> <li>• 1.1.11 Consider capsaicin cream[4] for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments.</li> </ul> <p><i>Treatments that should not be used</i></p> <p>1.1.12 Do not start the following to treat neuropathic pain in non-specialist settings, unless advised by a specialist to do so:</p> <ul style="list-style-type: none"> <li>• cannabis sativa extract</li> <li>• capsaicin patch</li> <li>• lacosamide</li> <li>• lamotrigine</li> <li>• levetiracetam</li> <li>• morphine</li> </ul>	
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Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
<p><b>X rays and MRI scans as diagnostic tools for back related problems</b></p>	<p>There is no specific C&amp;M policy around X rays and MRI scans, however it is noted in the comments section of 16.1 that <i>'X Rays and MRI scans should not be offered unless in a context of referral for surgery.'</i></p>	<ul style="list-style-type: none"> <li>• oxcarbazepine</li> <li>• topiramate</li> <li>• tramadol (this is referring to long-term use; see recommendation 1.1.10 for short-term use)</li> <li>• venlafaxine.</li> </ul> <p><b>Imaging for patients presenting with back pain.</b></p> <p>X rays, MRI and CT scans are NOT routinely commissioned in non-specialist settings. For patients with non-urgent presentations consider imaging in specialist musculoskeletal settings for people with low back pain with or without sciatica only if the result is likely to change management i.e. prior to surgery. Imaging is only commissioned where patients present with red flags(see below) or concerns of serious underlying pathology (cancer, infection etc.) and requires urgent management.</p> <p>Emergency Spinal Referral</p> <ul style="list-style-type: none"> <li>• Suspected spinal cord neurology (gait disturbance, multilevel weakness in the legs and /or arms)</li> <li>• Impending Cauda Equina Syndrome (Acute urinary disturbance, altered perianal and/or genital sensation,</li> </ul>	<p>This policy now brings imaging back pain in line with the latest mandated NICE guidelines issued in November 2016 (NG59). Imaging such as X Rays and MRI scans are a poor way to identify and manage patients unless there is evidence or an indication of serious pathology</p>

		<p>(reduced anal tone and squeeze – if circumstances permit)</p> <ul style="list-style-type: none"> <li>• Major motor radiculopathy</li> <li>• Suspected Spinal Infection</li> </ul> <p>Priority Spine imaging (Protocol led MRI whole spine unless contraindicated)</p> <ul style="list-style-type: none"> <li>• Past history of cancer *(new onset spinal pain)</li> <li>• Recent unexplained weight loss</li> <li>• Objectively unwell with spinal pain</li> <li>• Raised inflammatory markers (relative to range anticipated for age) Plasma viscosity , CRP , ESR (according to local practice)</li> <li>• Possible immunosuppression with new spinal pain (IVDU, HIV, Chemotherapy, Steroids).</li> <li>• Prolonged steroid use *</li> <li>• Known osteoporosis, with new severe spinal pain</li> </ul>	
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Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
		Age <15, or >60 years new onset axial back pain *Statistically significant red flags. Although the others listed may not be	
<b>Facet Joint - Non Specific Back Pain Over 12 Months including radio frequency ablation</b>	<p>Non specific back pain over 12 months – Not routinely commissioned.</p> <p>May have a role as a diagnostic procedure when considering radio frequency ablation. This would require an individual funding request.</p>	<p><b>Injections for back pain</b> Therapeutic Facet Joint injection, therapeutic medial branch block, prolotherapy, Botulinum Toxin and Trigger Point Injections are Not routinely commissioned</p>	<p><i>There is some difference between the current and the proposed policy. The proposed policy is clear that Therapeutic Facet Joint injection, therapeutic medial branch block, prolotherapy, Botulinum Toxin and Trigger Point Injections are Not routinely commissioned.</i></p>
<b>Epidural Injection</b>	<p>Radicular Pain – Single injection may be of benefit to enable normal activity to resume in prolapsed disc &amp; spinal stenosis where surgery is not desirable.'</p> <p>'Non Specific Back Pain – Not routinely commissioned'.</p>	<p><b><u>Epidural</u></b></p> <p>Single shot epidural steroid is of short-term benefit in acute and severe sciatica and may enable normal activity to resume. Benefits and risks should be discussed with the patient. Epidural injections should be targeted at the affected nerve root(s) and under image guidance where required.</p> <p>Only one injection should be offered and this should only be offered where:</p> <ul style="list-style-type: none"> <li>• symptoms are acute</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• The patient is experiencing severe sciatica.</li> </ul>	<p><i>The proposed policy covers multiple injection options within one policy rather than having separate policies.</i></p> <p><i>The proposed policy states that for epidural injections, these should be offered only where symptoms are acute and the patient is experiencing severe sciatica and that only one injection should be offered.</i></p>

		<p>Epidural Injection for Non-specific Low Back Pain of greater than 12 months, is not routinely commissioned. Epidural injection for neurogenic claudication in patients with central stenosis is not routinely commissioned.</p> <p><b>Radiofrequency Facet Joint Denervation</b></p> <p>Treatments for low back pain will only be commissioned in line with NICE guidance NG59 'Low back pain and sciatica in over 16s: assessment and management' (November 2016)</p> <p>The CCG will fund a single procedure of radiofrequency denervation for people with chronic low back pain when:</p> <ul style="list-style-type: none"> <li>• comprehensive conservative treatment approach has not</li> <li>• worked for them</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• the main source of pain is thought to come from structures supplied by the medial branch nerve</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• The clinical presentation is consistent with symptoms arising from the facet joint:             <ul style="list-style-type: none"> <li>○ Increased pain unilaterally or</li> </ul> </li> </ul>	<p><i>Epidural Injection for Non-specific Low Back Pain of greater than 12 months and Epidural injection for neurogenic claudication in patients with central stenosis is not routinely commissioned.</i></p> <p><i>The proposed policy now outlines 6 specific criteria a patient must meet in order for one procedure of radiofrequency denervation.</i></p> <p><i>IDET and PIRFT have now been grouped with the disc and decompression procedures, however these remain not routinely commissioned.</i></p>
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		<p>bilaterally on lumbar paraspinal palpation</p> <ul style="list-style-type: none"> <li>○ Increased back pain on 1 or more of the following:             <ul style="list-style-type: none"> <li>○ extension (more than flexion); rotation; extension/side flexion; extension/rotation</li> <li>○ No radicular symptoms</li> <li>○ No sacroiliac joint pain elicited using a provocation test</li> </ul> </li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>● they have moderate or severe levels of localised back pain (rated as 5 or more on a visual analogue scale, or equivalent) at the time of referral</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>● low back pain is chronic in nature</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>● The patient has significant short term pain relief to a diagnostic medial branch block.</li> </ul> <p>Do not offer imaging for people with low back pain with specific facet joint pain as a prerequisite for radiofrequency denervation.</p> <p>Providers who offer radiofrequency denervation will be expected to submit patient outcome data to the UK National Spinal RF Registry  <a href="http://cl1.n3-dendrite.com/csp/spinalrf/FrontPages/index.html">http://cl1.n3-dendrite.com/csp/spinalrf/FrontPages/index.html</a></p>	
<b>Radiofrequency</b>	The following should not be offered for the early		



<p><b>Facet Joint Denervation Intra Discal Electro Thermal Annuloplasty (IDET) Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT) Technology Assisted Micromobilisation and Reflex Stimulation (TAMARS)</b></p>	<p>management of persistent non-specific low back pain.</p> <p>Radiofrequency facet joint denervation.</p> <p>Intra Discal Electro Thermal Annuloplasty (IDET) Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT),</p>		
Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	
<p><b>Fusion</b></p>	<p>Not routinely commissioned. There is limited data on effectiveness and no data on superiority over other treatments.</p> <p>Fusion not commissioned unless the patient has completed an high intensity package of care, including a combined physical and psychological treatment programme.</p>	<p><b>Spinal Fusion</b></p> <p>The following procedures are not routinely commissioned:</p> <ul style="list-style-type: none"> <li>• Fusion</li> <li>• Non-rigid stabilisation techniques</li> <li>• Lateral body fusion in the lumbar spine</li> <li>• Transaxial interbody lumbrosacral fusion</li> <li>• Anterior lumbar interbody fusion (ALIF)</li> </ul>	<p><i>There is no difference between the current and the proposed criteria for Non-rigid stabilisation techniques, Lateral body fusion in the</i></p>

	<p>AND</p> <p>Still has severe non-specific low back pain for which they would consider surgery.</p>	<ul style="list-style-type: none"> <li>• Posterior lumbar interbody fusion (PLIF)</li> <li>• Or any other combination of approach where surgical fixation is performed</li> </ul>	<p><i>lumbar spine, Transaxial interbody lumbrosacral fusion.</i></p> <p><i>For fusion, the current criteria stating Fusion not commissioned unless the patient has completed an high intensity package of care, including a combined physical and psychological treatment programme and still has severe non-specific low back pain for which they would consider surgery has been removed.</i></p> <p><i>The proposed criteria now makes clear that ALIF and PLIF and any other combination</i></p>
<b>Non-Rigid Stabilisation Techniques</b>	This procedure is NOT routinely commissioned.		
<b>Lateral (including extreme, extra and direct lateral) Interbody Fusion in the Lumbar Spine</b>	This procedure is NOT routinely commissioned.		
<b>Transaxial Interbody Lumbosacral Fusion</b>	This procedure is NOT routinely commissioned.		

Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
			<i>of approach where surgical fixation is performed is not routinely commissioned.</i>
<b>Endoscopic Laser Foraminoplasty</b>	This procedure is NOT routinely commissioned.	<b>Disc and Decompression procedures</b>  Spinal decompression i.e. laminectomy, discectomy, facetectomy, foraminotomy, is commissioned where:	<i>There is some difference between the current and the proposed policy.</i>
<b>Endoscopic Lumbar Decompression</b>	This procedure is NOT routinely commissioned	<ul style="list-style-type: none"> <li>• Patient presents with severe and acute sciatica</li> </ul> AND <ul style="list-style-type: none"> <li>• have failed to respond to conservative intervention</li> </ul> AND <ul style="list-style-type: none"> <li>• have imaging findings concordant with clinical presentation</li> </ul>	<i>The proposed policy covers all types of disc and decompression procedures rather than having separate policies.</i>
<b>Percutaneous Disc Decompression using Coblation for Lower Back Pain</b>	This procedure is NOT routinely commissioned.	Patient outcome data must be entered onto the international registry database Spine Tango and providers are expected to regularly participate in the Cheshire and Mersey MDT Spinal Network.	<i>Endoscopic Laser Foraminoplasty, Endoscopic Lumbar Decompression, Percutaneous Disc Decompression using Coblation for</i>
<b>Percutaneous Intradiscal Laser Ablation in the Lumbar Spine</b>	This procedure is NOT routinely commissioned.	The following procedures are NOT routinely commissioned: <ul style="list-style-type: none"> <li>• Endoscopic Laser Foraminoplasty</li> <li>• Endoscopic Lumbar Decompression</li> </ul>	

<p><b>Automated Percutaneous Mechanical Lumbar Discectomy</b></p>	<p>This procedure is NOT routinely commissioned</p>	<ul style="list-style-type: none"> <li>• Percutaneous Disc Decompression using Coblation for Lower Back Pain</li> <li>• Percutaneous Intradiscal Laser Ablation in the Lumbar Spine</li> <li>• Automated Percutaneous Mechanical Lumbar Discectomy</li> </ul>	<p><i>Lower Back Pain, Percutaneous Intradiscal Laser Ablation in the Lumbar Spine, Automated Percutaneous Mechanical Lumbar Discectomy,</i></p>
<p><b>Prosthetic Intervertebral Disc Replacement in the Lumbar Spine</b></p>	<p>This procedure is NOT routinely commissioned</p>	<ul style="list-style-type: none"> <li>• Prosthetic Intervertebral Disc Replacement in the Lumbar Spine</li> <li>• Intradiscal Electro Thermal Annuloplasty (IDET)</li> <li>• Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)</li> </ul>	<p><i>Prosthetic Intervertebral Disc Replacement in the Lumbar Spine, Intradiscal Electro Thermal Annuloplasty (IDET), and Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT) all remain not routinely commissioned.</i></p> <p><i>The proposed policy states that Spinal decompression i.e. laminectomy,</i></p>

			<p><i>discectomy, facetectomy, foraminotomy, is commissioned where:</i></p> <ul style="list-style-type: none"> <li>• <i>Patient presents with severe and acute sciatica</i></li> </ul> <p><i>AND</i></p> <ul style="list-style-type: none"> <li>• <i>have failed to respond to conservative intervention</i></li> </ul> <p><i>AND</i></p> <ul style="list-style-type: none"> <li>• <i>have imaging findings concordant with clinical presentation</i></li> </ul>
Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference
<b>Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain</b>	This procedure is NOT routinely commissioned.	<b>Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain</b>  This procedure is NOT routinely commissioned.	<i>There is no difference between the current and the proposed criteria</i>
Procedure	C&M Current Policy	Proposed Policy criteria 2017/18	Difference

<p><b>Therapeutic Endoscopic Division of Epidural Adhesions</b></p>	<p>This procedure is NOT routinely commissioned.</p>	<p><b>Therapeutic Endoscopic Division of Epidural Adhesions</b></p> <p>This procedure is NOT routinely commissioned.</p>	<p><i>There is no difference between the current and the proposed criteria</i></p>
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## Glossary

Term	Meaning
<b>NICE guidance</b>	The guidance published by the National Institute for Health and Care Excellence
<b>Not routinely commissioned (a procedure)</b>	This means the CCG will <b>only</b> fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.
<b>Spinal Decompression</b>	A procedure to reconstruct the vaginal canal
<b>Epidural</b>	An epidural is an injection in the back to stop you feeling pain in part of your body.
<b>Facet Joint</b>	The facet joints are the joints in your spine that make your back flexible and enable you to bend and twist. Nerves exit your spinal cord through these joints on their way to other parts of your body. Healthy facet joints have cartilage, which allows your vertebrae to move smoothly against each other without grinding.
<b>Therapeutic Endoscopic Division of Epidural Adhesions</b>	Endoscopic epidural procedures are used to treat lower back pain, particularly when radiculopathy is present. The epidural space is examined with an endoscope and further interventions may then be performed, such as mobilising spinal adhesions or administering drugs to inflamed tissue.
<b>Endoscopic Laser Foraminoplasty</b>	The Endoscopic Laser Foraminoplasty procedure opens the lateral recess, decompresses the nerve roots, accepts the settlement and allows continued micromovements at the segmental level. This is expected to avoid the acceleration of degeneration at the adjacent levels. It preserves all options for the patient for the future including "Keyhole" disc replacement, and "Keyhole" fusion as well as conventional fusion or Total Disc Replacement.
<b>Endoscopic Lumbar Decompression</b>	<b>Lumbar decompression</b> surgery is a type of surgery used to treat compressed nerves in the lower ( <b>lumbar</b> ) spine. It's only recommended when non-surgical treatments haven't helped. The surgery aims to improve symptoms such as persistent pain and numbness in the legs caused by pressure on the nerves in the spine.
<b>Percutaneous Disc Decompression using</b>	<b>Percutaneous disc decompression</b> is a minimally invasive, highly effective treatment for low back pain caused by contained herniated <b>discs</b> and protruding <b>discs</b> . It is designed to alleviate pressure on a

Term	Meaning
<b>Coblation for Lower Back Pain</b>	compressed nerve by directly excising the <b>disc</b> that is pushing against the nerve root
<b>Percutaneous Intradiscal Laser Ablation in the Lumbar Spine</b>	In <b>percutaneous intradiscal laser ablation</b> , a needle is inserted through the outer cover of the disc, into its jelly-like centre. A <b>laser</b> is then inserted through the needle to destroy part of the disc, with the aim of shrinking it.
<b>Automated Percutaneous Mechanical Lumbar Discectomy</b>	This can be used to treat Sciatica and is performed using local anaesthetic with or without conscious sedation. Under fluoroscopic guidance, a cannula is placed centrally within the disc using a posterolateral approach on the symptomatic side. A probe connected to an automated cutting and aspiration device is then introduced through the cannula. The disc is aspirated until no more nuclear material can be obtained.
<b>Prosthetic Intervertebral Disc Replacement in the Lumbar Spine</b>	The diseased <b>disc</b> is partially or fully excised (depending on the <b>prosthesis</b> used). The <b>vertebral</b> endplates and surrounding <b>spinal</b> ligaments are preserved and help maintain implant stability. Single <b>discs</b> can be replaced, or alternatively, several levels can be replaced during the same surgery.
<b>Peripheral Nerve-field Stimulation (PNFS) for Chronic Low Back Pain</b>	<b>Peripheral nerve</b> and <b>field stimulation</b> is a type of neuromodulation, which is a surgical procedure that implants electrodes in the body to change how the <b>nervoussystem</b> works. <b>Peripheral nerve</b> and <b>field stimulation</b> involves placing the electrodes directly on <b>nerves</b> or under the skin in the region of pain.
<b>Non-Rigid Stabilisation Techniques</b>	Non-rigid stabilisation (otherwise known as flexible or dynamic stabilisation) of the lumbar spine is intended to improve chronic low back pain by reducing painful movement without rigidly fusing the spine.
<b>Lateral (including extreme, extra and direct lateral) Interbody Fusion in the Lumbar Spine</b>	<b>Lateral lumbar interbody fusion</b> (XLIF) is a minimally-invasive procedure used to treat leg or back pain generally caused by degenerative disc disease.
<b>Transaxial Interbody Lumbosacral Fusion</b>	<b>Transaxial</b> anterior <b>lumbar interbody fusion</b> is a minimally invasive spinal <b>fusion</b> procedure used to treat patients with chronic lower back pain.



Appendix C – Glossary

TREATMENT	MEANING
<b>Abdominoplasty/Apronectomy</b>	A procedure to reduce excess skin and fat, improve abdominal contours and scars, and tighten muscles. This is sometimes called a “tummy tuck”
<b>Adenoidectomy</b>	A procedure to remove the adenoids – lumps of tissue at the back of the nose
<b>Aesthetics</b>	These are procedures which relate to cosmetic procedures which are intended to restore or improve a person’s appearance
<b>Alopecia</b>	Hair loss
<b>Analgesics</b>	Painkillers
<b>Asymptomatic</b>	Without symptoms
<b>Augmentation</b>	Increasing in size, for example breast augmentation
<b>Benign</b>	Does not invade surrounding tissue or spread to other parts of the body; it is not a cancer
<b>Binocular vision</b>	Vision in both eyes
<b>Body Mass Index (BMI)</b>	Body Mass Index - a measure that adults can use to see if they are a healthy weight for their height.
<b>Cataract</b>	When the lens of an eye becomes cloudy and affects vision
<b>Cholecystectomy</b>	Removal of the gall bladder
<b>Chronic</b>	Persistent
<b>Co-morbidities</b>	Other risk factors alongside the primary problem
<b>Congenital</b>	Present from birth
<b>Conservative treatment</b>	The management and care of a patient by less invasive means, these are usually non surgical
<b>Depilation</b>	Removal. For example hair depilation
<b>Eligibility/Threshold</b>	Whether someone qualifies. In this case, the minimum criteria to access a procedure
<b>Exceptional clinical circumstances</b>	A patient who has clinical circumstances which, taken as a whole, are outside the range of clinical circumstances presented by a patient within the normal population of patients, with the same medical condition and at the same stage of progression as the patient.
<b>Functional health problem/difficulty/impairment</b>	Difficulty in performing, or requiring assistance from another to perform, one or more activities of daily living.
<b>Ganglion</b>	A non-cancerous fluid filled lump
<b>Gynaecomastia</b>	Benign enlargement of the male breast
<b>Haemorrhoidectomy</b>	A procedure to cut away haemorrhoids, sometimes called piles
<b>Histology</b>	The structure of cells or tissue under a microscope
<b>Hyperhidrosis</b>	Excess sweating
<b>Hysteroscopy</b>	
<b>Individual Funding Request (IFR)</b>	A request received from a provider or a patient with explicit support from a clinician, which seeks funding for a

TREATMENT	MEANING
	single identified patient for a specific treatment
<b>Irreducible</b>	Unable to be reduced
<b>Labiaplasty</b>	A procedure to reduce and/or reshape the labia
<b>Lipomata</b>	Fat deposits under the skin
<b>Liposuction</b>	A procedure using a suction technique to remove fat from specific areas of the body.
<b>Malignant/malignancy</b>	Harmful
<b>Mastopexy</b>	A reconstructive procedure to lift the breast
<b>Menorrhagia</b>	Abnormally heavy or prolonged bleeding at menstration
<b>Monocular vision</b>	Vision in one eye only
<b>Multi-disciplinary</b>	Involving several professional specialisms for example in a Multi-disciplinary team (MDT)
<b>NICE guidance</b>	The guidance published by the National Institute for Health and Care Excellence
<b>Not routinely funded (a procedure)</b>	This means the CCG will <b>only</b> fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.
<b>NSAIDS</b>	Non-steroidal anti-inflammatory drugs – medication that reduces pain, fever and inflammation
<b>Paediatric(ian)</b>	Medical care concerning infants, children and adolescents usually under 18.
<b>Pathology/pathological</b>	The way a disease or condition works or behaves. This may for example include examination of bodily fluids or tissue e.g. blood testing.
<b>Pinnaplasty</b>	A procedure to pin or correct deformities the ear
<b>Precipitates</b>	Brings about/triggers
<b>Prophylactic</b>	Preventative or prevention
<b>Rationale</b>	Explanation of the reason why
<b>Restricted (a procedure)</b>	This means CCG will fund the treatment <b>if</b> the patient meets the stated clinical threshold for care.
<b>Rhinophyma</b>	A condition causing development of a large, bulbous, ruddy (red coloured), nose
<b>Rhinoplasty</b>	A procedure to shape the size and/or shape of the nose
<b>Rhytidectomy</b>	A procedure to restore facial appearance or function. These are sometime called face or brow lifts.
<b>Symptomatic</b>	Something causing or exhibiting symptoms
<b>Tonsillectomy</b>	A procedure to remove the
<b>Vaginoplasty</b>	A procedure to reconstruct the vaginal canal

<b>Title: POLICY FOR IMPLEMENTATION OF A CLINICAL THRESHOLD FOR ELECTIVE CATARACT SURGERY IN ADULTS</b>		<b>Version: 2</b>		
<b>Next Revision Due:</b>	The policy shall be reviewed on an annual basis or as and when NHSE issues additional guidance	<b>Author</b>	<b>Consultation and Communication</b>	<b>Approved by</b>
<b>Department responsible for this document:</b>	Planned Care	Sarah McGrath	EPEG Big Chats Shared with providers	Joint QIPP Committee  Clinical QIPP Advisory Group
<b>DESIGNATION</b>	<b>NAME</b>	<b>SIGNATURE</b>		<b>DATE</b>
Director of Commissioning and Redesign	Jan Leonard			December 2017

## **POLICY FOR IMPLEMENTATION OF A CLINICAL THRESHOLD FOR ELECTIVE CATARACT SURGERY IN ADULTS**

This local policy relates to patients registered with general practitioners in South Sefton. It is identified in local contracts as a Prior Approval policy alongside the main Merseyside CCG Commissioning Policy

**Start Date:** Applies to referrals made from 1 October 2016

**Date review due:** February 2020

### **Background**

Cataract is the opacification of the lens of the eye, most commonly resulting from the normal ageing process. Trauma, metabolic conditions or congenital problems can also cause cataract. If left untreated, cataracts can lead to a gradual loss of clarity of vision which can have a large impact on quality of life in elderly people. Currently the only effective treatment is surgery.

The aims of cataract surgery are to improve visual acuity and to improve the vision-related quality of the patient's life. A best corrected Visual Acuity of 6/9 [Snellen] or better normally allows a patient to function without significant visual difficulties.

### **Relevant OPCS codes**

The following OPCS 4.7 codes are used to identify cataract removal surgery:

- C71.- Extracapsular extraction of lens
- C72.- Intracapsular extraction of lens
- C73.- Incision of capsule of lens
- C74.- Other extraction of lens
- C75.- Prosthesis of lens
- C77.- Other operations on lens

### **Objectives for Policy**

- To ensure cataract surgery is commissioned where there is acceptable evidence of clinical benefit and cost-effectiveness.
- To reduce variation in access to cataract surgery

### **Guidance for first eye surgery**

**Providers will only be paid if activity undertaken is compliant with the criteria in the policy and in accordance with prior approval processes required by the CCGs.**

**In order to confirm eligibility for payment, providers should ensure all first eyes have either a documented reference number from the Optometrist-led pre-cataract referral scheme or should have a Prior Approval reference, obtained through the Blueteq system or other future processes as required by the CCGs.**

The presence of a cataract in itself does not indicate a need for surgery. It is intended that all patients should be fully assessed and counselled as to the risks and benefits of surgery. This assessment will usually be undertaken by an accredited community optometrist prior to referral.

Where both eyes are affected by cataract, the first eye referred for cataract surgery is usually expected to be the eye where cataract has caused the greatest reduction in visual acuity.

This policy does not extend to cataract removal incidental to the management of other eye conditions.

**Referral of patients with cataracts to ophthalmologists should be based on the following indications:**

1. The patient has sufficient cataract to account for visual symptoms. **AND**
2. The patient has **best corrected visual acuity of 6/9** (Snellen) **or +0.2** (Logmar) **or worse** in the first eye **AND** the reduced visual acuity is impairing their lifestyle. A description of this impact must be documented and accompany the referral information. If both eyes have a similar visual acuity of 6/9, only one eye may be considered for surgery at that time. Impact on lifestyle would include any of the following factors:
  - a. the patient is at significant risk of falls
  - b. the patient's vision is affecting their ability to drive
  - c. the patient's vision is substantially affecting their ability to work or undertake caring responsibilities
  - d. the patient's vision is substantially affecting their ability to undertake daily activities such as reading, watching television, leaving the house or recognising faces.

**OR**

3. The patient has best corrected visual acuity of *better* than 6/9 in the worst eye but they are working in an occupation in which good visual acuity is essential to their ability to continue to work
4. The patient has bilateral cataracts, neither of which fulfils the threshold for surgery but which together reduce binocular vision below the DVLA standard for driving.

**AND**

5. Where the referral has been initiated by an optometrist, there has been a discussion on the risks and benefits of cataract surgery based around the Patient Decision Aid For Cataract. <http://sdm.rightcare.nhs.uk/pda/cataracts/>
6. The patient has understood what a cataract surgical procedure involves and wishes to have surgery
7. In circumstances where the patient has best corrected visual acuity of *better* than 6/9 in the worst affected eye but they are experiencing some other significant impact on their quality of life, not included within 3 or 4 above, the Prior Approval process should be initiated.

**Guidance for second eye surgery in patients with bilateral cataracts**

**Providers will only be paid if activity undertaken is compliant with the criteria in the policy and in accordance with prior approval processes required by the CCGs**

**In order to confirm eligibility for payment, providers should ensure all second eyes have either a documented reference number from the Optometrist-led pre-cataract referral scheme or should have a Prior Approval reference, obtained through the Blueteq system or other future processes as required by the CCGs.**

1. The patient has sufficient cataract to account for visual symptoms. **AND**
2. The patient has **best corrected visual acuity of 6/12** (Snellen) **or +0.3** (Logmar) **or worse** in the second eye **AND** the reduced visual acuity is impairing their lifestyle. A description of this impact must be documented. Impact on lifestyle would include any of the following factors:
  - a. the patient is at significant risk of falls
  - b. the patient's vision is affecting their ability to drive
  - c. the patient's vision is substantially affecting their ability to work or undertake caring responsibilities
  - d. the patient's vision is substantially affecting their ability to undertake daily activities such as reading, watching television, leaving the house or recognising faces.

**OR**

3. There is a large refractive difference of 2.5 dioptres or more between the two eyes following surgery to the first eye
4. The patient has best corrected visual acuity of *better* than 6/12 in the second/ better eye but they are working in an occupation in which good visual acuity is essential to their ability to continue to work
5. The patient has bilateral cataracts, neither of which fulfils the threshold for surgery but which together reduce binocular vision below the DVLA standard for driving.

**AND**

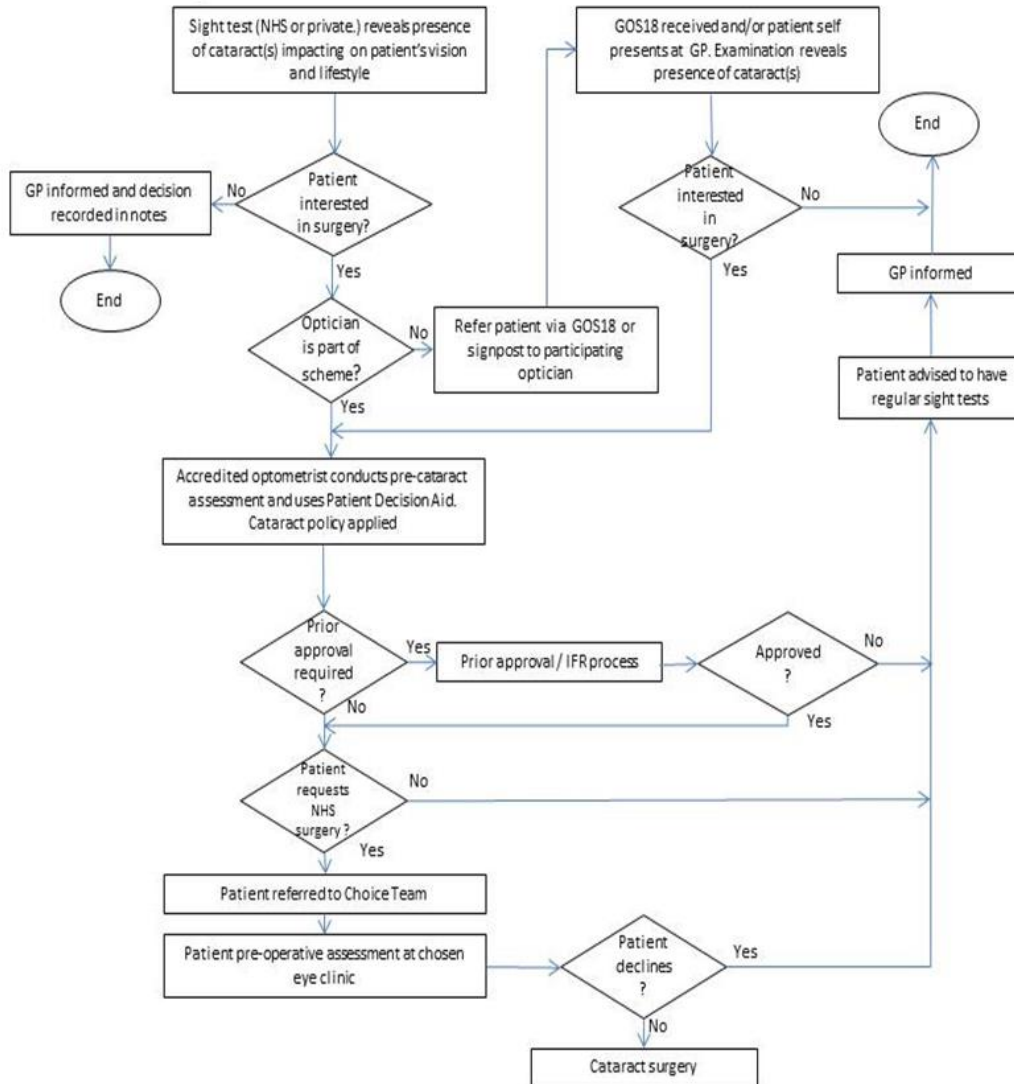
6. Where the referral for second has been initiated by an optometrist, there has been a discussion on the risks and benefits of cataract surgery based around the Patient Decision Aid For Cataract. <http://sdm.rightcare.nhs.uk/pda/cataracts/>
7. The patient has understood what a cataract surgical procedure involves and wishes to have surgery
8. In circumstances where the patient has best corrected visual acuity of *better* than 6/12 in the better/ second eye but they are experiencing some other significant impact on their quality of life, not included within 3 or 4 above, the Prior Approval process may be initiated .

**References**

Atlas of Variation *Tacking Unwarranted Variation in Healthcare across the NHS* Public Health England, NHS Right Care and NHS England September 2015  
*Evidence Review Cataract Surgery –ChaMPs* May 2014  
Royal College of Ophthalmologists Commissioning *Guide for Cataract Surgery* February 2015  
NHS Choices  
NHS Patient Decision Aids – Cataract  
NICE guideline NG77 Cataracts in adults: management Published date October 2017

## Pathway

### Overview of Care Pathway



# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 19<sup>th</sup> October 2017

Chair:  
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG's likely case scenario forecasts a deficit of £3.2m for the year end excluding £1.1m NCSO</li> </ul>	<ul style="list-style-type: none"> <li>CCG is not on target to deliver statutory duty / financial target.</li> </ul>	<ul style="list-style-type: none"> <li>CCG will need to find further cost saving schemes to address proposed deficit.</li> </ul>

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

- The Committee approved the IG Policy and IG Handbook noting update required for General Data Protection Regulation (GDPR) 2018.
- Approved – F & R risk register. Further work required to understand activity increase in Independent Sector / NHS Trust information required on slot availability.
- GB advised to review prioritisation list at all formal and development meetings until a balanced financial plan is reached.
- IAF Q4 received. Formal monitoring (exception monitoring to be undertaken via GB through Integrated Performance Report (IPR).
- PAN Mersey APC Recommendations;

The committee approved the commissioning of:

ELUXADOLINE Tablets (Truberzi®▼) for the treatment of Irritable bowel syndrome with diarrhoea

DIMETHYL FUMARATE Tablets (Skilarence®▼) for the treatment of Plaque psoriasis

The committee provided delegated authority to SL and MMcD to review RANIBIZUMAB intravitreal injection (Lucentis®) for the treatment of Choroidal



neovascularisation (indications not covered by existing NICE TAs).

- The committee noted that March 2017 had a notable increase in referrals. Work is being undertaken ahead of March 2018 to understand issues with a view to reducing referral levels.
- Further review of cash position / ensure with NHSE that CCG plans and risks will be covered.

# Key Issues Report to Governing Body



**South Sefton**  
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Thursday 23<sup>rd</sup> November 2017

Chair:  
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG's likely case scenario forecasts a deficit of £3.2m for the year end excluding NCSO drug costs (c. £1.1m)</li> </ul>	<ul style="list-style-type: none"> <li>CCG is not on target to deliver statutory duty / financial target.</li> </ul>	<ul style="list-style-type: none"> <li>Further review of expenditure / schemes to identify further savings to meet financial target / statutory duty. This needs to be reviewed at every Governing Body meeting until the Governing Body is assured that it has a deliverable financial plan.</li> </ul>

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

- Workforce Equality and Diversity Plan progress received.
  - CCG is demonstrating 'due regard' for period April 2016 – March 2017 against the Workforce Race Equality Standard (WRES).
- Report on Access to Outpatient Appointments at Aintree University Hospital received.
  - Assurance required by CCG that all Aintree clinics are on current Choose and Book system.
  - Review whether CCG should consider extension of 'polling range' from 6 weeks to a longer period of time.
  - Established that e-referrals are not a GP contractual requirement in 2017/18. The CCG will need to clarify the position for 2018/19.
  - The committee is not assured of Aintree plans for delivery of e-referral system plan.
- F&R risks were agreed. The overall finance risk is recorded at 20 (high risk).
- Prescribing is on target to deliver c.5.0% savings from budget in year.
- The committee approved the Pan Mersey APC recommendation for the commissioning of TOFACITINIB film-coated tablets (Xeljanz®▼) for the treatment of Rheumatoid Arthritis.
- The committee agreed sign off for Prescribing Rebate Scheme - GlucoMen® Areo glucose sensors.

## Key Issues Report to Governing Body

Part B Joint Quality Committee Meeting held on 28<sup>th</sup> September 2017  
Southport & Formby CCG and South Sefton CCG

Chair:  
Debbie Fagan

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

1. **Joint Quality Committee Terms of Reference and Workplan** - A review of ToR (including quoracy) and Work plan to be completed.
2. **Provider Quality & Performance Reports** – The committee received and reviewed the provider performance reports. The number of reported SIs relating to community suicides within Mersey Care was highlighted including actions taken for the purposes of assurance. To be taken through to Mersey Care commissioning forum.
3. **Operational Policy / CHC Disputes and Resolution Policy** – Policies have been approved at the Corporate Governance Support Group and received by the Joint Quality Committee. An issue was raised by a Lay Member around a potential conflict of interest with regard to the suggested individual to jointly Chair the Independent Disputes Panel from the LA perspective – DF to raise this via the Integrated Commissioning Group.

# Key Issues Report to Governing Body



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

Part C Joint Quality Committee Meeting held on 28<sup>th</sup> September 2017

Chaired by:  
Debbie Fagan

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

- 1. Provider Performance Reports** - Provider performance reports received and reviewed by exception. AUH performance reviewed with reference to the completion of the Quality Risk Profile Tool
- 2. AUH AED Performance Root Cause Analyses** - Received from the provider and reviewed by both the CCG Ops and Quality Teams. Feedback given to the Trust.

# Key Issues Report to Governing Body



South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

**Audit Committees in Common: Wednesday 11<sup>th</sup> October 2017**  
**Part B: Joint Section (NHS Southport & Formby CCG and NHS South Sefton CCG)**

**Chair:**  
**Helen Nichols**

Key Issue	Risk Identified	Mitigating Actions

## Information Points for NHS Southport and Formby CCG Governing Body and NHS South Sefton CCG Governing Body (for noting)

The following dates in relation to 2017/18 external audit were confirmed:

- 24<sup>th</sup> April 2018: CCGs to submit draft annual report and accounts to external auditors and the Department of Health.
- 29<sup>th</sup> May (9am): External audit of each CCG to be completed.

Subject of GPs looking to transform and operate at scale to be considered for a future Wider Constituent Group meeting agenda for each of the CCGs.

Recommendations from *Review of Remuneration Committee Procedures 2013 – 2017* approved.

## Key Issues Report to Governing Body

<b>Audit Committees in Common: Wednesday 11<sup>th</sup> October 2017</b> <b>Part C: NHS South Sefton CCG</b>	<b>Chair:</b> <b>Graham Morris</b>
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Key Issue	Risk Identified	Mitigating Actions

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

- Internal Audit reviews of CHC and Governing Body Reporting have reached positive conclusions with significant assurance being reported.
- Update received on review of NFI matches.
- Further moderation to be carried out on Corporate Risk Register and Governing Body Assurance Framework. Both will be presented to the Governing Body in November 2017.

# Key Issues Report to Governing Body

South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 22<sup>nd</sup> June, 2017

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
Clinical Pharmacy Pilot	May miss out on funding provision as previous unsuccessful bids have discouraged practices.	Discussions to take place to assess local appetite for the scheme.
GPFV Funding	Concerns that South Sefton may not be receiving the anticipated funding.	Reports requested from NHSE with detailed information about funding allocations within SSCCG.

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

# Key Issues Report to Governing Body

South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 2 November 2017

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
PCSE	PCSE causing operational difficulties for practices.	Escalated to Tom Knight (NHSE) and it was noted that the PCSE steering group will now meet on a quarterly basis.

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



# Key Issues Report

## South Sefton Localities

### November 2017- January 2018

Bootle Locality		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Primary Care Support England ongoing issues:</p> <ul style="list-style-type: none"> <li>• Long delays for transfer of patient records</li> <li>• Delays in registration of patients</li> <li>• Registration of pension contribution for recruited salaried GPs</li> <li>• Pension contributions for GPs</li> <li>• Delays with performers list</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> <li>• GP contracts</li> </ul>	<ul style="list-style-type: none"> <li>• Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns</li> <li>• Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting.</li> <li>• Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.</li> </ul>
<p>2. Difficulties making referrals to Mersey Care provision for Crisis Team.</p>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Ongoing issue, MCT and Mental Health Commissioning Lead has been made aware.</li> </ul>
<p>3. Long waiting times in Adult ADHD service.</p> <ul style="list-style-type: none"> <li>• Delays for patients being assessed</li> <li>• Delays for patients receiving medication</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> <li>• Patient experience</li> </ul>	<ul style="list-style-type: none"> <li>• Locality Manager escalated to Mental Health Commissioning Lead and Head of Medicines Management.</li> <li>• Draft shared care agreement has been developed and forwarded to LMC for approval.</li> <li>• Shared care agreement has been approved and will be forwarded to GPs</li> </ul>
<p>4. Eating Disorder Service</p> <ul style="list-style-type: none"> <li>• Lack of medical support with the service</li> <li>• Patients referred back to GP for generic care</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> </ul>	<ul style="list-style-type: none"> <li>• Locality Manager escalated to SSCCG Mental Health Commissioning Lead.</li> <li>• North West Boroughs has a medical model in place, Mental Health Clinical Lead and Commissioning Lead to meet with them to look at the service.</li> </ul>

# Key Issues Report

## South Sefton Localities

### November 2017- January 2018



**South Sefton**  
Clinical Commissioning Group

		<ul style="list-style-type: none"> <li>• Locality Manager to report back to locality when further details are available.</li> </ul>
<p>5. DNA at Community Clinics</p> <ul style="list-style-type: none"> <li>• Practices reported patients are being referred back to GP for re-referral to community clinics following one DNA.</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> </ul>	<ul style="list-style-type: none"> <li>• Mersey Care Community Service relationship manager agreed to investigate.</li> <li>• Practices asked to provide examples for investigation.</li> </ul>
<p>6. Review of inappropriate requests of primary care to secondary care</p>	<ul style="list-style-type: none"> <li>• Patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Escalated to LMC and CCG.</li> <li>• Jan Leonard has passed all information to AUH for a response.</li> </ul>
<p>7. Pre-Op clinics refused to see patients, returned to primary care for optimisation prior to re-referral</p>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient experience</li> </ul>	<ul style="list-style-type: none"> <li>• Locality Manager gathering evidence from practices.</li> <li>• GP to write to pre-op clinic consultant with examples to seek understanding.</li> </ul>

# Key Issues Report

## South Sefton Localities

### November 2017- January 2018

Crosby Locality		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Primary Care Support England</p> <ul style="list-style-type: none"> <li>• Long delays for transfer of patient records</li> <li>• Delays in registration of patients</li> <li>• Registration of pension contribution for recruited salaried GPs</li> <li>• Pension contributions for GPs</li> <li>• Delays with performers list</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> <li>• GP contracts</li> </ul>	<ul style="list-style-type: none"> <li>• Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns</li> <li>• Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting.</li> <li>• Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.</li> </ul>
<p>2. Ongoing issue in relation to closure of practices lists in Crosby. A number of patients have been seeking registration on a weekly basis.</p>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient experience</li> </ul>	<ul style="list-style-type: none"> <li>• Project lead visited all practices and produced a report.</li> <li>• NHSE attended September locality meeting to feedback on the report and discuss options going forward for all practice lists to open</li> <li>• In the first instance, it was agreed that NHSE would meet with Practice Managers. Meeting arranged for 19<sup>th</sup> October.</li> <li>• No resolution sought, NHSE to attend the January locality meeting for further discussion.</li> </ul>
<p>3. Practices have experienced rejection of referrals to Neurologists due to patients not having an MRI prior to referral.</p>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> <li>• Patient experience</li> </ul>	<ul style="list-style-type: none"> <li>• CCG aware and discussions have taken place at Board level.</li> </ul>
<p>4. Review of inappropriate requests of primary care to secondary care</p>	<ul style="list-style-type: none"> <li>• Patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Escalated to LMC and CCG.</li> <li>• Jan Leonard has passed all information to AUH for a response.</li> </ul>
<p>5. Difficulties in making referrals to Mersey Care provision for Crisis Team</p>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Ongoing issue, MCT and Mental Health Commissioning Lead has been made aware.</li> </ul>
<p>6. Long waiting times in Adult ADHD service.</p>	<ul style="list-style-type: none"> <li>• Patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Locality Manager escalated to Mental Health</li> </ul>

# Key Issues Report

## South Sefton Localities

### November 2017- January 2018



**South Sefton**  
Clinical Commissioning Group

<ul style="list-style-type: none"> <li>• Delays for patients being assessed</li> <li>• Delays for patients receiving medication</li> </ul>	<ul style="list-style-type: none"> <li>• Patient quality</li> <li>• Patient experience</li> </ul>	<p>Commissioning Lead and Head of Medicines Management.</p> <ul style="list-style-type: none"> <li>• Draft shared care agreement has been developed and forwarded to LMC for approval.</li> <li>• Shared care agreement has been approved and will be forwarded to GPs</li> </ul>
<p>7. Continence Service</p> <ul style="list-style-type: none"> <li>• Concerns that the service is not accepting referrals from District Nurses</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient experience</li> </ul>	<ul style="list-style-type: none"> <li>• Community Services Relationship Manager was present at the meeting and informed the locality that all services are currently under review and will report back further information when available.</li> </ul>

# Key Issues Report

## South Sefton Localities

### November 2017- January 2018

Seaforth & Litherland Locality		
Key Issues	Risks Identified	Mitigating Actions
<p>1. Primary Care Support England ongoing issues:</p> <ul style="list-style-type: none"> <li>• Long delays for transfer of patient records</li> <li>• Delays in registration of patients</li> <li>• Registration of contribution for recruited salaried GPs</li> <li>• Pension contributions for GPs</li> <li>• Delays with performers list</li> <li>• Dual registration of patients</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> <li>• GP contract</li> </ul>	<ul style="list-style-type: none"> <li>• Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns.</li> <li>• Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting.</li> <li>• Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.</li> <li>• Dual registration issue has been added to the primary care risk register and escalated to NHSE.</li> </ul>
<p>2. Review of inappropriate requests of primary care to secondary care.</p>	<ul style="list-style-type: none"> <li>• Patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Escalated to LMC and CCG.</li> <li>• Jan Leonard has passed all information to Aintree University Hospital for a response.</li> </ul>
<p>3. Difficulties in making referrals to Mersey Care provision for Crisis Team</p> <ul style="list-style-type: none"> <li>• Delays for patients being assessed</li> <li>• Delays for patients receiving medication</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Ongoing issue, MCT and Mental Health Commissioning Lead has been made aware.</li> </ul>
<p>4. Treatment Rooms</p> <ul style="list-style-type: none"> <li>• Practices experiencing problems making referrals to the treatment rooms as unsure what they can refer and whether the need to include a list of medication for the patient they are referring</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient experience</li> </ul>	<ul style="list-style-type: none"> <li>• Community Services Care Co-ordinator in attendance and agreed to ascertain a list of treatments for the locality which can be shared across South Sefton. Work also taking place in relation to the white sheet for medication. Updates will be provided when available.</li> </ul>
<p>5. L.U.T.S Service (Male)</p> <ul style="list-style-type: none"> <li>• Service closed upon referral of a SS patient</li> <li>• No prior communication sent to practices</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> <li>• Patient experience</li> </ul>	<ul style="list-style-type: none"> <li>• Escalated to CCG Continence Lead. Communication has taken place with the Continence Service Manager – the services was closed due to unsafe staffing levels, however no prior communication and 2 patients need treatment.</li> </ul>

**Key Issues Report  
South Sefton Localities  
November 2017- January 2018**



**South Sefton  
Clinical Commissioning Group**

		<ul style="list-style-type: none"> <li>• Communication to be included in bulletin to direct GPs to alternative interim care.</li> <li>• CCG to facilitate a workshop to review wider continence services.</li> </ul>
<p>6. Community District Nurse Teams</p> <ul style="list-style-type: none"> <li>• Practices experience problems referring patients for treatment who are not registered as housebound but unable to attend the treatment rooms.</li> <li>• The patient is 88yrs old, unable to apply cream to back daily, needs support.</li> <li>• District Nurses refusing to attend to administer treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> <li>• Patient experience</li> </ul>	<ul style="list-style-type: none"> <li>• Locality Manager has escalated to Community Services Relationship Manager for resolution.</li> <li>• GP attended to assist patient in this instance.</li> </ul>

# Key Issues Report

## South Sefton Localities

### November 2017- January 2018

Maghull Locality		
Key Issues	Risks Identified	Mitigating Actions
1. Acute Visit Scheme – concerns raised in relation to the cessation of the home visiting element of the scheme.	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> </ul>	<ul style="list-style-type: none"> <li>• CCG unable to continue with this service due to financial aspects.</li> <li>• Discussions have taken place in all localities to look at working up a home visiting scheme for South Sefton.</li> </ul>
2. PCSE ongoing issues: <ul style="list-style-type: none"> <li>• Long delays for transfer of patient records</li> <li>• Delays in registration of patients</li> <li>• Registration of contribution for recruited salaried GPs</li> <li>• Pension contributions for GPs</li> <li>• Delays with performers list</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> <li>• GP contract</li> </ul>	<ul style="list-style-type: none"> <li>• Locality Manager and Primary Care Programme Lead attend monthly NHSE/Capita Stakeholder meetings to escalate concerns.</li> <li>• Locality Manager has also escalated to Joint CCG/NHSE Operational Team meeting.</li> <li>• Locality Manager has collated issues for Jan Leonard to officially escalate to NHSE.</li> </ul>
3. Review of inappropriate requests of primary care to secondary care	<ul style="list-style-type: none"> <li>• Patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Escalated to LMC and CCG.</li> <li>• Jan Leonard has passed all information to AUH for a response.</li> </ul>
4. Future Estates in Maghull <ul style="list-style-type: none"> <li>• Practices asked for more information regarding potential sites, planning and finances</li> <li>• Practices raised concerns in relation to new housing development (Poppyfields). Residents now moving in an one practice has had patients allocated to them by NHSE.</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care</li> <li>• Patient quality</li> <li>• Patient experience</li> </ul>	<ul style="list-style-type: none"> <li>• A workshop was held on 20<sup>th</sup> September, all practices in Maghull were represented and took part in constructive discussions</li> <li>• Actions were agreed to take forward as part of continuing future planning.</li> <li>• Allocation of patients has been escalated to the CCG</li> </ul>

# Finance and Resource Committee Minutes

Thursday 19<sup>th</sup> October 2017, 1.00pm to 3.00pm  
3rd Floor Board Room, Merton House

<b>Attendees (Membership)</b> Graham Morris Graham Bayliss Debbie Fagan Jan Leonard Susanne Lynch Martin McDowell Alison Ormrod Dr Sunil Sapre  <b>Apologies</b> Lin Bennett John Wray  <b>Minutes</b> Tricia Evers	Lay Member (Chair) Lay Member Chief Nurse & Quality Officer Chief Redesign & Commissioning Officer CCG Lead for Medicines Management Chief Finance Officer Deputy Chief Finance Officer GP Governing Body Member  Practice Manager & Governing Body Member GP Governing Body Member  Senior Administrator	GM GB DF JL SL MMcD AO SS  LB JW  TE
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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	A	A		
Lin Bennett	Practice Manager & Governing Body Member	✓	✓	✓	✓	✓	✓	A	A		
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
FR17/124	<p><b>Apologies for absence</b> Apologies for absence were received from Lin Bennett and John Wray. It was noted that Debbie Fagan would be slightly delayed.</p>	
FR17/125	<p><b>Declarations of interest regarding agenda items</b> 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 &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.</p>	
FR17/126	<p><b>Minutes of the previous meeting and key issues</b> The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR17/127	<p><b>Action points from the previous meeting</b></p> <p><b>FR17/86 Individual Funding Requests Annual Report 2016/17</b> <b>In reference to Appendix B – IFR Application Sources and Outcomes in the IFR Annual Report 2016/17</b> JL advised that due to a cancelled meeting, a review (with the CSU) regarding year on year referral trends will now be reported back at the next Finance &amp; Resource Committee meeting in November 2017.</p> <p><b>FR17/106 Action points from the previous meeting</b> <b>FR17/94: Month 3 Finance Report</b> MMcD confirmed that a report on the issue regarding referral waiting times to Aintree University Hospital was not ready to be presented to the Committee. A general discussion took place covering Choose and Book, Consultant Leave Policy, e Referrals, and proposed paperless referral plan for Aintree in August. Further discussion will take place at the next Finance &amp; Resource Committee meeting in November 2017.</p> <p><b>FR17/109 Business Continuity Policy, Strategy, Plan; Crisis Management Plan; and Incident Response Plan</b> A CSU session to review a standard operating procedure for the business continuity policies and strategies is still to be arranged for a future Governing Body Development Session. It was noted that the Senior Management Team had attended a session including a scenario where the business continuity plan was implemented. MMcD will action with Tracy Jeffes (TJ), Chief Delivery and Integration Officer at the CCG.</p> <p><b>FR17/112 Finance &amp; Resource Committee Risk Register</b> Agenda Item today</p>	<p>JL</p> <p>MMcD</p> <p>MMcD (TJ)</p>

No	Item	Action
	<p><b>FR17/113 CCG Improvement and Assurance Framework Q4 2016/17</b> Agenda Item today</p> <p><b>FR17/113 CCG Improvement and Assurance Framework Q4 2016/17</b> MMcD had asked Becky Williams, Strategy &amp; Outcomes Officer at the CCG, to highlight current performance in future reports for the CCG Improvement and Assessment Framework. It was noted that when the information is received it will be reported to the Governing Body. <b>Action closed</b></p> <p><b>FR17/113 CCG Improvement and Assurance Framework Q4 2016/17</b> MMcD had reviewed why the performance for patient experience of GP services in the IAF report contradicts survey results presented to the CCG's Engagement and Patient Experience Group. Timing had been noted as an issue. It was noted that EPEG results are more recent and reflect a positive experience for the public. <b>Action closed.</b></p> <p><b>FR17/116 Pan Mersey APC Recommendations</b> It was noted that discussions were ongoing with SL and MMcD in relation to reviewing the commissioning of Anti-TNFs for the treatment of Mono / Oligoarthritis pending discussions in relation to funding of high cost drugs. MMcD proposed introduction where Trusts could demonstrate they were compliant with bluteq.</p> <p><b>FR17/122 Any Other Business</b> The Finance &amp; Resource Committee meeting in November was rearranged to take place on 23rd November 2017, 10.30am-12.30pm subject to the meeting being quorate. To be noted that DF offered her apologies for this meeting.</p>	SL/MMcD
FR17/128	<p><b>Information Governance Policy and Handbook</b></p> <p>A copy of the Information Governance Policy and Handbook was included in the meeting pack for information. MMcD provided an overview in relation to the documentation and requested the committee to note the "information on Page 54 of the pack which outlined the steps that the CCG needs to take to implement the Policy.</p> <p><b><i>The committee approved the Information Governance Policy and approved the delay in review of the Handbook until early 2018 when full national guidance on the new General Data Protection Act (GDPR) is released.</i></b></p>	
FR17/129	<p><b>Finance Report - Month 6</b></p> <p>AO provided an update on the year to date financial position for NHS South Sefton Clinical Commissioning Group, as at 30 September 2017 as follows;</p> <ul style="list-style-type: none"> <li>• Detailed analysis of the financial position was presented to NHS England on 9th October 2017.</li> <li>• 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.</li> <li>• As at Month 6, £0.936m QIPP savings have been achieved.</li> <li>• The year to date financial position is a deficit of £0.750m which is</li> </ul>	

No	Item	Action
	<p>deterioration against the planned deficit of £0.250m.</p> <ul style="list-style-type: none"> <li>• Cost pressures were highlighted which are offset by underspends in other areas.</li> <li>• Underspends in the Acute Commissioning budget, mainly due to underperformance on the contract with Southport and Ormskirk NHS Trust were noted.</li> <li>• Work to resolve data quality issues following implementation of the Adam Dynamic Purchasing System is being progressed.</li> <li>• All BPPC targets have been achieved this month at 95%.</li> </ul> <p><i>DFarrived at 1.40pm</i></p> <p>Further updates and discussion related to;</p> <ul style="list-style-type: none"> <li>• Reduction in all referrals at M5 compared with 2016/17, 7.1% reduction in GP referrals at M5.</li> <li>• MMcD highlighted the spike in GP referrals in March 2017. Discussion took place on potential reasons in order to avoid similar issue in March 2018.</li> <li>• Commencement of work in Southport regarding referral information at specialty level.</li> <li>• Aintree PBR Exclusions</li> <li>• QIPP target and risks to plan discussed.</li> <li>• GM asked for assurance that the CCG had sufficient cash to deliver its likely case scenario.</li> </ul> <p>It was noted that the CCG's current financial position was discussed in detail at the last Governing Body Development Session.</p> <p><b>The recommendation was to review the March 2017 referrals. To further review cash position and ensure with NHSE that CCG plans and risks will be efficiently covered.</b></p> <p><b><i>The committee received the finance report and noted the summary points as detailed in the report.</i></b></p>	MMcD
FR17/130	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>The committee reviewed the risk register. The framework was discussed and MMcD provided clarity around the Risk Matrix and Risk Ratings.</p> <p>In reference to sub risk FR001b (CCG fails to control expenditure against its opening budgets in 2017/18), MMcD and AO had reviewed the scoring and checked the level of forecast overspend. A comparison of the impact rating in the CCG framework had been undertaken.</p> <p>In reference to risk FR003 regarding prescribing code issues, there had been no update from the NHS Business Services Authority. MMcD highlighted the risk at the CFO meeting.</p> <p>In reference to risk FR004 Lack of VPN access and off site working capability may impact CCG's ability to respond to any long term premises access issues with only limited capacity at second site. This was noted as being a Corporate IT issue.</p> <p><b><i>The committee received the risk register and noted the contents.</i></b></p>	
FR17/131	<p><b>Financial Strategy Update</b></p> <p>MMcD confirmed an update on the financial strategy will be part of the</p>	

No	Item	Action
	<p>Governing Body Reviews. A high level paper will be presented to the Governing Body in January 2018. MMcD shared some themes to be covered in the paper. It was noted that the 4<sup>th</sup> January Governing Body meeting date may need to be rescheduled due to the Christmas and New Year holiday period. It was noted that the Budget sign off is scheduled to take place at the March meeting of the Governing Body.</p>	MMcD
FR17/132	<p><b>Estates Update</b></p> <p>MMcD advised that a report to the Governing Body had been completed.</p>	
FR17/133	<p><b>CCG Improvement and Assurance Framework Dashboard Q4 2016/17 – Exception Commentary</b></p> <p>An exception report had been produced and was discussed in relation to performance areas in the lowest performing quartile of CCGs nationally. It was noted that the Integrated Performance Group reviews these areas and will continue to monitor performance throughout the year.</p> <p>It was agreed MMcD would request Becky Williams (BW), Strategy &amp; Outcomes Officer at the CCG, to provide 1 page key issues highlight report on current performance for future meetings. (CCG IAF dashboard and Appendix 1).</p>	MMcD
FR17/134	<p><b>Prescribing Spend Report – Month 4 2017/18</b></p> <p>It was noted that Overall South Sefton CCG is forecast to be underspent. The discussion highlighted a number of issues. It was agreed that SL and SS would discuss licensed and off label medication outside of this committee meeting.</p> <p><b><i>The committee received this report.</i></b></p>	SL & SS
FR17/135	<p><b>Pan Mersey APC Recommendations</b></p> <p>SL advised that the The Pan Mersey Area Prescribing Committee has recommended the commissioning of the following medicine:</p> <ul style="list-style-type: none"> <li>• ELUXADOLINE Tablets (Truberzi® ▼) for the treatment of Irritable bowel syndrome with diarrhoea</li> <li>• DIMETHYL FUMARATE Tablets (Skilarence® ▼) for the treatment of Plaque psoriasis</li> <li>• RANIBIZUMAB intravitreal injection (Lucentis®) for the treatment of Choroidal neovascularisation (indications not covered by existing NICE TAs)</li> </ul> <p>After discussion; It was noted that there was an amendment to the report conclusion to read “South Sefton” instead of “Southport and Formby”.</p> <p><b><i>The committee approved the commissioning of ELUXADOLINE Tablets (Truberzi® ▼) for the treatment of Irritable bowel syndrome with diarrhoea</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>DIMETHYL FUMARATE Tablets (Skilarence® ▼) for the treatment of Plaque psoriasis</i></b></li> </ul> <p><b><i>The committee provided delegated authority to SL and MMcD to review commissioning of RANIBIZUMAB intravitreal injection (Lucentis®) for the treatment of Choroidal neovascularisation (indications not covered by existing NICE TAs)</i></b></p>	<p>SL</p> <p>SL &amp; MMcD</p>

No	Item	Action
FR17/136	<ul style="list-style-type: none"> <li>• Sefton Property Estates Partnership (SPEP) Steering Group – June 2017</li> <li>• Information Management &amp; Technology (IM&amp;T) Steering Group – July 2017</li> </ul> <p><i>The committee received the minutes of the Sefton Property Estates Partnership (SPEP) Steering Group IM&amp;T steering group meeting.</i></p>	
FR17/137	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>i. DF's apologies were noted for the next meeting.</li> <li>ii. The Chair requested a reminder is sent to members that the next meeting on 23<sup>rd</sup> November 2017 begins at 1030am.</li> </ul>	TE (TK)
FR17/138	<p><b>Key Issues Review</b></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><b>Date of Next Meeting</b> Thursday 23<sup>rd</sup> November 2017 10.30am to 12.30pm 3rd Floor Board Room, Merton House</p>	

# Finance and Resource Committee Minutes

Thursday 23rd November 2017, 10.30am to 12.30pm  
NHS South Sefton CCG, Room 3A, Third Floor, Merton House, Stanley Road, Bootle, L20 3DL

<p><b>Attendees (Membership)</b> Graham Morris Jan Leonard (items FR17/139-144 and FR17/151-152) Susanne Lynch Martin McDowell Dr Sunil Sapre John Wray</p> <p><b>In attendance</b> Sarah McGrath Brendan Prescott Jenny White Andy Woods</p> <p><b>Apologies</b> Graham Bayliss Lin Bennett Debbie Fagan Alison Ormrod</p> <p><b>Minutes</b> Tahreen Kutub</p>	<p>Lay Member (Chair) Chief Redesign &amp; Commissioning Officer Head of Medicines Management Chief Finance Officer GP Governing Body Member GP Governing Body Member</p> <p>Planned Care Lead Deputy Chief Nurse / Head of Quality &amp; Safety Head of Financial Management &amp; Planning Senior Governance Manager (Merseyside CCGs - Equality &amp; Inclusion Service)</p> <p>Lay Member Practice Manager &amp; Governing Body Member Chief Nurse &amp; Quality Officer Deputy Chief Finance Officer</p> <p>PA to the Chief Finance Officer</p>	<p>GM JL SL MMcD SS JW</p> <p>SMcG BP JWh AW</p> <p>GB LB DF AOR</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	✓	✓	✓	✓	✓	A	
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	A	✓	✓	✓	✓	✓	
John Wray	GP Governing Body Member	A	A	A	A	A	A	A	A	✓	
Lin Bennett	Practice Manager & Governing Body Member	✓	✓	✓	✓	✓	✓	A	A	A	
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓	✓	✓	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓	A	✓	✓	A	
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	✓	✓	✓	✓	✓	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
FR17/139	<p><b>Apologies for absence</b> Apologies for absence were received from Graham Bayliss, Lin Bennett Debbie Fagan and Alison Ormrod. Jenny White attended on behalf of Alison Ormrod.</p>	
FR17/140	<p><b>Declarations of interest regarding agenda items</b> 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 &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.</p>	
FR17/141	<p><b>Minutes of the previous meeting and key issues</b> The minutes of the previous meeting were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR17/142	<p><b>Action points from the previous meeting</b></p> <p><b>FR17/86 - Individual Funding Requests Annual Report 2016/17</b> JL confirmed she has not yet received data regarding year on year referral trends, in reference to <i>Appendix B – IFR Application Sources and Outcomes</i> in the IFR Annual Report 2016/17. Action still open.</p> <p><b>FR17/109 - Business Continuity Policy, Strategy, Plan; Crisis Management Plan; and Incident Response Plan</b> A CSU session to review a standard operating procedure for the business continuity policies and strategies has been considered for a future Governing Body Development Session. The committee agreed that given the importance of the prioritisation review, the CSU session could take place in the future but was not essential at this stage. It was agreed to close this action.</p> <p><b>FR17/116 - Pan Mersey APC Recommendations</b> SL and MMcD have reviewed the commissioning of Anti-TNFs for the treatment of Mono / Oligoarthritis. A letter will be issued to Trusts noting that the Sefton CCGs have agreed to support the introduction of this drug therapy in Trusts that can demonstrate that the Blueteq system will be used for monitoring and assurance purposes. The CCGs, however, will consider alternative monitoring arrangements if proven to be effective. Action closed.</p> <p><b>FR17/127 - Action points from the previous meeting (FR17/94: Month 3 Finance Report)</b> A report regarding access to outpatient appointments at Aintree University Hospital is on the agenda. Action closed.</p> <p><b>FR17/129 - Finance Report - Month 6</b></p>	

No	Item	Action
	<p>MMcD confirmed he has received assurance from NHSE that there is sufficient cash to support the CCG's likely case scenario if this was to materialise. Action closed.</p> <p><b>FR17/131 - Financial Strategy Update</b> Judy Graves (Corporate Business Manager at the CCG) has emailed Governing Body members to look to potentially rearrange the Governing Body meeting scheduled for 4<sup>th</sup> January 2018. This is following feedback from the Finance &amp; Resource Committee that attendance may be affected, given the January meeting date is in the first working week after the Christmas and New Year break. Action closed.</p> <p><b>FR17/133 - CCG Improvement and Assurance Framework Dashboard Q4 2016/17 – Exception Commentary</b> MMcD has liaised with Becky Williams (Strategy &amp; Outcomes Officer at the CCG) to provide a one page key issues highlight report on current performance for future meetings. Action closed.</p> <p><b>FR17/134 - Prescribing Spend Report – Month 4 2017/18</b> SL has sent Pan Mersey guidance to SS, in reference to licensed and off label medication. Action closed.</p> <p><b>FR17/135 - Pan Mersey APC Recommendations</b> SL confirmed the reference to “Southport and Formby” has been changed to “South Sefton” in the conclusion section of the APC Recommendations report. Action closed.</p> <p><b>FR17/135 - Pan Mersey APC Recommendations</b> SL and MMcD have reviewed the commissioning of RANIBIZUMAB intravitreal injection. MMcD noted that the CCG was looking to concentrate roll-out of Blueeteq for rheumatology patients and that ARMD is considered low priority given regular testing performed in advance of injections. A letter will be issued to Trusts noting that South Sefton CCG has agreed to support the introduction of this drug, providing Trusts give assurance on how the introduction of the drug will be monitored. Action closed.</p> <p><b>FR17/137 - Any Other Business</b> Reminders were sent to committee members that the meeting on 23<sup>rd</sup> November 2017 was to commence at 10.30am. Action closed.</p>	
FR17/143	<p><b>Annual Equality and Diversity Workforce Update including Workforce Race Equality Standard</b> AW provided an update on the Workforce Equality and Diversity Plan and Workforce Race Equality Standard (WRES) submission.</p> <p>AW reported the Equality and Diversity Plan has been developed to ensure the CSU Human Resource function is aware of the requirements of the Equality Act and to ensure CCG policies adhere to it. The CSU will ensure all policies are subject to equality analysis and that any trends or barriers are considered and mitigated by the F&amp;R committee.</p> <p>AW confirmed the WRES submission does not highlight any concerns in relation to Black Asian and Minority Ethnic (BAME) workforce issues and demonstrates that the CCG BAME workforce is generally reflective of the population it serves.</p>	



No	Item	Action
	<p>AW noted that as the CCG's workforce is small, it does not provide an adequate sample to identify key issues via the NHSE WRES template in Appendix B of the report and therefore the data should be considered on this basis.</p> <p>It was noted that the CCG is demonstrating 'due regard' for the period April 2016 – March 2017 against the WRES.</p> <p><b><i>The committee received the Workforce Equality and Diversity Plan and the Workforce Race Equality Standard submission.</i></b></p>	
FR17/144	<p><b>Access to Outpatient Appointments at Aintree University Hospital</b></p> <p>SMcG presented a report on access to outpatient appointments at Aintree University Hospital and the mitigation against ongoing risks to delivery. MMcD provided a background to this report.</p> <p>The e-Referral Service (eRS) in relation to Aintree University Hospital was discussed. SS raised concerns about whether all Aintree clinics were on the Choose and Book system. SMcG asked SS to send examples of clinics which do not seem to be on the Choose and Book system.</p> <p>Further to the concerns raised, it was agreed for the CCG to seek assurance that all Aintree clinics are on the current Choose and Book system. A review is also to be undertaken as to whether the CCG should consider extension of the 'polling range' from six weeks to a longer period of time.</p> <p>It was agreed for SMcG to monitor CQUIN performance in relation to appointment slot issues and service availability. SMcG to also monitor hospital cancellation rates alongside appointment slot issues.</p> <p>Concerns were raised about lack of assurance regarding Aintree's plans for the delivery of the e-referral system plan as well as the governance structure for the scheduled switch-off of paper records by August 2018. JL to escalate these concerns to Beth Weston, Director of Operations / Deputy Chief Operating Officer at Aintree University Hospital.</p> <p>It was established at the meeting that e-referrals are not a GP contractual requirement in 2017/18. It was noted that the position needs to be clarified for 2018/19. JL to action.</p> <p>It was suggested that access to outpatient appointments and eRS be considered as an agenda item for an upcoming Board to Board meeting between Aintree University Hospital and South Sefton CCG. JL to action.</p> <p><b><i>The committee received this report.</i></b></p>	<p>SS</p> <p>MMcD (SMcG)</p> <p>MMcD (SMcG)</p> <p>JL</p> <p>JL</p> <p>JL</p>
FR17/145	<p><b>Finance Report - Month 7</b></p> <p>JWh provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31<sup>st</sup> October 2017. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>The CCG's likely case scenario forecasts a deficit of £3.211m excluding NCSO drugs costs.</li> </ul>	

No	Item	Action
	<ul style="list-style-type: none"> <li>• The year to date financial position is a deficit of £1.250m, compared with planned deficit of £0.250m. The CCG is therefore £1.000m away from plan as at Month 7.</li> <li>• As at Month 7, the CCG has achieved £0.936m QIPP savings. The forecast QIPP delivery for the year is £2.486m.</li> <li>• The CCG's QIPP delivery is £2.483m behind the planned delivery at Month 7.</li> </ul> <p>The following comments were made:</p> <ul style="list-style-type: none"> <li>• JWh commented that 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.</li> <li>• MMcD highlighted prescribing as an area of concern; identified cost pressures are reducing potential savings that can be made. He advised that check and challenge meetings will be arranged for all QIPP programmes to provide assurance of delivery.</li> <li>• MMcD noted the potential for NCSO cost pressures to return to the CCG's financial position in Month 8.</li> <li>• MMcD noted that a prioritisation review needs to take place at every Governing Body meeting until the Governing Body is assured that it has a deliverable financial plan.</li> </ul> <p><b><i>The committee received the finance report and noted the summary points as detailed in the report.</i></b></p>	
FR17/146	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>MMcD presented the risk register and explained the rationale for the post mitigation scoring for the following risk and sub risk:</p> <ul style="list-style-type: none"> <li>• <i>FR001: CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2017/18</i> (likelihood post mitigation score of 4 and consequence post mitigation score of 5; total post mitigation score of 20)</li> <li>• <i>FR001a: CCG fails to deliver its QIPP target in 2017/18</i> (likelihood post mitigation score of 4 and consequence post mitigation score of 5; total post mitigation score of 20)</li> </ul> <p><b><i>The committee approved the risk register.</i></b></p>	
FR17/147	<p><b>Benchmarking and VFM</b></p> <p>It was noted that there was no update to report.</p>	
FR17/148	<p><b>Prescribing Spend Report – Month 5 2017/18</b></p> <p>SL presented the prescribing report for Month 5 (August 2017) and the budget breakdown in table format which has been incorporated into the report.</p> <p>It was noted that at Month 5, the CCG is forecast to be underspent by 5%, when the 1.5% efficiency factor is applied to the CCG prescribing budget of £28.690m. SL noted that a final evaluation will be done of the Repeat Prescription Ordering Service (RPOS) pilot, to separate out the savings attributable to the scheme.</p> <p>MMcD provided an overview of the reconciliation between the prescribing figures</p>	

No	Item	Action
	<p>in the prescribing report and in the finance report, noting that further work was required to confirm the figures presented in both reports.</p> <p>SL confirmed that she will do further work with the finance team on the prescribing forecast and QIPP programme.</p> <p><b><i>The committee received this report.</i></b></p>	
FR17/149	<p><b>Pan Mersey APC Recommendations</b></p> <p>SL asked the committee to consider approving the following Pan Mersey APC recommendation:</p> <ul style="list-style-type: none"> <li>• TOFACITINIB film-coated tablets (Xeljanz®▼) for the treatment of Rheumatoid Arthritis</li> </ul> <p>SL confirmed that this is a NICE recommendation. It was noted that this was a high cost drug.</p> <p><b><i>The committee approved the Pan Mersey APC recommendation for the commissioning of TOFACITINIB film-coated tablets (Xeljanz®▼) for the treatment of Rheumatoid Arthritis.</i></b></p>	
FR17/150	<p><b>Prescribing Rebate Scheme - GlucoMen® Areo glucose sensors</b></p> <p>SL presented the committee with a recommendation to sign up to the following rebate scheme:</p> <p>GlucoMen® Areo glucose sensors – one of the recommended blood glucose monitoring devices in the Pan Mersey Formulary.</p> <p>MMcD asked SL to check whether the CCG policy regarding rebate schemes was up to date or needed refreshing.</p> <p><b><i>The committee approved the sign up to the rebate scheme: GlucoMen® Areo glucose sensors.</i></b></p>	SL
FR17/151	<p><b>Individual Funding Request Service Q2 2017/18</b></p> <p>JL provided an overview of the Q2 (2017/18) report for the Individual Funding Request (IFR) Service. She noted that the top two categories of requests are for Cosmetic Surgery and Mental Health interventions.</p> <p><b><i>The committee received this report.</i></b></p>	
FR17/152	<p><b>Quality Premium Report</b></p> <p>JL presented the Quality Premium Report, which outlines the Quality Premium requirements for 2017/18 performance to date.</p> <p><b><i>The committee received this report.</i></b></p>	
FR17/153	<p><b>Better Care Fund Update</b></p> <p>MMcD noted that discussions are ongoing between the CCG and Sefton Council regarding the Improved Better Care Fund.</p>	

No	Item	Action
	<b><i>The committee received this report.</i></b>	
FR17/154	<p><b>Minutes of Steering Groups to be formally received</b></p> <ul style="list-style-type: none"> <li>Information Management &amp; Technology (IM&amp;T) Steering Group – September 2017</li> </ul> <p>The committee received the minutes of the IM&amp;T Steering Group meeting in September 2017. MMcD reported that a bid has been submitted to NHS England regarding agile working for corporate staff. This relates to the national funding as opposed to local IM&amp;T funding.</p> <p><b><i>The committee received the minutes of the IM&amp;T steering group meeting.</i></b></p>	
FR17/155	<p><b>Any Other Business</b></p> <p>i) <u>Autumn Budget 2017</u> Committee members shared reflections on the Autumn Budget statement delivered on 22<sup>nd</sup> November 2017, and the impact on the NHS.</p> <p>ii) <u>A&amp;E Admittance – Aintree University Hospital</u> MMcD reported it has been identified that A&amp;E admittance at Aintree University Hospital is approximately 10% higher than that at Southport and Ormskirk Hospital and Royal Liverpool and Broadgreen University Hospitals. The committee agreed that this be reviewed by the CCG and an update be brought to the F&amp;R Committee.</p> <p>iii) <u>Potential committee meeting in December 2017</u> The committee discussed whether a potential F&amp;R committee meeting was required in December 2017, given the CCG's financial position. It was agreed that as the CCG's financial position will be reviewed at the Governing Body Development Session on 7<sup>th</sup> December 2017, the F&amp;R committee would next meet on 18<sup>th</sup> January 2018 as scheduled.</p>	MMcD
FR17/156	<p><b>Key Issues Review</b> MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p><b>Date of Next Meeting</b> Thursday 18th January 2018 1.00pm to 3.00pm 3rd Floor Board Room, Merton House</p>	

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

Date: Thursday 28<sup>th</sup> September 2017

Venue: Room 3A, 3<sup>rd</sup> 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	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 Mimnagh	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

Emma Bracewell	Programme Manager – Quality & Performance	EB
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist	HR
Gail Winder	Designated Nurse Safeguarding Adults	GW

### Apologies

Dr Rob Caudwell	GP Governing Body Member (SFCCG)	
Karen Garside	Designated Nurse Safeguarding Children	
Lin Bennett	Practice Manager / Govn Body Member (SSCCG)	
Dr Pete Chamberlain	GP Clinical Lead Strategy & Innovation (SSCCG)	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Gill Brown	Lay Member (SFCCG)	DmcD
Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JS
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	
Dr Andy Mimnagh	Chair & Governing Body Member (SSCCG)	
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	
Dr John Wray	Governing Body Member (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	√	A											
Graham Bayliss	Lay Member for Patient & Public Involvement	A	√											
Lin Bennett	Practice Manager, Ford	√	A											
Gill Brown	Lay Member for Patient & Public Involvement	√	A											
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	√											
Dr Peter Chamberlain	Clinical Lead Strategy & Innovation	A	A											
Billie Dodd	Head of CCG Development	A	√											
Debbie Fagan	Chief Nurse & Quality Officer	√	√											
Dr Gina Halstead	Chair and Clinical Lead for Quality	A	A											
Dr Dan McDowell	Secondary Care Doctor	A	√											
Martin McDowell	Chief Finance Officer	A	√											
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A											
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A											

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

### Part B

No	Item	Actions
17/154	<b>Welcome, Introductions &amp; Apologies</b> Apologies received from Dr RC, LB, GBr, Dr PC, Dr JS, Dr GH, Dr AM, KG and Dr JW.	
17/155	<b>Declarations of Interest</b> None reported	
17/156	<b>Minutes &amp; Key Issues from previous meeting</b> BP advised of an amendment to August's JQC papers requested by Medicines Management in relation to a SSCCG SI report from Meds Management The relevant paragraph will be amended.  Subject to this amendment, the minutes of the meeting and key issues log agreed as an accurate reflection.	

No	Item	Actions
17/157	<p><b>Matters Arising / Action Tracker</b></p> <p><b>17/065(i)</b> - DF to contact Dan Seddon at PHE to gain feedback following concerns that had been raised regarding the quality of an RCA involving the screening hub.  <b>Update:</b> Dan Seddon is still currently on leave. DF requested the action be closed with the assurance that the Quality Team will follow up outside of the committee and report back if needed.  <b>Outcome:</b> Action closed</p> <p><b>17/065 (vii)</b> - The next Planned Care Group meeting needs the relevant KPIs showing that slot availability has reduced at both Aintree and the Royal.  <b>Update:</b> The commissioning managers have been working on the paper. A draft has been sent to MMcD for review which will also be circulated to Dr CG and Dr DC for comment.  <b>Outcome:</b> Action closed</p> <p><b>17/065 (x)</b> - Prison Service Patient Discharges - Will raise this with Geraldine O'Carroll and the team and pick up at the next meeting.  <b>Update:</b> DF has discussed with Geraldine O'Carroll who advised there is a Local arrangement and process in place.  <b>Outcome:</b> Action closed.</p> <p><b>17/065 (xi)</b> - IAPT Ensure the Draft Prioritisation Process is copied through to the JQC.  <b>Update:</b> Update from Geraldine O'Carroll, the tool has been completed and signed off by Dr Sue Gough clinical lead for SSCCG and circulated to all GP practices by the Communications Team.  <b>Outcome:</b> Action closed</p> <p><b>17/065 (xx)</b> - LWH GH will email Wendy Hewitt 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.  <b>Update:</b> DF has spoken to Dr Wendy Hewitt who advised she has had no correspondence from Dr GH. DF will review the original action noted in July's minutes.  <b>Outcome:</b> Action carried forward to the next meeting.</p>	
17/158	<p><b>Workplan</b></p> <p>The current work plan was presented and discussed by the Committee. DF stated that DFair had recently completed a review of committee Terms of Reference and she would liaise with her to ensure the workplan reflected both revised Terms of Reference. DF also stated that she would be liaising with DFair to review the committee now that the members had asked for it to operate in 3 parts including its quoracy.</p>	
	<p><b>Action:</b></p> <p><b>Workplan</b>  DF to review the JQC ToR and Work Plan with Debbie Fairclough from a quoracy and governance perspective.</p>	DF

No	Item	Actions
17/159	<p><b>Chief Nurse Report</b></p> <p>DF presented the Chief Nurse Report. The Committee received the report and noted the following key issues:</p> <p><b>Summary/Key Issues:</b></p> <p><b>Continuing Health Care – ADAM Dynamic Purchasing System</b> The Chief Finance Officer and Chief Nurse continue to have weekly telecons with and have met with the Directors from MLCSU and ADAM to discuss their respective lack of assurance. A proposal has been submitted to the CCGs regarding the re-instatement of the DPS for End of Life patients which is in the process of being reviewed following its temporarily suspension. This will be considered alongside the current level of assurance from both a quality and finance aspect.</p> <p><b>Aintree University Hospitals NHS Foundation Trust – Quality &amp; Performance Concerns</b> AUH have been notified of the change in surveillance level from 'routine' to 'enhanced'. A Quality Risk Profile Tool was completed on 22nd September 2017 at a meeting co-ordinated by NHSE C&amp;M.</p>	
17/160 (a,b)	<p><b>Modern Slavery &amp; Human Trafficking Statement</b></p> <p>As an authorised statutory body, the CCG is required to have a Modern Slavery and Human Trafficking Statement in place for the financial year ending 31 March 2018. The statement outlines the organisations commitment, roles and responsibilities.</p> <p>The committee agreed to the statement being published on the CCG website.</p>	
	<p><b>Action:</b></p> <p><b>Modern Slavery &amp; Human Trafficking Statement</b> KG to liaise with the CCGs' Communications Team to have the Modern Slavery &amp; Human Trafficking Statement uploaded on to the websites.</p>	KG



No	Item	Actions
17/161	<p><b>CCG Safeguarding Service Q1 (2017-18) Safeguarding Quality Schedule update</b></p> <p>The update report was received and the members of the Committee were asked to note the following:</p> <p><b>Summary/Key Issues:</b></p> <ul style="list-style-type: none"> <li> <p>• <b>Southport and Ormskirk Hospital</b> The Trust has maintained a 'reasonable assurance' rating with an upward trajectory noted. On the evidence of the current improvements and upwards trajectory, the CCG Safeguarding Service have recommended the closing of the contract performance notice for safeguarding. DF reported that this had been communicated to the Trust.</p> </li> <li> <p>• <b>Aintree University Hospital</b> AUH has maintained a 'reasonable assurance' rating. There has been a recent change of staff in the safeguarding team and an arrangement has been put in place between AUH and LWH to provide necessary</p> </li> <li> <p>• <b>Lancashire Care NHS Foundation Trust</b> The trust, as the new provider of community services in the SFCCG area, has been given a 'reasonable assurance' rating. It was acknowledged that as this was the Trust's first submission against these KPIs, a number of challenges would be anticipated in respect to the need to develop systems in place to support data collection. The Trust and the CCG Safeguarding Service have been meeting regularly to discuss expectations around requirements from both parties.</p> </li> <li> <p>• <b>Mersey Care</b> Mersey Care has remained on 'limited assurance' with an upward trajectory noted. There has however been a reduction in the number of staff trained at Level 2 and 3 safeguarding training, which has been in evidence for 3 consecutive quarters, and data remains significantly below the threshold for compliance. This is still being monitored and a contract performance notice remains in place.</p> </li> <li> <p>• <b>Alder Hey Hospital NHS Trust</b> The trust has maintained a 'reasonable assurance' rating. The Q1 submission has provided a platform for further development of pathways/process and it has been suggested that the current Level 3 training in relation to Children in Care is reviewed in line with Intercollegiate standards; as the 'looked after children' element explicit within the Safeguarding Training Strategy. Whilst trajectory remains static at this time there is clear potential for upward travel against many of the Children in Care standards.</p> </li> </ul>	

No	Item	Actions
	<ul style="list-style-type: none"> <li> <b>Renacres</b>  This was a new contract which commenced in April 2017. The Safeguarding Service reported that they have been unable to provide an assurance rating as there had been issues with data submission. These issues are being resolved and the Safeguarding Service will provide an overview of performance for the next Committee meeting. </li> </ul> <p><b>Kennedy Report- CDOP response</b>  The CCGs have received a request from the LSCB to consider and note a letter from the Chair of CDOP regarding the compliance of the current Merseyside Joint Agency Sudden Unexpected Death in Children (SUDiC) Protocol with the national guidelines. This has been discussed at SMT and KG has been given an action to review the responses from other CCG's across Merseyside and Cheshire before providing a response.</p> <p><b>Safeguarding Children &amp; Adult Declaration</b>  The Safeguarding Declaration has been reviewed and updated. Authorisation was provided by the Chief Nurse to upload the updated documents, prior to the Quality Committee, in order that each CCG would remain compliant with the CQC requirements.</p>	
17/162	<p><b>Revision of Standard Operating Procedure (SOP) for management of Serious Incidents.</b></p> <p>The Quality Committee received and approved the revised Standard Operating Procedure (SOP) for the management of serious incidents – this revision was made to take into account any internal serious incidents and also those occurring within Independent Providers.</p> <p>BP advised the committee due to there being no delegated authority within primary care the responsibility for RCA's would sit jointly between the CCG and NHSE. RCA training was also discussed with the submission of a paper to SLT highlighting potential gaps for the completion of RCA's. The issue has also been noted on the risk register.</p> <p>HR suggested that under section 5.5 of the SOP relating to escalation to the CCG, more specific information is given. i.e. email address and will liaise with Lisa Gilbert, Corporate Governance Manager to action.</p>	
	<p><b>Action:</b>  <b>Revision of Standard Operating Procedure (SOP) for management of Serious Incidents.</b>  HR to liaise with LG to suggest that more specific information is contained within section 5.5. i.e. email address.</p>	HR

No	Item	Actions
17/163	<p>M4 Joint CCG Performance Report</p> <p>The update report was received and the members of the Committee were asked to note the following:</p> <ul style="list-style-type: none"> <li>• <b>Mersey Care NHS FT (Mental Health Services)</b> Waiting times for Psychotherapy assessments taking place within 6 weeks of referral - no SSCCG or SFCCG patients have been reported as a breach. The trust continued to underperform against the Psychotherapy 18 week target and this has been a trend since 2016/17. The trust is continuing to monitor and review their DNA rates and are utilising a text messaging service. Although the Trust did not meet the RTT for eating disorders overall, narrative suggests that 100% of all SFCCG and SSCCG were seen within the required timeframe and the Trust are introducing group therapy sessions to improve waiting times. <p>DF highlighted to the committee the number of suicides reported from Mersey Care over a 12 month period relating to patients in the community. As an organisation having a Zero tolerance to suicide any themes or issues will be investigated and the CCGs have made contact with the Director of Risk who has reported that none of the suicides reported in 2017/18 were related / themed.</p> <li>• <b>Alder Hey Children’s NHS FT</b> Challenges remain regarding the 4hr A&amp;E target with the Trust reporting 93% against a target of 95%.</li> <li>• <b>Royal Liverpool &amp; Broadgreen University Hospitals NHS Trust. LWH and LHCH</b> were considered by exception.</li> </li></ul> <p>The committee asked if trend data could be more easily demonstrated. EB to consider the report and discuss with the BI team.</p>	
	<p><b>Action:</b> <b>Performance Report Trend Information.</b> EB to look at report / data and discuss with the BI team if trend analysis could be made more clearer in the reports.</p>	EB
17/164	<p><b>Operational Policy for NHS Continuing Healthcare and NHS funded Nursing Care</b></p> <p>The Committee were presented with the NHS Continuing Healthcare and NHS Funded Nursing Care Operational Policy which had been approved at the Corporate Governance Support Group. Members were asked to note that following presentation at the meeting this would be presented to the Integrated Commissioning Group as part of the governance arrangements for approval with Local Authority colleagues as this forms part of our priority areas for integration. The committee received the policy.</p>	

No	Item	Actions
17/165	<p><b>CHC Disputes and Resolution Policy</b></p> <p>The Committee were presented with the CHC Disputes and Resolution Policy which had been approved at the Corporate Governance Support Group. Members were asked to note that following presentation at the meeting this would be presented to the Integrated Commissioning Group as part of the governance arrangements for approval with Local Authority colleagues as this forms part of our priority areas for integration.</p> <p>It was noted that Section 11.0 Appendix 1 set out the process for an independent dispute panel with independent Chair. The Committee were informed of the proposed Chairs and GB queried if the suggested Chair from the LA was free from conflict of interest. DF stated she would raise this at the Integrated Commissioning Group for the LA to take away as an action.</p> <p>The committee received the policy.</p>	
	<p><b>Action:</b> <b>CHC Disputes and Resolution Policy</b> DF to raise with LA colleagues at the Integrated Commissioning Group the concern raised re: potential conflict of interest with the LA suggested Chair raised by GB.</p>	DF
17/166	<p><b>EPEG Key Issues – June 2017</b> None</p>	
17/167	<p><b>Key Issues Log (identified in this part of the meeting)</b></p> <ul style="list-style-type: none"> <li>• <b>Joint Quality Committee Terms of Reference and Workplan</b> - A review of ToR (including quoracy) and Work plan to be completed.</li> <li>• <b>Provider Quality &amp; Performance Reports</b> – The committee received and reviewed the provider performance reports. The number of reported SIs relating to community suicides within Mersey Care was highlighted including actions taken for the purposes of assurance.</li> <li>• <b>CHC Operational Policy / CHC Disputes and Resolution Policy</b> – Policies have been approved at the Corporate Governance Support Group and received by the Joint Quality Committee. An issue was raised by a Lay Member around a potential conflict of interest with regard to the suggested individual to jointly Chair the Independent Disputes Panel from the LA perspective – DF to raise this via the Integrated Commissioning Group.</li> </ul>	
17/168	<p><b>Any Other Business</b> None reported.</p>	
	<p><b>Date &amp; Time of Next Meeting</b></p> <p><b>10am – 11am Thursday 26<sup>th</sup> October 2017</b> <b>3A Meeting Room, 3<sup>rd</sup> Floor, Merton House, Stanley Road, Bootle, L20 3DL</b></p>	

## Joint Quality Committee Minutes Part C – NHS South Sefton CCG

Date: Thursday 28<sup>th</sup> September 2017

Venue: Room 3A, 3<sup>rd</sup> 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

Emma Bracewell	Programme Manager Quality & Performance	EB
Brendan Prescott	Deputy Chief Nurse / Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR

### Apologies

Dr Pete Chamberlain	GP Clinical Lead Strategy & Innovation (SSCCG)	PC
Julie Cummins	Clinical Quality & Performance Co-ordinator	JC
Lin Bennett	Practice Manager / Govn. Body Member (SSCCG)	LB
Dr Gina Halstead	GP Clinical Quality Lead (SSCCG)	GH
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FT
Dr John Wray	Governing Body Member (SSCCG)	JR

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

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

### Part C

No	Item	Actions
17/169	<b>Welcome, Introductions &amp; Apologies</b> Apologies received from LB, DrPC, Dr GH, Dr AM and DrJW.	
17/170	<b>Declarations of Interest</b> None reported	
17/171	<b>Minutes &amp; Key Issues from previous meeting</b> Minutes of the meeting and key issues log agreed as an accurate reflection.	
17/172	<b>Matters Arising / Action Tracker</b>  <b>17/142 - AQUA Quarterly Mortality Report – AUH</b> 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. <b>Update:</b> Request made <b>Outcome:</b> Action closed	
47/173	<b>No.17/173 missing from agenda</b>	

No	Item	Actions
17/174	<p><b>M4 CCG Performance Report</b></p> <p>This report presented the committee with the narrative and accompanying provider performance Dashboard. The Quality Committee was asked to receive the report and note the following:</p> <ul style="list-style-type: none"> <li> <p><b>• Aintree University Hospitals NHS Foundation Trust</b></p> <p>AUH have been notified of the change in surveillance level from 'routine' to 'enhanced'. A Quality Risk Profile (QRP) Tool was completed on 22<sup>nd</sup> September 2017 at a meeting co-ordinated by NHSE C&amp;M.</p> <p>Exception commentary discussed and assurances provided that this had been considered as part of the QRP tool meeting.</p> <p>The Quality Team have received and reviewed the AED RCA regarding poor performance and have fed back comments to the CCG Urgent Care Commissioning Manager for feedback to the Trust – this has been sent to NHSE..</p> <p>An improvement in the number of handover delays between ambulance and A&amp;E in excess of 30 minutes was noted.</p> </li> <li> <p><b>• Mersey Care NHS Foundation Trust (Community Services)</b></p> <p>The committee were asked to note the trust is in the early stages of being able to provide information relating to Community Services with only recently becoming the contract holder. There is an ongoing data validation exercise in progress. However, the CPQG have requested staff feedback on how it feels to work for the trust with positive comments being received.</p> </li> </ul>	
17/175	<p><b>Key Issues Log (identified in this part of the meeting)</b></p> <ul style="list-style-type: none"> <li> <p><b>• Provider Performance Reports</b> - Provider performance reports received and reviewed by exception. AUH performance reviewed with reference to the completion of the Quality Risk Profile Tool</p> </li> <li> <p><b>• AUH AED Performance Root Cause Analyses</b> - Received from the provider and reviewed by both the CCG Ops and Quality Teams. Feedback given to the Trust.</p> </li> </ul>	
17/176	<p><b>Any Other Business</b></p> <p>None</p> <p>Advance apologies for next meeting from BP and HR.</p>	
	<p><b>Date &amp; Time of Next Meeting</b></p> <p><b>11am – 12noon Thursday 26<sup>th</sup> October 2017</b></p> <p><b>3A Meeting Room, 3<sup>rd</sup> Floor, Merton House, Stanley Road, Bootle, L20 3DL</b></p>	

# Audit Committees in Common

## Part B: Joint – NHS Southport & Formby CCG and NHS South Sefton CCG Minutes

Wednesday 11<sup>th</sup> October 2017

Part B: 2.30pm to 3pm

3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

<b>Members present – NHS Southport &amp; Formby CCG Audit Committee</b>		
Helen Nichols	Lay Member (Chair)	HN
<b>Apologies: NHS Southport &amp; Formby CCG Audit Committee</b>		
Gill Brown	Lay Member	GB
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>Members present – NHS South Sefton CCG Audit Committee</b>		
Graham Morris	Lay Member	GM
Graham Bayliss	Lay Member	GB
Dr Dan McDowell	Secondary Care Doctor and Governing Body Member	DMcD
Lin Bennett	Practice Manager and Governing Body Member	LB
<b>In attendance</b>		
Martin McDowell	Chief Finance Officer, SFCCG and SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG and SSCCG	AO
Paul Bell	Senior Anti-Fraud Manager, MIAA	PB
Adrian Poll	Audit Manager, MIAA	AP
Robin Baker	Audit Director, Grant Thornton	RB
Debbie Fairclough (for items A17/107-9)	Chief Operating Officer, SFCCG and SSCCG	DF
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer	TK

No	Item	Action
<b>A17/104</b>	<p><b>Introductions and apologies for absence</b></p> <p>It was noted that the role of Chair in Part B (joint CCG section) of the Audit Committees in Common meeting would alternate between the respective Audit Committee Chairs for Southport and Formby CCG and South Sefton CCG. It was agreed that HN would chair Part B of the meeting today.</p> <p>Apologies for absence were received from the following Southport &amp; Formby committee members: Gill Brown and Dr Jeff Simmonds.</p> <p>The Chair noted that the meeting was not quorate for the Southport &amp; Formby Audit Committee and that due to this, GB and JS had been asked to review reports marked for approval in advance of the meeting. GB and JS have confirmed they approve the one report for approval on the agenda for Part B, listed below: <i>A17/108: Review of Remuneration Committee Procedures 2013 – 2017.</i></p> <p>The resolution for item A17/108 will be raised for ratification at the next meeting on 10<sup>th</sup> January 2018.</p>	HN
<b>A17/105</b>	<p><b>Declarations of interest</b></p> <p>Committee members were reminded of their obligation to declare any interest they</p>	



	<p>may have on any issues arising at committee meetings which might conflict with the business of NHS Southport &amp; Formby Clinical Commissioning Group or NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations declared by members of the Southport &amp; Formby Audit Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: <a href="http://www.southportandformbyccg.nhs.uk/about-us/our-constitution">www.southportandformbyccg.nhs.uk/about-us/our-constitution</a>.</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: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG.</p>	
A17/106	<p><b>External Audit Progress Report</b> RB presented the external audit report and noted that a detailed audit plan for each CCG will be presented at the next meeting on 10<sup>th</sup> January 2018. He confirmed the following external audit 2017/18 deadlines for each CCG:</p> <ul style="list-style-type: none"> <li>• 24<sup>th</sup> April 2018: CCGs to submit draft annual report and accounts to external auditors and the Department of Health.</li> <li>• 29<sup>th</sup> May (9am): External audit of each CCG to be completed.</li> </ul> <p>RB provided a summary of some of the work Grant Thornton are doing with other organisations in the sector, including support for GPs looking to transform and operate at scale. It was agreed for the subject of GPs looking to transform and operate at scale to be considered for a future Wider Constituent Group meeting agenda for each of the Sefton CCGs. MMcD to review with Tracy Jeffes (Chief Delivery &amp; Integration Officer at the Sefton CCGs).</p> <p>HN noted that the Audit Committees have historically been given delegated authority by the respective Governing Bodies to approve the annual accounts for each CCG in May. RB confirmed he was satisfied with this approach providing the delegation is in place in each CCG's constitution.</p> <p><b><i>The committee received this report.</i></b></p>	MMcD
A17/107	<p><b>MIAA Internal Audit – Governing Body Reporting</b> It was noted that this item had already been discussed under the MIAA Internal Audit Progress Report item in Part A of the meeting for Southport and Formby CCG. The same would be done under the MIAA Internal Audit Progress Report item in Part C of the meeting for South Sefton CCG.</p> <p><b><i>The committee received this report.</i></b></p>	
A17/108	<p><b>Review of Remuneration Committee Procedures 2013 – 2017</b> DF presented the review of remuneration committee procedures 2013-2017 for Southport and Formby CCG and South Sefton CCG and highlighted the recommendations.</p> <p>For clarity on delegation, the review recommends that the Remuneration Committee handle and approve all matters to do with remuneration except that</p>	

	<p>related to the Chief Officer and Chief Finance Officer. Remuneration matters in respect of the Chief Officer and Chief Finance Officer are to be reserved to the Governing Body following a recommendation by the Remuneration Committee. The Audit Committees supported this approach and agreed that this be proposed for approval to each of the CCG Governing Bodies. DF to action.</p> <p>The review also recommends updating the terms of reference for each Remuneration Committee to ensure they are aligned with the scheme of delegation. The Audit Committees supported this recommendation. The revised terms of reference are to be submitted to each of the CCG Governing Bodies for approval. DF to action.</p> <p>HN noted that NHSE guidance for CCG remuneration for Chief Officers and Chief Finance Officers includes a statement that indicates remuneration committee membership should not include individuals who claim a significant proportion of their income from the CCG. HN highlighted that although she has different work commitments, her role as CCG lay member is her only paid employment, which could potentially preclude her from remuneration committee membership depending on the interpretation of the guidance. Although HN raised this issue in the context of her situation, it was agreed that the issue in general be taken to both Governing Bodies for discussion and resolution.</p> <p><b><i>The Southport and Formby Audit Committee and South Sefton Audit Committee approved the review of remuneration committee procedures 2013-2017 and:</i></b></p> <ul style="list-style-type: none"> <li><b><i>supported the recommendations to revise the Remuneration Committee Terms of Reference</i></b></li> <li><b><i>Confirmed that remuneration matters in respect of the Chief Officer and Chief Finance Officer are reserved to the Governing Body following a recommendation by the Remuneration Committee.</i></b></li> </ul> <p><b><i>** Approval by the Southport &amp; Formby Audit Committee will be ratified at the next Audit Committees in Common meeting on 10<sup>th</sup> January 2018.</i></b></p>	DF  DF  DF
A17/109	<p><b>Policy Tracker</b> MMcD presented the policy tracker and provided an update on the three policies that are out of their review dates: Infertility Policy, Commissioning Policy and Anti-Fraud Bribery and Corruption Policy. A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p> <p><b><i>The committee received this report.</i></b></p>	
A17/110	<p><b>Information Governance Bi-Monthly Report</b> MMcD provided an overview of the Information Governance Bi-Monthly report for the period 1st April 2017 to 29th September 2017.</p> <p>GM commented that he had booked a place for an Information Governance training session, which was subsequently cancelled. MMcD confirmed he would ensure GM was sent a list of future training session dates.</p> <p><b><i>The committee received this report.</i></b></p>	MMcD
A17/111	<p><b>Any other business</b> <u><i>Format of Audit Committees in Common meeting</i></u> GM and HN agreed to review the format of the new Audit Committees in Common meeting and provide feedback to MMcD and TK.</p>	GM & HN

<b>A17/112</b>	<b>Key Issues Review</b> MMcD highlighted the key issues from Part B of the Audit Committees in Common meeting and these will be circulated as a Key Issues Report to the respective Governing Bodies of each of the Sefton CCGs.	
	<b>Date and time of next meeting</b> Wednesday 10 <sup>th</sup> January 2018 1.30pm to 4.00pm 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL	

Approved

# Audit Committees in Common Part C: NHS South Sefton CCG Minutes

Wednesday 11<sup>th</sup> October 2017

Part C: 3pm to 4pm

3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

<b>Members present</b>		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Dr Dan McDowell	Secondary Care Doctor and Governing Body Member	DMcD
Lin Bennett	Practice Manager and Governing Body Member	LB
<b>In attendance</b>		
Martin McDowell	Chief Finance Officer, SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SFCCG	AO
Paul Bell	Senior Anti-Fraud Manager, MIAA	PB
Adrian Poll	Audit Manager, MIAA	AP
Robin Baker	Audit Director, Grant Thornton	RB
<b>Apologies</b>		
Michelle Moss	Local Counter Fraud Specialist, MIAA	MM
Georgia Jones	Manager, Grant Thornton	GJ
<b>Minutes</b>		
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	✓	✓	
Lin Bennett	Practice Manager and Governing Body Member				✓	
Dan McDowell	Secondary Care Doctor	✓	✓	✓	✓	
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	
Leah Robinson	Chief Accountant [On maternity leave from October 2017]	✓	✓	✓		
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓	A	A	A	
Adrian Poll	Audit Manager, MIAA	✓	A	✓	✓	
Ann Ellis	Audit Manager, MIAA	N	A	N	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			✓	A	

No	Item	Action
A17/113	<p><b>Introductions and apologies for absence</b>                      Introductions were made. Apologies for absence were received from Michelle Moss and Georgia Jones. Paul Bell was in attendance on behalf of Michelle Moss and would present her items on the agenda.</p>	
A17/114	<p><b>Declarations of interest</b>                      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:  <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b>                      Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG.</p>	
A17/115	<p><b>Minutes of the previous meetings and key issues</b>                      The minutes of the previous meeting on 13<sup>th</sup> July 2017 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous two meetings.</p>	
A17/116	<p><b>Action points from previous meetings</b></p> <p><b>A17/70 Action points from previous meeting (A17/32 Information Governance Toolkit Review)</b>                      MMcD noted that the CCG is yet to have assurance that confidential information is not going outside the UK. GM asked for this issue to be reported to the CCG's Information Governance lead.</p> <p><b>A17/70 Action points from previous meeting (A17/51 Audit Committee Terms of Reference)</b>                      Lin Bennett (Practice Manager and Governing Body member of South Sefton CCG) has joined the Audit Committee. Action closed.</p> <p><b>A17/71 Losses and special payments</b>                      AO confirmed the agreed process for PLT sponsorship as detailed in the minutes of the last meeting and on the action tracker, has been actioned. Action closed.</p> <p><b>A17/71 Losses and special payments</b>                      The outstanding balance associated with Stocks Hall Care Home Ltd has now been paid. Action closed.</p> <p><b>A17/71 Losses and special payments</b>                      An update on the issue of the outstanding debt associated with Southport &amp; Ormskirk Hospital will be provided under item A17/117. Action closed.</p> <p><b>A17/73 Review of NFI matches</b>                      An update on the review of NFI matches is on the agenda. Action closed.</p>	MMcD

	<p><b>A17/80 Updated Managing Conflicts of Interest and Gifts and Hospitality Policy</b> MMcD confirmed the <i>Managing Conflicts of Interest and Gifts and Hospitality</i> policy is consistent with similar policies issued by the doctors' regulatory bodies. Action closed.</p> <p><b>A17/81 Risk Register and GBAF</b> MMcD has forwarded GM's query to the Leadership Team in relation to whether the scores for the following risks in the GBAF should be higher:</p> <ul style="list-style-type: none"> <li>• <i>Risk 3.1: There is a risk that identified areas of adverse performance are not managed effectively or initially identified.</i> [Score: 8].</li> <li>• <i>Risk 5.1: Community Service currently going through transaction process which increasing risk of instability in services.</i> [Score: 9].</li> </ul> <p>MMcD commented that further moderation work is required on the GBAF which will be carried out by the Leadership Team. To be discussed further under item A17/122. Action closed.</p> <p><b>A17/81 Risk Register and GBAF</b> Action still open. An overall review of all risks on the corporate risk register and GBAF is to be taken to ensure the scores are comparative. To be discussed further under item A17/122.</p> <p><b>A17/87 Any other business Review of Remuneration Committee</b> The outcome of the review of the Remuneration Committee was discussed in Part B of the Audit Committees in Common meeting today. Action closed.</p> <p><b>A17/87 Any other business Joint Audit Committee</b> It was noted that although the respective Audit Committees of the Sefton CCGs will now be meeting as an Audit Committees in Common, they will remain as two separate statutory audit committees. Therefore the terms of reference for each audit committee will remain unchanged. Action closed.</p> <p><b>A17/87 Any other business Joint Audit Committee</b> Meetings of the Audit Committees in Common for the Sefton CCGs have now been arranged. Action closed.</p>	
A17/117	<p><b>Losses and Special Payments</b></p> <p>AO reported that no balances had been identified for write-off since the last Audit Committee meeting on 13<sup>th</sup> July 2017. No special payments have been recorded since the last Audit Committee meeting.</p> <p>AO reported there are two outstanding invoices greater than £5k and over 6 months as at 30<sup>th</sup> September 2017:</p> <ol style="list-style-type: none"> <li>1) Southport &amp; Ormskirk Hospital NHS Trust (£72,208 – related to CQUIN for 2015/16).</li> <li>2) NHS England (£9,230 related to a salary recharge to NHS England for quarter 4 of 2016/17).</li> </ol> <p>GM enquired about progress with settling the debt associated with Southport &amp; Ormskirk Hospital NHS Trust since a letter was issued in April 2017 to confirm the CCG is still awaiting full and final settlement of this invoice. MMcD provided</p>	

	<p>an update regarding the Trust's total outstanding debt for the financial years 2015/16 and 2016/17. MMcD indicated that in response to recent discussions with NHS England, a further and final letter would be sent to the Trust, outlining the CCG position and seeking resolution as soon as possible. The committee were supportive of this approach.</p> <p><b><i>The committee received this report.</i></b></p>	
<b>A17/118</b>	<p><b>Audit Committee Recommendations Tracker</b> AO presented the recommendations tracker. She referred to the Better Care Fund table and confirmed that the action related to reporting – risk registers is now complete; BCF risks will be reported to the Health &amp; Wellbeing Board.</p> <p>In reference to HMRC Office Holder Contracts, AO confirmed the CCG is still awaiting final confirmation from the HMRC that they accept that payments have been made in good faith.</p> <p><b><i>The committee received this report.</i></b></p>	
<b>A17/119</b>	<p><b>Review of NFI matches</b> AO reported that the finance team are continuing to review the issues identified with 37 National Fraud Initiative (NFI) mismatches, relating to duplicated invoice amounts, creditor references, creditor names or supplier addresses.</p> <p>GM enquired about a match currently under investigation in relation to procurement – payroll to Companies House (Director). AO to send further information on this to GM.</p> <p><b><i>The committee received this report.</i></b></p>	AO
<b>A17/120</b>	<p><b>MIAA Internal Audit Progress Report</b> AP provided an overview of the Internal Audit Progress Report. He reported that two MIAA reviews have been completed since the last meeting on 13<sup>th</sup> July 2017:</p> <ol style="list-style-type: none"> <li>1. Review on Continuing Healthcare (CHC): a positive conclusion has been reached with significant assurance on the arrangements in place for determining eligibility and provision of NHS CHC in compliance with the National Framework through evaluation of local procedures and arrangements.</li> <li>2. Review on Governing Body reporting: a positive conclusion has been reached with significant assurance that the reports to the Governing Body provide sufficient information to enable the organisation to meet its statutory and business objectives.</li> </ol> <p>GM noted that a key area agreed for action, in relation to Governing Body reporting, is to ensure that the reporting requirements of the approved committees are being accomplished. To help achieve this, GM offered to produce annual reports for the Remuneration Committee and Approvals Committee, which he also chairs. He confirmed he would speak to Fiona Taylor (Chief Officer) about this.</p> <p>RB commended the significant assurance received for the CHC review, in the context of his role reviewing other CCGs, noting that it was rare to receive reports rated with 'significant assurance' on this issue.</p>	GM

	<p>AP confirmed that internal audit progress is in line with plan.</p> <p><b><i>The committee received this report.</i></b></p>	
<b>A17/121</b>	<p><b>Anti-Fraud Progress Report</b> PB presented the MIAA Anti-Fraud Progress Report for the period April to September 2017. He noted two items for attention:</p> <ol style="list-style-type: none"> <li>1. Changes to NHS Protect</li> <li>2. National Fraud Initiative</li> </ol> <p>PB provided a brief summary of these items and proposed actions as detailed in the report.</p> <p>PB reported that in accordance with the Anti-Fraud Workplan 2017/18, a proactive detection exercise has been undertaken by the Anti-Fraud Specialist (AFS) in the area of Minor Ailments. The AFS has produced a report with recommendations. MMcD confirmed he is working with the CCG's head of medicines management to provide comments on this report.</p> <p>PB noted that there is a current active investigation into fraud by false representation, which is pending closure. MMcD confirmed he has written to the individual concerned and asked them to contact MM to discuss the matter further.</p> <p><b><i>The committee received this report.</i></b></p>	
<b>A17/122</b>	<p><b>Corporate Risk Register and Governing Body Assurance Framework (GBAF)</b> MMcD presented the Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF), and confirmed that both would be presented at the Governing Body meeting on 2<sup>nd</sup> November 2017.</p> <p><u>Corporate Risk Register</u></p> <p>MMcD referred to risk SS023 (delays in specialist review of referrals may result in a potential risk to patients) in the CRR and commented he did not think this should be scored as high as 16, which he has reported to the CCG's Leadership Team. He confirmed that further moderation work on the Corporate Risk Register will be undertaken by the Leadership Team. He noted that the risks will be presented in a matrix format in due course which will provide an overall comparative view.</p> <p><u>Governing Body Assurance Framework (GBAF)</u></p> <p>GM commented that the principle risks associated with the following strategic objective should be scored higher than 16. <i>To focus on the identification of QIPP (Quality, Improvement, Productivity &amp; Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target.</i></p> <p>It was noted that further moderation work on the GBAF will be carried out by the Leadership Team, with review of current scores.</p> <p>GM noted that both CRR and GBAF documents had been submitted to the Audit Committee in draft format with further work to be carried out. He noted the</p>	



	<p>importance of final versions being submitted to the Audit Committee for comments prior to submission to the Governing Body.</p> <p><b><i>The committee approved the updates to the CRR and GBAF but noted further moderation work and review of risks need to be undertaken with the CRR and GBAF.</i></b></p>	
A17/123	<p><b>Register of Interests</b> MMcD presented the draft Register of Interests, pending review following the latest submission of declaration of interest returns.</p> <p>Some inaccuracies were noted in the register, which will be forwarded to the Governance team to rectify.</p> <p>LB queried whether every GP from a member practice was required to complete a declaration of interest form. If this was required, LB commented that the number of declarations in the register did not seem to reflect the number of GPs in member practices in South Sefton CCG. MMcD to discuss this issue with Andy Mimmagh, Chair of the CCG.</p> <p><b><i>The committee received this report.</i></b></p>	<p>TK</p> <p>MMcD</p>
A17/124	<p><b>Key Issues of other committees</b></p> <ul style="list-style-type: none"> <li>• Finance and Resource Committee, June and July 2017</li> <li>• Joint Quality Committee, July and August 2017</li> </ul> <p><b><i>The committee received the key issues of the Finance and Resource Committee and Joint Quality Committee meetings.</i></b></p>	
A17/125	<p><b>Key Issues of other committees</b></p> <ul style="list-style-type: none"> <li>• Approvals Committee July 2017</li> </ul> <p>MMcD reported that an Approvals Committee meeting took place on 6<sup>th</sup> July 2017 to discuss the Access Validation Phase 2 Local Quality Contract. He noted that the committee ratified the process undertaken by the Validation Panel to determine the rationale used for the achievement of Primary Care Access Part 1.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
A17/126	<p><b>Any other business</b> GM noted that DMcD would be leaving the Governing Body at the end of this year, which meant this was the last Audit Committee meeting he would attend. GM thanked DMcD for his work as a member of the Audit Committee.</p>	
A17/127	<p><b>Key Issues Review (issues identified from this part of the meeting)</b> MMcD highlighted the key issues from Part C of the Audit Committees in Common meeting and these will be circulated as a Key Issues Report to the Governing Body.</p>	
	<p><b>Date and time of next meeting</b> Wednesday 10<sup>th</sup> January 2018 1.30pm to 4.00pm 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL</p>	

## SS NHSE Joint Commissioning Committee Approved Minutes – Part I

Date: Thursday 22<sup>nd</sup> June 2017, 9.30am to 11.00am  
 Venue: Room 3A, Merton House, Stanley Road, Bootle, L20 3DL

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Chair)	GB
Graham Morris	SS CCG Lay Member	GM
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	JL
Dr Craig Gillespie	SS CCG Clinical Vice Chair	CG
Susanne Lynch	S&F CCG Head of Medicines Management	SL
Brendan Prescott	Deputy Chief Nurse and Quality Officer	BP
Alan Cummings	NHSE Senior Commissioning Manager	AC
<b>Attendees:</b>		
Sharon Howard	Programme Manager General Practice Forward View	SH
Angela Price	Primary Care Programme Lead	AP
Maureen Kelly	Healthwatch Sefton	MK
Dwayne Johnson	Sefton MBC Director of Social Services and Health	DJ
Joe Chattin	Sefton LMC	JC
Anne Downey	NHSE Finance	AD
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	RMc
Jan Hughes	NHSE Assistant Contract Manager	JH
<b>Minutes</b>		

**Attendance Tracker**      ✓ = Present      A = Apologies      N = Non-attendance      C= Cancelled

Name	Membership	June 17	Aug 17	Oct 17	Dec 17
<b>Members:</b>					
Graham Bayliss	SS CCG Lay Member (Chair)	✓			
Graham Morris	SS CCG Lay Member	N			
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	✓			
Dr Craig Gillespie	SS CCG Clinical Vice Chair	✓			
Susanne Lynch	S&F CCG Head of Medicines Management	N			
Brendan Prescott	Deputy Chief Nurse and Quality Officer	N			
Alan Cummings	NHSE Senior Commissioning Manager	N			
<b>Attendees:</b>					
Sharon Howard	Programme Manager General Practice Forward View	✓			
Angela Price	Primary Care Programme Lead	N			
Maureen Kelly	Healthwatch Sefton	N			
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N			
Joe Chattin	Sefton LMC	N			
Anne Downey	NHSE Finance	N			
Joe Chattin	Sefton LMC	N			
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	✓			
Jan Hughes	NHSE Assistant Contract Manager	A			

No	Item	Action
SFNHSE 17/01	<p><b>Introductions and apologies</b> Apologies were received as noted above.</p>	
SFNHSE 17/02	<p><b>Declarations of interest regarding agenda items</b> Committee members are 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 Southport and Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website.</p> <p><i>CG declared an interest as he is a local GP.</i></p>	
SFNHSE 17/03	<p><b>Minutes of the previous meeting</b> There were no minutes from the April Committee, as there was a demonstration of the Primary Care Dashboard. Therefore there is also no Part 2 Committee to be held today.</p>	
SFNHSE 17/04	<p><b>Action points from the previous meeting</b> As above, no action points were raised at the previous Committee meeting.</p>	
SFNHSE 17/05	<p><b>Primary Care Risk Register</b> It was agreed to restore item 1 regarding a task and finish group</p>	
SFNHSE 17/06	<p><b>Report from Operational Group and Decisions made</b> There was a discussion around funding and the possible reasons for some areas receiving greater allocations than others. NHSE agreed to share information regarding finances but are unable to attend monthly meetings. There was a request that Anne Downey attend the next meeting to discuss further.</p> <p>It was noted that Exec to Exec meetings are taking place regarding the Trust and the pushback of Uncommissioned work onto primary care.</p> <p>A discussion took place about list closures in South Sefton.</p>	
SFNHSE 17/07	<p><b>Joint Commissioning Status</b> It was noted that the CCG has now attained Joint Commissioning status. There was a discussion around whether to hold a mutual Joint Committee with SSCCG, SFCCG and NHSE.</p>	
SFNHSE 17/08	<p><b>Hightown Surgery- Outcome of Consultation</b> The outcome of the extraordinary committee meeting was confirmed. The agreement was a recommendation to go out to procurement.</p>	
SFNHSE 17/09	<p><b>GPFV</b> NHSE have received the CCG updated Operational Plans. They will review and provide feedback.</p>	
SFNHSE 17/10	<p><b>Any Other Business</b> The Clinical Pharmacy report was raised and discussed. The committee were not aware of local appetite for the scheme. It was noted that UC24 as new providers for the APMS practices, may be interested in pursuing this.</p>	

	<b>Date of next meeting</b> Thursday 2 <sup>nd</sup> November 2017, 9.30am to 11.00am Room 3B, Merton House, Stanley Road, Bootle, L20 3DL	
<b>Please note there was no Part 2 for this Committee.</b> <b>Meeting Concluded.</b>		

## SS NHSE Joint Commissioning Committee Approved Minutes – Part I


Date: Thursday 2<sup>nd</sup> November 2017, 9.30am to 11.00am  
 Venue: Room 3B, Merton House, Stanley Road, Bootle, L20 3DL

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Chair)	GB
Graham Morris	SS CCG Lay Member (Vice Chair)	GM
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	JL
Dr Craig Gillespie	SS CCG Clinical Vice Chair	CG
Susanne Lynch	S&F CCG Head of Medicines Management	SL
Brendan Prescott	Deputy Chief Nurse and Quality Officer	BP
Alan Cummings	NHSE Senior Commissioning Manager	AC
<b>Attendees:</b>		
Sharon Howard	Programme Manager General Practice Forward View	SH
Angela Price	Primary Care Programme Lead	AP
Maureen Kelly	Healthwatch Sefton	MK
Dwayne Johnson	Sefton MBC Director of Social Services and Health	DJ
Joe Chattin	Sefton LMC	JC
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	RMc
Jan Hughes	NHSE Assistant Contract Manager	JH
<b>Minutes</b>		
Louise Taylor	SFCCG Commissioning Manager	LT

**Attendance Tracker**      ✓ = Present      A = Apologies      N = Non-attendance      C= Cancelled

Name	Membership	June 17	Aug 17	Oct 17	Dec 17
<b>Members:</b>					
Graham Bayliss	SS CCG Lay Member (Chair)	✓	✓		
Graham Morris	SS CCG Lay Member (Vice Chair)	N	A		
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	✓	✓		
Dr Craig Gillespie	SS CCG Clinical Vice Chair	✓	✓		
Susanne Lynch	S&F CCG Head of Medicines Management	N	A		
Brendan Prescott	Deputy Chief Nurse and Quality Officer	N	A		
Alan Cummings	NHSE Senior Commissioning Manager	N	✓		
<b>Attendees:</b>					
Sharon Howard	Programme Manager General Practice Forward View	✓	✓		
Angela Price	Primary Care Programme Lead	N	✓		
Maureen Kelly	Healthwatch Sefton	N	✓		
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N		
Joe Chattin	Sefton LMC	N	N		
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	✓	✓		
Jan Hughes	NHSE Assistant Contract Manager	A	A		

No	Item	Action
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SFNHSE 17/12	<p><b>Apologies for absence</b> Apologies were received as noted above.</p>	
SFNHSE 17/13	<p><b>Declarations of interest regarding agenda items</b> GB reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Southport and Formby Clinical Commissioning Group.</p> <p>Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website.</p>	
SFNHSE 17/14	<p><b>Minutes of the previous meeting</b> These were agreed as an accurate record.</p>  <p>20170622 SFNHSE MINUTES Part 1 - Apr</p>	
SFNHSE 17/15	<p><b>Action points from the previous meeting</b> There were no actions carried forward from the previous meeting.</p>	
SFNHSE 17/16	<p><b>Report from Operational Group and Decisions made</b> At the last Operational Group, it was highlighted that a number of informal list closures were in operation. There was a long discussion about these. It was noted that issues with PCSE are causing operational difficulties for practices. Tom Knight acknowledged this and will escalate. The PCSE steering group will now meet on a quarterly basis. It was noted that this should be highlighted as a key issue.</p> <p>Issues were raised around staffing at one of the Crosby practices. A process is in place to escalate concerns to NHS England. It was agreed that this should be added to the Risk Register.</p>	LT
SFNHSE 17/17	<p><b>Winter Resilience</b> CCG's are being asked to confirm to NHSE whether any additional capacity is available over winter. The CCG does have GP streaming at UHA and Clinical Assessment in place. There is currently nothing in the LQC around extended hours. NHSE were asked about the possibility of freezing QOF with practice pay being based on the previous year's achievement- awaiting a response. However it was noted that it was unclear as to whether this would be beneficial.</p> <p>It was agreed that it would be beneficial to discuss this in localities, with regards to business continuity for pandemic flu planning etc. NHSE are to clarify pandemic flu plans.</p>	AC
SFNHSE 17/18	<p><b>Review Terms of Reference</b> Vice Chair is to be changed from Jan Leonard to Graham Morris. No further changes were required.</p>	

SFNHSE 17/19	<p><b>GPFV</b></p> <ul style="list-style-type: none"> <li>• International Recruitment- The application deadline is 30<sup>th</sup> November. Recruitment will now be handled nationally. CCG's must submit information on evidence of need; reasons to live and work in the area; integration and retention; and measures to support GP's and practices. There has been work done locally to look at vacancies and succession planning. The Cheshire and Merseyside application will be for 123 GP's. Practices have to commit to employing the GP, and there is a 9-12 month recruitment process. The International GP will have a 3 month period of observership (funded by NHSE) then will be able to work independently. NHSE are looking at a programme of work and pastoral support for 6months-2years. There is new guidance that suggests practices will be able to participate in the interview process to ensure suitable candidates are matched to receiving surgeries. There was a suggestion that recruiting practices consider offering 3 year fixed term contracts in the first instance. GB suggested contacting Inward Investment for information that could be used in our communications wording about the Sefton area. <p>NHSE have put together packs for each area. Discussion around salaries and appointment length. It was requested that NHSE make it clear to practices that the GP's will not be ready to practice when they first arrive and will need support and observership initially.</p> </li> <li>• ETTF There are 2 bids for Crosby and 1 for Maghull, for which approval is still awaited. The local Council are consulting on proposed changes for Children &amp; Families Centres and it was suggested that there could be mutually beneficial opportunities to work closer. JL to obtain update from MMcD</li> <li>• Resilience The fund was oversubscribed with 2 practices receiving funding.</li> </ul>	<p>LT</p> <p>SH</p> <p>JL</p>
SFNHSE 17/20	<p><b>Any Other Business</b></p> <p><i>Matters previously notified to the Chair no less than 48 hours prior to the meeting.</i></p> <p>MK informed the group that Healthwatch are in the process of recruiting a volunteer to attend the SS committee in future.</p>	
SFNHSE 17/21	<p><b>Date of Next Meeting:</b></p> <p>Thursday 21<sup>st</sup> December 2017 9.30am to 11.00am Room 3A, Merton House, Stanley Road, Bootle, L20 3DL</p>	
<b>Meeting Concluded.</b>		