

Governing Body Meeting in Public Agenda

Date: Thursday 5 July 2018, 13:00 hrs to 15:50 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

13:00 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.

13:15 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 Craig Gillespie	Acting Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
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
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
Co-opted Members		
Matthew Ashton	Director of Public Health <i>(co-opted member)</i>	MA
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
Member Apologies		
Dr Andrew Mimmagh	Chair & GP Clinical Director	AM

‘Well Sefton’
Presentation by Steve Gowland, Public Health Lead

‘Sefton Community First Offer’
Presentation by Andrea Watts, Head of Communities

Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
General					13:45hrs
GB18/101	Apologies & Welcome	Chair	Verbal	Receive	5 Mins
GB18/102	Declarations of Interest	Chair	Verbal	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB18/103	Minutes of previous meeting 3 May 2018	Chair	Report	Approve	
GB18/104	Action Points from previous meeting 3 May 2018	Chair	Report	Approve	
GB18/105	Business Update	Chair	Verbal	Receive	5 mins
GB18/106	Chief Officer Report	FLT	Report	Receive	10 mins
Finance and Quality Performance					14:05hrs
GB18/107	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	40 mins
GB18/108	Integrated Performance Report	BW/ MMcD/DCF	Report	Receive	
Governance					14:45hrs
GB18/109	Joint QIPP and Financial Recovery Committee Terms of Reference	DFair	Report	Approve	25 mins
GB18/110	Safeguarding Children's and Adults at Risk Policy	Karen Garside/ DCF	Report	Approve	
GB18/111	Audit Committee Annual Report 2017/18	GM	Report	Receive	
GB18/112	Audit Committee Terms of Reference	MMcD	Report	Approve	
GB18/113	Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map	GM/MMcD	Report	Receive	
Sefton Transformation Programme					15:10hrs
GB18/114	Sefton Place Based Estates Strategy	MMcD	Report	Approve	30 mins
GB18/115	NHS Health Checks in Sefton	Charlotte Smith	Report	Receive	
For Information					15:40hrs
GB18/116	Key Issues Reports: a) Finance & Resource Committee (F&R): March 2018 b) Quality Committee: February and April 2018 c) Audit Committee: None d) Joint Commissioning Committee PTI: April 2018	Chair	Report	Receive	5 mins
GB18/117	Approved Minutes: a) Finance & Resource Committee (F&R): March 2018 b) Joint Quality Committee: February and April 2018 c) Audit Committee: None d) Joint Commissioning Committee PTI: March 2018 e) CIC Realigning Hospital Based Care: February and April 2018	Chair	Report	Receive	
GB18/118	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB18/119	<p>Date of Next Meeting</p> <p>Thursday 6th September 2018, 13:00 hrs in the Boardroom, 3rd Floor, Merton House.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Thursday of the month. Dates for 2018/19 are as follows:</p> <p>1st November 2018 7th February 2019 4th April 2019 6th June 2019 5th September 2019</p> <p>All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3rd Floor Merton House.</p>				
Estimated meeting close					15:50 hrs

Motion to Exclude the Public:

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

Governing Body Meeting in Public Draft Minutes

Date: Thursday 3rd May 2018, 13:00 to 15:40 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

Dr Craig Gillespie	Clinical Vice Chair (and Interim Chair)	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
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
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	MK
Dr Sunil Sapre	GP Clinical Director	SS
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

In Attendance

Tracy Jeffes	Director of Corporate Services	TJ
Jan Leonard	Director of Redesign and Commissioning	JL
Charlotte Smith	Consultant in Public Health, Sefton MBC	CS
Andy Woods	Senior Governance Manager	AW
Judy Graves	<i>Minutes</i>	

Quorum: Majority of voting members.

Name	Governing Body Membership	May 17	July 17	Sept 17	Nov 17	Feb 18	Mar 18	May 18
Dr Andrew Mimmagh	Chair & GP Clinical Director	✓	✓	✓	✓	A	A	A
Dr Craig Gillespie	Clinical Vice Chair & GP Clinical Director	✓	✓	✓	✓	✓	✓	✓
Graham Morris	Vice Chair & Lay Member - Governance	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓	✓
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	✓	✓	✓	✓	✓
Gina Halstead	GP Clinical Director					✓	✓	✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A	A	✓	✓	✓	A	✓
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	✓	N	N	✓	✓	✓	A
Dr Dan McDowell	Secondary Care Doctor	✓	A	✓	A			
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	A	✓
Dr Ricky Sinha	GP Clinical Director	A	A	A	✓	A	N	A
Dr Sunil Sapre	GP Clinical Director	✓	✓	✓	✓	A	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor					A	✓	A
Fiona Taylor	Chief Officer	✓	A	✓	✓	✓	✓	✓
Dr John Wray	GP Clinical Director	A	A	A	✓	A	A	✓

No	Item	Action
General		13:05hrs
Questions from the Public	<p>1. NHS England has set out the level of service patients should expect from their GP's in relation to patient choice by 2020. Are the GP practices in South Sefton committed to achieving this target?</p> <p>The Chair confirmed that it is the GP's role to work with the patient to put a manageable plan in place, this being basic general practice responsibility. The GP refers the patient to other providers, thus offering choice to the patient. This has been in practice for sometime. However this is now more formalised following paper switch off and introduction of the e-referral system.</p> <p>The member of the public explained that they were aware that a patient was being told by their GP that a referral letter would be received in the post.</p> <p>The Chair clarified that general practice was commissioned via NHSE and not the CCG.</p> <p>The Chair confirmed that he was able to respond as a GP and by doing so it did not conflict any interest given that the response was for information.</p> <p>The Chair confirmed that when a patient is with a GP, is it normal and expected practice for the GP to look at the treatment opportunities available to the patient whilst the patient is present. In doing so it provided opportunity to record an additional patient choice, should the first option not be available although the amount of choice is between the patient and GP, with choices being a mixture of independent and NHS providers.</p> <p>The member of the public asked if it was down to each practice as to whether or not they abide by good practice.</p> <p>The Chair confirmed it was at the discretion of the practice.</p> <p>The Chair advised that if the member of the public was experiencing the methods they had mentioned then this should be highlighted to the practice in the first instance. Then, if no change, it can be reported to the CCG or NHSE.</p> <p>2. Does the specification for the adult health check programme include screening for atrial fibrillation (AF) with modern technology e.g. hand held ECG? If no, could the specification be changed to include this?</p> <p>Charlotte Smith, attending on behalf of Helen Armitage and Matthew Ashton, confirmed that there was currently a national specification and this did not include checks for AF, although could be a future option.</p> <p>The Chair clarified that concerns regarding AF in South Sefton were slight as checks were carried out by GPs and the contract from the CCG to local GP's to carry out palpation. However, the Chair and FLT agreed that, with the Health Checks moving out of general practice and into Health and Wellbeing, it was vital that the 'whole care' was joined up.</p>	
Presentation	<p>Sefton Transformation</p> <p>FLT gave a presentation on the health care economy for South Sefton CCG. This included the localities, the spend, the breakdown of that spend and challenges facing the CCG. FLT highlighted the efficiencies that had been made between 2016 and 2018 and emphasised that the focus now needed to be on</p>	

No	Item	Action
	<p>assuring ourselves of the effectiveness of the services we commission.</p> <p>The members and the public were reminded of the CCGs co-commissioning status with NHSE and the plans in place to move to full delegation for Primary Care commissioning which will help bring the whole resource back into the borough of Sefton. This is important in the ability to work as a whole system.</p> <p>FLT referred to the Health and Wellbeing indicators in Sefton for 2016 and the statistical significance of each indicator compared to the England average. This highlighted the worst areas for Sefton and significant health inequalities.</p> <p>As demand across health and social care services is rising faster than budgets, it is recognised that the health care system needs to change. To accomplish this, providers need to work closer together, pool experience and expertise, focus on preventing ill health and avoid unnecessary hospital admissions. With the intention being to deliver the vision by integrating delivery of the health and social care services and by focussing on prevention, early identification and supported self-management, where hospital based care is minimised.</p> <p>FLT described the proposed model of delivery, as outlined in the presentation.</p>	
GB18/69	<p>Apologies & Welcome</p> <p>Apologies were received from Dr Andrew Mimmagh, Maureen Kelly, Dr Jeff Simmonds and Dr Ricky Sinha. Reference was made to the apologies received from Dr Sinha and the Chair and FLT highlighted the need for discussion in relation to attendance and governance.</p> <p>Dwayne Johnson added his apologies, advising he would need to leave the meeting early due to a meeting clash.</p> <p>Charlotte Smith attended on behalf of Matthew Ashton and Helen Armitage.</p> <p>Dr Craig Gillespie, Clinical Vice Chair, continued as Interim Chair in the absence of Dr Andrew Mimmagh. The Chair confirmed the meeting as quorate.</p>	13:25hrs
GB18/70	<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Martin McDowell, Debbie Fagan, Fiona Taylor. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
GB18/71	<p>Minutes of Previous Meeting held on 7 March 2018</p> <p>The minutes of the meeting held 7 March 2018 were approved.</p>	
GB18/72	<p>Action Points from Previous Meeting held on 7 March 2018</p> <p><u>GB18/42: Minutes of Meeting 1st February 2018</u></p> <p>Confirmation received that the £3.6m figure was correct although wording slightly changed. Was noted that this did not change the context of the discussion or any action required.</p> <p><u>GB18/43: Action Points from Previous Meeting held on 1st February 2018</u></p> <p>GB18/06: 360 Share Stakeholder feed-back in Chief Officer report.</p>	<p>Complete</p> <p>Complete</p>

No	Item	Action
	<p>GB18/08: Mental Health Performance Report on the deep dive exercise presented to the development session.</p> <p>GB18/12: Action in relation to the revised wording in the Joint Committee Terms of Reference on the Governing Body agenda.</p> <p><u>GB18/47: Integrated Performance Report</u></p> <p>Mental Health Concern was raised at the issues relating to the Crisis Team and that these had not been communicated. Letters had been sent to GP's however these had not been clear. The Chair highlighted concern as a GP, that access to the IAPT service seemed more challenging. The members requested the comments be fed back to the service. JL confirmed that the letters were in relation to breaches of NHS standard contract. These have been agreed to be picked up with Exec to Exec with Aintree University Hospital Trust.</p> <p><u>GB18/50: Annual Accounts Process 2017/18 - Governing Body Member's Declaration</u></p> <p>Following agreement at the governing body meeting, members to be contacted to obtain their declaration by e-mail. MMcD confirmed that the members had been contacted and all responses received.</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>
GB18/73	<p>Business Update</p> <p>CG continued to act as Chair for Dr Mimmagh who is currently unwell.</p> <p>CG highlighted the report received from MIAA in relation to Conflicts of Interest audit. Most areas had achieved fully compliant. However, one area for improvement had been highlighted as the documenting of declarations raised at meetings and the need for such to be clarified fully so as to enable such to be minuted. MMcD added that the CCG needed to ensure that the actions of the Chair were clarified and recorded.</p> <p>A discussion was had on the process currently in place for declaring conflicts of interest, including the declaration form that is circulated with the agenda and papers. It was recognised that it was sometimes difficult for declarations to be made six days in advance of the meeting and, when presented on the day, this then posed a challenge for the Chair in ensuring the conflict was dealt with appropriately. Consideration was being given to a planned response template, this being in addition to the declarations form.</p> <p>The members were highlighted to the World Sepsis Day being held in September. The CCG were on a six month countdown plan that included a Communications Strategy which covered different aspects of sepsis each month leading up to the event.</p> <p>The members were reminded of the Conflicts of Interest training launched by NHSE and developed in collaboration with NHS Clinical Commissioners. The intention of the training was to raise awareness of the risks of conflicts of interest and how to identify and manage them. The training participants had been contacted directly with a deadline date of 31st May 2018.</p> <p>RESOLUTION: The governing body received the update.</p>	
GB18/74	<p>Chief Officer Report</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 staff are continuing to focus their efforts on implementation of schemes and identifying new opportunities.</p> <p>The CCGs Corporate Objectives have been augmented for 2018/19 and as discussed at the Governing Body Development Session held in April 2018.</p> <p>DJ gave apologies and vacated the meeting (2:05hrs).</p> <p>Further thanks were given to MMcD and the finance team on the timely resubmission of the Financial Plan for 2018/19. Further discussion would take place in the PTII section of the meeting.</p> <p>FLT reported on the mainly positive narrative received from respondents to the 360 Stakeholder Survey. This was discussed in conjunction with the staff away day recently held and the work being done by GB and TJ to bring the results and work together. The involvement of the CCG in the Commissioning Capability Programme will assist this process. Further discussion on the survey results will be discussed at the next development session being held in June.</p> <p>Chapel Lane Surgery has now taken over Hightown Surgery after the initial procurement failed to identify a provider.</p> <p>An update was given on the improved locality reports. These were now more comprehensive. It was recognised that the level of local data able to be included was dependent on the measure.</p> <p>FLT identified two additional items for verbal update:</p> <p><u>Commissioning Capability Programme:</u> A Commissioning Capability Programme was being run by NHSE and had been offered to those CCG's facing financial challenges. The CCG were participating in wave 2, which would also pick up on the learning from wave 1.</p> <p>Ten CCG individuals were participating and included the Leadership Team, CG as interim Chair for South Sefton CCG and Rob Caudwell as Chair of Southport & Formby CCG. Two places had also been offered to the local authority. The programme would be looking at five main areas covering Building Sustainable Strategies, Governance, Execution, Implementation and Finance and aimed to support the CCGs commissioning systems to increase their capacity and capability.</p> <p>The benefit and outcome of the programme would be presented to a future governing body meeting as and when the 12 week programme had concluded and the benefit and outcome crystallised.</p> <p><u>NHS 70th Birthday 5th July 2018</u> FLT highlighted the members and the public to the NHS 70th Birthday date being the same week as the July governing body meeting and suggested part of the meeting be used to celebrate the event.</p> <p>Resolution: The governing body received the report.</p>	
GB18/75	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>The governing body were presented with the QIPP report which provided 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.</p>	

No	Item	Action
	<p>MMcD presented the dashboards that showed the CCGs performance to date in respect of the QIPP plan and as at month 12. The opening plan required delivery of £8.5 efficiency savings, with an actual year to date saving at month 12 of £2.8m, with the main areas of delivery being Medicines Management and Medicines Optimisation. Thanks were given to the GP practices and the Medicines Management Team for the achievements made.</p> <p>Resolution: The governing body received the report.</p>	
GB18/76	<p>2018/19 Revised Budgets</p> <p>MMcD presented members with an update to the 2018/19 Budgets previously presented and approved in March 2018 at the PTII Private section of the meeting.</p> <p>The members were briefed on the changes made following approval, with the main changes relating to the budgets following the outcome of contract negotiations, changes to CCG allocations and the final outturn for 2017/18.</p> <p>The opening QIPP target to achieve the £1m surplus in £2018/19 is £5.329m. The CCG has a fully identified QIPP plan although a high proportion of schemes are considered to be high risk at this stage, value being £3.309m.</p> <p>The members were highlighted to:</p> <ul style="list-style-type: none"> - The additional funding received through additional allocation - The high risk expenditure arrangements which would need further discussion at the June Development Session. <p>A further discussion was had in relation to the increase in expected savings exceeding inflation and the impact on primary care in relation to workforce. It was considered that, in real terms, this equated to a further cut in funding. Furthermore, the importance of recording conflicts of interests was asked to be noted in relation to the involvement of the wider members and strategic development.</p> <p>Resolution: The governing body received the report.</p> <p>As identified in section 4 of the report (page 30):</p> <ol style="list-style-type: none"> 1. The Governing Body approved the CCGs revised budgets for 2018/19, noting the changes since the budget was approved in March 2018. 2. The Governing Body noted the value of the QIPP requirement of £5.329m and the need for a robust deliverable plan if it is to meet its statutory financial obligations in 2018/19. 3. The Governing Body recognised that in approving these budgets, the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to: <ul style="list-style-type: none"> • Provide leadership required to deliver change • Be clear on the risk adjusted pressures arising from QIPP scheme RAG ratings • Make real savings during the year, through service reduction and redesign. 	

No	Item	Action
GB18/77	<p>Integrated Performance Report</p> <p>Becky Williams (BW) presented the governing body with a report which provided summary information on the performance, quality and finance for South Sefton and highlighted the executive summary on pages 48 to 50 and summary dashboard on page 41 of the meeting pack. The members were taken through the report with the following areas highlighted;</p> <p>Planned Care</p> <p>The CCG failed the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in February, with 90.12% and is currently failing year to date at 91.25% due to lower rates in May, June and July. In February there were 8 breaches out of a total of 81 patients.</p> <p>Aintree achieved the 93% breast target for February reaching 93.19% and also failing year to date 91.91%. In February, out of 235 patients there were 16 breaches. The majority of breaches were due to patient choice.</p> <p>Aintree failed the 94% target for 31 day wait for subsequent treatment (surgery) in February recording 93.33% and are also under plan year to date (91.54%). In February there were 2 breaches out of a total of 30 patients. Of the two breaches, one was an Upper GI patient whose pathway breached due to theatre capacity. The second patient had a complex sarcoma which required two surgeons to operate. Actions have been identified, as detailed on page 68 of the meeting pack. These have been discussed at a meeting held in North Mersey on 30th April. The CCG is currently awaiting a copy of the meeting notes in relation to an update on the identified actions. These will be included in the next report.</p> <p>FLT referred to the Long Waiter analysis on page 63. The CCG have a duty to patients to be seen within 18 weeks. Page 63 shows that there are circa 1000 patients over the 18 week threshold. The members raised concern at this figure and questioned what more could be done to understand the reasons for such and how improvements can be made. BW to organise a deep dive on the analysis and present to the next Development Session.</p> <p>Mental Health</p> <p>For a third month the dementia diagnosis rate for South Sefton CCG has continued to drop. A recovery plan has been submitted to NHS England and a number of actions are underway, including the development of a Sefton CCGs dedicated website for General Practice and a planned data cleansing exercise. The members queried if the drop was a result of capacity issues. BW advised that none had been highlighted. Further queries were raised by GH and PC including the benchmarking of referrals against other areas, any rise or fall in referrals and what the differential after going to clinic, and the varying national levels of diagnosis. BW to discuss further with PC, GH and Sue Gough.</p> <p>IAPT is seeing a continual decrease and fail in relation to IAPT and the number of people entering treatment, the number of referrals and the percentage of people moved to recovery, although recovery was recognised as a volatile target. A number of actions have been identified and are as detailed on page 107 of the meeting pack. Discussions had also been had by the Overview and Scrutiny Committee in relation to appropriate venues and the availability of. It was recognised that other venue options outside of the normal health or clinically based setting might work better for this service. Further discussion was had in relation to potential opportunities on linking in with the Integrated Wellness Service and their venues, different methods of publicity that could be utilised</p>	<p>BW/ Development Session</p>

No	Item	Action
	<p>including social media, non computerised/internet based marketing i.e. bus stops.</p> <p>A discussion was had on the Improve Access to Children and Young People's Mental Health Service (CYPMH) and the increased support provided on the previous 12 months. DCF updated members on a recent peer review and the need to understand the children's agenda with the local authority and look at where improvements need to be made together. A deep dive of the service will be carried out and reviewed as a collective.</p> <p>Primary Care</p> <p>Three practices have been visited by the CQC; Aintree Road, The Strand and Rawson Road. All achieving 'good' (green) across all areas. FLT will write to the practices to thank them on behalf of the CCG for the work that they are doing.</p> <p>Quality</p> <p>DCF updated members on the work being done with NHSE to improve performance on the use of personal health care budgets and the team members attending a session in London to explore efficiency and effectiveness methods.</p> <p>DCF referred members to section 4.4.3 which provided an update on healthcare associated infections. Cases attributed to the CCG for C. difficile and E-Coli were both under the year to date plan. However Aintree were showing an above year to date plan for the same areas. With three more C.difficile cases for Aintree in February 2018, this now totalled a year to date figure of 60 against a year to date plan of 42. There have been 15 successful appeals upheld at panel, so 45 cases following appeal.</p> <p>The CCG and Aintree had no new cases of MRSA in February and just 1 case of MRSA in June. The case was subject to the national Post Infection Review (PIR) process. 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.</p> <p>DCF highlighted the serious incidents at Aintree with eight being report on StEIS and also recorded as never events. Seven were in relation to wrong site surgery or wrong implant/prosthesis, five of which related to orthopaedic surgery. Aintree have commissioned an external review by the Royal College of Orthopaedics.</p> <p>Review of the CCGs month 11 data highlighted a number of anomalies in relation to the CCG data. As a result an internal review of serious incident processes has taken place. The review has shown a number of assurance issues, including capacity within the quality and admin team. Further audit and review work is also being done with MIAA and NHS England Cheshire and Merseyside to ensure the CCG processes are fit for purpose.</p> <p>Kirkup is on-going in relation to lessons learnt. A paper has been presented to external groups to demonstrate some of the learning and resulting actions in order to highlight lessons learnt. A paper will be presented to the next Development Session.</p> <p>DCF advised of the concerns of the Joint Quality Committee and the Collaborative Commissioning Forum in relation to due process to NHS England and escalation in relation to quality issues at Aintree University Hospital. A Quality Surveillance Group has been held to specifically discuss this issue and the concerns, at which the commissioner and provider were both in attendance.</p>	

No	Item	Action
	<p>NHS England is to discuss the concerns further with the provider. The Quality Surveillance Group will reconvene at the end of June to review actions and update.</p> <p>Finance</p> <p>MMcD reported on the full year financial position for the CCG being a deficit of £2.992m against the planned breakeven position. The cumulative CCG position is a deficit of £2.892m which incorporates the historic surplus of £0.100m brought forward from previous financial years.</p> <p>Reference was made to CHC as detailed on pages 76 to 78 of the report. A discussion was had in relation to the increase that had been shown in those that were eligible for CHC support and the expectation that this would continue to increase at the same rate in relation to funding and whether this would then have a potential impact on other key services.</p> <p>Resolution: The governing body received the report.</p>	
GB18/78	<p>Improvement and Assessment Framework 2017/18: Quarter 2 Exception Report</p> <p>The paper presented an overview of the 2017/18 CCG Improvement and Assessment Framework together with a summary of Q2 performance. This included 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.</p> <p>The members were highlighted to the reasons for underperformance, the actions being taken by clinical and managerial leads to improve performance and the expected date of improvement. With particular reference being made to the key issues identified in section 3/page 124 of the report. Members were asked to note the marked improvement in Q2 for the Cancer 62 day referral to treatment target, with the CCG performing in the top quartile nationally (86.4%). Furthermore Maternal Smoking at Time of Delivery has improved in Q2, with the CCG no longer in the worst quartile nationally (13.7%). It was recognised that there were a number of indicators not on the dashboard, including Health Checks and Learning Disabilities.</p> <p>A discussion was held in relation to the actions put in place to address the underperformance issues and the clinical and managerial leads identified for each area.</p> <p>Quarterly reports will be presented to the governing body or development session, as they are available.</p> <p>Resolution: The governing body received the report.</p>	
GB18/79	<p>Finance & Resource Committee Terms of Reference</p> <p>The governing body were presented with the revised F&R Terms of Reference which had been reviewed and discussed at the F&R Committee meetings on 22nd where a number of changes had been proposed, as identified within the report, page 135, and tracked changes through the report.</p> <p>Members were informed that the changes were minor, with the main context of the terms remaining as before, including roles and responsibilities.</p>	

No	Item	Action
	<p>GM referred to the update made to the Lay Member for Patient Experience and Engagement as Vice Chair of the Committee. The members noted and approved the change.</p> <p>Resolution: The governing body approved the revised Finance and Resource (F&R) Committee Terms of Reference.</p>	
GB18/80	<p>Establishing a North Mersey Joint Committee of Clinical Commissioning Groups and Terms of Reference</p> <p>The members were presented with a report which proposed the establishment of a North Mersey Joint Committee to enable joined-up, effective decision-making for defined services that are commissioned collectively by Knowsley, Liverpool, South Sefton and Southport & Formby CCG.</p> <p>Although the Committee in Common will continue to meet, it was not a decision making body committee, hence the need for the establishment of the Joint Committee.</p> <p>The members were reminded of the same proposal presented earlier in the year. However, following a number of similar issues raised by each of the Governing Bodies concerned, the item had been deferred whilst those issues were reviewed.</p> <p>Resolution:</p> <p>Further to the recommendations identified under section 7 of the report, the governing body:</p> <ul style="list-style-type: none"> • Supported the establishment of a North Mersey Joint Committee and recommended approval to the Wider Constituent Group • Recommended approval of the Terms of reference for the Joint Committee to the Wider Constituent Group <p>Furthermore the governing body members approved the rewording of the last recommendation into two parts. In that the governing body:</p> <ul style="list-style-type: none"> • Recommended for approval the proposed work programme for the Joint Committee to the Wider Constituent Group • Recommended delegated authority to the South Sefton CCG Governing Body by the Wider Constituent Group, to decide on any other areas of work for the Joint Committee that falls outside of the work programme attached as part of this report. <p>Item to be presented to the Wider Constituent Group, outcome to be fed back to the Governing Body.</p> <p>In addition, the Joint Committee is a meeting in public; therefore the approved minutes will be presented to the governing body as available.</p>	FLT
GB18/81	<p>Establishing a Collaborative Commissioning Forum for Cheshire & Merseyside and Terms of Reference</p> <p>A paper was presented which proposed the creation of a Collaborative Commissioning Forum (CCF) of CCGs across Cheshire and Merseyside as a Joint Forum in the first instance. The forum of which would assist in establishing governance arrangements on a wider footprint and enable wider debate.</p> <p>The paper was presented to the Cheshire and Merseyside Clinical</p>	

No	Item	Action
	<p>Commissioning Group (CCG) Chief Officers on 20th April 2018 and following consideration at a Decision Making Framework Task and Finish Group on 23rd April 2018, a number of changes have been made which are highlighted in red within the report. The members agreed the need for the changes</p> <p>It was recognised that the scope outlined in section 4.2 might not be all encompassing.</p> <p>Reference was made to the core members list on page 163 of the meeting pack. Members were asked to note that South Sefton CCG had been omitted. FLT had spoken with the author who had corrected the error and already circulated an updated version in which South Sefton CCG was included.</p> <p>Resolution: The governing body approved in principle to establish a Collaborative Commissioning Forum (CCF) as a Joint Forum on the understanding that core members list had been updated to now include South Sefton CCG, with no other changes.</p>	
GB18/82	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee: January and February 2018 b) Quality Committee: January 2018 c) Audit Committee: January 2018 d) Joint Commissioning Committee: February 2018 e) Locality Meetings: Q4 2017/18 <p>Resolution: The governing body received the key issues reports</p>	
GB18/83	<p>Finance & Resource Committee Approved Minutes: January and February 2018</p> <p>Resolution: The governing body received the approved minutes.</p>	
GB18/84	<p>Joint Quality Committee Approved Minutes: January 2018</p> <p>Resolution: The governing body received the approved minutes.</p>	
GB18/85	<p>Audit Committee Approved Minutes: January 2018</p> <p>Resolution: The governing body received the approved minutes.</p>	
GB18/86	<p>Joint Commissioning Committee Approved Minutes: March 2018</p> <p>Resolution: The governing body received the approved minutes.</p>	
GB18/87	<p>Any Other Business</p> <p><u>87.1 CIC Realigning Hospital Based Care</u></p> <p>FLT gave a verbal update on the discussions held at the last meeting which centred on the terms of reference for the joint committee, women's services and orthopaedics.</p> <p><u>87.2 EMI Category Care Home</u></p> <p>PC declared an indirect pecuniary interest in the matter he wished to</p>	

No	Item	Action
	<p>raise, as a GP member and provider of services that could potentially benefit financially. All GP members also added their declarations in relation to the same.</p> <p>PC referred to the establishment of an EMI category care home in the area. Concern was raised in relation to the GPs not receiving advance notification given the potential impact on services and health, given the infrastructure needed to support such a care home. A discussion was had on the potential for adding a section on planning application forms that any health related applications are notified to the respective CCG.</p> <p>The members agreed MMcD, as Estates Lead, raise with the Local Authority in relation to the impact on health and community services.</p> <p>Resolution: The governing body received the approved minutes.</p>	
GB18/88	<p>Date of Next Meeting</p> <p>Thursday 5th July 2018, 13:00 hrs in the Boardroom, 3rd Floor, Merton House.</p> <p><u>Future Meetings:</u> The governing body meetings are held on the first Thursday of the month. Dates for 2018/19 are as follows:</p> <p>6th September 2018 1st November 2018 7th February 2019 4th April 2019 6th June 2019 5th September 2019</p> <p>All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3rd Floor Merton House.</p>	
	<p>Estimated meeting close and motion to exclude the public:</p> <p>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>	15:40 hrs

Governing Body Meeting in Public Action Points

Date: Thursday 3rd May 2018

	Item	Action
GB18/77	<p>Integrated Performance Report</p> <p>Planned Care</p> <p>FLT referred to the Long Waiter analysis on page 63. The CCG have a duty to patients to be seen within 18 weeks. Page 63 shows that there are circa 1000 patients over the 18 week threshold. The members raised concern at this figure and questioned what more could be done to understand the reasons for such and how improvements can be made. BW to organise a deep dive on the analysis and present to the next Development Session.</p>	BW/ Development Session
GB18/80	<p>Establishing a North Mersey Joint Committee of Clinical Commissioning Groups and Terms of Reference</p> <p>The governing body supported the establishment of a North Mersey Joint Committee and the terms of reference presented and recommended approval to the Wider Constituent Group.</p> <p>Furthermore the governing body members approved the rewording of the last recommendation into two parts. In that the governing body:</p> <ul style="list-style-type: none"> • Recommended for approval the proposed work programme for the Joint Committee to the Wider Constituent Group • Recommended delegated authority to the South Sefton CCG Governing Body by the Wider Constituent Group, to decide on any other areas of work for the Joint Committee that falls outside of the work programme attached as part of this report. <p>Item to be presented to the Wider Constituent Group, outcome to be fed back to the Governing Body.</p>	FLT

MEETING OF THE GOVERNING BODY JULY 2018	
Agenda Item: 18/106	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456
Report date: July 2018	
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives (<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 and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Report to Governing Body

July 2018

General update

1. Diagnostic performance

On 1st May 2018, Jeremy Hunt, Secretary of State for Health and Social Care wrote to the CCG to congratulate our teams on the improvements that have been made in diagnostic performance between January and February 2018. Performance moved from 4.8% to 1.7% which means the CCG is drawing closer to the standard of 1% of patients waiting 6 weeks or more for a diagnostic test. Although there has been some slippage with the year to date performance currently at 2.733% the CCG will continue to work with providers to achieve the required standard.

2. New Royal

As previously reported, facilities management staff at the hospitals, that used to be part of Carillion have now transferred to a new company, called Avrenim Facilities Management Ltd, which has been established to exclusively provide these services to the trust. This has been set up as a subsidiary of The Hospital Company (Liverpool) who managed the contract with Carillion. All jobs have been protected and staff will continue to provide services to the trust. Staff have employment contracts with broadly the same terms and conditions as before. There will be no changes to the services provided to the hospitals. The Hospital Company, the trust and numerous government departments continue to have extensive discussions to forge a way forward with the new Royal.

The trust had hoped this would be achieved by the end of June, however an agreement has not yet been reached. Carillion's collapse has created an unprecedented situation with complex legal and financial issues to resolve. Whilst these extremely complex factors mean there has been an extended delay, the restart of construction is an urgent priority for the trust, funders and government departments. In the meantime a structural engineer's review on the construction is ongoing. This work will help to understand what the costs will be needed to complete the new Royal and the likely timescales.

3. Medicines management scheme "highly commended"

Communications and engagement work designed to support the successful introduction of Sefton's repeat prescription ordering scheme (RPOS) has gained recognition at a prestigious national awards ceremony. Communications activities were planned to support every stage of RPOS' development from designing the initial pilot and supporting its introduction to evaluating its impact that led to its roll out across the borough. The work was carried out by the CCG's joint medicines management and communications and engagement teams. It came second in the communications category and was 'highly commended' by judges at the Health Service Journal (HSJ) Value Awards in early June.

A second medicines management scheme has also been named a finalist in another HSJ awards programme, the Patient Safety Awards 2018.

The CCG's medicines management team worked with pharmacists at Aintree Hospital to establish a medication review service for patients being discharged from the trust. The service had a number of benefits for patients, importantly reducing adverse drug events. The winners of the Patient Safety Awards will be announced in July.

4. CCG staff vote Sefton CVS NHS 70 community partner of year

An organisation that works on behalf of the local community in Sefton has been formally recognised for its contribution to the NHS. Sefton Council for Voluntary Service (CVS) has been awarded the NHS 70 community partner of the year award, as voted for by staff of NHS Southport and Formby Clinical Commissioning Group (CCG) and NHS South Sefton CCG. The independent charity aims to 'support independent, resilient and sustainable communities' by promoting and assisting the work of voluntary, community and faith (VCF) groups.

One of the charity's objectives is to promote the advancement of health with Sefton. Some of the highlights from the work Sefton CVS has carried out with the CCGs includes the Strand by Me community signposting and health shop in the Strand, the creation of an online directory for over 3,500 services delivered by more than 1,000 VCF groups in Sefton and the Sefton Emotional Achievement Service which delivered self-harm prevention and support for 11-25 year olds. It is the first time the CCGs have chosen to recognise a community partner of the year award and it was voted for by members of staff at the CCGs as part of their annual staff awards.

The award is part of a year-long celebration of the NHS 70th anniversary which will include national celebrations at Westminster Abbey and York Minster on 5 July to which I have been invited.

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 and to support delivery of financial recovery.

5. QIPP and Financial Recovery Update

The CCG did not deliver the NHSE authorised control total at the end of 2017/18, so was required to prepare a Financial Recovery Plan setting out how it will return to delivery of business rules in future years. A substantial component of the plan is the CCG's QIPP programme however; it also includes detail on the way in which the CCG will work with commissioners and providers as part of the Sefton Transformation Programme to secure long term sustainability.

A draft submission was made to NHSE on 30th April 2018 and feedback received during May. The plan was refreshed and shared with the governing body at a meeting on 6th June at which point formal authority to sign off the final plan was delegated to the Senior Leadership Team.

The final plan was submitted to NHSE on 29th June and the CCG is now waiting to hear the outcome of that submission. Once sign off has been acquired from NHSE the full and final version will be submitted to the governing body and published on the CCG's website.

The CCG will continue to explore every efficiency opportunity whilst ensuring the quality and safety of services is maintained.

6. Commissioning Capability Programme

The CCG is now coming to the end of a Commissioning Capability Programme, funded by NHSE. The programme has been extremely well received and has enabled the CCG to move forward on a number of key strategic issues. We are now working with the NHSE team to ensure future objectives and expectations are clear to continue momentum.

We have found it so valuable that we have put in bid to the North West Leadership Academy to run a similar session for more senior managers and clinicians across the organisation.

7. Commissioning for the future

Consideration is being given to the future function of the CCG role as commissioner, whilst operationally teams have been asked to consider current workloads to address the three (corporate) key priorities

1. Development of place based, integrated care in Sefton
2. Sustainability of acute services, particularly in Southport and Formby
3. Achieving financial sustainability

Strategically, an evening workshop session has been arranged and led by Mike Farrar with the governing body and Leadership Team on the 17th July 2018. This will help to stimulate the debate and provide focus for internal operational teams.

To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.

8. Sefton Transformation Programme

8.1 Frailty bid

Following re-submission of a bid for Cheshire and Mersey (C&M) transformation funding, £500k has been successfully secured in order to progress development of the frailty pathway around Southport and Ormskirk Hospitals NHS Trust. Work is now ongoing to progress the development of the pathway further. This also forms one of the key work streams within the overall transformation programme.

8.2 Developing the vision

Development of an aligned vision across the leadership in health and social care in Sefton is key to successful service transformation. A developmental session was held on 18 June with the seven CEO leaders with Mike Farrar (former Chief Executive, NHS Confederation), with a further session planned during the summer.

8.3 Stage 1 Assurance

Stage 1 of the NHSE Assurance process for service transformation was undertaken on 14 June 2018, which went well. Formal feedback is expected within three weeks of the meeting around the 5th July 2018.

8.4 Data Sharing

The short term data sharing issue was successfully resolved with a workaround devised by the Cheshire and Mersey Data Sharing Agreement Task & Finish Group. KPMG are no longer stating this as a risk to delivering their outputs for NHS Southport and Ormskirk NHS Hospitals Trust (S&O). A long term solution is being sought for all C&M Partnership data sharing requirements.

8.5 Service Change Proposal

Delivery of the Service Change Proposal (SCP) is due on 20th July 2018 and work continues apace in this regard. The next iteration of the draft will be informed by the forthcoming Clinical Leaders Workshop on 5th July 2018. Following delivery of the SCP, work will then commence on the development of the Pre Consultation Business Case, alongside a formal consultation plan. Emerging proposals will also begin to be assessed in terms of quality/equality

impact. Governance processes commence formally throughout July for the Case for Change and the engagement plan also starts to ramp up with key stakeholders.

8.6 Demonstrators/trailblazers

South Sefton CCG recently held two workshops at the Bootle and Crosby localities with a view to considering the place based care model and the transformation to delivery primary care at scale. A formal plan will now be worked up and key milestones identified. Bids are under development to attract funding from NHSE in relation to this work.

8.7 PMO

Two additional appointments have been made during June to the PMO – Stephen Williams joins as Project Director (Place) and Mel Wright as the Project Manager. The PMO remains, however, under resourced generally and with insufficient capacity and capability to lead major service reconfiguration and public consultation. This risk has been escalated to the Sefton Health and Social Care Transformation Board for its meeting on 27 June 2018.

The PMO will also be consolidating its role as a partnership function with a move of the team to Switch House in Netherton.

8.8 Provider Alliance

The Provider Alliance has now met several times but it is considered that, as of yet, it is still building sufficient traction to be able to deliver the service level change required. Accordingly, the PMO will now be taking steps to support the Provider Alliance development directly.

Appendix 1: Programme Overview

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

9. NHS Aintree University Hospitals (AUH) NHS Trust

Single Item Quality Surveillance Group

The next AUH Single Item QSG (SIQSG) is scheduled to be held on 25 June 2018 Chaired by the DCO from NHSE C&M. The Trust remains at an 'enhanced' level of surveillance. Feedback on the outcome of the SIQSG will be provided to the Governing Body once known.

Never Event update

A paper was received from the Trust at the June 2018 CQPG Meeting. Information and actions contained have been included in the Trust update report and Improvement Plan which they have submitted as part of the evidence for the SIQSG meeting on 25 June 2018. The CCG are currently assured at this point in time with the actions being undertaken by the Trust.

10. Kirkup Review of Liverpool Community Health – Lessons Learnt

The Chief Nurse has facilitated a lessons learnt event for Governing Body members at a joint development session in June 2018. A further joint presentation on lessons learnt was delivered at the June 2018 meeting of the Merseyside Safeguarding Adult Board by the Chief Nurse in partnership with the Chief Nurse from Liverpool CCG.

11. Conflict of Interest – training compliance

NHSE launched the online conflict of interest training programme earlier this year and mandated CCG's to ensure 100% of staff and members that are involved in governance or decision making roles had completed at least module 1 of the programme. It is encouraging to report that the CCG has a compliance rate of 100%.

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

12. Primary Care – Delegated Commissioning

During Q1 the wider group and governing body have been discussing the potential to apply to NHSE for fully delegated primary care commissioning responsibility with effect from March 2019. The CCG's primary care team have been exploring this issue further and NHSE have confirmed that new application guidance is due to be published during the summer and that applications must be in by November 2018.

Between July and November there will be further detailed discussions with primary care leads, the primary care co-commissioning committee the governing body and the wider group with a view to being in a position to submit an application within the required time frames.

13. Primary Care Strategy

The Director of Commissioning and Re-design is in the process of developing an updated primary care strategy for the CCG. This will be reflective of the GP Five Year Forward View and how the vision for 21st century general practice will align to the place base developments that are at an early stage within the Sefton Health and Care Partnership.

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

14. Locality Development

The wider constituent meeting held in May 2018 provided an opportunity for the CCG to focus collectively on plans for the development of primary care and further development of localities. In particular the meeting focussed on how localities can drive integration of services at a local level and further support resilience of general practice, building on a number of key initiatives already in place.

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

15. Integration

The Integrated Commissioning Group has identified a number of key areas for joint focus over the next 12 months, aligned to our current integrated commissioning themes. These include working with public health on key health promotion areas, children's services, mental health and learning disabilities, care home quality and re-ablement services. More detailed plans will be worked in due course.

Governance update

16. Health & Safety, Fire and Security Annual Report 2017/18

The CCG has received the Health & Safety, Fire and Security Annual Report for 2017/18 which provides a summary of the work undertaken by the Midlands and Lancashire Commissioning Support Unit (M&LCSU) from the period 01 April 17 – 31 March 2018.

The Annual Report demonstrates that the CCG has fulfilled its legal responsibility under the Health and Safety at Work Act 1974 and associated regulations, the Regulatory Reform (Fire Safety) Order 2005 (RRFSO), the Display Screen Equipment Regulations 1992. It shows the progress made and the identified priorities for the coming year

17. Local Security Management Service (LSMS)

M&LCSU provide security management on behalf of the CCG, and have recently completed the Security Self Review Tool against the core standards. This demonstrated that the CCG was rated Green in all but 2 amber rated areas which are now subject to an action plan.

18. EPRR/Business Continuity Plans

M&LCSU are currently supporting the CCG in the renewal of the CCG's Business Impact Analysis (BIA). The BIA allows for the identification of an organisation's key processes and measures the impact a business disruption would have on the delivery of the principal outputs. The data collected allows an organisation to understand the priority order of the services it provides and enables them to formulate effective strategies to overcome the risks presented by a disruption. Whilst the BIA identifies those processes at immediate risk, it will also indicate those activities that are at risk from a longer disruption. Once updated, an exercise will be arranged for September 2018.

19. Information Governance and GDPR

Further to annual compliance with the Information Governance (IG) Toolkit, the CCG is now compliant with the new General Data Protection Regulations (GDPR). All returns for the GDPR Information Audit have now been received, no areas of concern have been identified and this information is now being used to generate the CCGs Privacy Notice and will inform much of the planned work in UAssure (a new information system) to help build the asset register and identify data flows

Further IG training sessions have been booked for Merton House and the IG Policy, Staff Code of Conduct and Handbook have been reviewed by the Corporate Support Group prior to approval at The Finance and Resources Committee.

20. Attachments

Appendix 1: Sefton Health and care Transformation Programme overview (for item 7)

21. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
July 2018

Sefton Health and Care Transformation Programme

Lead	Fiona Taylor, SRO	Overall RAG:	G
Scope	Re-design and enhancement of services across multiple provider organisations in the patch, with priority on the integration of care 'closer to home' and on ensuring the longer-term stability of acute services	Stage:	Initiate <small>Define/Initiate/Design/Execution/ Monitor/Close</small>
Deliverables	<ul style="list-style-type: none"> Sustainable acute services for the populations of Southport and Formby and West Lancashire Integrated care delivered closer to home for the same population 	Est. imp date:	February 2020
		Current date:	21 June 2018

Key achievements this month

- Developmental session with Mike Farrar and key leads held 18 June 2018.
- Sefton successful in C&M HCP transformation bid for £500k, which will concentrate on delivery of the Frailty pathway around Southport and Ormskirk.
- NHSE Stage 1 Assurance undertaken on 14 June 2018, which it was felt went well.
- Timeframe for consultation agreed for June 2019.
- Data sharing issues with KPMG resolved.

Key tasks to be completed next month

- Further leadership session with Mike Farrar planned.
- Feedback from NHSE Stage 1 Assurance expected.
- Delivery of Service Change Proposal 20 July 2018
- Start development of Pre Consultation Business Case
- Start development of consultation plan and materials
- Begin to assess quality/equality impact
- Governance processes commence formally throughout July for Case for Change
- Engagement plan starts to ramp up

Key risks, issues for resolution / escalation and any mitigating actions

- | | |
|--|--|
| <ul style="list-style-type: none"> PMO under resourced/capacity and capability to lead major public consultation | Paper being presented to the Board today |
| <ul style="list-style-type: none"> Senior leaders do not have an aligned vision for place | Further session with Mike Farrer planned |
| <ul style="list-style-type: none"> Timescales – despite consultation being scheduled for June 2019, this still represents a significant risk in terms of accommodating the necessary stakeholder input. | |

Key Milestones

Baseline Date	Forecast Date	Description	RAG
14 June 2018	14 June 2018	NHSE Stage 1 Assurance	G
20 July 2018	20 July 2018	Service Change Proposal	G

MEETING OF THE GOVERNING BODY JULY 2018

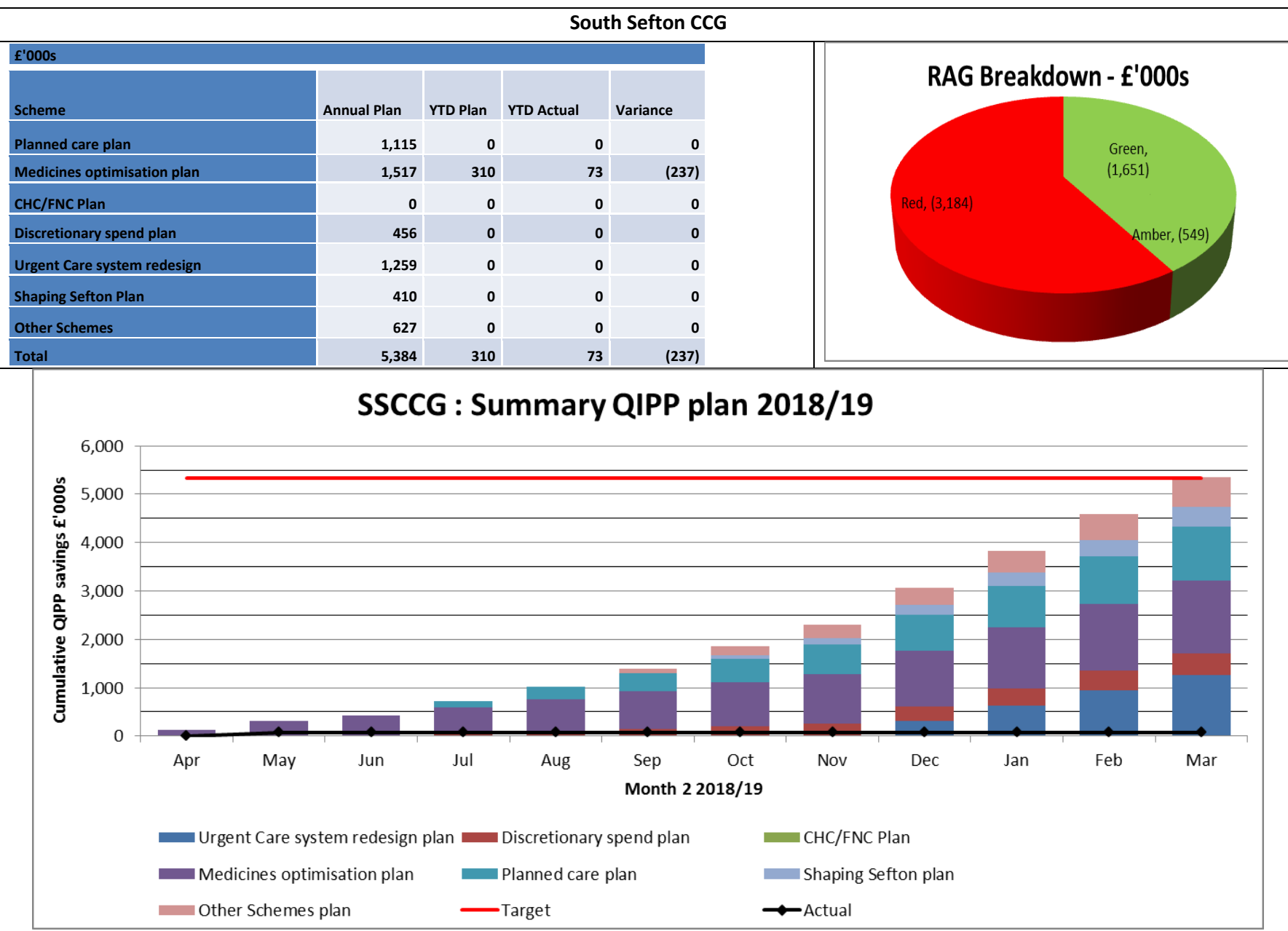
Agenda Item: 18/107	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk 0151 317 8454						
Report date: 26 th June 2018							
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report							
Summary/Key Issues: The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continues to monitor performance against the plan and receives updates across the five domains: planned care, medicines optimisation, CHC/FNC, discretionary spend and urgent care.							
Recommendation The Governing Body is asked to receive this report.	<table style="width: 100%;"> <tr> <td style="text-align: right;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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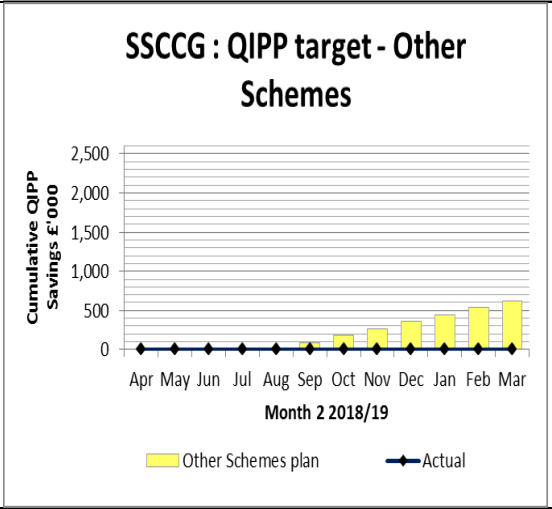
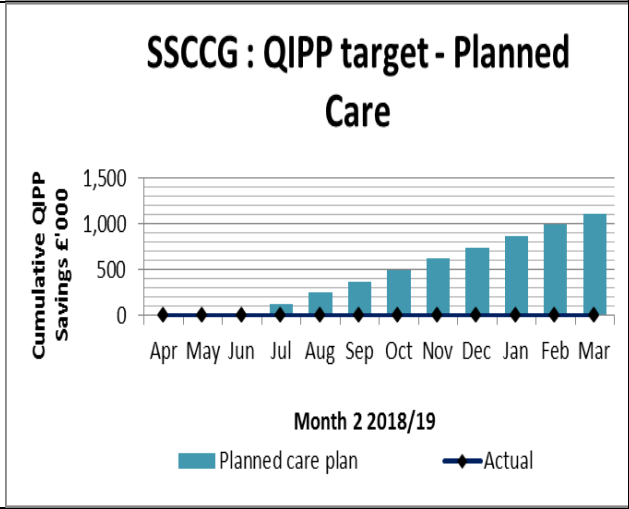
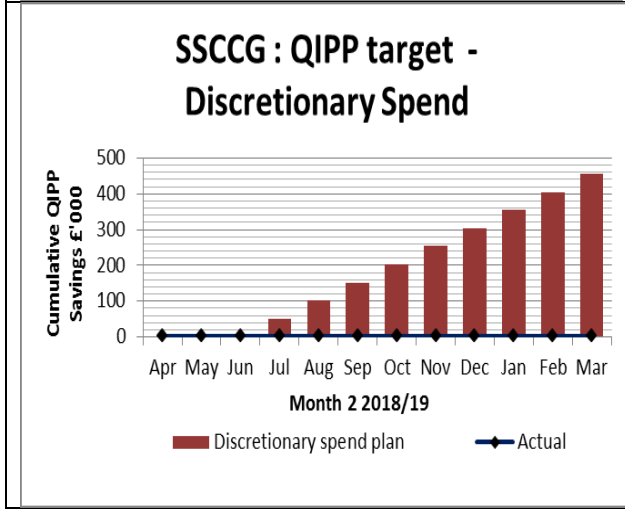
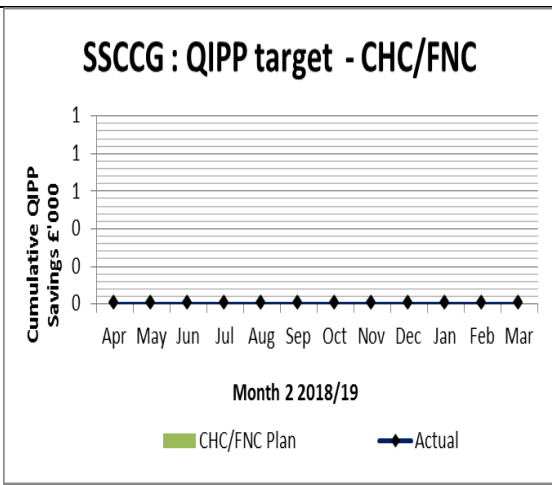
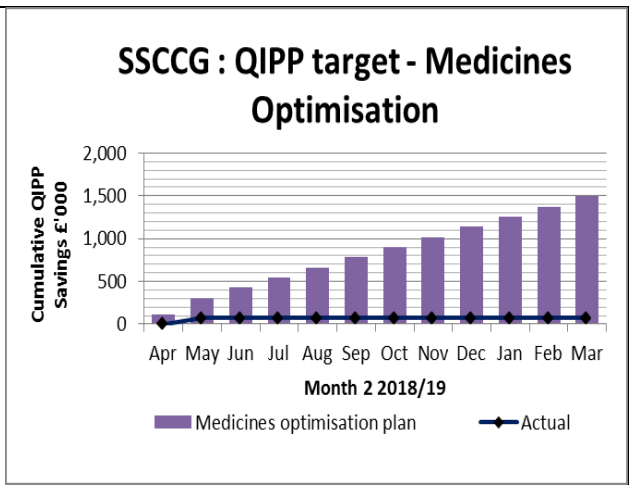
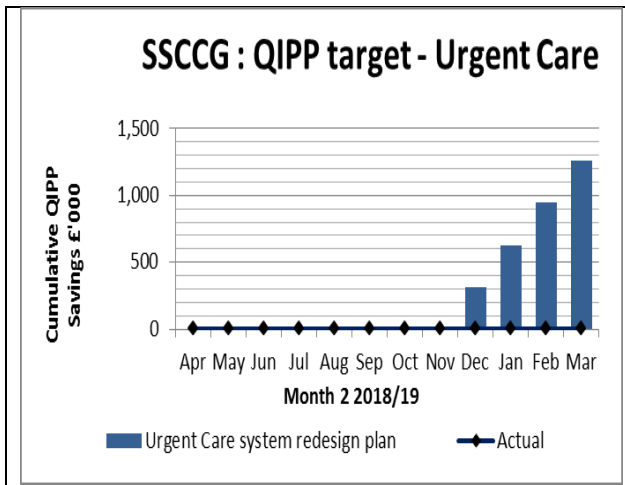
Links to Corporate Objectives (<i>x those that apply</i>)	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
	To advance integration of in-hospital and community services in support of the CCG locality model of care.
	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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 2





**MEETING OF THE GOVERNING BODY
JULY 2018**

Agenda Item: 18/108	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes karl.mccluskey@southseftonccg.nhs.uk 0151 317 8468
Report date: July 2018	
Title: South Sefton Clinical Commissioning Group Integrated Performance Report	
Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group (note time periods of data are different for each source).	
Recommendation The Governing Body is asked to receive this report.	Receive <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 and to support delivery of financial recovery.
	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 NHS Cheshire and Merseyside Healthcare Partnership.
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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Summary Performance Dashboard

Metric	Reporting Level	2018-19													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Preventing People from Dying Prematurely															
E-Referrals															
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG													
		Actual													
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Diagnostics															
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R												R
		Actual	2.733%												2.733%
		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%
Referral to Treatment (RTT) & Diagnostics															
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R												R
		Actual	90.112%												90.112%
		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%
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	G												R
		Actual	3												3
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G												G
		Actual	0												0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level	2018-19													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		

Cancer Waiting Times															
<p>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	South Sefton CCG	RAG	R											R	
		Actual	90.404%												90.404%
		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%
<p>1879: % Patients seen within two weeks for an urgent GP referral for suspected cancer (QUARTERLY) The % of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer</p>	South Sefton CCG	RAG													
		Actual													
		Target	93.00%			93.00%			93.00%			93.00%			93.00%
<p>17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	South Sefton CCG	RAG	R											R	
		Actual	92.063%												92.063%
		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%
<p>1880: % of patients seen within 2 weeks for an urgent referral for breast symptoms (QUARTERLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer</p>	South Sefton CCG	RAG													
		Actual													
		Target	93.00%			93.00%			93.00%			93.00%			93.00%
<p>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer</p>	South Sefton CCG	RAG	R											R	
		Actual	95.00%												95.00%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<p>1881: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (QUARTERLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer</p>	South Sefton CCG	RAG													
		Actual													
		Target	96.00%			96.00%			96.00%			96.00%			96.00%

Metric	Reporting Level	2018-19													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G													G
		Actual	100.00%													100.00%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1882: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG														
		Actual														
		Target	94.00%		94.00%		94.00%		94.00%		94.00%		94.00%		94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G													G
		Actual	100.00%													100.00%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
1883: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG														
		Actual														
		Target	98.00%		98.00%		98.00%		98.00%		98.00%		98.00%		98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G													G
		Actual	96.429%													96.429%
		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%
1884: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (QUARTERLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG														
		Actual														
		Target	94.00%		94.00%		94.00%		94.00%		94.00%		94.00%		94.00%	94.00%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R													R
		Actual	82.759%													82.759%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%

Metric	Reporting Level	2018-19													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
1885: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (QUARTERLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG													
		Actual													
		Target	85.00%		85.00%			85.00%				85.00%			85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG													
		Actual													
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
1886: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (QUARTERLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG													
		Actual													
		Target	90.00%		90.00%			90.00%			90.00%			90.00%	
Personal Health Budgets															
2143: Personal health budgets Number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG population (based on the population the CCG is responsible for).	South Sefton CCG	RAG													
		Actual													
		Target	33.57		36.15			38.73			41.31				
Accident & Emergency															
2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R										R	
		Actual	86.602%	87.388%										87.009%	
		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%	
431: 4-Hour A&E Waiting Time Target (Monthly Aggregate for Total Provider) % of patients who spent less than four hours in A&E (Total Acute position from Unify Weekly/Monthly SitReps)	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	R										R		
		Actual	70.77%										70.77%		
		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%	

Metric	Reporting Level	2018-19														YTD
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG														
		Actual														
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
EMSA																
1067: Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG														
		Actual														
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG														
		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	
HCAI																
497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G											G	
		YTD	0	0											1	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	G	G											G	
		YTD	6	9											9	
		Target	6	12	18	24	30	36	42	48	54	60	66	72	12	
Mental Health																
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG														
		Actual														
		Target	95.00%			95.00%			95.00%			95.00%			95.00%	

Metric	Reporting Level	2018-19													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
IAPT (Improving Access to Psychological Therapies)															
2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG													
		Actual													
		Target	50.00%		50.00%			50.00%				50.00%			50.00%
2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG													
		Actual													
		Target	4.2%		4.2%			4.2%				4.75%			
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG													
		Actual													
		Target	75.00%		75.00%			75.00%				75.00%			75.00%
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG													
		Actual													
		Target	95.00%		95.00%			95.00%				95.00%			95.00%
Dementia															
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R											R	
		Actual	62.022%											62.022%	
		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%

Metric	Reporting Level	2018-19													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Children and Young People with Eating Disorders															
2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG													
		Actual													
		Target	100%			100%			100%			100%			100%
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG													
		Actual													
		Target	95%			95%			95%			95%			95%
2097: The number of incomplete pathways (routine) for CYP ED Highlights the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - routine CYP ED	South Sefton CCG	RAG													
		Actual													
		Target	1			1			1			1			1
2098: The number of incomplete pathways (urgent) for CYP ED Highlights Waiting Times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services – Debbie (the number of people waiting for assessment/treatment and their length of wait (incomplete pathways) - urgent CYP ED	South Sefton CCG	RAG													
		Actual													
		Target	1			1			1			1			1
Wheelchairs															
2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG													
		Actual													
		Target	92.00%			92.00%			92.00%			92.00%			92.00%

1. Executive Summary

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

Financial position

This report focuses on the financial performance for South Sefton CCG as at 31 May 2018.

The year to date financial position is a deficit of £0.800m, deterioration against a planned deficit position of £0.400m at month 2.

The full year forecast financial position is £1m surplus. 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.

The full year most likely financial position for the CCG is a deficit of £3.514m. This assumes that QIPP delivery will be £2.020m.

Planned Care

An increase of 555/20% GP referrals occurred in April 2018 compared to April 2017 although the difference in working days has an impact on comparisons of the two periods. C2C referrals are showing a 14% decrease over the two periods. Aintree Hospital has reported a change in recording of Referrals to report in line with the national MAR data requirements. This has a major impact in C2C referrals and discussions to understand the activity is on-going through Information Sub-Group and Contract Management Meetings

The latest data (February) for E-referral Utilisation rates reported for the CCG as a whole is 24%; the same as January and did not achieve the 80% ambition by October 2017. NHS Digital has not yet released March or April data. This has been queried by the CCG whom are awaiting a response from NHS Digital

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in April reporting 2.7%, deterioration from March when 1.91% was recorded. Aintree also failed in March recording 1.7%. An action plan is in place.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, for the fifth month at 90.1%. This is however a slight improvement in performance from 89.83% reported in March. Aintree also failed this standard recording 90.0% in April. The Trust has faced significant non-elective pressure which has impacted on RTT performance.

In April, three South Sefton patients were waiting on the incomplete pathway for 52+ weeks against a zero tolerance threshold. 1 breach was a General Surgery patient at Wirral University Hospital and 2 were Gynaecology patients at Liverpool Women's Hospital.

The CCG are failing 6 of the 9 cancer measures in month 1. The 2 week wait metrics for suspected cancer and breast symptoms both failed the 93% target (90.4% and 90% respectively). The 31 day target of 96% for first treatment was missed with 95% achieved, all linked to surgical treatment which also failed (92.31%). The 85% targets for consultant upgrades and urgent GP referrals also failed in month 1 (70% and 82.76% respectively).

Friends and Family inpatient response rates at Aintree are under target for April at 20.0% The proportion of patients who would recommend has increased to 93% (England average 96%). The proportion who would not recommend has reduced to 4%, which is 2% higher than the England average.

Performance at Month 1 of financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an over performance of £183k/5%. 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 -£52k/-1.4%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved April's trajectory of 83% with a performance of 85.1% for all A&E department types. Despite this the Trust failed to achieve the 95% 4 hour target for Type 1 attendances seeing 70.77% of patients within 4 hours for April.

Work continues with NWS to address poor ARP (Ambulance Response Programme performance with issues having been escalated significantly at national level with both NHSE and NHSI intervention. NWS have submitted a final recovery plan and improvement plan including a recovery trajectory for Category 1 and 2 calls. The plan is being carefully monitored by commissioners along with NHSE and NHSI with improvement to be demonstrated by end of Quarter 2.

In April 2018, there were 2,049 contacts to the 111 service from South Sefton CCG patients. This is similar to the monthly average in the previous year and is a slight reduction on the same time in the previous year when 2,220 contacts were made to the service.

The number of calls from South Sefton patients to the GP OOH service remains similar to the previous month at 1,057 in April. This is slightly above the 2017/18 average of 1,012 per month. There were slightly fewer calls in April 2018 than the previous year, 1,091 compared to 1,057.

After achieving in March, the Trusts performance has dropped back under the 80% target for Stroke. In April, out of 33 patients, only 20 spent more than 90% of their hospital stay on a stroke unit resulting in a performance of 60.6%.

The CCG serious incident process remains on the CCG register, a review of process in progress, and all actions have been undertaken and mitigation in place. Leadership Team have supported a band 5 WTE administrator for a six month period. An action plan has been developed which will be monitored by Joint Quality Committee on a monthly basis.

There are a total of 124 serious incident open on StEIS for South Sefton as the RASCI commissioner and or a Sefton CCG, with 67 remaining open for >100 days.

Aintree University Hospital NHS Foundation Trust – reported five incidents in April with 5 YTD, with zero Never Events, with one incident closed in Month. There are 47 incidents open on StEIS with 27 being open for > 100 days.

Liverpool Women's – there are 3 main incidents: Test of Cure, RTT backlog and Cancer pathway, all actions are being taken with harm identified.

The CCG had 6 new cases of Clostridium Difficile reported in April against a plan of 5 (4 apportioned to acute trust and 2 apportioned to community). Aintree had 4 new cases reported in April against a plan of 4.

The CCG and Aintree had no new cases of MRSA in April and are both therefore achieving the zero tolerance threshold.

The average number of delays per day in Aintree hospital increased in April to 30 from 27 reported in March. Analysis of average delays in April 2018 compared to April 2017 shows 2 more delays in April 2018 (30 compared to 28 for 2017 a 7.1% increase).

The percentage of people who would recommend Aintree's A&E is below the England average (87%) at 93%, but it should be noted that this is a significant improvement from 83% reported in March. The percentage not recommended is at 10% in April, a slight improvement, although still above the England average of 8%.

Performance at Month 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £80k/2%. 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 -£57k/-1.4%.

Mental Health

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 January to March 2018 where 165 OAP days were reported, an increase on the last reporting period of 130. The CCG is therefore currently failing to meet the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported 11.3% more patients entering treatment in Month 1. The access rate for Month 1 was 1.30% and therefore narrowly failed to meet the standard. The percentage of people moved to recovery was 54.3% in Month 1, which is a significant improvement from 40.4% for the previous month and achieving the target of 50%.

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in April of 62%, which is under the national dementia diagnosis ambition of 66.7% and a further decline on last month.

Community Health Services

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. The impact of the new ICRAS model on reporting is being discussed with a view to agreeing on new 2018-19 baselines for activity and an additional ICRAS report. A gap analysis of each measure stipulated in the contract has been developed by

the Trust which details what is currently available and which needs further work. This has been shared with the CCG for review.

Better Care Fund

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 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. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

CCG Improvement & Assessment Framework

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 for South Sefton CCG as at 31 May 2018.

The year to date financial position is a deficit of £0.800m, deterioration against a planned deficit position of £0.400m at month 2.

The full year forecast financial position is £1m surplus. 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.

The full year most likely financial position for the CCG is a deficit of £3.514m. This assumes that QIPP delivery will be £2.020m.

The cumulative CCG position is a deficit of £1.892m which incorporates the historic deficit of £2.892m brought forward from previous financial years. The cumulative deficit will be addressed as part of the CCG longer term improvement plan and will need to be repaid with planned surpluses in future financial years.

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

- Increased costs within continuing healthcare budgets. This is due a number of high cost cases emerging in 2018-19 and the impact of the continuation of the 28 day discharge from hospital
- Cost pressures within Lancashire Care NHS Trust relating to continence products.

The cost pressures are partially offset by underspends in the Funded Nursing Care and the reserve budget due to the 0.5% contingency held.

The QIPP plan forms part of the CCG recovery plan reported to NHS England. The final version of the recovery plan will be submitted to NHS England by the end of June.

Figure 1 – Financial Dashboard

Report Section	Key Performance Indicator		This Month
1	Business Rules	1% Surplus	✗
		0.5% Contingency	✓
2	0.4% Surplus (£1m)	Financial Balance	✓
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.073m
4	Running Costs	CCG running costs < 2018/19 allocation	✓

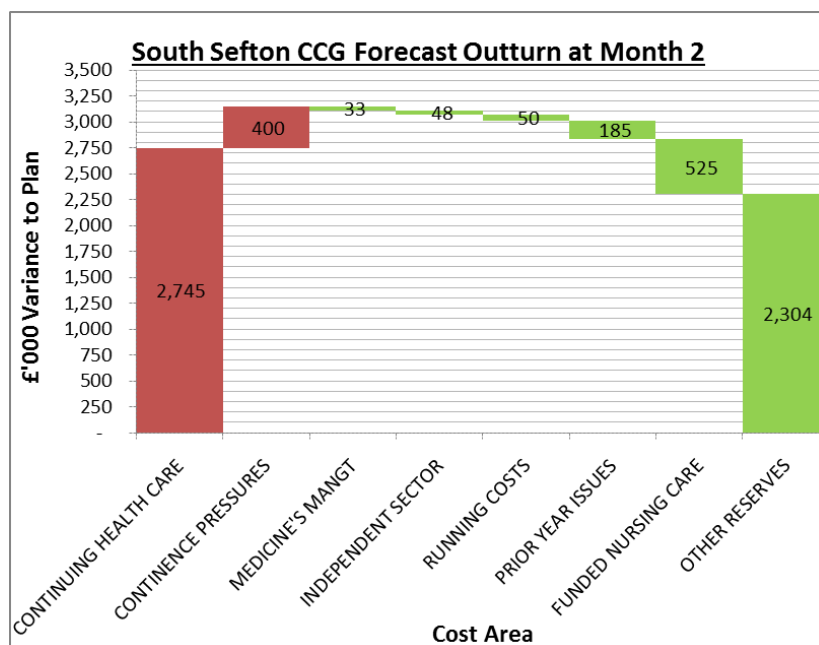
Report Section	Key Performance Indicator	This Month
5	NHS - Value YTD > 95%	99.90%
	NHS - Volume YTD > 95%	97.64%
	Non NHS - Value YTD > 95%	96.87%
	Non NHS - Volume YTD > 95%	95.38%

- The CCG will not achieve the standard NHS England business rule to deliver a 1% Surplus. The CCG has been issued with a requirement by NHS England to deliver a £1m surplus, which is a 0.4% surplus.
- 0.5% Contingency Reserve is held as mitigation against potential cost pressures.
- The current financial plan is to achieve a £1m surplus position in year. The CCG most likely position for the financial year assessed at the 31st May is a deficit of £3.514m.
- The QIPP target for 2018-19 is £5.329m. Delivery is £0.073m to date which is £0.232m below plan.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.050m at month 2.
- All BPPC targets have been achieved the 95% target 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’s most likely financial position for the financial year is a deficit of £3.514m.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages which have increased in volume against plan.
 - Cost pressures within Lancashire Care NHS Trust relating to continence products.
- The cost pressures are partially offset by underspends in the Funded Nursing Care budget, prior year issues and the reserve budget due to the 0.5% contingency held.

2.3 Provider Expenditure Analysis – Acting as One

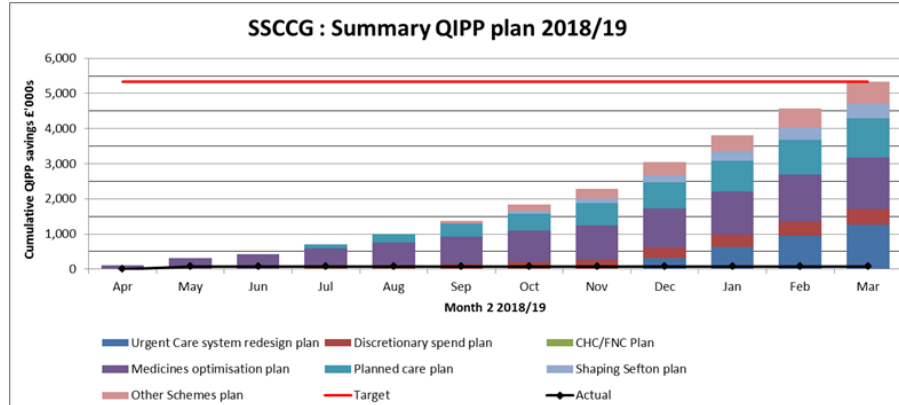
Figure 3 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.144
Alder Hey Children’s Hospital NHS Foundation Trust	0.000
Liverpool Women’s NHS Foundation Trust	(0.095)
Liverpool Heart & Chest NHS Foundation Trust	(0.032)
Royal Liverpool and Broadgreen NHS Trust	(0.033)
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	0.023
Total	0.005

- 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 over performance with these providers but does present a risk that activity could move 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, identification of 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 over performance spend against plan, this would represent overspend of £0.005m under usual contract arrangements.

2.4 QIPP

Figure 4 – QIPP Plan and Forecast



	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,115	0	1,115	200	0	915	1,115
Medicines optimisation plan	1,462	0	1,462	962	0	500	1,462
CHC/FNC plan	0	0	0	0	0	0	0
Discretionary spend plan	100	356	456	106	250	100	456
Urgent Care system redesign plan	1,259	0	1,259	0	0	1,259	1,259
Shaping Sefton Plan	410	0	410	0	0	410	410
Other Schemes Plan	627	0	627	627	0	0	627
Total QIPP Plan	4,973	356	5,329	1,895	250	3,184	5,329
QIPP Delivered 2018/19				(73)		0	(73)

- The 2018/19 QIPP target is £5.329m.
- £3.184m of the schemes are rated red; therefore there is a high risk of non-delivery in year.
- To date the CCG has achieved £0.073m QIPP savings in respect of prescribing savings.

Figure 5 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	2.470	(1.470)	1.000
QIPP Target	(5.329)	0.000	(5.329)
Revised surplus / (deficit)	(2.859)	(1.470)	(4.329)
I&E Impact & Reserves	0.000	1.000	1.000
Management action plan			
QIPP Achieved	0.073	0.000	0.073
Remaining QIPP to be delivered	5.256	0.000	5.256
Total Management Action plan	5.329	0.000	5.329
Year End Surplus / (Deficit)	0.000	1.000	1.000

Financial Position

- The CCG forecast financial position is a surplus of £1m.
- The forecast position is dependent on achieving a QIPP saving of £5.329m and this represents the best case scenario.
- The underlying position is a breakeven position; this position removes non-recurrent expenditure commitments and non-recurrent QIPP savings from the forecast position.

2.5 Risk Adjusted Position

Figure 6 – Risk Adjusted Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
QIPP requirement (to deliver agreed forecast)	(5.256)	(5.256)	(5.256)
Predicted QIPP achievement	5.256	1.947	1.947
Forecast Surplus / (Deficit)	(0.472)	(4.514)	(4.514)
Further Risk	(0.608)	(0.847)	(1.608)
Management Action Plan	2.080	1.847	1.847
Risk adjusted Surplus / (Deficit)	1.000	(3.514)	(4.275)

- The risk adjusted position provides an assessment of the best, most likely and worst case scenarios in respect of the CCGs year end outturn.
- The best case scenario is a £1m surplus. This assumes that QIPP will be delivered in full and current expenditure trends improve.
- The most likely case is a deficit of £3.514 and assumes that QIPP delivery will be £2.020m in total with further risk in relation to CHC price increases and mitigations within reserve budgets including the CCG contingency reserve.
- The worst case scenario is a deficit of £4.275m and assumes further pressures emerging in year.

2.6 Statement of Financial Position

Figure 7 – Summary of working capital

Working Capital , Aged Debt and BPPC Performance	Quarter 1			Prior Year 2017/18
	M1 £'000	M2 £'000	M3 £'000	M12 £'000
Non-Current Assets	115	115		115
Receivables	1,729	1,649		1,938
Cash	3,245	4,392		105
Payables & Provisions	(11,092)	(16,765)		(14,100)
Value of Debt> 180 days	751	647		506
BPPC (value)	98%	99%		98%
BPPC (volume)	98%	97%		97%

- The non-current asset balance relates to the purchase of IT equipment in 2017-18.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.647m. This consists of:
 - CQUIN payment recovery (£0.182m) with Southport & Ormskirk NHS Trust relating to the expert determination, and
 - Annual invoices raised to other local CCGs for the Cheshire and Merseyside Rehabilitation Network (£0.400m). Cheshire and Merseyside CFOs are in discussions regarding this.
- 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 £245.226m at Month 2. The actual cash utilised at Month 2 was £43.895m which represents 17.9% of the total allocation. The balance of MCD to be utilised over the rest of the year is £201.331m.
- The CCG aims to pay at least 95% of invoices within 30 days of the invoice date in line with the BPPC. 2018/19 performance in months 1 and 2 continues to exceed 95% for invoices by number and value for NHS and Non NHS suppliers. Performance will continue to be reviewed monthly.

2.7 Recommendations

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

The full year most likely financial position for the CCG is a deficit of £3.514m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.

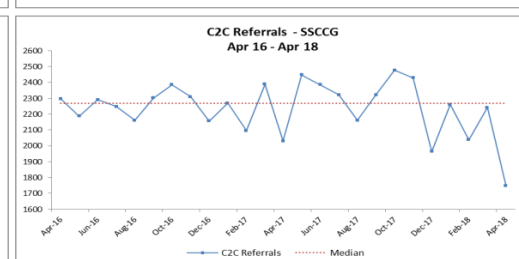
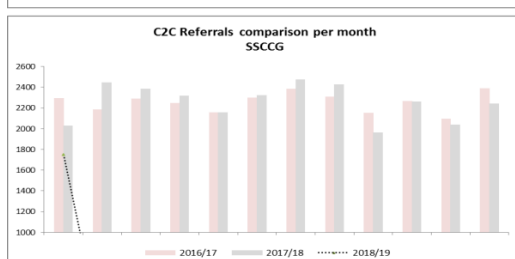
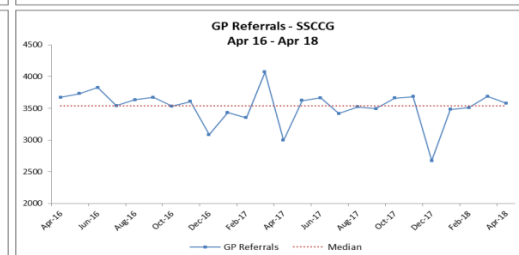
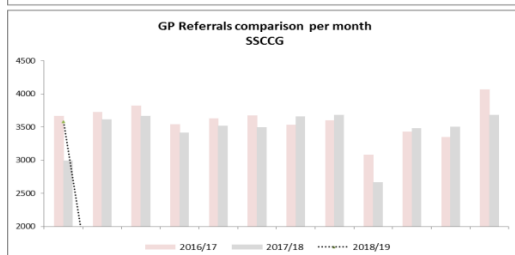
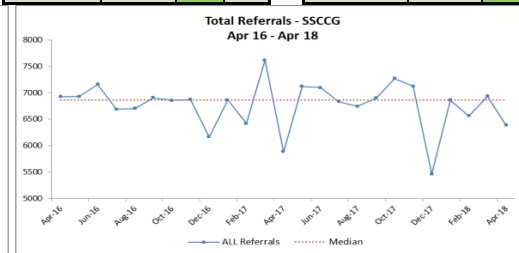
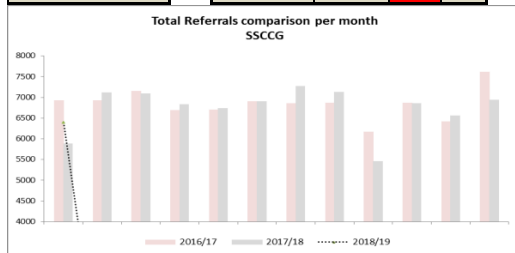
- QIPP delivery is £0.073m which relates to prescribing savings. The QIPP target for 2018-19 is £5.329m.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address this accordingly. High levels of engagement and support has been evident from member a practices which has enabled the CCG to make significant progress in reducing levels of low value healthcare and to improve value for money from the use of the CCG's resources.
- In order to deliver the long term financial recovery plan, the CCG requires ongoing and sustained support from member practices, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

3. Planned Care

3.1 Referrals by source

Figure 8 - Referrals by Source across all providers for 2017/18 & 2018/19

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%	2017/18 Previous Financial Year	2018/19 Actuals	+/-	%
April	2994	3579	585	20%	2031	1747	-284	-14%	5886	6387	501	9%
May	3620				2447				7123			
June	3666				2385				7097			
July	3416				2321				6836			
August	3520				2160				6745			
September	3495				2322				6901			
October	3661				2476				7272			
November	3682				2428				7127			
December	2672				1964				5466			
January	3483				2260				6861			
February	3509				2038				6564			
March	3686				2241				6938			
Monthly Average	3450	3579	129	4%	2256	1747	-509	-23%	6735	6387	-348	-5%
YTD Total Month 1	2994	3579	585	20%	2031	1747	-284	-14%	5886	6387	501	9%
Annual/FOT	41404	42948	1544	4%	27073	20964	#####	-23%	80816	76644	-4172	-5%



An increase of 555/20% GP referrals occurred in April 2018 compared to April 2017, although the difference in working days has an impact on comparisons of the two periods. Consultant to Consultant (C2C) referrals are 14% lower between the two periods. Aintree Hospital has reported a change in recording of referrals to report in line with the national MAR data requirements. This has a major impact in C2C referrals and discussions to understand the activity is on-going through Information Sub-Group and Contract Management Meetings.

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: Aintree Hospital have reported a change in recording of Referrals to report in line with the national MAR data requirements. This has a major impact in C2C referrals and discussions to understand the activity is on-going through Information Sub-Group and Contract Management Meetings.

3.1.1 E-Referral Utilisation Rates – no update since Feb

Figure 9 - South Sefton CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	17/18 - Feb	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	24%	↔

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 (February) for E-referral Utilisation rates reported for the CCG as a whole is 24%; the same as recorded in January and have not achieved the 80% by end of Q2. No further update since February's data release has been published by NHS Digital. CCG queried the lack of information with NHS Digital and is awaiting a response.

Work continues to promote the use of Advice and Guidance services through localities, Wider Groups and Local Quality Contract. There are also some issues in relation to integration of the e-RS Advice and Guidance functionality within EMIS.

3.2 Diagnostic Test Waiting Times

Figure 10 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - Apr	1.00%	2.70%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Apr	1.00%	1.70%	↑

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in April recording 2.7%, a further decline from last month when 1.91% was recorded. In April out of 3,037 patients, 83 patients were waiting at 6+ weeks and 6 at 13+ weeks. The majority of breaches were for a non-obstetric ultrasound (27) and MRI (25). 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 11.1% in April; an increase in long waiters compared to 9.6% reported in March. The biggest pressures are in Gastroscopy (204), Colonoscopy (153) and Flexi-Sigmoidoscopy (107).

Aintree failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in April recording 1.7%, a further decline in performance from last month when 1.3% was recorded. In April out of 5,880 patients, 98 patients were waiting at 6+ weeks and 1 at 13+ weeks. The majority of breaches were waiting for non-obstetric ultrasound (71) and MRI (24).

Radiology continues to experience a sustained increase in demand for imaging (CT cardiac, MR cardiac, MR MSK and ultrasound MSK). Demand is in excess of capacity. Additional inpatient activity has had an adverse effect on outpatient capacity for CT and MR resource for additional sessions for ultrasound MSK imaging/steroid injections into joints has been agreed. However these are restricted due to annual leave and radiologist availability.

Currently the wait for routine ultrasound is 5 weeks and 5 Days (Sonographer led). Waiting for MSK is 8 weeks and 6 days. This deterioration due to the increased demand associated with MSK ultrasound.

Proposed actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity ongoing.
- Additional MSK WLI's requested and agreed through resource panel.
- MSK Radiologist recruited, commences at Trust 1st May 2018.
- Discussions with Clinical Director for R&O regarding demand management have been ongoing. A meeting with R&O is scheduled for 4/5/18 to review/manage demand going forwards. It has been agreed to transfer foot and ankle injections to theatre, surgeons to arrange. This will however place pressure in General Radiography. The option to consider outsourcing will be considered.
- Arranging for Mobile MR Van on site for 5 days – week commencing 4th June.

3.3 Referral to Treatment Performance

Figure 11 - 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. (CCG)	17/18 - Apr	0	3	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - Apr	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - Apr	92%	90.10%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (Aintree)	18/19 - Apr	92%	90.00%	↓

In April, three South Sefton patients were waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. One breach was a General Surgery patient at Wirral University Hospital and 2 were Gynaecology patients at Liverpool Women’s Hospital.

NHS England published guidance for 2018/19 states the target for CCGs is to reduce 52+ week waiters by at least a half from 2017/18 levels. The CCG submitted plans to NHS England based on the latest data available (January 2018). At the time only one 52 week waiter had been reported, so the plan submitted was 0, but following that two more were reported in March 2018. Submission of a revised plan to NHS England has is being explored.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 90.1% for April. This is a slight improvement in performance from 89.83% reported in March. In April, out of 11,114 patients, 1,099 were waiting over 18 weeks on the incomplete pathway. The CCG position is contributed to by RTT failures predominately at Aintree and Royal Liverpool and Broadgreen Hospitals, and University Hospital of North Midlands.

Aintree also failed this standard for April recording 90%. Out of 17,875 patients there were 1,782 waiting over 18 weeks on the incomplete pathway. The Trust has struggled to recover from the cancellation of elective surgical cases over the winter months to support non-elective flow. As a result the standard has not been achieved since December 2017. The theatre refurbishment programme and loss of capacity as a result of this has also impacted on performance, although this will be finished in July. In addition to this, outpatient cancellations and Did Not Attend (DNA) rates have continued to remain high despite the Trust’s efforts to minimise these. This has reduced throughout and resulted in an increase in the overall waiting times.

Proposed Actions:

- Implement theatre recovery plan and improve utilisation at speciality level
- Regular review of all long waiting patients within the clinical business units to address capacity issues and undertake WLI’s where appropriate

- Recruit to the 2 consultant posts agreed via the cases of need process
- Reduce endoscopy waits by arranging additional scope lists
- Continue to monitor of diagnostic waiting times to ensure delivery of the 6 week standard (as this impacts on RTT pathways)
- Continue to meet with Clinical Business Managers on a weekly basis to focus on data quality and pathway validation
- Continue to support the Clinical Business Units with their RTT validation processes and Standard Operating procedures with a special focus on inter Provider Transfers and data recording / entry.

The Royal Liverpool and Broadgreen Hospital reported that they did not achieve the 92% incomplete Referral to Treatment target in April (82.88%). The issues were in various areas including Ophthalmology, General Surgery, Urology, Trauma and Orthopaedics and ENT. There have been a number of actions identified which will reduce demand and increase activity. Advice and guidance has now been rolled out to a number of specialities, as part of the national CQUIN. The team are also monitoring increases in referrals as a direct consequence of certain Trusts E-referral polling ranges being extended to reduce the number of slot issues.

University Hospital North Midlands NHS Trust in April recorded 73.7% RTT performance. This provider is commissioned to deliver bariatric surgery for Cheshire and Merseyside CCGs. The RTT performance standard overall at the Trust has not been met since May 2017. 21 South Sefton CCG patients were recorded as waiting over 18 weeks in April 2018. Bariatric surgery commissioning and contract arrangements are complex and understanding the arrangements has taken almost a year, with poor response times and responses to commissioner queries. A meeting of Merseyside commissioners with UHNM and CSU (contract managers on behalf of the lead commissioner Stoke CCG) in May 2018 has led to further understanding of the service issues, the caseload of patients and their treatment. The Trust agreed to provide additional detail to provide assurance to commissioners including the number of patients waiting in weeks by CCG, the reasons for delays particularly in cases exceeding waiting times of 40 weeks.

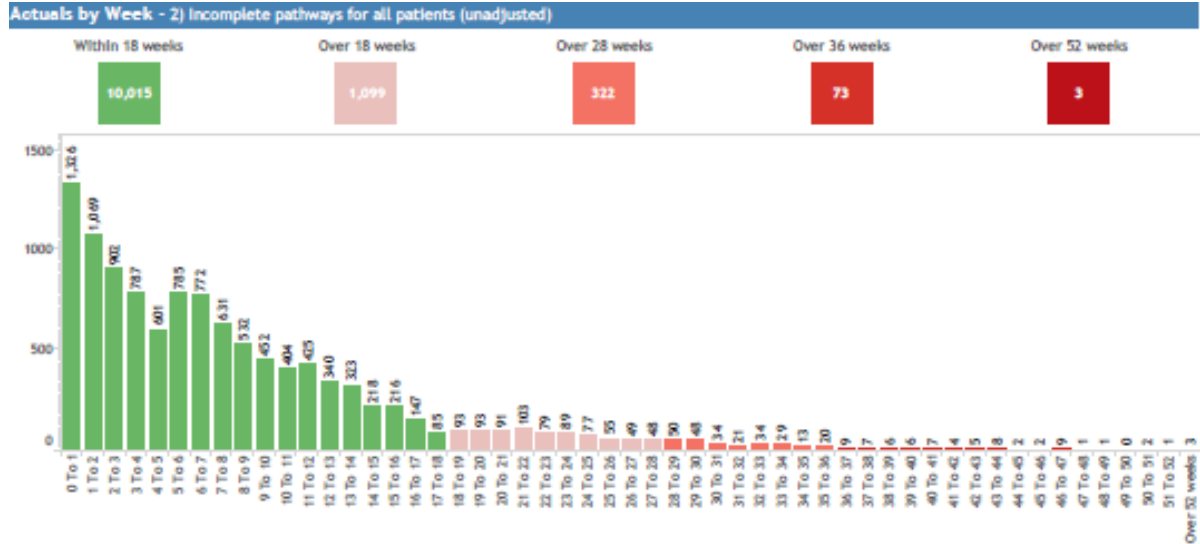
Figure 12 – South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	9,845	9,951	10,101	10,161	10,310	10,577	10,658	10,578	10,170	9,735	10,469	10,806
2018/19	11,114											
Difference	1,269											

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. Current performance for April 2018 (11,114) is higher than that of April of the previous year, and is therefore failing to meet this target at this early stage in the year.

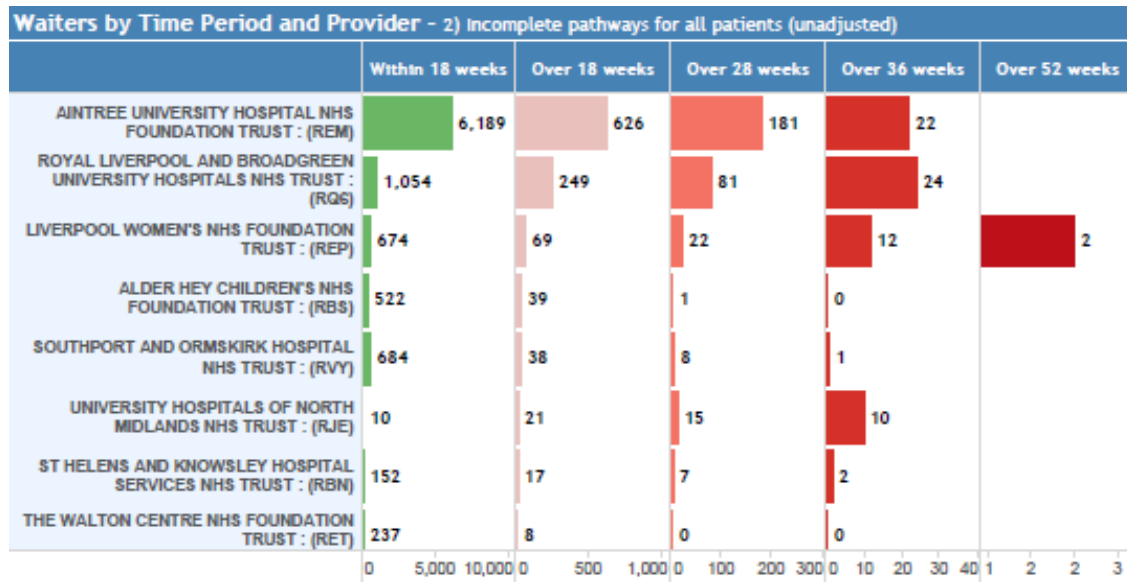
3.3.1 Incomplete Pathway Waiting Times

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

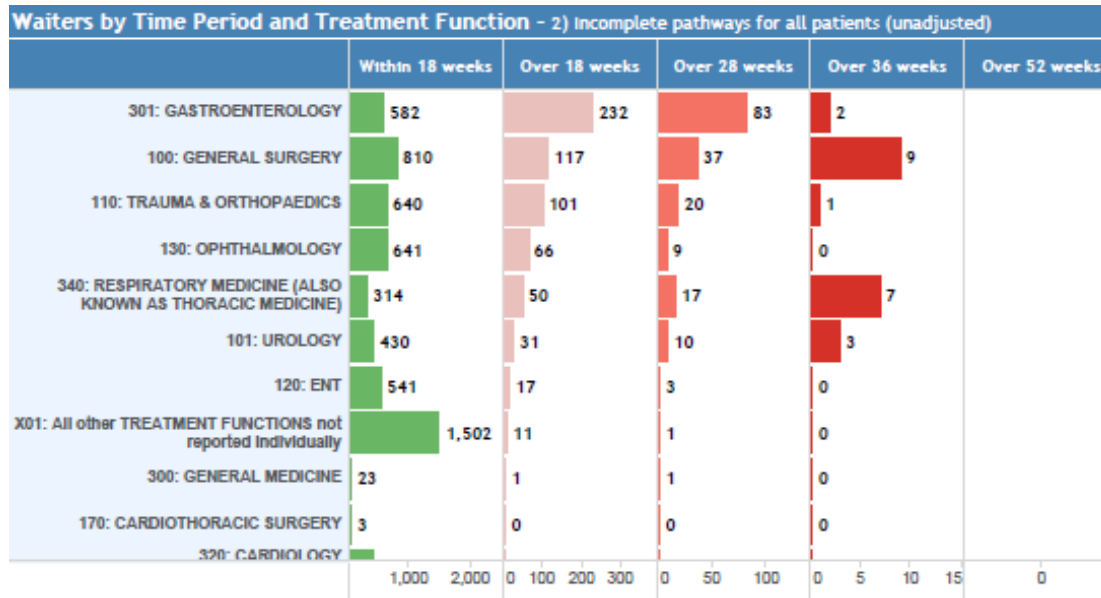
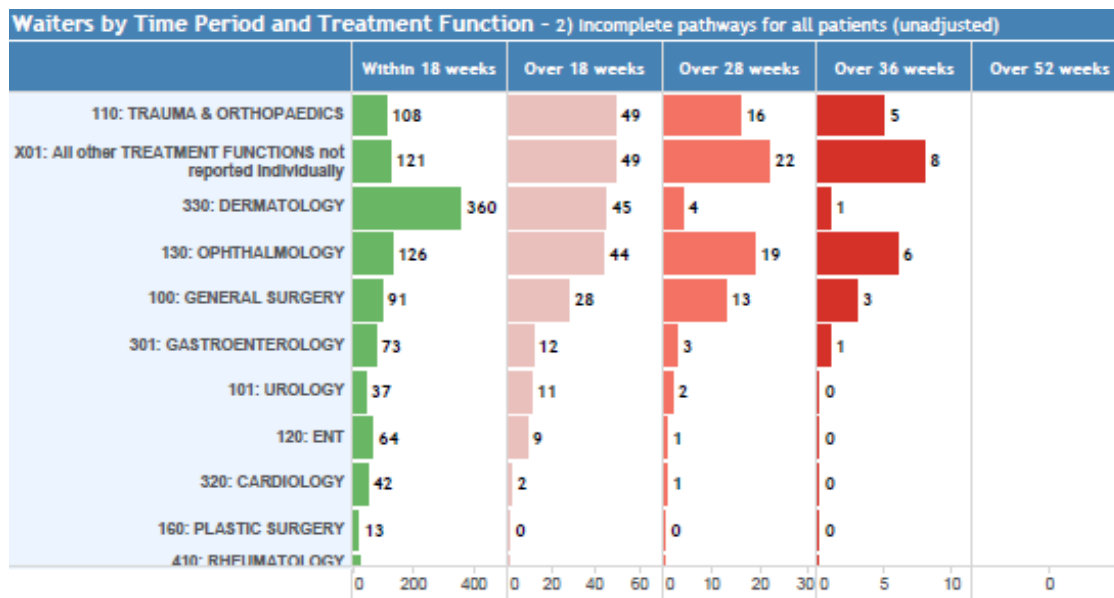


Figure 16 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 17 - South Sefton CCG Provider Assurance for Long Waiters

Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
Wirral	General Surgery	52		
Liverpool Womens	Gynaecology	52	Yes - NON ADM Breach	no appt / TCI scheduled
Liverpool Womens	Gynaecology	52	Yes - NON ADM Breach	appt still in place 20/06/2018 - definitive treatment
Aintree	General Surgery	40	Provisional TCI 29/06/2018	
Aintree	General Surgery	40	TCI 26/06/2018	
Aintree	Thoracic Medicine	40	Clock Stopped 03/05/2018 - Decision not to treat	
Aintree	Thoracic Medicine	40	Appt 20/06/2018	
Aintree	General Surgery	41	Clock stopped 11/06/2018 - AMON	
Aintree	General Surgery	41	Clock stopped 05/06/2018 - patient declined treatment	
Aintree	General Surgery	43	Clock stopped 03/05/2018 - AMON	
Aintree	General Surgery	43	Clock stopped 18/05/2018 - 1st treatment	
Aintree	General Surgery	48	Clock stopped 03/05/2018 - 1st treatment	
Aintree	Urology	46	Clock Stopped 08/05/2018 - Decision not to treat	
Aintree	Urology	47	Clock stopped 02/05/2018 - 1st treatment	
Aintree	Upper Gastrointestinal Surgery	45	Clock stopped 11/04/2018 - 1st treatment	
Aintree	General Surgery	47	Clock stopped 09/04/2018 - 1st treatment	
Liverpool Womens	Gynaecology	40		
Liverpool Womens	Gynaecology	42		
Liverpool Womens	Gynaecology	43		
Liverpool Womens	Gynaecology	50		
Liverpool Womens	Gynaecology	50		
Liverpool Womens	Gynaecology	51		
Royal Liverpool	Gastroenterology	40	TCI 01/08/2018	Long Wait on Waiting List
Royal Liverpool	General Surgery	41	Patient Treated	
Royal Liverpool	T&O	41	No Date Yet	Long Wait on Waiting List
Royal Liverpool	Dermatology	42	Treated 30/05/2018	Long Wait on Waiting List
Royal Liverpool	other	42	Patient Treated	Capacity
Royal Liverpool	other	42	Patient Treated	Capacity
Royal Liverpool	T&O	42	Patient Treated	Capacity
Royal Liverpool	other	43	Patient Treated	Capacity
Royal Liverpool	other	43	Patient Treated	Capacity
Royal Liverpool	other	43	Patient Treated	Capacity
Royal Liverpool	Ophthalmology	43	Patient Treated	Capacity
Royal Liverpool	T&O	44	Patient Treated	Capacity
Royal Liverpool	T&O	45	Patient Treated	Capacity
Royal Liverpool	Ophthalmology	45	Patient Treated	Capacity
Royal Liverpool	Ophthalmology	46	Patient Treated	Capacity
North Midlands	General Surgery	43		
North Midlands	General Surgery	44		
North Midlands	General Surgery	46		
North Midlands	General Surgery	46		
North Midlands	General Surgery	46		
North Midlands	General Surgery	46		
North Midlands	General Surgery	46		
North Midlands	General Surgery	46		
North Midlands	General Surgery	46		
North Midlands	General Surgery	46		

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	18/19 - Apr	0	0	1 ↔

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 - Aintree	18/19 - Apr	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) (CCG)	18/19 - Apr	93%	90.40%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	18/19 - Apr	93%	89.00%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (CCG)	18/19 - Apr	93%	90.00%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	18/19 - Apr	93%	91.20%	↓

The CCG failed the 93% target in April for patients referred urgently with suspected cancer with 90.4%. 57 patients out of 594 waited longer than two weeks for a first outpatient appointment. The majority of delays were due to elective capacity issues, delay to diagnostic tests, outpatient capacity and complex diagnostic pathways.

The CCG also failed the 93% target for 2 week waits for first outpatient appointments for patients referred urgently with breast symptoms in April, with 90%. Out of a total of 100 patients, 10 breached the target. Delays were due to elective capacity issues, delay to diagnostic tests and complex diagnostic pathways.

- Increasing use of e-RS for all referrals leading to full paper switch off by August 2018 for our breast services providers should help to reinforce the urgency of these appointments with patients and reduce the numbers of patient cancellations and DNAs
- There are benefits to using Advice and Guidance for this group of patients to support GPs in managing patients in primary care as providers report inappropriate and unnecessary referrals. Work is being undertaken with Aintree Hospital to promote this.

Aintree failed the 93% target in April for patients referred urgently with suspected cancer with 89%. 105 patients out of 953 waited longer than two weeks for a first outpatient appointment. The reasons for failure of this target include capacity for outpatient appointments and patient choice. If patients are given appointments towards the end of the 14 day period and then cancel or do not attend (DNA) it is difficult to give them another appointment within the 14 day period. This then contributes to the target being breached. All tumour groups apart from Urology failed this target in April 2018.

Proposed actions:

- Monthly capacity reports are sent out to CBUs to identify performance against the 14 day standard. Capacity is being assessed by CBUs to increase the number of patients booked in the first 7 days following referral.
- A standard letter has been agreed with the CCGs which will be sent out with the first patient appointment to remind patients of the importance of attending all of their appointments.
- Escalation of capacity constraints to the Divisional Directors for creation of extra capacity.

Aintree also failed the 93% breast target for April reaching 91.2%. Out of 284 patients there were 25 breaches. This was due to a lack of capacity and patient choice. When patients are offered appointments in days 7 to 14 of the pathway and decline or cancel, they are rebooked outside of the standard timescales due to capacity to provide a clinic appointment within 14 days from referral.

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 in the patient pathway to the weekly Cancer Performance meeting (CPG) and to the Divisional Director of Ops.
- Escalate constraints in the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics and Support Services.
- Capacity and demand profile to be addressed by CBU to assess how many additional slots per weeks are required to bring first booking for patients to 7 days.

- Review of the demand profile for the service to be undertaken to clarify the year-on-year increase in demand for the service.
- Clinical meeting to be held between Breast Clinical lead and Breast radiologist to consider different ways of working to increase capacity.
- Consideration to be given to outsourcing Radiology provision in order to support the increase in capacity.

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) (CCG)	18/19 - Apr	96%	95.00%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	18/19 - Apr	96%	97.12%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Apr	94%	100.00%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	18/19 - Apr	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Apr	94%	92.31%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	18/19 - Apr	94%	100.00%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Apr	98%	100.00%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	18/19 - Apr	98%	100.00%	↑

The CCG failed the 31 day target in April with 3 breaches out of a total of 60 patients; all three of the patient breaches were awaiting surgical treatment as noted by the surgical treatment under performance.

Two of the tumour types related to Urology, while the other to Gynaecology. The longest wait was 134 days with the delay due to medical reasons. The other delays were due to elective capacity and 'other' reasons.

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) (CCG)	18/19 - Apr	85% local target	70.00%	↓
Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers) – no operational standard set (Cumulative) (Aintree)	18/19 - Apr	85% local target	81.25%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Apr	90%	0 Patients	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - Apr	90%	88.89%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Apr	85%	82.76%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - Apr	85%	82.98%	↓

The CCG failed to achieve the 85% target for 62 day cancer waits following an upgrade along with the 62 day wait for urgent GP referrals. Three patients breached the 62 day standard upgrade target out of a total of ten, with the delays reported as other for two patients and medical reasons for the remaining patient. The longest wait was recorded as 195 days from a consultant upgrade.

Of the 29 patients urgently via a GP 5 waited longer than the target 62 days for the CCG, 4 of where waiting for surgical treatment. Medical reasons, elective capacity and complex diagnostic pathways were the main cause for delays. The longest wait recorded was 122 days from an urgent GP referral.

Aintree failed the local 85% target in April for 62 day wait for definitive treatment following consultant’s decision to upgrade, recording 81.25%. Out of 16 patients, 3 patients breached the target. In April there were 1.5 breaches for Lung which were due to complex pathways with multiple investigations. There were also 1.5 breaches in Upper GI, 1 of which was due to a change in planned treatment and 0.5 was due to patient choice and multiple diagnostics.

Proposed 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 in the patient pathway to the weekly Cancer Performance meeting (CPG) and to the Divisional Director of Ops.
- Escalate constraints to the patient pathway to the daily Cancer Performance briefing led by the Divisional Director of Operations Diagnostics & Support Services.
- A robust recovery plan has been formulated and has been discussed at Senior Operational meetings. The Divisions of Surgery and Specialty Medicine to implement the recovery plan.

Aintree failed the 90% target for 62 day screening in April with a half patient breach out of a total equivalent of 4.5 patients, a performance of 88.89%. It should be noted that the Trust undertakes Bowel screening only and so treatment numbers are low in comparison to other organisations. Therefore a 0.5 breach will result in the Trust failing this standard unless treatments are higher. The patient whose pathway breached was a colorectal patient.

Proposed 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 in the patient pathway at the weekly Cancer Performance meeting (CPG) and to the Divisional Director.

Aintree also failed the 85% target in April for 2 month wait from urgent GP referral to first definitive treatment recording 82.98%. Out of a total equivalent of 70.5 patients, 12 breached the target. The main reasons for breaches include patient choice with patients delaying diagnosis due to holidays, capacity in theatres, complex pathways (patients not fit for treatment or needing multiple investigations) and delayed histopathology results meaning patients are not discussed at the earliest possible MDT meeting. There has also been a significant increase in the total number of patients on cancer pathways. At the start of Q2 last year there were 762 patients on a Cancer pathway and in April this year there are 1087 patients on cancer pathways in the Trust.

Proposed 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 twice weekly Cancer Performance Meetings.
- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalation of issues to Divisional Directors of Operations, Cancer Performance meeting and the Director of Operations.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group, emails and tracking by MDT coordinators.
- Daily Performance meetings continue with escalation to the Divisional Directors as required. Twice weekly performance meetings with relevant CBMs have been commenced.
- Escalation to the relevant Divisional Directors any constraints in capacity for review at Divisional Resource panels.

In February there was a meeting held with NHSE, Aintree 62 Days Cancer Delivery Meeting, included were South Sefton and Knowsley CCGs and the Cheshire and Merseyside Cancer Alliance.

Key Trust actions:

- Liverpool Clinical Laboratories work around agreement of criteria of priority samples and workforce and recruitment programme.
- Patient navigator to support engagement and attendance for appointments and investigations.
- Work on late transfer to Aintree for head and neck patients from other providers.
- Radiology, investigate potential to reduce double reporting when patients are transferred from other providers.

South Sefton CCG actions:

- To work with Knowsley CCG to ensure information is available at CQPG regarding clinical validation and review of +104 days waiters with information available at patient level.
- Auditing use of patient letters within primary care designed to reinforce importance of attending appointments and investigations.

3.5.4 104+ Day Breaches

The Managing Long Waiting Cancer Patients - policy on “backstop” measures introduced in 2015 signalled the need for harm reviews to be undertaken in addition to root cause analyses on pathways breaching 104 days.

The CCG has reported 5 patients who have waited over 104 days; one patient within the 31 day measure was delayed for medical reasons. Two patients were delayed within the 62 day urgent GP referral metric for complex diagnostic pathway and other reasons. The last two patient delays were due to medical and other reasons within the consultant upgrade metric. The longest waiting patients was delayed due to medical reasons following a consultant upgrade, the total days waited was 195.

In month 1 Aintree Trust reported seven patients waiting over 104 days, five against the 62 day standard measure and 2 against 62 day upgrade. The majority of delays were due to complex diagnostic pathways with the longest waiter 184 days.

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: Apr-18

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	24.9%	20.0%		96%	93%		2%	4%	

Aintree Friends and Family Inpatient test response rates are under the England average of 24.9% for April at 20%. The proportion of patients who would recommend the Trust has improved on last month from 91% to 93%, but unfortunately is still below the England average of 96%. The

proportion who would not recommend has also improved from 5% in March to 4% in April, but is still above the England average of 2%.

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 1 of financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an over performance of £183k/5%. 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 -£52k/-1.4%.

At specific over performing Trusts, Aintree are reporting the largest cost variance with a total of £218k/10%. In contrast, Southport & Ormskirk and Renacres Hospital are under performing by -£40k/-20% and -£39k/24% respectively.

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	13,321	14,661	1,340	10%	£2,227	£2,445	£218	10%	£218	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	1,059	1,227	168	16%	£134	£147	£13	10%	£13	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	93	97	4	4%	£32	£35	£3	9%	£3	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	1,241	1,054	-187	-15%	£236	£219	£17	-7%	£17	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	2,329	2,461	132	6%	£390	£400	£10	3%	£10	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	240	300	60	25%	£77	£86	£9	11%	£9	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	18,284	19,800	1,516	8%	£3,096	£3,332	£236	8%	£236	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0	13	13	0%	£0	£2	£2	0%	£0	£2	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	6	6	0%	£0	£1	£1	0%	£0	£1	-
FAIRFIELD HOSPITAL	15	26	11	69%	£4	£11	£7	169%	£0	£7	169%
ISIGHT (SOUTHPORT)	43	46	3	8%	£10	£10	£0	0%	£0	£0	0%
RENACRES HOSPITAL	532	418	-114	-21%	£164	£125	£39	-24%	£0	£39	-24%
SALFORD ROYAL NHS FOUNDATION TRUST	0	9	9	0%	£0	£2	£2	0%	£0	£2	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	1,105	895	-210	-19%	£206	£166	£40	-20%	£0	£40	-20%
SPIRE LIVERPOOL HOSPITAL	219	227	8	4%	£69	£49	£19	-28%	£0	£19	-28%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	374	402	28	7%	£80	£96	£16	20%	£0	£16	20%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	97	54	-43	-45%	£22	£7	£15	-68%	£0	£15	-68%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	15	15	0%	£0	£4	£4	0%	£0	£4	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	27	27	0%	£0	£7	£7	0%	£0	£7	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	96	120	24	25%	£34	£57	£23	68%	£0	£23	68%
ALL REMAINING PROVIDERS TOTAL	2,481	2,258	-223	-9%	£588	£536	£52	-9%	£0	£52	-9%
GRAND TOTAL	20,765	22,058	1,293	6%	£3,684	£3,868	£183	5.0%	£236	£52	-1.4%

*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	985	1,071	86	9%	£585	£669	£84	14%
Elective	137	122	-15	-11%	£386	£401	£16	4%
Elective Excess BedDays	45	51	6	12%	£11	£13	£2	17%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	32	22	-10	-31%	£7	£5	-£1	-21%
OPFANFTF - Outpatient first attendance non face to face	205	271	66	32%	£6	£7	£1	25%
OPFASPCL - Outpatient first attendance single professional consultant led	2,458	2,535	77	3%	£393	£401	£8	2%
OPFUPMPCCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	105	59	-46	-44%	£9	£6	-£3	-36%
OPFUPNFTF - Outpatient follow up non face to face	252	739	487	193%	£6	£18	£12	192%
OPFUPSPCL - Outpatient follow up single professional consultant led	6,291	6,362	71	1%	£440	£460	£20	5%
Outpatient Procedure	1,693	2,079	386	23%	£224	£276	£51	23%
Unbundled Diagnostics	1,015	1,244	229	23%	£82	£108	£26	32%
Wet AMD	104	106	2	2%	£79	£81	£1	2%
Grand Total	13,321	14,661	1,340	10%	£2,227	£2,445	£218	10%

The majority of areas within planned care are over performing at month 1 with day cases representing the largest cost variance of £84k/14%. Cardiology is showing the largest cost variance within day cases (£49k/134%), which can be attributed to the heart failure pathway.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently - £218k/10% up against plan at month 1. Despite this indicative underspend; there is no financial impact of this to South Sefton CCG due to the Acting as One block contract arrangement.

It should also be noted that a 2018/19 activity plan for this Trust has yet to be agreed and as such any plan values included in the above table relate to 2017/18.

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 26 - Planned Care - Southport & Ormskirk Hospital by POD

Southport & Ormskirk Hospital Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	69	69	0	0%	£50	£49	£-1	-2%
Elective	14	12	-2	-17%	£41	£21	£-19	-48%
Elective Excess BedDays	3	0	-3	-100%	£1	£0	£-1	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	18	14	-4	-20%	£3	£2	£0	-16%
OPFASPCL - Outpatient first attendance single professional consultant led	165	122	-43	-26%	£27	£21	£-6	-23%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	40	15	-25	-63%	£3	£1	£-2	-64%
OPFUPSPCL - Outpatient follow up single professional consultant led	351	283	-68	-19%	£27	£22	£-5	-18%
Outpatient Procedure	381	316	-65	-17%	£50	£44	£-5	-11%
Unbundled Diagnostics	64	64	0	0%	£5	£5	£0	7%
Grand Total	1,105	895	-210	-19%	£206	£166	£-40	-20%

* PbR only

Plans for 2018/19 rebased using the 2017/18 forecasted outturn position with some additional growth added to accommodate staffing increases in some aspects of planned care as well as national requirements for RTT performance. The plan rebasing exercise for 2018/19 was required to readjust activity and finance levels in line with continued reductions in demand and activity levels.

Outpatient cost and activity levels for month 1 are currently below planned levels and on the lower end of the levels noted throughout 2017/18. Outpatient first attendance levels, although below plan, have increased against a dip seen in the latter four months of 2017/18. Follow-up levels are at the lower end of last year's levels as are outpatient procedures. Trauma & Orthopaedics and Dermatology make up over two thirds of the current under performance within all the outpatient points of delivery.

Day case and Elective activity for month 1 is on plan with cost slightly below planned levels. Both points of delivery are in line with levels noted throughout 17/18. Trauma & Orthopaedic procedure costs are down against planned levels however, this is due to a larger reduction in Elective activity as Day Case levels are slightly above plan.

It should be noted the 2018/19 plan was agreed post reporting of month one and figures presented are aligned to 2017/18 planned figures.

3.7.3 Renacres Hospital

Figure 27 - 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	50	39	-11	-22%	£62	£51	£-11	-17%
Elective	13	7	-6	-48%	£62	£42	£-20	-33%
OPFASPCL - Outpatient first attendance single professional consultant led	94	64	-30	-32%	£15	£11	£-5	-31%
OPFUPSPCL - Outpatient follow up single professional consultant led	141	133	-7	-5%	£9	£9	£0	-3%
Outpatient Procedure	76	32	-44	-58%	£8	£5	£-2	-30%
Unbundled Diagnostics	37	27	-10	-28%	£4	£2	£-1	-36%
Physio	121	84	-37	-31%	£4	£2	£-1	-31%
Grand Total	532	386	-146	-27%	£164	£123	£-41	-25%

Renacres under performance is evident across all PODs with Elective and Day Case procedures showing the largest cost variances against plan (£20k/-33% and £11k/-17% respectively). Very major knee/hip procedures account for the majority of this reduced performance against plan at month 1.

3.8 Personal Health Budgets

Figure 28 - 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	24	60	25
2) New personal health budgets that began during the quarter (total number per CCG)	4	0	4	1	4	2	4	5
3) Total number of PHB in the quarter = sum of 1) and 2) (total number per CCG)	52	11	56	24	60	26	64	30
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	16.78	41.31	19.37

Whilst PHB's for Continuing Health Care (CHC) are currently a 'right to have', there is an expectation that PHBs for this cohort will be a default position from April 2019. There has been some progression with Midlands and Lancashire Commissioning Support Unit (MLCSU) supporting the role of a Complex Care Nurse with slicker processes; however these improvements are unlikely to meet the expected trajectories set by NHS England. The CCG does not operate a CHC end to end service and community providers are being requested to submit their plans in relation to CHC default position via Clinical Quality and Performance Groups.

There is a scoping exercise being undertaken in relation to PHBs for CHC end of life fast-track cases. A paper is expected to be submitted to Clinical QIPP group on the proposed model, which would support PHBs for this cohort of people who are reaching end of life.

The CCG has been successful in obtaining mentorship by NHS England to support the expansion of PHBs for Children and Young People and Wheelchair Services and due to attend the introduction meeting in May 2018. The contract for wheelchair services for South Sefton did not

transfer across to the CCG when established in 2013 and is still commissioned by Specialised Commissioning. A transfer is planned.

Quarterly plans for 2018/19 have been set with the expectation of the total number of PHBs for quarter 1 to increase to 85 with the rate against per 100,000 to reach 54.84.

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 29 - 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

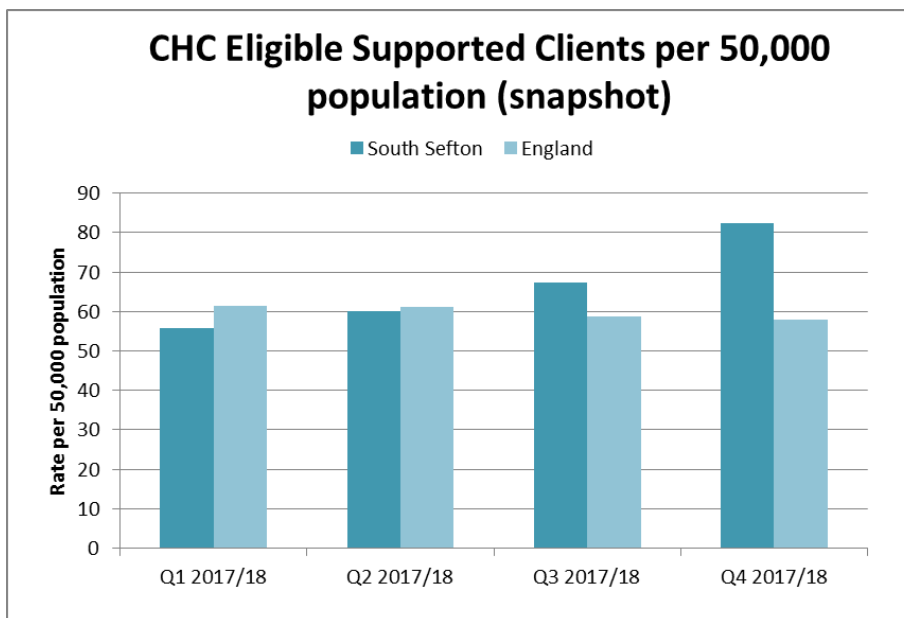


Figure 30 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

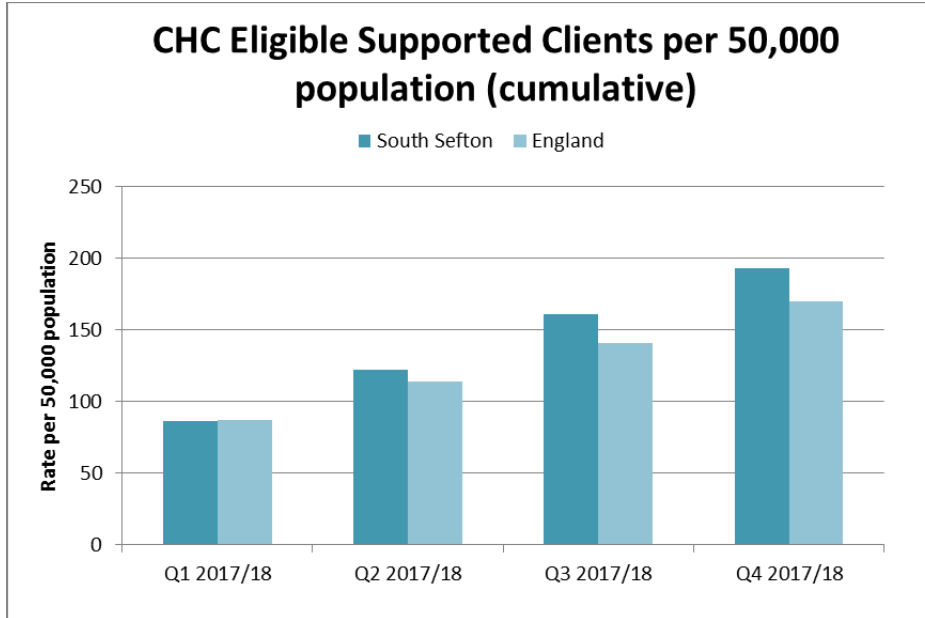


Figure 31 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

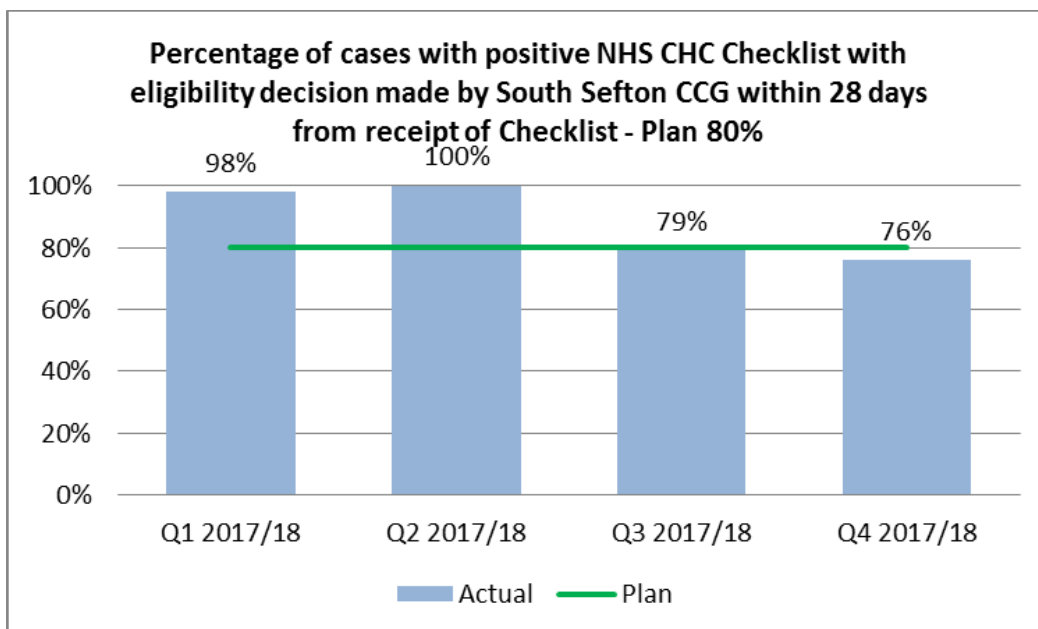
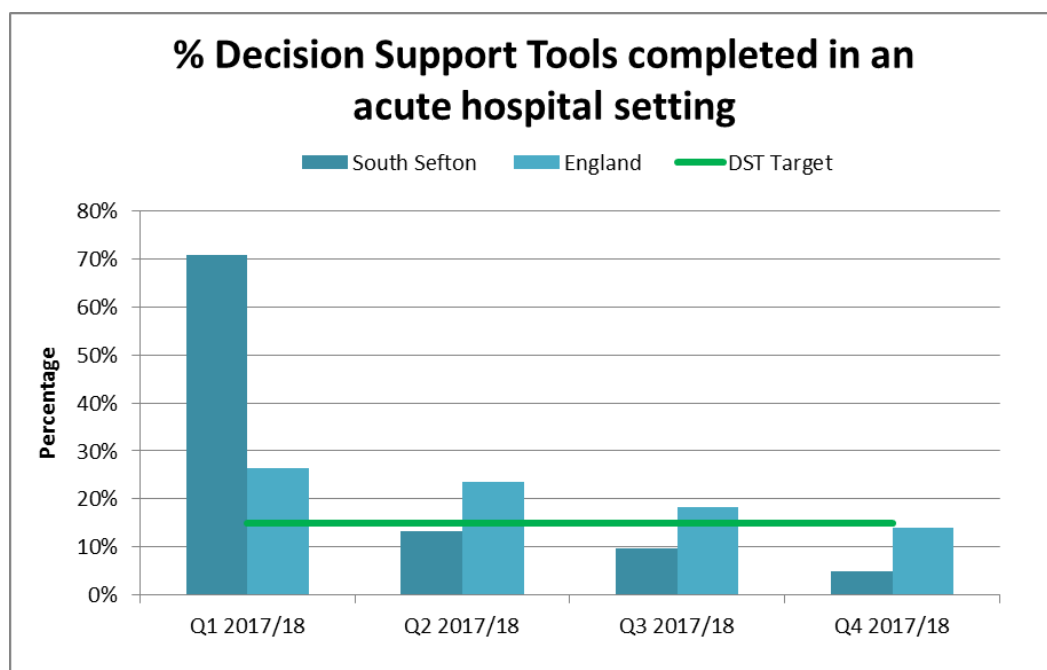


Figure 32 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



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 both Q2 with 13.3% and Q3 with 9.8%. There was a further improvement in Q4 (5%) with the introduction of 28 day health step down beds to support assessments for individuals with long term health needs being undertaken within a community setting. This work is being piloted at present and evaluation will be required to evaluate improvements to the pathway.

A CHC Programme Board has been established to replace the CHC Steering Group. The new board met for the first time in January, 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	Actual Q3	Actual Q4	YTD
Number of maternities	367	452	402	344	1565
Number of women known to be smokers at the time of delivery	56	62	69	60	247
Number of women known not to be smokers at the time of delivery	310	389	332	283	1314
Number of women whose smoking status was not known at the time of delivery	1	1	1	1	4
Data coverage %	99.7%	99.8%	99.8%	99.7%	99.7%
Percentage of maternities where mother smoked	15.3%	13.7%	17.2%	17.4%	15.8%

The CCG is again above the data coverage plan of 95% at Q4, 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.

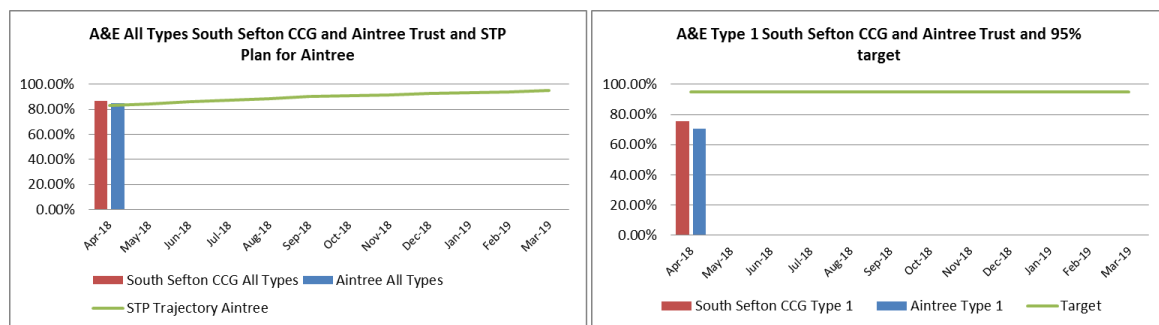
4. Unplanned Care

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	18/19 - Apr	95%	86.60%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Apr	95%	75.45%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - Apr	STP Trajectory Apr Target 83%	85.10%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - Apr	95%	70.77%	↑

A&E All Types	Apr-18	YTD
STP Trajectory Aintree	83%	%
Aintree All Types	85.10%	85.10%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved April trajectory of 83% with a performance of 85.1% for all A&E department types.

Actions for improvement include:

- Continue all aspects of the Emergency and Acute Care Plan by embedding of a cyclical rapid improvement programme within all areas

- Business case approved for Emergency Department medical staff. Recruitment in process.
- Recruitment of Consultants in Acute & Emergency Medicine: Interview for 2 vacant acute physician posts is scheduled for 15th June. ED Consultant interview dates to be arranged with 2 candidates having been shortlisted.
- Dependency study completed within the department, which showed 20 Registered nurses and 7 Health care assistants are required. Review of rotas to be completed to ensure they match peak periods of attendances.
- Improvement plan continues which includes the following key areas:
 - Implementation of new process for managing medical take out of hours.
 - Implementation of role cards in S&D for co-ordinator.
 - Reductions of specialty wait times by implementation and monitoring of inter-professional standards.

Multi Agency Discharge Events (MADE) continue to be held on a weekly basis with representation from health and social care to review practice at ward level. These are supplemented by weekly patient flow telephone meetings to facilitate and support discharge processes with multi-agency representation. The implementation programme for the SAFER patient flow bundle was affected by winter pressures but with work now refocused to ensure systems developed in all required ward areas. Roll out programme – Cohorts 1 and 2 rolled out, Cohort 3 was rolled out at the end of March 2018 to be followed by Cohorts 4-9 rollouts by end of June 2018.

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)	18/19 - Apr	0	0	↔

Aintree reported no 12 hour breaches in April 2018.

4.2 Ambulance Service Performance

In August 2017 North West Ambulance Service (NWAS) implemented the national Ambulance Response Programme (ARP). Performance is based upon the average (mean) time for all Category 1 and 2 incidents. Performance will also be measured on a 90th percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In April there was an average response time in South Sefton of 7 minutes 19 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response was 20 minutes against a target of 18 minutes. The CCG also failed the target of 180 minutes for category 4 calls, achieving an average of 196 minutes but achieved the target of 120 minutes for category 3 incidents.

Figure 36 – 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	18/19 - Apr	0	136	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	18/19 - Apr	0	46	↓

In April Aintree Trust recorded 136 handovers between 30 and 60 minutes showing significant improvement, this is 101 less than last month when 237 was reported and is still breaching the zero tolerance threshold. They also recorded 46 handovers over 60 minutes, which is also significantly less than last month but still breaching the zero tolerance threshold.

The average time from notification to handover standard of 15 minutes has decreased to 11.03 minutes compared to 16.05 minutes in March. The time to see 1st clinician has improved to 59 minutes, against the 60 minute clinical quality indicator, which is a decrease of 13 minutes from March 2018. 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.

As previously reported the North West contract for ambulance services for 2018/19 has been increased by a further £3.5m per annum as part of two year time-limited monies to provide additional support to enable them to continue to improve ARP performance and importantly address concerns regarding patient safety. This funding is predicated on the North West achieving a 30 minute average hospital turnaround time by the end of quarter 1 and sustained through quarter 2. If hospital delays have not reduced by the end of quarter 2 further discussions will be triggered with NWS and NHSE/I. A performance improvement plan is in place to assure commissioners on delivery and patient safety. This plan includes additional clinicians.

A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays.

The ARP and turnaround targets will not be met for quarter 1. The service aims to deliver consistent performance of the standards by September 2018 with significant improvement by June 2018. Locally the CCG Head of Commissioning has raised the performance at the CCG Joint Quality Committee. As a result the Head of Commissioning and Deputy Chief Nurse have added this as a risk to the CCG Corporate Risk Register.

4.3 NWAS, 111 and Out of Hours

4.3.1 111 Service Calls

Figure 37 – 111 Service Calls



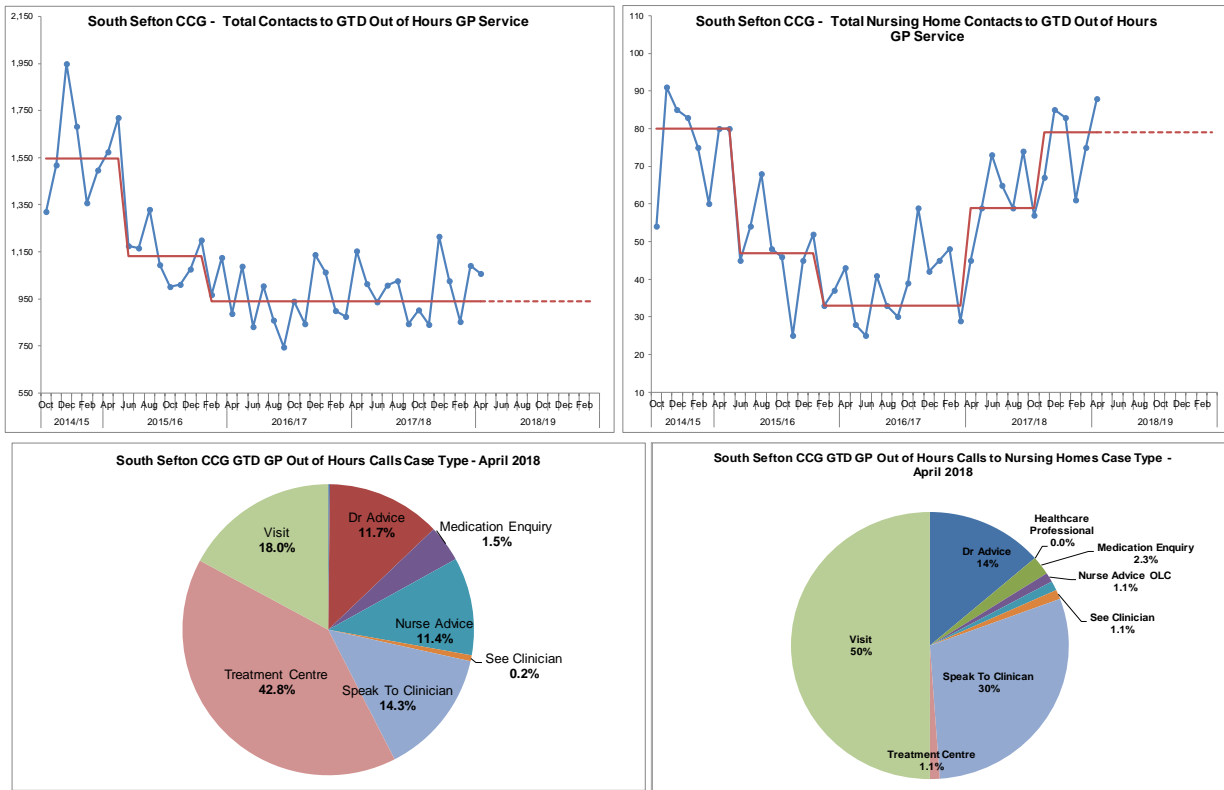
In April 2018, there were 2,049 contacts to the 111 service from South Sefton CCG patients. This is similar to the monthly average in the previous year and is a slight reduction on the same time in the previous year when 2,220 contacts were made to the service.

The breakdown for outcomes of 111 calls in April 2018 is as follows:

- 59% advised to attend primary and community care
- 16% closed with advice only
- 15% transferred to ambulance
- 7% advised to attend A&E
- 3% advised to other service

April had a higher proportion of calls which were transferred to ambulance than the previous month, 14.5% compared to 13%. This is still lower than the 2017/18 average of 15.2% however. The proportion of calls which were advised to primary and community care have reduced slightly in April, but still remain above the 2017/18 average after a peak in March.

4.3.2 GP Out of Hours Service Calls
Figure 38 – GP Out of Hours Calls



South Sefton CCG	999	Dr Advice	Healthcare Professional	Medication Enquiry	Nurse Advice	See Clinician	Speak To Clinician	Treatment Centre	Visit	TOTAL
2016/17 %	0.2%	8.0%	0.1%	2.5%	14.7%	3.3%	14.9%	37.9%	18.4%	100.0%
2017/18 %	0.2%	10.1%	0.1%	4.5%	11.7%	0.6%	13.9%	41.3%	17.6%	100.0%
YTD 2018/19 %	0.2%	12.7%	0.0%	4.1%	10.9%	0.7%	14.0%	40.4%	17.1%	100.0%

The number of calls from South Sefton patients to the GP OOH service remains similar to the previous month at 1,057 in April. This is slightly above the 2017/18 average of 1,012 per month. There were slightly fewer calls in April 2018 than the previous year, 1,091 compared to 1,057.

Apr-18

	Total	%
	South Sefton	
QR02 Supply of Clinical Details Compliance	1,057	99.53%
QR09 Life Threatening Conditions	0	0.00%
QR09 Telephone Clinical Assessment (Urgent)	0	0.00%
QR09 Telephone Clinical Assessment (Other)	126	90.48%
NHS 111 Speak To Performance (Emergency)	46	95.65%
NHS 111 Speak To Performance (Urgent)	130	86.92%
NHS 111 Speak To Performance (Less Urgent)	158	91.14%
QR12 Base Time to Consultation (Emergency)	0	100.00%
QR12 Base Time to Consultation (Emergency Patient Choice)	0	0.00%
QR12 Base Time to Consultation (Urgent)	60	98.33%
QR12 Base Time to Consultation (Urgent Patient Choice)	60	98.33%
QR12 Base Time to Consultation (Less Urgent)	367	99.18%
QR12 Base Time to Consultation (Less Urgent Patient Choice)	367	99.18%
QR12 Visit Time to Consultation (Emergency)	0	0.00%
QR12 Visit Time to Consultation (Urgent)	48	89.58%
QR12 Visit Time to Consultation (Less Urgent)	133	92.48%
QR12 Face To Face Consultation (Emergency)	0	0.00%
QR12 Face To Face Consultation (Urgent)	108	94.44%
QR12 Face To Face (Less Urgent)	500	97.40%

The Out of Hours GP service has been discussed at Finance and Resource Committee in recent months and the committee in March 2018 agreed to undertake an evaluation of the service (including a visit) which is being overseen by the Joint Quality Committee.

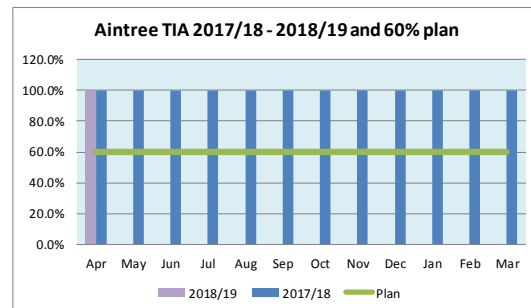
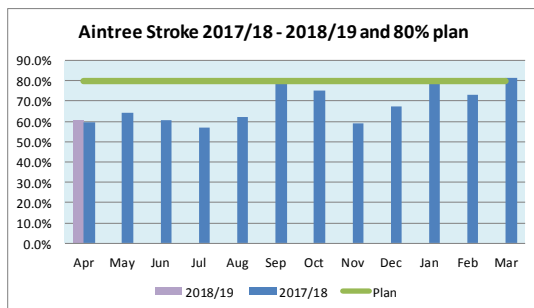
South Sefton CCG, in collaboration with Go To Doc (GTD) and NWAS, launched their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 39 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	18/19 - Apr	80%	60.60%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	18/19 - Apr	60%	100%	↔



After achieving in March, the Trust performance has dropped back under the 80% target for Stroke. In April, out of 33 patients, only 20 spent more than 90% of their hospital stay on a stroke unit resulting in a performance of 60.6%. The 33 patients with a diagnosis of stroke were discharged from the Trust during the month. 20 patients spent 90% of their stay on the Stroke Unit and so the standard was not achieved for 13 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 7 patients required admission to the Stroke Unit but no beds were available
- 5 patients were diagnosed as a stroke after MRI
- 1 patient was discharge from the hospital within 24 hours

Lack of available stroke beds remains the biggest contributor to the inability to achieve the standard.

Proposed actions:

- Continue Registered Nurse and Therapy recruitment to staff funded HASU beds. Initial recruitment was not successful therefore further adverts are out following the revised banding for these vacancies
- Discuss and agree options to support recruitment with the Divisional Nurse. Nursing Support Agreed - Advert out May 2018
- Present case studies of Stroke patients who were seen by Stroke Nurse Clinician on arrival and accepted after MRI result, CD and Team to provide training and advice to ED, AEC and AMU
- Quality Improvement Project Underway - Team being supported, work commenced May 2018

- Weekly Breach Meeting with Dr Cullen, Stroke Nurse Clinicians Matron, CBM, ACBM & Data Team to review all patients that failed 4 hours target
- Stroke Action Plan being devised by CD/CBM & Matron.

4.4.2 Mixed Sex Accommodation

Figure 40 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - Apr	0.00	0.00	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	18/19 - Apr	0.00	0.00	↔

4.4.3 Healthcare associated infections (HCAI)

Figure 41 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - Apr	5	6	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Apr	4	4	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Apr	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Apr	0	0	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Apr	11	11	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Apr	No Plan	26	↑

The CCG had 6 new cases of Clostridium Difficile reported in April against a plan of 5 (4 apportioned to acute trust and 2 apportioned to community). Aintree had 4 new cases reported in April against a plan of 4.

The CCG and Aintree had no new cases of MRSA in April and are both therefore achieving the zero tolerance threshold.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2018/19 NHS South Sefton CCG's year-end target is 128. In April there were 11 cases against a plan of 11. Aintree reported 26 cases in April. There are no targets set for Trusts at present.

4.4.4 Hospital Mortality

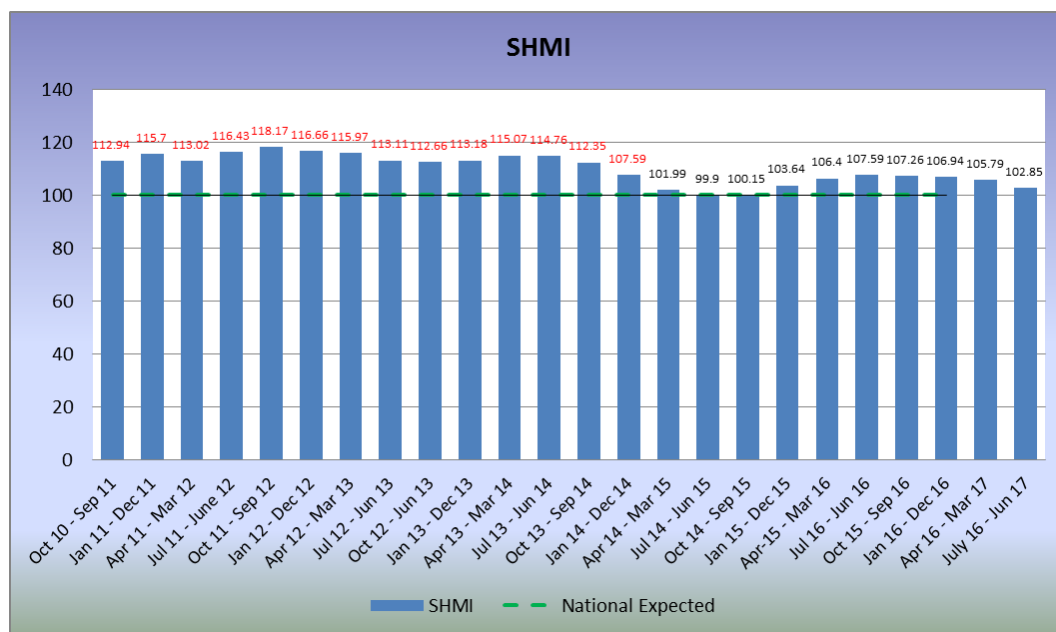
Figure 42 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Apr	100	91.20	↑ ↔
Summary Hospital Level Mortality Indicator (SHMI)	Jul 16 - Jun 17	100	102.85	↓

HMSR is reported for the rolling 12 months to November 2017 with the latest data showing a decrease to 91.2 from 94.3 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 102.85 is marginally better at June 2017 and within tolerance levels.

Figure 43 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

The CCG serious incident process remains on the CCG register which is a statutory function for the CCG. In addition to the deep dive which has been conducted by the CCG Corporate Governance Manager, additional activity is being undertaken to support robust process:
Peer review by Bolton NHS Foundation Trust and Bolton CCG
Team visit and peer review from West Cheshire CCG

To commission a review of internal serious incident processes by MIAA
 Review of the current CCG serious incident standard operating procedure
 To source root cause analysis training (RCA) for CCG staff
 To raise awareness of the requirements with the NHS Serious Incident Framework for CCG staff
 Review to be undertaken of the CCG serious incident review group
 Review to be undertaken by NHS E C&M of the CCG serious incident review group

All actions have been completed with the development of a serious incident action plan which will be monitored by Joint Quality Committee on a monthly basis.

The Chief Nurse has highlighted to Leadership Team the recommendation from the Deep Dive for a serious incident administrator to support the process which has been supported for six months starting 1st May 2018. Additional data cleansing is being undertaken by the Programme Manager for Quality and Risk.

Aintree University Hospital NHS Foundation Trust – reported five incidents in April with 5 YTD, with zero Never Events, with one incident closed in Month. There are 47 incidents open on StEIS with 27 being open for > 100 days.

MerseyCare NHS Foundation Trust - 1 incident was raised in month from Mental Health Local Division with zero Never Events. 1 RCA was expected and received with zero closed in month. 33 incidents remain open on StEIS with 29 remaining open for > 100 days.

Liverpool Community Health – In Month 1, there remains seven incidents open on StEIS, all of which have been open for > 100 days. A meeting is scheduled to take place with MerseyCare on 1st June to look to support closure.

Liverpool Women's – 4 incidents remain open on StEIS. The Quality Team attended the Learning Event for the Test of Cure at Liverpool CCG on 13th April 2018. An independent review is being undertaken by the Deputy Chief Nurse for Halton CCG. The CCG requested confirmation of the number of CCG patients who were affected and still awaiting a follow up smear. The Trust is in the process of contacting the patients to offer them a smear in colposcopy clinic. The pathway issue has been escalated to the Director of Commissioning and Redesign with discussions to take place with LMC and GP Clinical leads. One South Sefton lady requested smear at GP practice, however this has been referred back to Liverpool Women's.

South Sefton CCG – 7 incidents remain open on StEIS for South Sefton CCG although the CCG only has oversight over 6, with the 6th sitting with NHS E C&M: 1 remains open or >100 days awaiting feedback from NHS E C&M to support closure (General Practice). One incident has since been downgraded and removed from StEIS. There are duplicate entries which need to be removed which will form part of the data cleansing.

There are a total of 124 serious incident open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner and or a Sefton CCG, with 67 remaining open for >100 days. Those where the CCG is not the RASCI responsible commissioner are attributed to:

Number	Provider
1	Alder Hey Children's NHS Trust
1	Cheshire and Wirral Partnership
1	Liverpool Women's NHS Foundation Trust

2	North West Ambulance Service NHS Foundation Trust
1	North West Boroughs NHS Foundation Trust
4	Southport and Ormskirk Hospitals NHS Trust
1	Walton Centre NHS Foundation Trust (Managed by NHS E Spec Comm)

Assurance is sought via the RASCI commissioner for these organisations

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.

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 44 - Average Delayed Transfers of Care per Day at Aintree April 2017 – April 2018

Reason for Delay	2017/18												2018/19
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
A) COMPLETION ASSESSMENT	0	0	2	1	2	2	1	1	0	1	0	1	1
B) PUBLIC FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0
C) WAITING FURTHER NHS NON-ACUTE CARE	11	9	11	7	8	9	9	16	5	6	7	8	10
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
D1) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	4	1	6	1	3	2	5	4	5	6	7	7	4
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	1	0	1	0	1	0	0	0	0	0	0
G) PATIENT OR FAMILY CHOICE	13	18	20	8	14	15	8	17	15	9	9	10	14
H) DISPUTES	0	0	0	0	0	0	0	0	1	0	0	0	0
I) HOUSING	0	0	0	0	0	1	0	0	0	0	0	1	1
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	28	29	39	18	28	29	24	38	26	22	23	27	30

The average number of delays per day in Aintree hospital increased in April to 30 from 27 reported in March. Of the 30, 14 were patient or family choice (46.7%), 10 were awaiting further NHS non-acute care (33.3%), 4 were awaiting care package in own home (13.3%) 1 patient was awaiting completion of assessment (3.3%) and 1 patient awaiting housing (3.3%).

Analysis of average delays in April 2018 compared to April 2017 shows 2 more delays in April 2018 (30 compared to 28 for 2017 a 7.1% increase).

Figure 45 - Agency Responsible for Days Delayed at Aintree April 2017 – April 2018

Agency Responsible	2016-17												2018/19
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS - Days Delayed	726	852	962	515	725	800	584	991	665	461	445	601	735
Social Care - Days Delayed	112	45	221	34	134	93	176	134	164	217	219	239	136
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 735 in April, an increase of 134 from March when 601 was reported. Delays due to social care was 136 in April, a decrease from 239 reported in March. No delays due to both were reported in April.

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 a weekly system wide teleconference. In addition weekly MADE events are held to support patient flow within the trust with representatives from health and social care.

Figure 46 - Average Delayed Transfers of Care per Day – Mersey Care - April 2017 – April 2018

Reason for Delay	2017/18												2018/19
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9	7	2
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6	3	1
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4	4	8
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4	4	3
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3	2	4
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3	4	1
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2	2	0
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1	2	2
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0	0	0
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	1	1	0	0	0	0	0	0	1	2
O) OTHER	0	3	2	1	1	1	0	2	2	2	0	1	7
Grand Total	35	29	34	37	41	40	41	40	32	29	32	30	30

The average number of delays per day at Mersey Care remained at 30 in April. Of the 30 delays: 8 were waiting for nursing home placements, 7 were classified as 'Other', 4 for public funding, 3 due to patient or family choice, 2 for housing, 2 were awaiting care package in their own home, 2 for community equipment or adaptations, 1 was waiting for further NHS non-acute care and 1 was delayed due to waiting for a residential care home placement.

Analysis of average delays in April 2018 compared to April 2017 shows them to be lower by 5 (14.3%).

Figure 47 - Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – April 2018

Agency Responsible	2016/17												2018/19
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538	420	486
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184	342	277
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153	138	127

The total number of days delayed caused by NHS was 486 in April, compared to 420 last month. Analysis of these in April 2018 compared to April 2017 shows an increase from 409 to 486 (18.8%). The total number of days delayed caused by Social Care was 277 in April, compared to 342 in March. Mersey Care also have delays caused by both which were 127 in April, a decrease from last month when 138 were reported.

4.7 ICRAS

The Integrated Community Reablement and Assessment Service (ICRAS) responds to the need for aligned community services in Sefton, Liverpool and Knowsley for the delivery of step-up (admission avoidance) and step-down care (transition from hospital or other urgent care setting) for those with support needs.

Phase 1 of ICRAS commenced on the 2nd October 2017 and is integral to the delivery of responsive 24/7 urgent community health and care services. The ICRAS comprises a range of intermediate health and social care services, which includes:

- an intermediate care/assessment bed base(s) delivered via locality hubs;

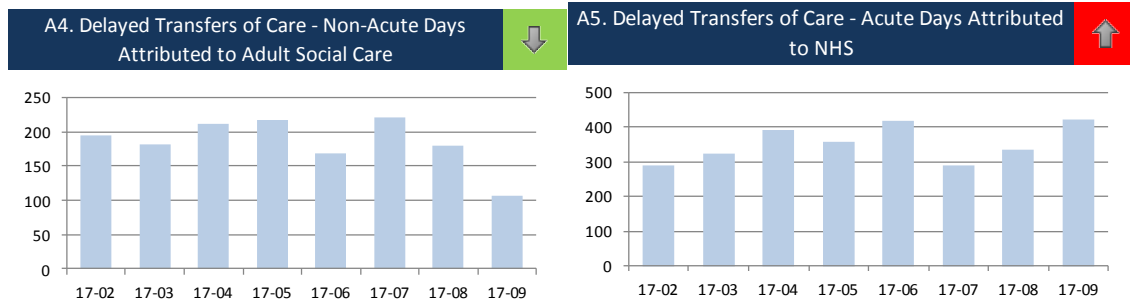
- multi-disciplinary care in a person's usual place of residence; or
- Reablement support.

This model is predicated on the 'lanes' approach to hospital discharge and the hospital having less social workers based at the hospital, the majority of which will become community-based .

In its first three months of operation, significant savings in terms of admissions avoided have already been made. Phase 2 of the project commenced on 1 April 2018 and specific metrics for the service have also been developed and will be reported to Sefton Health and Wellbeing Board as part of an integrated dashboard.

Figure 48 – ICRAS Performance Measures





4.8 Patient Experience of Unplanned Care

Figure 49 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: **Apr-18**

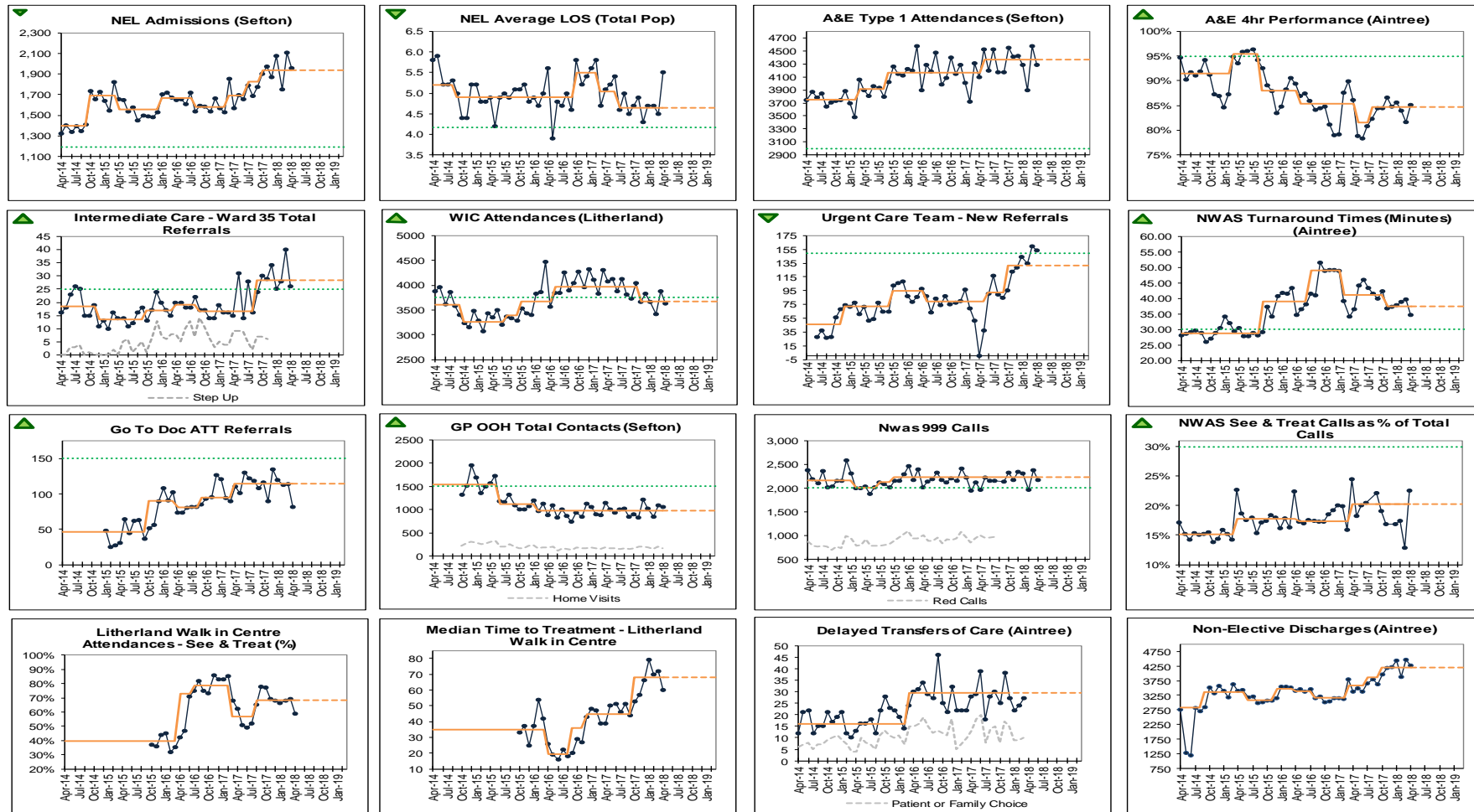
Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.9%	18.1%		87%	85%		8%	10%	

The percentage of people who would recommend Aintree's A&E is below the England average (87%) at 85%, but it should be noted that this is a significant improvement from 83% reported in March. The percentage not recommended is at 10% in April, a slight improvement, although still above the England average of 8%.

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 URGENT CARE DASHBOARD



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 1 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £80k/2%. 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 -£57k/-1.4%.

Aintree represents the highest over performing provider for unplanned care at month 1 with a year to date variance of £233k/8%. In contrast, Southport & Ormskirk is currently underperforming by £62k/-25%.

Figure 50 - Month 1 Unplanned Care – All Providers

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	7,978	9,202	1,224	15%	£2,960	£3,193	£233	8%	-£233	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	823	808	-15	-2%	£180	£178	-£3	-1%	£3	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	20	4	-16	-80%	£34	£11	-£23	-67%	£23	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	286	253	-33	-12%	£369	£293	-£76	-21%	£76	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	447	415	-32	-7%	£165	£160	-£5	-3%	£5	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	1	2	1	139%	£5	£15	£10	224%	-£10	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	9,555	10,684	1,129	12%	£3,713	£3,850	£137	4%	-£137	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0	7	7	0%	£0	£2	£2	0%	£0	£2	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	5	5	0%	£0	£1	£1	0%	£0	£1	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	4	4	0%	£0	£1	£1	0%	£0	£1	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	673	673	0	0%	£254	£191	-£62	-25%	£0	-£62	-25%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	86	78	-8	-10%	£35	£29	-£6	-17%	£0	-£6	-17%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	6	5	-1	-17%	£15	£8	-£7	-44%	£0	-£7	-44%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	6	6	0%	£0	£6	£6	0%	£0	£6	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	23	23	0%	£0	£9	£9	0%	£0	£9	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	5	7	2	40%	£3	£2	-£1	-36%	£0	-£1	-36%
ALL REMAINING PROVIDERS TOTAL	770	808	38	5%	£307	£250	-£57	-19%	£0	-£57	-19%
GRAND TOTAL	10,325	11,492	1,167	11%	£4,020	£4,100	£80	2.0%	-£137	-£57	-1.4%

*Pbr Only

4.10.2 Aintree University Hospital NHS Foundation Trust

Figure 51 - Month 1 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	3,455	3,625	170	5%	£81	£81	£0	0%
A&E - Accident & Emergency	2,561	2,750	189	7%	£345	£383	£38	11%
NEL - Non Elective	1,216	1,426	210	17%	£2,269	£2,341	£72	3%
NELNE - Non Elective Non-Emergency	4	10	6	149%	£14	£37	£22	156%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	2	46	44	2664%	£0	£11	£10	2219%
NELST - Non Elective Short Stay	165	175	10	6%	£111	£113	£2	1%
NELXBD - Non Elective Excess Bed Day	575	967	392	68%	£138	£227	£89	64%
Grand Total	7,978	8,999	1,021	13%	£2,960	£3,193	£233	7.9%

4.10.3 Aintree Hospital Key Issues

Aintree is over performing across the majority of PODs related to Urgent Care. However, the total over spend of £233k/7.9% is mainly driven by an over performance within Non-Electives, Non-Elective Excess Bed Days and A&E. The key specialty over performing within unplanned care is Acute Internal Medicine and the over performance within this specialty and the Non-Elective POD can be attributed to a pathway change implemented by the Trust from October 2017 onwards.

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.

It should also be noted that a 2018/19 activity plan for this Trust has yet to be agreed and as such any plan values included in the above table relate to 2017/18.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 52 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG	Caseload 2018/19 M1	2018/19 Plan	Variance from Plan	Variance from Caseload 2018/18 M1
0 Variance	77	106	-29	-23
1 Com Prob Low Sev	12	11	1	-32
2 Prob Low Sev/Need	7	7	0	-11
3 Non Psychotic Mod	62	72	-10	-30
4 Non Psychotic Sev	281	286	-5	-29
5 Non Psychot V Sev	88	84	4	2
6 Non Psychotic Dis	37	35	2	-1
7 Endur Non Psychot	305	303	2	25
8 Non Psychot Chaot	135	133	2	-3
10 1st Ep Psychosis	157	149	8	4
11 Ongo Rec Psychos	322	320	2	-26
12 Ongo/Rec Psych	381	397	-16	-4
13 Ong/Rec Psyc High	108	107	1	2
14 Psychotic Crisis	27	32	-5	-4
15 Sev Psychot Cris	7	8	-1	-1
16 Dual Diagnosis	44	42	2	4
17 Psy & Affect Dis	41	40	1	-5
18 Cog Impairment	219	245	-26	-8
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	405	436	-31	-23
20 Cognitive Impairment or Dementia Complicated (High Need)	407	446	-39	-18
21 Cognitive Impairment or Dementia (High Physical or Engagement)	114	119	-5	-22
Cluster 97	131	116	155	-287
Cluster 98	140	147		
Total	3507	3641	13	-490

5.1.1 Key Mental Health Performance Indicators

Figure 53 - CPA – Percentage of People under CPA followed up within 7 days of discharge

Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%										
Rolling Quarter			100%									

Figure 54 - CPA Follow up 2 days (48 hours) for higher risk groups

Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%										
Rolling Quarter			100%									

Figure 55 - EIP 2 week waits

Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
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%	80%										
Rolling Quarter			80%									

5.1.2 Out of Area Placements (OAP's)

Figure 56 - 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
Q1 2017/18	Apr 17 to June 17	96
	May 17 to Jul 17	51
	June 17 to Aug 17	28
Q2 2017/18	Jul 17 to Sep 17	23
	Aug 17 to Oct 17	20
	Sep 17 to Nov 17	10
Q3 2017/18	Oct 17 to Dec 17	15
	Nov 17 to Jan 18	100
	Dec 17 to Feb 18	130
Q4 2017/18	Jan 18 to Mar 18	165

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 January to March 2018 where 165 OAP days were reported, an increase on the last reporting period of 130. The CCG is therefore currently failing to meet the target.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) in months 9-12 within the Trust's footprint. In 2018/19 NHS England changed the definition of OAPs to include those patients who are not able to access their local inpatient unit but are admitted to other inpatient units within a Trust's footprint. For patients from both Sefton CCGs who subsequently are

admitted to Mersey Care NHS units at Broadoak (Broadgreen site) or Windsor House (Toxteth) they are classified as internal OAPs.

It should be noted that some mental health trusts are continuing report solely external OAPS on NHS Digital.

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.

Transformation Update

The Trust, in response to the Crisis Resolution Home Treatment Team (CRHTT) core fidelity review findings has established an urgent pathway work stream to establish a Single Point of Access to enable a more responsive access point for urgent referrals. This work also includes the identification of staff who undertake CRHTT functions with the aim of establishing a one stop integrated referral and response across the Trust's footprint. The Trust has recently communicated its decision to utilise its Acting as One Uplift to enable the implementation of a fully compliant CRHTT towards the end of 2018/19 instead of a staged approach until 2020/21 as previously envisaged. A fully compliant CRHTT will offer the following:

- 24/7 accessibility (call handler and triage 10pm – 8am)
- Rapid assessment in the community for urgent and emergency referrals
- A gatekeeping function (managing access to inpatient beds and facilitate early discharge.
- Initial treatment packages of timely and intensive treatment
- Management of immediate risk and safety.

The assessment function also contains a bed management oversight and this arrangement has contributed to zero usage of external Out of Area placements (OAP) since In 2018/19 NHS England changed the definition of OAPs to include those patients who are not able to access their local inpatient unit but are admitted to other inpatient units within a Trust's footprint. For patients from both Sefton CCGs who subsequently get admitted to Mersey Care NHS FT units at Broadoak (Broadgreen site) or Windsor House (Toxteth) they would be classified as internal OAPs. In the last rolling quarter (February 2018) the following OAP internal activity has taken place:

- NHS Southport & Formby CCG: 10 OAPs accounting for 130 occupied bed days
- NHS South Sefton CCG 5 OAPs accounting for 50 occupied bed days.

It should be noted that some mental health trusts are continuing to report solely external OAPS on NHS Digital.

No mental health related 12 hours breaches relating to Mersey Care FT patients have been reported since October 2017.

In conjunction with the urgent pathway redesign and recognising the need to improve collaborative working, the Trust has developed enhanced GP liaison building upon the primary care mental health practitioners which have been in place since 2013/14. Consultant psychiatrists have been aligned to primary care localities so as to increase the mental health support available for GPs. Contact is being 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. Meetings are ongoing to explore the discharge pathway from secondary to primary care for adult mental health patients.

Communication related KPIs within the contract continue to be a focus of concern with continuing underperformance. In order to address this continued underperformance, and to ensure that the Trust is able to meet its 2018/19 Hospital Contract obligations (all letters within 7 days from 1st April 2018; electronically delivered from 1st October 2018) the Trust is undertaking a number of additional actions to improve the efficiency and effectiveness of letter production; these include –

- Voice recognition software pilot completed across the Division involving assessment service practitioners and medical staff. Initial results and user feedback very positive – users have voluntarily continued with software following ending of pilot. Evaluation will be undertaken for potential roll-out to all medical staff by end of 2018 as part of Global Digital Exemplar programme
- Dedicated outsourcing of postal functions to identified NHS 3rd party supplier – freeing up admin staff to focus on letter production
- Outsourcing of delayed clinical correspondence backlog in order to address the potential risks to patient care from unduly delayed letters.
- Engagement work with Consultant staff re: Hospital contract obligations and to support adoption of more efficient letter production and checking. (i.e.: all electronic)

Despite the pending complete elimination of the backlog, the Trust continues to face challenges in relation to meeting its KPIs for timely clinical correspondence Issues include; recruitment to new admin model; clinical demands on medical staff; inefficient administration process amongst some medical staff; error rates/checking of errors in letters; use of traditional postal methods.

Psychotherapy and Eating Disorder wait times

The Trust will be presenting to the June 2018 CQPG meeting the work it is doing to reduce psychotherapy wait times.

Safeguarding

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 since then related performance has improved. The Trust is proceeding to make progress against their action plan and trajectory in 2017/18 which has been monitored by the Safeguarding Team. The staff training target has not yet been achieved however progress has been made. The Performance notice will remain until the Trust achieves the training target and then for 6 months afterwards to ensure the performance is sustained.

RiO Clinical Information System

The Trust went live with its RiO clinical system on 1st June 2018 and prior to this date there have been discussions on the potential impact on contract reporting requirements. The CCG contract, quality and commissioning leads have agreed the following reporting schedule of KPIs in 2018/19 to allow time for the Trust to develop and implement reporting.

KPI Reporting for 2018/19 (Schedule 4 A-C)

Month	Reporting
1	Reporting of KPIs as normal.
2	
3	Reporting of nationally mandated KPIs only, plus any KPIs that are not generated via RiO (e.g. staff sickness etc.) – as set out in Trust proposal.
4	
5	Shadow reporting of full set of KPIs. These will not be used for contract monitoring purposes.
6	Reporting of full set of KPIs, backdated to month 1.
7	Reporting of KPIs as normal.

Trust Information Schedule Proposal for 2018/19 (Schedule 6 A)

Month	Reporting
1	Reporting as normal.
2	
3	National reporting only, plus some local reporting as set out in Trust proposal.
4	
5	Shadow reporting of monthly reports. These will not be used for contract monitoring purposes.
6	Full reporting, backdated to month 1.
7	Reporting of KPIs as normal.

The Clinical Commissioning Forum reviewed the Trust’s proposed list of reports to be suspended in months 3-5. And they were willing to support the majority of these proposals to allow time for the Trust to develop and implement reporting, however they are not able to agree the full list being proposed given the importance of the reports and also the lateness in notifying CCGs of the proposal.

5.1.4 Patient Experience of Mental Health Services

Figure 57 - Merseycare Friends and Family Test performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: **Apr-18**

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	2.8%	2.9%		89%	90%		4%	3%	

In April, Merseycare recorded a response rate of 2.9%, which is slightly above the England average. 90% of respondents reported they would recommend the service, an improvement on last month’s performance and above the England average of 89%. The percentage who would not recommend is 1% in April, again an improvement and less than the England average of 2%.

5.2 Improving Access to Psychological Therapies

Figure 58 - 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	Total
National definition of those who have entered into treatment	2017/18	223	319	331	315	269	289	295	358	232	336	245	283	3,495
	2018/19	315												315
Access % ACTUAL - Monthly target 1.4% for Q1 to Q3 - Quarter 4 only 1.58% is required	2017/18	0.92%	1.31%	1.36%	1.30%	1.11%	1.19%	1.21%	1.47%	0.95%	1.38%	1.01%	1.16%	14.4%
	2018/19	1.30%												1.30%
Recovery % ACTUAL - 50% target	2017/18	35.4%	46.3%	41.9%	44.2%	46.8%	49.5%	43.0%	47.1%	42.1%	45.7%	41.7%	40.4%	43.8%
	2018/19	54.3%												54.3%
ACTUAL % 6 weeks waits - 75% target	2017/18	98.8%	98.9%	97.9%	100.0%	99.5%	98.4%	99.5%	99.5%	99.3%	100.0%	99.5%	99.5%	99.5%
	2018/19	99.6%												99.6%
ACTUAL % 18 weeks waits - 95% target	2017/18	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	2018/19	100%												100%
National definition of those who have completed treatment (KPI5)	2017/18	169	181	196	185	199	186	192	197	150	183	207	183	2,228
	2018/19	217												217
National definition of those who have entered Below Caseness (KPI6b)	2017/18	8	4	5	4	9	2	6	8	5	8	8	5	72
	2018/19	9												9
National definition of those who have moved to recovery (KPI6)	2017/18	57	82	80	80	89	91	80	89	61	80	83	72	944
	2018/19	113												113
Referral opt in rate (%)	2017/18	84.5%	89.0%	90.3%	84.7%	88.6%	88.9%	91.8%	89.3%	86.9%	91.3%	82.6%	88.2%	88.8%
	2018/19	88.0%												88.0%

Cheshire and Wirral Partnership reported 315 patients entering treatment in Month 1, which is a 11.3% increase from the 283 reported in Month 12. Confirmation from NHS England has outlined that Commissioners are advised that for 2018/19 the access standard of 4.75% per quarter (19.0% annually) should apply to quarter 4 only. For the first 3 quarters of the year, the annual Access rate of 16.8% should be aspired to (4.2% per quarter).

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 1 2018/19 at 4.2% which equates to 1.4% per month. The access rate for Month 1 was 1.30% and therefore narrowly failed to meet the standard.

There were 375 Referrals in Month 1, which was a slight decrease compared to the previous month when there were 382. Of these, 70.4% were Self-referrals which is a slight decrease from the previous month (73.0%). GP Referrals were higher than the previous month with 61 compared to 55 for Month 12. 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 54.3% in Month 1, which is an improvement from 40.4% for the previous month and achieving the target of 50% for the first time since March 2017.

Cancelled appointments by the provider saw a decrease in Month 1 with 60 compared to 92 in Month 12.

There was also a decrease in DNAs in Month 1 (from 219 in Month 12 to 188 in Month 1); the provider has commented that the DNA policy has been tightened with all clients made aware at the outset. Cancelled slots are being made available for any assessments/entering therapy appointments.

In month 1, 99.6% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

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

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

The provider is currently overhauling its internal wait reporting and no data is yet available it is expected that future reports will contain internal wait information.

5.3 Dementia

Figure 59 - Dementia casefinding

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
People Diagnosed with Dementia (Age 65+)	1159											
Estimated Prevalence (Age 65+)	1869											
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%											
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in April of 62%, which is under the national dementia diagnosis ambition of 66.7% and a further decline on last month.

Following on from a deep dive meeting with NHSE in May, a refreshed plan has been agreed which includes a local trajectory for the CCG. The CCG's agreed trajectory for April 2018 was 65.5% and therefore the CCG is below target. The agreed date of recovery is 31st July 2018.

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		Q2 17/18		Q3 17/18		2017/18 Total	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
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	210	75	260	85	940	235
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	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	5.1%	2.4%	6.7%	2.4%	8.3%	2.7%	30.1%	7.5%

The data is published nationally by NHS Digital. Recent communications with the NHS Digital team have revealed that the data tables relating to this indicator have been removed from the publication. Discussions on the methods used to calculate these measures are ongoing between NHS England and NHS Digital therefore at this moment the information on how many new referrals have been made is omitted.

The CCG target is to achieve 30% by the end of the financial year. Quarter 3 performance showed 2.7% of children and young people receiving treatment (85* out of an estimated 3,121 with a diagnosable mental health condition), against a target of 8.3%. 175* more patients needed to have received treatment to achieve the quarter 3 target. This is an improvement on the previous 2 quarters when 75 was reported in each.

NHS Digital are currently validating quarter 4 data, and it is due to be published with next month’s publications.

**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	4	2	5
Number of CYP with a suspected ED (routine cases) that start treatment	2	3	2	6	2	4	2	5
%	100.00%	33.33%	100.00%	100.00%	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	1	2	2
Number of CYP with a suspected ED (urgent cases) that start treatment	2	0	2	0	2	1	2	2
%	100.00%	N/A	100.00%	N/A	100.00%	100.00%	100.00%	100.00%

For Q4 South Sefton had 2 patient waiting for urgent (less than 1 week waiting), and had 5 patient waiting for a routine appointments. Performance against the 4 week target is 100% (against national standard of 95%).

Quarterly plans for 2018/19 submitted with the expectation 100% of patients will be seen within 4 weeks and 100% of urgent cases within 1 week in each quarter.

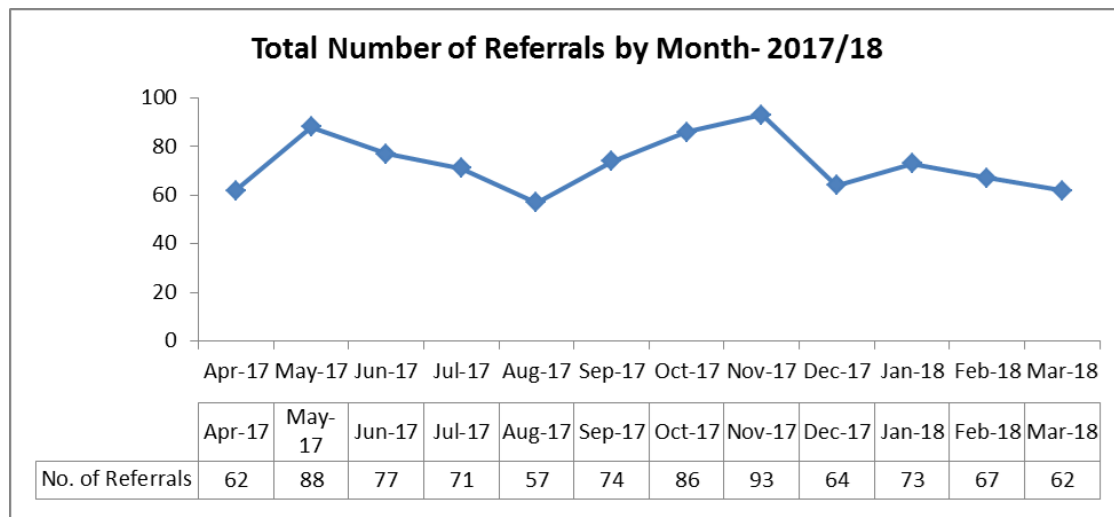
The performance in this category is calculated against completed pathways only.

5.6 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey Child and Adolescent Mental Health Service (CAMHS). The data is cumulative and the time period is to quarter 4 2017/18, therefore incorporates the whole year. The date period is based on the date of referral so focuses on referrals made to the service during 2017/18. It is worth noting that the activity numbers highlighted in the report are based on a count of the Local Patient Identifier and there may be patients that have more than one referral during the given time period. The 'Activity' field within the tables therefore does not reflect the actual number of patients referred.

CAMHS Referrals

Figure 63 – CAMHS Referrals



Throughout 2017/18 there were a total of 874 referrals made to CAMHS from South Sefton CCG patients. During the year there was no significant trend emerging although there has been a slightly downward trend from January 2018 onwards.

In relation to the source of referral, 49.5% (433) of the total referrals made during 2017/18 were from a GP and 19.3% (169) came from an Allied Health Professional.

In terms of severity of referrals received that have been allocated within the service, 38.1% (120) were described as moderate. 20.3% (64) were categorised as mild and 14.0% were described as severe. There were also 87 records where the severity field had not been populated.

CAMHS Waiting Times – Referral to Assessment
Figure 64 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0 - 3 Weeks	103	32.7%
4 - 8 Weeks	28	8.9%
9 - 12 Weeks	77	24.4%
13 - 17 Weeks	96	30.5%
18 - 26 Weeks	10	3.2%
(blank)	1	0.3%
Total	315	100%

The biggest percentage (32.7%) of referrals where an assessment had taken place waited between 0 and 3 weeks from their referral to assessment. Collectively 96.5% of referrals waited 17 weeks or less from point of referral to an assessment being made.

CAMHS Waiting Times – Assessment to Intervention
Figure 65 - CAMHS Waiting Times Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0 - 3 Weeks	84	26.7%	55.6%
4 - 8 Weeks	28	8.9%	18.5%
9 - 12 Weeks	13	4.1%	8.6%
13 - 17 Weeks	5	1.6%	3.3%
18 - 26 Weeks	15	4.8%	9.9%
27 - 52 weeks	6	1.9%	4.0%
(blank)	164	52.1%	N/A
Total	315	100%	100%

52.1% (164) of all allocated referrals did not have a date of intervention so the assumption can be made that this is yet to take place.

If these 164 referrals were discounted, that would mean 55.6% (84) of referrals waited 3 weeks or less from assessment to intervention. Collectively 74.2% (112) of those referrals where an intervention took place waited 8 weeks or less from assessment to intervention.

5.7 Learning Disabilities

Learning Disability Health Checks
Figure 66 – Learning Disabilities Performance Measures

2018/19 Target for CCG	504	E.K.3	Q1	Q2	Q3	Q4
Diff. Tolerance	25%					
AHCs delivered by GPs for patients on the Learning Disability Register	2017/18	Patients aged 14 or over on the GPs Learning Disability Register receiving a health check within the quarter	33	58		
		Population on the GPs Learning Disability Register	675	675	675	675
		%	4.9%	8.6%	0.0%	0.0%
	2018/19 Plan	Patients aged 14 or over on the GPs Learning Disability Register receiving a health check within the quarter	126	126	126	126
		Population on the GPs Learning Disability Register	675	675	675	675
		%	18.7%	18.7%	18.7%	18.7%

6. Community Health

6.1 Mersey Care Community Contract

The information leads from the CCG and the new community provider, Mersey Care, continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding adjusting the activity baselines for 2018/19 are also being had. The Trust has shared a proposal with the CCG for review. The service reviews are now complete and the Trust and CCG are arranging a date for the outcomes to be presented.

Further work to understand the impact of ICRAS and the reporting mechanism for such schemes are on-going. The Trust has undertaken a gap analysis of each measure stipulated in the contract, detailing what is currently available and which needs further work. This has been shared with the CCG for review.

6.1.1 Quality

The CCG Quality Team and Mersey Care Community, frequently discuss the Quality Schedule KPIs, Compliance Measures and CQUIN development, this is to ensure that any issues are dealt with in a timely manner. The work programme continues to be reviewed, and is updated with specific areas requiring assurance, as well as focussing on areas highlighted in the QRP (Quality Risk Profile), Aintree CQC Inspection Action Plan (Community Services) and the enhanced surveillance from the transition handover document. For 18/19 the CCG has worked collaboratively with the Trust to ensure that work plans are addressing current quality issues and all aspects of the quality schedule.

There is a review of all KPIs included in the Service Specifications, being undertaken by 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.

The CCG Quality Team and Mersey Care Community have built strong working relationships, since the transition of the services, with the CCG supporting Mersey Care and undertaking open and honest conversations regarding the status and safety levels of the services.

6.1.2 Patient DNA's and Provider Cancellations

A number of services have seen a high number of DNA's and Provider cancellations so far in 2018/19.

Patient DNAs

The Trust has updated that a text messaging reminder function is in place. The CCG has received a copy of the Trust's DNA policy.

The Physiotherapy service continues to perform well above the threshold at 18.5% in April; this is a decline from March (10%). The service failed each month of 2017/18 and the trend continues. The Trust has stated that this service runs at Aintree Hospital who book appointments and send out text reminders, therefore Mersey Care staff have no control over this performance. Mersey Care are to meet with Aintree Hospital admin team to understand the issues. The Trust are also working with their communications team to update patient information leaflets on how the service works.

The Diabetes service in April is reporting above the target at 8.5%, a further improvement in performance from 10% reported in March. The service failed five months in 2017/18.

Dietetics performance has improved slightly from 19.8% in March, reporting 18.3% in April, but still remaining significantly above the threshold. The service failed each month of 2017/18 and the trend continues. All face to face dietetics clinics have a maximum slot utilisation of 5 appointments, therefore 1 failed attendance results in a high DNA rate. The Trust has undertaken two audits looking at the types of referrals which are not turning up for appointments. This is prevalent in patients with diabetes as a long-term condition. Work to be done to understand whether these patients have attended the Diabetes and You education programme. There have also been reports from patients in March that they didn't receive their appointment letters.

Phlebotomy performance has declined over the past three months, with 9.8% in March and even further in April with 11.3%. The service is working with IT colleagues to explore the option of sending SMS reminder to patients. A housebound criteria pilot began on 1st May which will address some of the DNA issues in domiciliary visits.

Provider Cancellations

Treatment room cancellations in April reported performance at 4.7%, an improvement on last month. The service achieved the target only once in 2017/18 in November at 2.7%. The reason for underperformance was due to short term and long term staff sickness resulting in clinics having to be rearranged.

Physiotherapy performance has dropped significantly in April to 13.6% from 5.5% reported last month. This service failed four months out of the year in 2017/18. This service is provided by one physiotherapist whose work is not covered during their annual or sickness leave.

The Diabetes service reported 4.3% of all appointments as cancelled by the Provider in April; this is a significant improvement from March when 10.9% was reported. This service is failing in both patient DNA rates and Provider cancellations. This is due to long-term staff sickness which is due to improve now that these members of staff have returned to work.

Provider cancellation rates have been discussed between the CCG and Trust in the latest contract meetings. The Trust has stated that they have recently been rearranging patients' appointments for an earlier date in order to improve the patients care and also reduce waiting times. Unfortunately the only way to do this is to cancel the existing appointment, resulting in higher provider cancellation rates.

6.1.3 Waiting Times

Waiting times are reported a month in arrears. In March 2018, the following services reported above the 18 week waiting times target.

Physiotherapy: March's position for completed pathways has improved slightly from 29 weeks in February to 27 weeks. Incomplete pathways have also improved from 19 weeks in February to 17 weeks in February. The longest wait is currently recorded at 30 weeks by one patient. The Trust has confirmed in the May CCQRM meeting that waits are currently at 13 weeks due to the implementation of the ICRAS model. The service is utilising its capacity more efficiently as the teams have now merged as part of this model.

Occupational Therapy: March's completed pathway has declined slightly from 18 weeks in February to 19 weeks in March. The longest waiter was at 32 weeks. Looking at the position of the 92nd percentile for incomplete pathways the service is within 18 weeks.

Nutrition & Dietetics: March's completed pathways position has declined slightly from 20 weeks in January to 21 weeks in March. The longest wait is currently recorded at 33 weeks by a single patient. Looking at the position of the 92nd percentile for incomplete pathways the service is within 18 weeks.

6.1.4 Patient Experience of Community Services

Figure 67 – Friends and Family Performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Apr-18

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
Community Health	3.7%	1.4%		96%	98%		2%	1%	

In April Mersey Care reported a response rate of 1.4%, below the England average of 3.7%. The percentage of patients who would recommend the service is reporting above the England average of 96%, at 98%. The percentage who would not recommend the service is reporting below the England average of 2%, at 1%.

6.2 Any Qualified Provider Mersey Care Podiatry Contract

The AQP Podiatry contract for South Sefton CCG patients transferred over to Mersey Care on 1st June. The AQP contract will terminate at the end of September 2018.

The Trust has confirmed a recent data quality issue with the appointment type of 'new' or 'follow up'. Therefore an accurate breakdown of new and follow ups is currently not available. Trust and CCG BI colleagues have arranged a meeting to resolve these issues. At Month 1 2018/19 the total costs for the CCG were £23,186 with 590 contacts.

The outstanding issue of a high number of costed follow ups is currently being queried with the Trust to enable the CCG to better understand the clinical need of these patients. An initial meeting was held on 8th May, where the Trust informed the CCG that there is a cohort of patients where it's not clinically appropriate for them to be discharged after the package of care has completed as they require on-going care, but are not a complex patient and therefore do not need specialist care. Instead they remain on the caseload and commence another package of care, which is recorded as a follow up. A further meeting was held on 5th June and discussions are on-going.

6.2.1 Liverpool Community Health Quality Overview

Paediatric Therapy Services - From 1st May 2017, therapy services were transitioned across to Alder Hey; the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times.

6.3 Alder Hey Community Services

6.3.1 Services

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

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

An internal group set up within the CCG which includes Finance, Contracts, Business Intelligence, and the Children's Commissioning Manager for the CCG. This group is designed to assess current information flows and performance of the services which have transferred to Alder Hey. The initial meeting reviewed current information and set up a gap analysis review.

6.3.2 Waiting Times

Waiting times are reported a month in arrears. The following issues arose in March 2018.

Paediatric SALT: March is reporting 26 weeks at the 92nd percentile for incomplete pathways, with 1 patient waiting as long as 38 weeks. Performance has steadily worsened over the year and the target of 18 weeks has not been achieved in 2017/18.

6.3.3 Patient DNA's and Cancellations

The Trust is reporting a DNA rate of 12.5% for paediatric dietetics in April 2018. This is a significant decline on last month's performance when the target was achieved at 4.7%.

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

Figure 68 - 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	Nil return	19	Nil return
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	Nil return	20	Nil return
%	95.00%	0.00%	95.00%	0.00%	95.00%	0.00%	95.00%	0.00%

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.

Quarterly plans have been submitted with the expectation the CCG is to achieve 100% of patients waiting less than 18 weeks.

7. Third Sector Overview

Reports detailing activity and outcomes during Q4 have now been finalised, a copy of this report has now been circulated amongst CCG commissioning leads. Referrals to some services have increased during Q4 compared to the same period last year, others are stable; the complexity of service user issues is also increasing, cases are now taking longer to resolve.

A number of services providing support for service users applying for benefits have also informed the CCG of an increase in the number of people presenting with anxiety and stress as a result of the new Universal Credit application process. The online application is said to be difficult and has an 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.

All services have reported that the impacts of funding efficiencies have impacted back office functions in the main and all are working hard to ensure front line service delivery in unaffected wherever possible.

Age Concern – Liverpool & Sefton

Age Concern are to attend Locality meetings to present an overview of services provided. Contact has also been made with Cheshire & Wirral Partnership (Access Sefton) to scope the possibility of collaborative working in particular peer group support meetings and talking therapies aimed at service users affected by bereavement, social isolation and depression. During Q4, Age Concern has a total of 316 service users engaging with the service during this quarter. New referrals are stable in the region of 86 per quarter. All referred clients were assessed within 14 days from receipt of referral, plans detailing expected reablement outcomes were carried out for all and a total of 155 care plan reviews have taken place for clients within 6 weeks from commencement.

Alzheimer's Society

Alzheimer's Society is continuing to work in partnership with GP practices across the Sefton footprint, including attending locality meetings and with a regular drop in session at the Strand by Me Shop in Bootle Strand. The service is also working with a number of practices delivering dementia support clinics for patients and carers. This project has been very well received by patients, carers and practice staff. During Q4 Alzheimer's Society received a total of 113 new referrals and closed 147 cases (40% where the case was completed with outcomes met), the service currently has around 147 active cases. New referrals this year compared to Q4 last year are similar but overall referrals to the service have continued to increase by around 65% year on year. For the first time the service has reported more referrals via a health route than self/carer, this is a mixture of the memory clinics, GP's and other health services.

Expect Ltd

Expect LTD has a total of 128 existing clients across Sefton. The centre has had 1,948 contacts during Q4. Approximately 1,948 of these contacts engaged in structured activities such as Easy & Healthy Cooking and are particularly well attended by males who have been typically harder to engage with. Case studies of service users have reported significant positive outcomes in improved mental health and associated reductions in utilisation of crisis services, A&E attendances and hospital admissions from self-harm and resulting in users returning to employment.

Sefton Carers Centre

The service has approx. 247 carers registered, including 43 parent carers and 115 school age young carers. During Q4 there have been 146 new referrals made to the service, the ages of those who have registered during this period has increased significantly with the majority of carers supporting people with dementia and Alzheimer's. The centre has also reported that the age of parent carers has increased significantly. A number of parent carers who are well into retirement continue to care for their adult children with long term conditions. In contrast to this, referrals are starting to trickle through from schools and colleges for help and support for children caring for parents with long term conditions Work is on-going to address this issue with commissioners and localities across Sefton. Sefton Carers Centre is authorised by the Local Authority to approve Child's Needs Assessments, these inform the Carers' Support Plans completed on the Local Authority's behalf, and 288 have been completed by the centre in Q4. Sefton Carers Centre has also secured £204,190 in backdated welfare benefits for the residents of Sefton during Q4 bringing the total year to date figure to more than £1.3m. The service currently has 54 volunteers, and the volunteer value at the centre during Q4 equates to £21k.

Sefton CAB

Sefton CAB has received 67 new referrals during Q4; slightly more referrals than during the same period 2016-17. The sources of referral are mostly Mental Health Professionals 45% and Self referrals 48%. Most enquiries are in relation to benefits and changes to Universal Credit (namely online applications) have been problematic as most service users have profound mental health issues. Appeals for benefit claims are becoming more frequent and delayed discharges are mainly as a result of funding issues for those requiring supported living accommodation. A number of patients with Mental Health conditions have been readmitted to Clock View and this has been reported to be due to poor, inappropriate or inadequate accommodation. The financial outcome as a result of intervention from Sefton CAB is just under £1.3m to date.

Sefton CVS

Support for Black and Minority Ethnic group patients has increased with 15 new referrals in Q4 as well as 64 existing cases. This service has supported people in registering with GP's and

encouraged a number of people to access other healthcare providers including mental health care, and support around benefits, again with issues accessing Universal Credit online and debt issues. Health and Wellbeing trainers saw 181 new referrals in Q4 in addition to the caseload of 82. Reasons for accessing support include social inclusion and confidence building (39%), finances, accommodation and housing (36%), and health related issues (20%). More than half of all referrals in Q4 were from District Nurses and Community Matrons, and 17% from GPs.

Sefton Advocacy

Sefton Pensioner's Advocacy has merged with Sefton Advocacy. The Pensioner service has received a total of 54 new referrals in Q3 and a caseload of 141 existing cases. The main reasons for advocacy were in regard to finance/benefits (40%), housing (26%) health & wellbeing (12%) & complaints/appeals (12%). Service users report feeling Safer and more secure at home, improved Health and Emotional Wellbeing and a reduction in social isolation and has managed to secure £620,894 in benefits, grants and CHC funding for clients during Q2.

Swan Women's Centre

The counselling service has seen 72 new referrals in Q4 with 56 on the service caseload. Almost 50% are self-referrals and a further 32% from health professionals including GPs. Service users are reporting health related benefits such as increased physical activity and stopping smoking as healthy coping strategies to deal with mental health issues.

Imagine independence

During Q4, Imagine Independence carried forward 38 existing cases. A further 153 were referred to the service via IAPT this quarter, an increase on the same period last year. A total of 30 service users attended job interviews, 21 managed to secure paid work and the service supported 41 people in retaining their current employment.

Sefton Women's And Children's Aid (SWACA)

SWACA received 338 new referrals during Q4 from a variety of sources; the top 3 referrals were received from Police (40%), self (17%) and Safeguarding Children (20%). The service makes onward referrals and liaises with other agencies, often Local Authority safeguarding teams and offers refuge to service users.

Stroke Association

There were 86 referrals within South Sefton and a further 87 within Southport & Formby during Q4. Over 90% of referrals are direct from Hospitals often while a patient is still in hospital and service staff attend weekly discharge planning meetings. These meetings are utilised to discuss the support and rehabilitation needs of new and existing service users in order to jointly plan the way forward. The service continues to support users post stroke which includes back to work support, welfare benefits and financial support, emotional support, and tailored information for younger families. The Stroke Association has developed a stroke specific Outcomes Framework which links to Public Health, NHS and Adult Social Care outcome indicators. Some indicators are a subjective assessment of achievement having been discussed and agreed by the coordinator in conversation with the service user. Others are more objective for example numbers who report as attending and enjoying regular peer support groups and so have reduced isolation or those who have had their benefits maximised.

Parenting 2000

During Q4 the service received 10 adult referrals and 100 referrals for children. The majority of referrals are self-referrals. There are 39 existing service users accessing counselling across the borough of Sefton such as bereavement counselling with parents or behaviour counselling with children.

Netherton Feelgood Factory

Drop in sessions are offered at the centre with clients with complex personality disorders plus severe anxiety/depression, with substantial minority with bipolar, schizoaffective disorders, learning disabilities or dementia. Many service users accessing this service have medically unexplained symptoms, e.g. pain, headaches, fatigue. By accepting the reality of their symptoms and talking things through, the service has managed to reduce appointments with GPs and unnecessary investigations and referrals. The service has also taken people for appointments with Atos, job centres, hospitals, GPs and social workers which may otherwise DNA.

CHART (Crosby Housing and Reablement Team)

During Q4 the service received 71 new referrals, of these new referrals 33 people have been accommodated, a further 20 people have been supported to stay in their current residence. Of these referrals, the service has enabled 17 patients to be discharged from hospital and have prevented 25 people becoming homeless. The main source of referral during this period has come from Mersey Care NHS Trust (83%).

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 69 - South Sefton CCG - Extended Access at GP services 2018/19 Plan

E.D.14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CCG weighted population benefitting from extended access services commissioned 365 days a year for each day of the week by the CCG (including bank holiday). For Monday to Friday each day of the week should include any extended access after 6.30pm, before 8.00am (this would be in addition to evening provision not a replacement or substitute for evening appointments) and any extended access provided in-hours as long as it is distinguishable from core services. For Saturday and Sunday this should include any extended access provided.	0	0	0	0	0	0	166,319	166,319	166,319	166,319	166,319	166,319
All currently provided services including extended hours Direct Enhanced Services (DES) should not be included.												
CCG Weighted Population	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319	166,319
2018/19 Plan %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

This indicator is based on the percentage of practices within a CCG which meet the definition of offering extended access; that is where patients have the option of accessing routine (bookable) appointments outside of standard working hours Monday to Friday. The numerator in future will be calculated from the extended access to general practice survey, a new data collection from GP practices in the form of a bi-annual survey conducted through the Primary Care Web Tool (PCWT). Currently in South Sefton 15 out of 30 practices are offering some extended hours, however the planning requirements include Saturday and Sunday and appointments outside core hours. No practices are offering all three elements at this stage. A CCG working group are developing a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service will be live from October 2018.

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. There has been one new inspection in South Sefton recently. This was Concept House Surgery which has gone from requiring improvement for some elements to scoring 'good' for all aspects. All the results are listed below:

Figure 70 - 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 Centre	19 March 2018	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	03 August 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	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 Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84034	Park Street Surgery	17 June 2016	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	30 April 2018	Good	Good	Good	Good	Good	Good
	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 Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	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 Centre	15 June 2016	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	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 Health Centre	26 November 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Medical Centre	16 March 2018	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

A quarter 4 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in April 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. BCF planning guidance is awaited for 2018/19 and has been delayed until after local elections.

A summary of the Q4 BCF performance is as follows:

Figure 71 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	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 72 – BCF High Impact Change Model assessment

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

11. NHS England Monthly Activity Monitoring

Two year plans set which started in 2017/18 have been rebased for 2018/19 due to changes in pathways and coding practices, as well as variations in trend throughout 2017/18. The updated plans also include national growth assumptions which CCGs were required to add. The CCG is required to monitor plans and comment against any area which varies above or below planned levels by 3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 1 performance and narrative detailed in the table below.

Figure 73 - South Sefton CCG's Month 1 Submission to NHS England

April 2018 Month 01	Month 01 Plan	Month 01 Actual	Month 01 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-3%
Referrals (MAR)				
GP	3400	3657	7.6%	GP and other referrals slightly above the plan and median for the annual plan but within normal statistical range. Trend continues from last year, no significant variation. April 2017 statistically low for all referrals compared to surrounding months so any comparison would show large variance.
Other	2281	2368	3.8%	
Total (in month)	5681	6025	6.1%	
Variance against Plan YTD	5681	6025	6.1%	
Year on Year YTD Growth			13.5%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4722	4672	-1.06%	Activity in line with trend of previous year and on plan for month 1 overall.
Follow Up	10414	10558	1.38%	
Total Outpatient attendances (in month)	15136	15230	0.62%	
Variance against Plan YTD	15136	15230	0.62%	
Year on Year YTD Growth			-4.6%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1685	1728	2.55%	Local monitoring suggests there is no variance between plan and actual. Current figures are following trend from previous year. Activity in line with trend of previous year and on plan for month 1 overall.
Elective Ordinary spells	232	200	-13.8%	
Total Elective spells (in month)	1917	1928	0.57%	
Variance against Plan YTD	1917	1928	0.57%	
Year on Year YTD Growth			-3.4%	
Urgent & Emergency Care				
Type 1	4162	4202	0.96%	Type 1 increases are not outside the statistical norm for the previous years trend. Local monitoring of activity levels suggests variance is closer to 5% against plan and not 9%. Pathway/coding changes within the CCGs main acute provider part way through year have increased NEL admissions, specifically '0' length of stay, locally at 14% above plan. Discussions are on-going between commissioners and the Trust to understand the changes which need to be agreed as conversion rates from A&E to admission have increased significantly.
Year on Year YTD			5.0%	
All types (in month)	8601	8401	-2.33%	
Variance against Plan YTD	8601	8401	-2.33%	
Year on Year YTD Growth			0.50%	
Total Non Elective spells (in month)	1894	2068	9.2%	
Variance against Plan YTD	1894	2068	9.2%	
Year on Year YTD Growth			26.1%	

MEETING OF THE GOVERNING BODY JULY 2018

Agenda Item: 18/109	Author of the Paper: Debbie Fairclough QIPP Programme Lead Debbie.fairclough@southseftonccg.nhs.uk						
Report date: July 2018							
Title: Joint QIPP and Financial Recovery Committee Terms of Reference							
<p>Summary/Key Issues: The Joint QIPP Committee terms of reference have now been reviewed as part of the routine annual review process and to also ensure the work of the committee continues to support financial recovery overall, supports delivery of QIPP and its work programme is aligned to the Cheshire and Merseyside Healthcare Partnership programmes and importantly the Sefton Transformation Programme.</p> <p>The Joint QIPP Committee and Leadership Team support the proposed changes</p>							
<p>Recommendation</p> <ul style="list-style-type: none"> Approve the renaming of the committee to become the Joint QIPP and Financial Recovery Committee as recommended by the Joint QIPP Committee and Leadership Team Approve the terms of reference as recommended by the Joint QIPP Committee and Leadership Team Note and approve the proposed changes to the Charing arrangements of the committee as recommended by the Joint QIPP Committee and Leadership Team 	<table style="border-collapse: collapse;"> <tr><td style="padding: 2px;">Receive</td><td style="border: 1px solid black; text-align: center; width: 20px;">x</td></tr> <tr><td style="padding: 2px;">Approve</td><td style="border: 1px solid black; width: 20px;"></td></tr> <tr><td style="padding: 2px;">Ratify</td><td style="border: 1px solid black; width: 20px;"></td></tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

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

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

Report to Governing Body**July 2018****1. Overview**

To ensure that the work of the Joint QIPP Committee remains fit for purpose in supporting the Governing Body and the CCG in meeting its strategic objectives the terms of reference of the committee have been reviewed.

In proposing changes, due regard has been given to the requirement to deliver a challenging financial recovery plan which comprises the CCGs QIPP programmes. Further consideration has also been given to the need to re-align our business to support the Sefton Transformation Programme and the wider Cheshire and Merseyside Healthcare Partnership plans.

2. Summary of changes

The following changes are recommended by the Joint QIPP Committee

- Renaming the committee to more accurately reflect its role in supporting financial recovery
- Changes to membership – it is proposed that the CCG Chairs are no longer members (vice clinical chairs will remain). This is to enable greater objectivity of delivery of financial recovery and QIPP by the Governing Body
- It is proposed that the Chief Finance Officer becomes the Chair of the committee
- The terms of reference now include specific responsibilities in respect of financial recovery – recognising that “QIPP” alone is NOT financial recovery.
- There is a new requirement to also report to the Finance and Resources Committee of each CCG
- The terms of reference are now reflective of the Sefton Transformation Programme
- The committee will have new responsibilities in receiving updates on CEP-lite programme
- It is proposed that the committee receives delegated authority from the governing body to approve spend/investment of up to £500K. This in recognition that the committee will likely receive proposals from the transformation programme

It is also proposed that the Clinical QIPP Advisory Group is renamed to become the Clinical Advisory Group. This is to acknowledge that the group is responsible for review and scrutiny of all clinical proposals, not just those relating to QIPP.

3. Recommendations

The Governing Body is asked to

- Approve the renaming of the committee to become the Joint QIPP and Financial Recovery Committee as recommended by the Joint QIPP Committee and Leadership Team
- Approve the terms of reference as recommended by the Joint QIPP Committee and Leadership Team
- Note and approve the proposed changes to the Chairing arrangements of the committee as recommended by the Joint QIPP Committee and Leadership Team

Debbie Fairclough
QIPP Programme Lead
July 2018

Joint QIPP and Financial Recovery Committee Terms of Reference

1. Authority

- 1.1. The Committee is established as a joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG and was formally established in May 2016.
- 1.2. The committee is established in accordance with the Legislative Reform (Clinical Commissioning Group) Order 2014 and the associated enabling provisions of set out in Section 23.4 of NHS South Sefton CCG Constitution and Section 6.6 of NHS Southport and Formby CCG Constitution.
- 1.3. The Committee shall be authorised by the CCG Governing Body of NHS Southport and Formby CCG and NHS South Sefton CCG to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Scheme of Reservation and Delegation.
- 1.4. The principal functions of the Committee are as follows:
 - **To oversee the implementation and delivery of the Financial Recovery Plans of the CCGs** (NB: *The Financial Recovery Plans comprise QIPP schemes, transactional improvements, internal efficiency opportunities, opportunities to secure efficiency by greater alignment to Cheshire and Merseyside Healthcare Partnership Programmes as well as the commitment to operate within the CEP-lite programme*)
 - **To oversee and be responsible for, the implementation and delivery of the QIPP schemes as set out in the financial recovery plans**
 - **To ensure there is an appropriate PMO infrastructure to support delivery of all financial recovery and QIPP schemes**
 - **To hold individual directors, managers and clinical leads to account for the delivery of the Financial Recovery plan and QIPP schemes**
 - **To provide assurance to the governing bodies that there are appropriate systems in place which operate in order to enable the Committee to fulfil its requirements**
 - **The Committee is authorised to approve investment into any service improvement opportunities up to a maximum level of £500K. In doing so the committee is required to demonstrate to the governing body that there is a compelling case for such investment including evidence of benefits realisation both in terms of quality and finance. All such investments must have the full clinical support of the Clinical Advisory Group. The lay member from the respective CCG will have a casting vote in the event of a hung vote in respect of investment.**
 - **To ensure that all QIPP schemes are aligned to the Sefton Transformation Programme**

2. Membership

2.1. The following will be members of the Committee:

- Chief Finance Officer - Chair
- Director of Commissioning and Redesign
- Lay Member for Governance (S&F CCG)
- Lay Member for Governance (SSS CCG)
- Clinical Vice Chair – (S&FCCG)
- Clinical Vice Chair – (SSCCG)
- Chief Nurse or Deputy Chief Nurse (SF / SSCCG)
- Governing Body Secondary Care Doctor (S&F/SS CCG)
- Director of Strategy & Outcomes or nominated deputy (SF / SSCCG)

A vice chair will be selected from the membership
The CCG's Chief Officer is an ex-officio member

In attendance

- QIPP Programme Lead
- QIPP Programme Manager
- Deputy Chief Financial Officer (SF / SSCCG)
- Deputy Director of Commissioning and Redesign
- Head of Medicines Management

By invitation

- Other CCG officers, clinical leads, subject matter experts, individuals providing external support or relevant stakeholder will be invited to attend meetings to present items as appropriate.

2.2. Members are expected to personally attend a minimum of 60% of meetings held and can send a deputy where appropriate to attend in their absence as required.

3. Duties of the Committee

The Committee is responsible for the following:

Duties in respect of Financial Recovery

- To oversee the delivery of all financial recovery actions as set out in the financial recovery plans and receive updates from relevant leads to provide assurances that agreed actions are being undertaken.
- To receive updates on agreement arising from the CEP-lite discussions and incorporate into the financial recovery programme as necessary.

Duties in respect of QIPP

3.1. To review and scrutinise all QIPP scheme proposals as recommended by the Clinical Advisory Group

- 3.2. To review all schemes, bids and projects arising from the Sefton Transformation Programme
- 3.3. To reject any scheme that does **not** meet the following requirements
 - 3.3.1. Is recommended by the Clinical Advisory Group
 - 3.3.2. Is aligned to the Sefton Transformation Programme i.e. acute sustainability and “place base” developments (*NB: it is expected that during 2018/19 decisions relating to acute sustainability will be delegated to a joint committee of S&F CCG, West Lancs CCG and NHSE - specialised commissioning. Until that is formally established the Joint QIPP and Financial Recovery Committee will retain its responsibilities as describe within this terms of reference*)
 - 3.3.3. Is able to demonstrate benefit realisation in terms of quality and finance
 - 3.3.4. Has been subject to a Quality Impact Assessment and Equality Impact Assessment
 - 3.3.5. Has sufficient resource and capacity to support the scheme
 - 3.3.6. Has clear milestones and indicators that track to delivery
- 3.4. To ensure all QIPP and Sefton Transformation Programme schemes have been subject to an Equality Impact Assessment, assuring the Governing Body that there are no adverse consequences or breaches of the CCGs PSED statutory duties arising from the implementation of any scheme.
- 3.5. To ensure that all QIPP and Sefton Transformation Programme schemes have been subject to a Quality Impact Assessment, assuring the Governing Body that there are no adverse consequences arising from the implementation of any scheme.
- 3.6. To ensure that all QIPP and Sefton Transformation Programme schemes, where appropriate and particularly in respect of any significant service change or de-commissioning proposal, have been subject to the required level of consultation with the public, stakeholder and OSC and that those views are reflected in proposals.
- 3.7. To ensure all QIPP and Sefton Transformation Programme schemes have been subject to a robust benefits realisation assessment
- 3.8. To make recommendations to the Governing Body on those schemes to be approved for which funding exceeds the committees delegated limit of £500K
- 3.9. To ensure that all approved schemes are incorporated into the CCG’s overarching QIPP plans
- 3.10. To monitor and review progress on all QIPP schemes detailed in the CCG’s overarching QIPP plan by reviewing the QIPP dash board produced by the CCGs PMO.
- 3.11. To review and scrutinise in detail individual schemes or wider programmes (i.e. urgent care, elective care, medicines management, CHC/FNC) using a “check and challenge approach”.
- 3.12. To provide updates and assurances to the Governing Bodies on progress in respect of overall financial recovery and QIPP.
- 3.13. To ensure that the financial recovery plan, the QIPP plan and the supporting PMO function are adequately resourced to secure delivery of plans.

- 3.14. To instruct the CCGs appointed internal auditor to review processes from time to time, and in accordance with the CCGs approved internal audit programme.

Duties in respect of service improvement and redesign

- 3.15. To review and scrutinise business cases arising from the QIPP and Sefton Transformation Programme as required and approve or reject such cases as appropriate.
- 3.16. To monitor and evaluate all service improvement and re-design programmes
- 3.17. To monitor the progress of all service reviews and ensure there are robust project management arrangements to assure successful delivery of service review programmes.
- 3.18. To monitor and measure impact of improvements and ensure delivery of the anticipated clinical and financial benefits
- 3.19. To monitor programmes in line with the CCG's Sefton Transformation programme.
- 3.20. Ensure that work of the Cheshire and Merseyside Commissioning Support Unit is aligned to support successful delivery of programmes
- 3.21. Ensure there are appropriate arrangements for measuring and monitoring change.
- 3.22. The committee will have the full authority to commission any reports or surveys as deemed necessary to help it fulfil its obligations

4. Voting

- 4.1 Each substantive member shall have one vote on all general business items of the committee.
- 4.2 For decisions relating to business cases requiring approval the Lay Member for Governance of the respective CCG shall have the casting vote.

5. Establishment of Sub-Groups of the Committee

- 5.1. The Committee will undertake regular review of its workload and will from time to time establish sub-groups to ensure that it conducts its business in an effective and appropriate manner. These sub groups will be required to provide key update reports as stipulated by the Committee and submit ratified notes of meetings to the Committee.

6. Administration

- 6.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.
- 6.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.
- 6.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

7. Quorum

- 7.1. The quorum comprises the committee Chair or Vice Chair at least one Clinical Governing Body Member from each CCG and at least one Lay Person
- 7.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

8. Frequency and notice of meetings

- 8.1 The Committee shall meet at least 8 times a year. Members shall be notified at least 10 days in advance that a meeting is due to take place.

9. Reporting

- 10.1 The ratified minutes of the Committee will be submitted to the respective Governing Body meeting. Exception reports will also be submitted at the request of the Governing Body.
- 10.2 The Committee will submit key issues to the Finance and Resource Committee.

10. Conduct and Conflicts of Interest

- 10.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting.
- 10.2. In the event that there is a Conflict of Interest declared before or during a meeting the procedure for dealing with Conflicts of Interest as set out in the NHS Southport and Formby CCG Constitution and NHS South Sefton Constitution shall apply.
- 10.3. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

11. Review

Date of production:	June 2018
Version No:	4
Review date:	October 2019

MEETING OF THE GOVERNING BODY JULY 2018

Agenda Item: 18/111	Author of the Paper: Karen Garside Designated Nurse Safeguarding Children Karen.garside@southseftonccg.nhs.uk 0151 317 8456						
Report date: July 2018							
Title: Safeguarding Children's and Adults at Risk Policy							
Summary/Key Issues: The CCG's Safeguarding Children & Adults at risk Policy (v9) was scheduled for review in November 2017. Key statutory guidance (Working Together to Safeguard Children) was due for publication early 2018 and would heavily impact on the review of this policy. In order that the review of the policy will incorporate the updated statutory guidance, an extension to the CCG policy review date was agreed by the Quality Committee until June 2018. The launch of the revised Working Together continues to be delayed and now anticipated to be published in 'autumn' 2018. Ratification is requested for the document (v10) with an updated review date for December 2018							
Recommendation The Governing Body is asked to receive/approve/ratify* this report.	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>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 *(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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience of care
x	Treating and caring for people in a safe environment and protecting them from avoidable harm

Report to Governing Body

July 2018

1. Executive Summary

The CCG's Safeguarding Children & Adults at risk Policy was scheduled for review in November 2017. Key statutory guidance (Working Together to Safeguard Children) was due for publication early 2018 and would heavily impact on the review of this policy. In order that the review of the policy would incorporate the updated statutory guidance, an extension to the CCG policy review date was agreed by the Quality Committee until June 2018.

The launch of the revised Working Together continues to be delayed and now anticipated to be published in 'autumn' 2018.

In order that the review of the Safeguarding Children & Adults at risk Policy is fully reflective of the anticipated legislative changes, it is proposed that the review date for the policy is extended to December 2018.

A review of the current policy has been undertaken including some minor updates to ensure it remains fit for purpose until the key statutory guidance is available.

2. Key Issues

The publication of key statutory guidance that will impact on the review of the current Safeguarding Children & Adults at risk Policy (v9) continues to be delayed.

The current version of the Safeguarding Children & Adults at risk Policy (v9) has been reviewed by the CCG Safeguarding Service to ensure that it remains fit for purpose, whilst waiting for the relevant document.

A number of updates have been made including:

- Removal of references to 'hosted' safeguarding service
- Change of terminology from Safeguarding Adult nurse to Designated Adult Safeguarding Manager
- Review and update of all contact numbers
- Change of terminology from Sefton Safeguarding Adult Board to Merseyside Safeguarding Adult Boards
- Update hyperlink to Merseyside Safeguarding Adult Boards web page

The revised version (v10), includes an extended review date until December 2018, when it is anticipated that the updated Working Together (2018) will have been published enabling the policy updated to reflect the key changes

3. Recommendations

The Governing Body is asked to approve the recommendation to extend the review date of the CCG Safeguarding Children & Adults at risk Policy to December 2018. The policy has been updated (V10) to ensure it remains fit for purpose until the publication of Working Together (2018)

Karen Garside
Designated Nurse Safeguarding Children
15th June 2018

MEETING OF THE GOVERNING BODY JULY 2018

Agenda Item: 18/111

Author of the Paper:

Graham Morris, Chair of Audit Committee
Governing Body Lay Member, Governance
Graham.Morris@southseftonccg.nhs.uk
Tel: 0151 317 8454 (PA to CFO)

Report date: July 2018

Title: Audit Committee Annual Report 2017/2018

Summary/Key Issues:

The work of the Audit Committee, in the fifth financial year in which the CCG has been in existence, continues to provide assurance to the Governing Body:

- i) an effective system of integrated governance, risk management and internal control is in place to support the delivery of the CCG's objectives and that arrangements for discharging the CCG's statutory financial duties are now well established;
- ii) there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the objective; and
- iii) ISA260 Audit Highlights Memorandum has been reported by Grant Thornton to the May Audit Committee Meeting as part of the Annual Accounts approval process.

Recommendation

The Governing Body is asked to note the content of the Audit Committee Annual Report 2017/2018.

Receive	<input checked="" type="checkbox"/>
Approve	<input type="checkbox"/>
Ratify	<input type="checkbox"/>

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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
	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.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered	X			
Locality Engagement			X	
Presented to other Committees	X			Audit Committee – 23 rd April 2018

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

Audit Committee Annual Report 2017/18

1. Role of the Audit Committee

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

The principal functions of the Committee are as follows:

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

The Audit Committee met 5 times during 2017/18 in April, May (to sign off the accounts), July and October 2017 and in January 2018.

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				✓	A
Dr Dan McDowell	Secondary Care Doctor and Governing Body Member [Retired December 2017]	✓	✓	✓	✓	
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member					✓
<i>In attendance:</i>						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓
Leah Robinson	Chief Accountant [Maternity leave from October 2017]	✓	✓	✓		
Phil Rule	Interim Chief Accountant					✓
Debbie Fagan	Chief Nurse & Quality Officer	✓				
Michelle Moss	Local Counter Fraud Specialist, MIAA	✓			A	A
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	✓
Ann Ellis	Audit Manager, MIAA	N		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			✓	✓	A
Georgia Jones	Manager, Grant Thornton			✓	A	✓

✓ Present A Apologies N Non- attendance

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

- Graham Morris - Lay Member, Governance (Chair)
- Graham Bayliss - Lay Member, Patient Experience & Engagement
- Lin Bennett – Practice Manager and Governing Body Member (a member of the Audit Committee from September 2017-January 2018)
- Dr Dan McDowell - Secondary Care Doctor and Governing Body Member (Retired December 2017)
- Dr Jeff Simmonds - Secondary Care Doctor and Governing Body Member (from January 2018)

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

- Martin McDowell - Chief Finance Officer
- Alison Ormrod - Deputy Chief Finance Officer
- Leah Robinson - Chief Accountant (Maternity leave from October 2017)
- Phil Rule – Interim Chief Accountant

In carrying out the above work, the committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions as required.

A number of representatives from external organisations attend to provide expert opinion and support:

- Adrian Poll & Ann Ellis - Audit Managers, MIAA
- Michelle Moss – Anti-Fraud Specialist, MIAA
- Rob Jones – Director, KPMG (External Auditors to 2016/17)
- Jerri Lewis - Audit Manager, KPMG
- Gordon Haworth – Assistant Audit Manager KPMG
- Robin Baker – Director, Grant Thornton (External Auditors from 2017/18)
- Georgia Jones – Manager, Grant Thornton

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

2. Internal Audit

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

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

- The provision of an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.

During the year, Mersey Internal Audit Agency (MIAA) have reviewed the operations of the CCG, have found no major issues and concluded that overall it has met its requirements. They have reported back on a number of areas. In all cases action plans have been implemented and are being monitored. In all areas reviewed to date '**Significant Assurance**' has been reported.

There were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the review objective.

The committee received and approved the Internal Audit Plan 2017/18. Regular progress reports will continue to be provided to each Audit Committee meeting. The committee also received in April 2017 the Director of Audit Opinion, which stated:

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

A full copy of his report is attached as Appendix 1.

3. External Audit

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

In April 2018 (at the time that this report was presented to the Audit Committee), External Audit (Grant Thornton) were in the early stages of their first audit of the CCG's annual accounts. The ISA260 Audit Highlights Memorandum has been reported to the May 2018 Audit Committee Meeting as part of the Annual Accounts approval process. This will be followed by the publication of the Annual Audit Letter to the Governing Body later in the year.

4. Anti Fraud Specialist

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

The Anti Fraud Specialist presented the Anti-Fraud Annual Report and the Anti-Fraud Work plan for approval and provided regular updates at subsequent meetings.

5. Review of Remuneration Committee Procedures

At the October 2017 meeting Debbie Fairclough, Chief Operating Officer presented the review of remuneration committee procedures 2013-2017 for Southport and Formby CCG and South Sefton CCG and highlighted the following recommendations:

- For clarity on delegation, the review recommends that the Remuneration Committee handle and approve all matters to do with remuneration except that 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.
- 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.

6. Regular Items for Review

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

- Losses and special payments;
- Outstanding debts;
- Financial policies and procedures;
- Tender waivers;
- Declarations of interest;
- Information Governance Toolkit
- Risk Registers

A Self-assessment of the Committee's effectiveness was not undertaken during the year under review but will be given priority in the 2018/19 work programme.

7. Key Items in the Year for Noting

The following points were reported back to South Sefton Governing Body throughout the year for information:

- Information Governance toolkit approved.
- 2017/18 MIAA internal audit plan approved.
- Head of Internal Audit Opinion – significant assurance overall.
- Anti-fraud services plan 2017/18 agreed.
- CCG's 2016/17 annual report, annual accounts and governance statement approved.
- External Audit Report 2016/17 (ISA 260 Report) received. Proposal to issue an unqualified audit opinion on the accounts and an unqualified Value for Money (VFM) conclusion, noting that the CCG was able to demonstrate delivery of VFM during the year.
- Risk Management Strategy approved.

- Corporate Risk Register and Governing Body Assurance Framework approved.
- Write-off of small debts agreed – 3 debts totalling £684.
- Petty Cash Policy & Procedure approved.
- CCG received Annual Audit Letter for 2016/17 produced by external auditors (KPMG).
- 2017/18 external auditors (Grant Thornton) reported outline plan for the year.
- Updated Managing Conflicts of Interest and Gifts and Hospitality Policy approved.
- The Internal Audit update report from MIAA was received. High level of assurance for financial reporting was noted.
- The External Audit plan presented by Grant Thornton was approved.
- The CCG Register of Interests was received.
- The Anti-Fraud Bribery and Corruption Policy was approved.

8. Conclusions

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

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

- an effective system of integrated governance, risk management and internal control is in place to support the delivery of the CCG's objectives and that arrangements for discharging the CCG's statutory financial duties are now well established;
- there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the objective; and
- ISA260 Audit Highlights Memorandum has been reported by Grant Thornton to the May Audit Committee Meeting as part of the Annual Accounts approval process. This will be followed the publication of the Annual Audit Letter to the Governing Body later in the year.

9. Recommendation

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

Graham Morris
Lay Member - Governance
NHS South Sefton CCG

Appendix 1: Director of Audit's Opinion 2016/17

2. Director of Internal Audit Opinion – Executive Summary

My opinion is set out as follows:

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

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

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

2.2 Overall Opinion

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

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

2.3 Commentary

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



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

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

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

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

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

Tim Crowley

Director of Audit, MIAA
March 2017



MEETING OF THE GOVERNING BODY JULY 2018

Agenda Item: 18/112	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 317 8350						
Report date: July 2018							
Title: Audit Committee Terms of Reference							
<p>Summary/Key Issues:</p> <p>The Terms of Reference for the Audit Committee were reviewed and discussed at the committee meeting on 23rd April. The following changes were agreed:</p> <ul style="list-style-type: none"> • Reference to NHS Protect (which has ceased to exist) is to change to the new organisation, NHS Counter Fraud Authority. • Reference to the Counter Fraud Specialist / representative is to change to the Anti-Fraud Specialist / representative. • Bribery is to be added to the work on counter fraud. • The Deputy Chief Finance Officer and Chief Accountant are to be added to the list of attendees at Audit Committee. <p>The enclosed updated Audit Committee Terms of Reference show the above proposed amendments in red. The Audit Committee recommend the enclosed Terms of Reference to the CCG Governing Body for approval.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve the enclosed Audit Committee Terms of Reference.</p>	<table border="1"> <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*)

	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 and to support delivery of financial recovery.
	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
	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.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Audit Committee – 23 rd April 2018

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

NHS South Sefton CCG

Audit Committee

Terms of Reference

1. Authority

- 1.1. The Audit Committee shall be established as a Committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.
- 1.2. The principal functions of the Committee are as follows:
 - a) To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the Group's activities to support the delivery of the Group's objectives;
 - b) To review and approve the arrangements for discharging the Group's statutory financial duties;
 - c) To review and approve arrangements for the CCG's standards of Business Conduct including:
 - i. Conflicts of Interest (CoI);
 - ii. Register of Interests (RoI), and
 - iii. Codes of Conduct.
 - d) To ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and to approve such policies.

2. Membership

- 2.1. The following will be members of the Committee:
 - Lay Member (Governance) (Chair);
 - Lay Member (Patient Experience and Engagement);
 - Secondary Care Doctor, and
 - Practice Manager Governing Body Member.
- 2.2. A Vice Chair will be selected by the Committee from within its membership.
- 2.3. Other officers required to be in attendance at the Committee are as follows:
 - Internal Audit Representative;
 - External Audit Representative;
 - **Anti-Fraud** Representative;
 - Chief Finance Officer;
 - **Deputy CFO, and**
 - **Chief Accountant.**
- 2.4. The Chair of the CCG will not be a member of the Committee although he/she will be invited to attend one meeting each year in order to form a view on, and an understanding of the Committee's operations.
- 2.5. Other senior members of the Group may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Officer.

- 2.6. At least once a year the Committee should meet privately with the external and internal auditors. Regardless of attendance, external audit, internal audit, **Anti-Fraud Specialist** and security management providers will have full and unrestricted rights of access to the Audit Committee.
- 2.7. Members are expected to personally attend a minimum of 75% of meetings held.
- 2.8. Relevant Officers from the CCG may be invited to attend dependent upon agenda items. Officers from other organisations including the Commissioning Support Unit (CSU) and from the Local Authority team may also be invited to attend dependent upon agenda items.

3. Responsibilities of the Committee

The Audit Committee is responsible for:

- 3.1. reviewing the underlying assurance processes that indicate the degree of achievement of the Group's objectives and its effectiveness in terms of the management of its principal risks.
- 3.2. ensuring that there is an effective internal audit function which meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, the Chief Officer and the Group.
- 3.3. reviewing the work and findings of the external auditors and consideration of the implications of management responses to their work.
- 3.4. reviewing policies and procedures for all work relating to fraud, **bribery** and corruption as set out by the Secretary of State Directions and as required by the **NHS Counter Fraud Authority**.
- 3.5. reviewing findings of other assurance functions (where appropriate) and consider the implications for governance arrangements of the Group (e.g. NHS Resolution [formerly NHS Litigation Authority], Care Quality Commission etc.).
- 3.6. monitoring the integrity of the financial statements of the Group and to consider the implications of any formal announcements relating to the Group's financial performance.
- 3.7. responding on behalf of the Governing Body, to any formal requirements of the Group in relation to the audit process (e.g. the report from those charged with governance).
- 3.8. monitoring and review of the CCG Governing Body Assurance Framework (GBAF) to support the CCG's integrated governance agenda.

4. Duties of the Committee

The Committee is delegated by the Governing Body to undertake the following duties and any others appropriate to fulfilling the purpose of the Committee (other than duties which are reserved to the Governing Body or Membership alone):

- 4.1. To review and recommend approval of the detailed financial policies that are underpinned by the Prime Financial Policies within the Group's Constitution to the Group's Governing Body.
- 4.2. Approve Risk Management arrangements.
- 4.3. To review and approve the operation of a comprehensive system of internal control, including budgetary control, which underpin the effective, efficient and economic operation of the group.
- 4.4. To review and approve the annual accounts.
- 4.5. To review and approve the Group's annual report on behalf of the Governing Body.
- 4.6. To review and approve the arrangements for the appointment of both internal and external audit and their annual audit plans.
- 4.7. To review and approve the arrangements for discharging the Group's statutory financial duties.
- 4.8. To review and approve the Group's Counter Fraud and Security Management arrangements.
- 4.9. To review the circumstances relating to any suspensions to the Group's constitution (as set out in the Scheme of Delegation and Reservation) and to report to the Governing Body and Wider Membership Council on the appropriateness of such actions.
- 4.10. To undertake annual review of its effectiveness and provide an annual report to the Governing Body to describe how it discharged its functions during the year.

5. Administration

- 5.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.
- 5.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.
- 5.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

6. Quorum

- 6.1. The Audit Committee Chair (or Vice Chair) and one other member will be necessary for quorum purposes.
- 6.2. The quorum shall exclude any member affected by a Conflict of Interest under the NHS South Sefton CCG Constitution. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

7. Frequency and notice of meetings.

The Audit Committee shall meet on at least four occasions during the financial year. Internal audit and external audit may request an additional meeting if they consider that one is necessary.

8. Reporting

The ratified minutes of Audit Committee will be submitted to the Governing Body. Exception reports will also be submitted at the request of the Governing Body. The ratified minutes will also be sent to the Quality Committee to support its role in monitoring the Group's integrated governance arrangements.

9. Conduct

- 9.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members of the committee should notify the committee chair of any actual, potential or perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS South Sefton CCG procedure for the management of Conflicts of Interest as set out in the Constitution.
- 9.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

10. Date and Review

Date:	April 2018
Version Number:	1
Future Review dates	April 2019 April 2020

MEETING OF THE GOVERNING BODY JULY 2018

Agenda Item: 18/113	Author of the Paper: Judy Graves Corporate Business Manager Judy.Graves@southseftonccg.nhs.uk 0151 317 8352
Report date: July 2018	
Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map	
Summary/Key Issues: The Governing Body is presented with the updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) as at May 2018 and as presented to the Audit Committee for review and scrutiny. 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.	
Recommendation The Governing Body is asked to fully review, scrutinise and if satisfied, approve the updates.	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 and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			The risks have been reviewed by the respective committees / teams and presented to the Audit Committee in May 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

Report to the Audit Committee

July 2018

1. Executive Summary

This paper provides the Governing Body with an updated Governing Body Assurance Framework, Heat Map and Corporate Risk Register as at May 2018.

The GBAF has been updated by the respective members of the leadership team.

The CRR has been updated by the respective leads and reviewed by the relevant teams and/or committees.

The papers were presented to the Audit Committee for review and scrutiny on 24th May 2018.

2. Position Statement as at May 2018

2.1. Governing Body Assurance Framework (GBAF)

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

GBAF Risk Positions

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

GBAF Highlights

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

GBAF Highlights	Update
<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>	<p>Extreme Risk</p> <ul style="list-style-type: none"> • At the end of Month 12 this risk had fully materialised and the CCG did not deliver its statutory financial duties or deliver the fully QIPP plan • The CCG has developed a new QIPP plan • The CCG has developed a draft Financial Recovery Plan • QIPP and financial recovery remain a key risk for the CCG

2.2. Corporate Risk Heat Map

There are 25 operational risks rated high or above that are recorded on the South Sefton CCG CRR as at May 2018.

- There are two new Quality risks and are in relation to safe and appropriate patient care, and monitoring of quality services.
- There are three new risks in relation to the financial position of the CCG for 2018/19 however these are below the minimum threshold for this report.
- Two risks have reduced to a scoring of 8 (2x4). These now fall below that which is reported for 'high' and will be removed from the report map and register.

CRR Risk Positions

Risk	Score	Number of Risks
High	8-12	6
Extreme	15 - 25	19

CRR Highlights

The highlights are as shown in the Heat Map, Appendix 2.

3. Next Steps

The reports will be updated with the outcome of the Audit Committee meeting together with any further update from the Finance & Resource Committee and Quality Committee.

A full risk and process review will be carried out on 10th and 11th July and reported to the next Audit Committee meeting being held in July and following presentation to the Leadership Team on 17th July 2018.

4. Appendices

- Appendix 1 – Governing Body Assurance Framework
- Appendix 2 – Corporate Risk Register Heat Map
- Appendix 3 – Corporate Risk Register

Judy Graves
Corporate Business Manager
July 2018



South Sefton
Clinical Commissioning Group

South Sefton CCG
Governing Body Assurance Framework
2018/19
Update: May 2018

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 and to support delivery of financial recovery.	<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"> At the end of Month 12 this risk had fully materialised and the CCG did not deliver its statutory financial duties or deliver the fully QIPP plan The CCG has developed a new QIPP plan The CCG has developed a draft Financial Recovery Plan QIPP and financial recovery remain a key risk for the CCG
2. To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.	2.1 N/A		15	9	<ul style="list-style-type: none"> RISK CLOSED Risk being assured through Strategic Objective 1 Consolidated "plans on a page" has been shared with the Provider Alliance that will now consider now best to respond to deliver the outcomes
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	8	<ul style="list-style-type: none"> New national set performance metrics presented to the Governing Body in October 2017 Monthly performance calls with NHSE to review all constitutional targets CCG Improvement and Assessment Framework performance reported to Governing Body quarterly

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"> Business Continuity plans approved and exercised. Composite plan and strategy approved Training and awareness raising continues Development Plan in place NHSE Self-Assessment Assurance process completed. Response received from NHSE assuring our assessment and plans
4. To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.	4.1 Current work pressures reduce ability to engage on GP Five Year Forward View implementation.	Jan Leonard	9	9	<ul style="list-style-type: none"> GPFV international recruitment programme in place LMC planning meetings within LMC continue to be held
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Community Service currently going through transaction process which increasing risk of instability in services.	Jan Leonard	9	9	<ul style="list-style-type: none"> The CCG continues to work with Mersey Care through routes described to address key issues arising from mobilisation. In particular issues surrounding prescribing, DNs and ward 35. Transformation underway with a number of work streams are meeting to discuss issue such as community prescribing. Transformation will continue under the Sefton Transformation Programme.
6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Tracy Jeffes	9	9	<ul style="list-style-type: none"> BCF plans approved Final guidance published and aligned to "Making it Happen"

Strategic Objective 1	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.			
Risk 1.1	Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position			
Risk 1.2	There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements			
Risk Rating Initial Score Current Score	4 x 5 =20 4 x 5 =20	Lead Director Debbie Fairclough Date Last Reviewed May 2018		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> QIPP plan remains under constant review by the Joint QIPP Committee and the Governing Body QIPP update provided at leadership team every week Prioritisation sessions will continue to be held with Governing Body Monitoring and evaluating the adverse impact of the Acting as One arrangements Check and challenge sessions introduced Financial Recovery Plan has been produced Ongoing pursuit and identification of additional efficiency schemes Robust contract management of providers 		Action	Responsible Officer	Due By
		<ul style="list-style-type: none"> Additional resource required to support QIPP schemes – support requested from NHSE 	Debbie Fairclough	June 2018
		<ul style="list-style-type: none"> Alignment of QIPP to out of hospital provider alliance developments 	Debbie Fairclough	July 2018
		<ul style="list-style-type: none"> Engagement in the CEP- lite programme 	Martin McDowell	June 2018
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Outcome of audit by NHSE in March 2018 shows that we have good arrangements in place Delivery of QIPP targets – monitored month on month 				
Additional Comments:		Link to Risk Register:		
The CCG is unlikely to deliver the QIPP plan which will adversely impact the CCG's overall financial position.				

Strategic Objective 2	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.		
Risk 2.1			
Risk Rating			
Initial Score	5 x 3 = 15	Lead Director Karl McCluskey	
Current Score	3 x 3 = 9	Date Last Reviewed May 2018	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Joint 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. The outputs of the above work has been consolidated into a suite of “plans on a page” that has been shared with the Provider Alliance that will now consider now best to respond to deliver the outcomes 	Action	Responsible Officer	Due By
	Stocktake of blueprints. 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.	Debbie Fairclough and Fiona Doherty	July 2018
	Review of Shaping Sefton Strategy to be completed.		
New governance arrangements developed with Cheshire and Merseyside Partnership (STP) to support advancement of ‘Sefton Placed Based Transformation Programme’. Programme Board meeting in during Q4 2017/18 and Q1 2018/19.		February 2018	
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
•			
Additional Comments:	Link to Risk Register:		

Strategic Objective 3		To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.1		There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating Initial Score 4x4 = 16 Current Score 2x4 = 8		Lead Director Karl McCluskey Date Last Reviewed 10 May 2018		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings Links between Contracting team and CQPG to triangulate on quality aspects of performance New nationally set performance metrics for ambulance performance and CAMHS introduced. Session on metrics delivered to the Governing Body. CCG Improvement and Assessment Framework performance reported to Governing Body quarterly 		Action	Responsible Officer	Due By
		Continued monitoring of associated risks	All	on-going
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> - A&E performance - Diagnostic test waits performance - Cancer wait times performance - RTT performance 	All	Monthly
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Assurance from MIAA review of performance reporting Performance continues to be maintained 				
Additional Comments:		Link to Risk Register:		
		QUA002, QUA005, QUA008, QUA009, QUA020, QUA022		

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

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

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.1	Community Service currently mobilising may delay ability to deliver transformation		
Risk Rating Initial Score 3x3=9 Current Score 3x3=9	Lead Director Jan Leonard Date Last Reviewed May 2018		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Community Services contract monitoring meetings EPEG monitor feedback on services Quality Committee monitoring of services 	Action	Responsible Officer	Due By
	Contract Monitoring Meetings in place	Jan Leonard	Monthly ongoing
	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. Transformation will continue under the Sefton Transformation Programme.		February 2018 ongoing
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
Additional Comments:	Link to Risk Register:		
The CCG continues to work with MerseyCare through routes described to address key issues arising from mobilisation. In particular issues surrounding prescribing, DNs and ward 35.			

Strategic Objective 6	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.			
Risk 6.1	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans			
Risk Rating	Lead Director			
Initial Score	3x3=9	Tracy Jeffes		
Current Score	3x3=9	Date Last Reviewed		
		May 2018		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):			
<ol style="list-style-type: none"> 1. Health and wellbeing board executive in place 2. Review of current BCF and Section 75 arrangements 3. Number of key joint commissioning posts in place 4. Integrated Commissioning Group established 5. Making It Happen – joint approach to integration approved, with implementation agreed. 6. Implementation of MIAA recommendations in development of new BCF, iBCF and Section 75 7. Pooled budget arrangements within BCF agreed. 8. Finalised iBCF and BCF and aligned to “Making it Happen” 	Action	Responsible Officer	Due By	
		New Section 75 agreed by all parties	Tracy Jeffes	December 2017 June 18
		Implementation of MIAA recommendations. Complete except for S75	Tracy Jeffes	January 2018 June 2018
		Integrated Commissioning Group workshop to agree focus for 2018/19	Tracy Jeffes	May 2018
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):			
1. MIAA review of BCF for 16/17 provided significant assurance. Action plan agreed				
Additional Comments:	Link to Risk Register:			
	SS040			

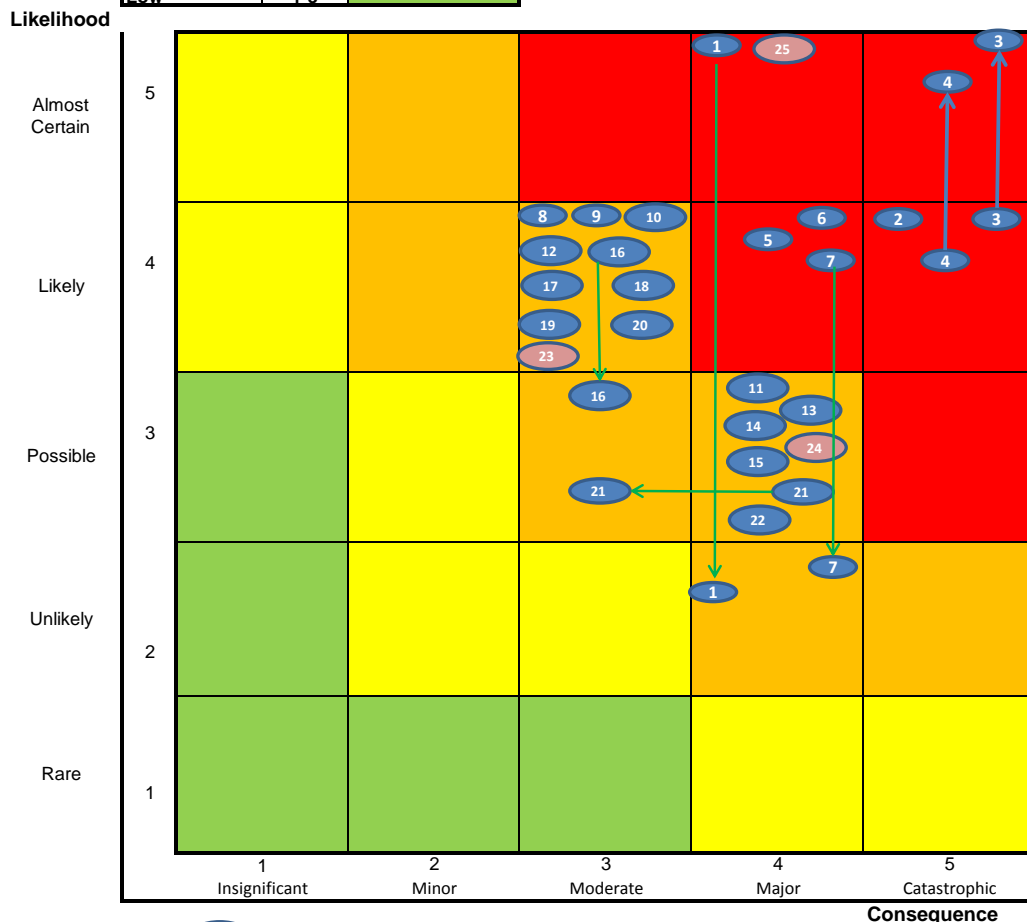
**SOUTH SEFTON CCG - SUMMARY OF CORPORATE RISKS HEAT MAP
(MITIGATED SCORES - 12 AND ABOVE)**

May-18
Appendix 2

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



Significant Risks



New to the Heat Map

Key Risks	Risk Owner
1 Quality of maternity care Ormskirk - reduction in middle grades (8) (2x4)	DF
2 Quality of care, patient outcomes challenging performance AUH (20)	DF
3 Delivery of statutory break even 17/18 (20)	MMcD
4 Delivery of QIPP target and impact on financial position 17/18 (20)	MMcD
5 Non delivery A&E target - patient flow (16)	KMcC
6 Patient care - lack of commissioner assurance looked after children (16)	DF
7 Provision of QA to GB decreased capacity in Quality Team (8) (2x4)	DF
8 Not delivering National KPI Access Psychological Therapies (12)	KMcC
9 Not meeting 62 day Cancer Target - complex pathway AUH (12)	KMcC
10 Infectory hospital admissions - poorly maintained nebuliser equipt (12)	JO
11 Reputational damage as a result of LCH 'Capsticks' Report (12)	DF
12 Not meet Constitutional/RTT 18wk target - lack clinical capacity (12)	KMcC
13 Quality of patient care - delays in review specialist referrals UHA (12)	SMcC
14 Locality working not leading to greater clinical engagement (12)	TJ
15 Additional pressures with workforce gaps - lack workforce planning (12)	TJ
16 Non-delivery of recommendations SEND/OFSTED team inspection (9) (3x3)	DF
17 Significant pressure on primary medial care - increase in workload (12)	DF
18 Delays of learning from LD deaths (12)	DF
19 Lack of timely reviews joint packages or S117 MH Care (12)	DF
20 Children in care not receiving adequate h/c assess LCH/Msycare (12)	DF
21 Patient and family experience EOL period - ADAM purchasing (9) (3x3)	DF
22 Quality and Safety UHA - systems pressure (12)	DF
23 Safe and appropriate patient care - nursing capacity at S&O (12) (4x3)	DF
24 Performance Manage/Assure Quality from Mersey Care - system change having possible impact on KPI's (12) (3x4)	GJ
25 CCG fails to control expenditure against its opening budgets in 2017/18 (20) (5x4)	MMcD

Movement

- 1 **Reduced:** assurance received on the Trust being able to meet contracted levels of medica
 - 7 **Reduced:** positions in quality team recruited to.
 - 16 **Reduced:** inspection actions completed
 - 21 **Reduced:** monthly updates now received and no further delays reported.
 - 3 **Increased:** The 2017/18 financial position is being concluded with the production and subsequent audit of the 2017/18 Annual Report & Accounts. It is proposed that this risk be closed.
 - 4 **Increased:** The 2017/18 financial position is being concluded with the production and subsequent audit of the 2017/18 Annual Report & Accounts. It is proposed that this risk be closed.
- 1 and 7 have reduced to 8 (2x4) which is below the 12+ reporting threshold.



South Sefton

Clinical Commissioning Group

Corporate Risk Register

Current Version	V11		
Previous Version		Updated Date	May-18
Document File Path			

Risk Register

Responsible Committee/Team	Committee/Team ID	CRR ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What controls/systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Current Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risks rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Owner Review Date	Quality Team Review Date
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 appropriate National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in poor patient care	<ol style="list-style-type: none"> 1. Monthly performance meeting with provider. 2. Remedial action plan in place - which is reviewed monthly with provider 3. Performance and contractual meetings and reporting process in place. 4. Paper presented to Governing Body November 2014 5. Enhanced open access provision for patients to self refer including easier on line referral. 6. Working across CWP IAPT sites to ensure data consistency and quality. 7. Group session in place 	4	3	12	<ol style="list-style-type: none"> 1. Additional focus on Did Not Attend 2. Re-advertising service with GP practice 3. Using CV5 to advertise to general public. 4. Increased group work. 5. From October 2016 new referral who require following up will be seen within 6 weeks. 	<p>Early indications 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.</p> <p>KMCC: Early indications of reduced DNAs and significant 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.</p> <p>SJ: Self referrals have increased within the Access Sefcon service.</p> <p>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.</p> <p>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	BUO001 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"> 1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 4. Clinical meetings with Cancer Leads and Manager. 5. Managerial lead for cancer has action plan in place. 6. Weekly and monthly monitoring through SMT and contractual performance. 7. RCA for any 62 day breaches 8. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SMT Leadership Team). 9. Integrated Performance Report developed and presented to Governing Body. 10. Action plans in place for failed areas: progress being monitored via SMT, contractual performance and continued reviews. 	3	3	9	<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 & NHSE CCG to escalate to Q2 assurance review with NHSE. Discussed at April's CCG meeting.</p> <p>Sarah McGrath to update:</p> <p>Mandate from NHSE May 2017 on recovery and operating model for 62 day cancer standard. Both Aintree and SAC classed as marginally breaching Trusts. Rapid Recovery Teams will work with the Trusts to audit the PTL and application of the 10 High Impact Actions and agree an action plan to be fully implemented by 31.7.17.</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"> - Warrington and Halton Hospital NHS Trust - Southport and Ormskirk NHS Hospital Trust - Aintree Hospital Trust NHS - Liverpool Women's Hospital NHS Trust - Clatterbridge NHS Hospital Trust <p>Additional meeting with CCG, CEOs of RLBHHT, Clinical Lead LCL, NHSI to gain assurance RE: Performance & Quality Improvement meeting held 30-8-17. 70%-80% performance expected by December 2017. Reported to GB September 2017. JAG accreditation suspended for both ALUHFT and RLBHHT for bowel screening in February 2018.</p>	4	3	12	Dec-17	Mar-18
Quality Committee	QUA009	SS019	Apr-15	QUA024	Karl McCluskey (Sharon Forrester)	Redesign & Commissioning	Risk of poor quality patient care as a result of not delivering against A&E target due to patient flow in the Trust (SS)	<ol style="list-style-type: none"> 1. A&E Delivery Board in place to monitor & manage performance 2. S&F subgroup in place 3. Monthly contractual performance meetings 4. Monthly integrated Performance Report reported to Governing Body. 5. Monthly Quality meeting: reported to Governing Body (ST) 1. Strategic Resilience Group (SRG) in place. Meetings held on a monthly basis and fed into Governing Body. 2. Operational Service level meetings held: DW: currently weekly MADE events, weekly DTOC Teleconference and to weekly Purple to Gold meeting 3. Monthly contractual Performance meetings 4. Monthly integrated Performance Report: reported to Governing Body. 5. Monthly Quality meeting: reported to Governing Body (SS) 	3	3	9	<p>Recovery plan agreed</p> <p>STF trajectory agreed</p>	<p>EDIP 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&E staff resource (Medical and Nursing) discussed in April's COPG.</p> <p>Trust actively recruiting.</p> <p>RCA 12 hour breaches perceived as per timeline fed back to Trust at Aintree COPG in April discussion on low levels of harm due to long waits at A&E. Report to Aintree Board on harm over previous 12 months.</p> <p>Will come to COPG.</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>Fratly Unit opened in Dec to support patient flow and turnaround.</p> <p>Winter Plan developed and agreed and submitted to the A&E Delivery Board for approval.</p> <p>ICRAS (Integrated Care Readmission 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 & Formby CCG. Amended from SF016 to SS016.</p>	4	4	16	Dec-17	Jun-17
Quality Committee	QUA011	Q1 2016/17	QUA045	Jenny Owen	Quality	Risk of infection hospital admission and harm to patients from poorly maintained nebuliser equipment	<ol style="list-style-type: none"> 1. Identifying short term solution for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing. Long term liaising with respiratory teams, consultants, LCH and GP teams to ensure basics are right for the future. JK and HRto raise at quality committee. HRto act to corporate risk register. 	<ol style="list-style-type: none"> -All providers informed of risk -LCH & Aintree have this on their risk registers -Pan Mersey Sub Group informed -All organisations to follow guidance from governance leads within their organisations -Regarding primary care prescribing – JK requested practice information facilitators to run a search on all patients prescribed nebulise. This will identify the size of the problem and enable patients to receive a review & education. -An update to be presented at the August Quality Committee Meeting -A meeting will be held with all providers to work up a longer term solution. 				<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. A short to longer term plan was developed. In the short term Medicines Management will provide education for the patient via a telephone call and patient leaflet. The Community Respiratory Team have agreed to review all patients over the summer months whilst the service is less busy. The longer term solution will require a whole system approach, this will be developed over the next couple of months.</p> <p>Route map for integration finalized: Joint working with LA regarding CHC. Further joint development to intermediate care plans. Making Integration Happen approved by GB. Integrated Commissioning group progressing work on key priorities.</p> <p>Clinical QIPP agreed to proceed phase 3 funding for training. This will cease in July but wont be funded further.</p>						

Risk Register

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		SS029							4	5	20	Plan for community respiratory reviews of outstanding patients agreed at Clinical QIPP Advisory Group. To confirm date of commencement. JK: Report produced following Feedback from Clinical QIPP on 7.3.17. This report was presented to Clinical QIPP in May and it was agreed that a contract variation would be utilised to enable Aintree Trust to review all South Sefton Patients and Community respiratory Team to review Southport and Formby patients. The option was explored by the project team and due to capacity in CRT & long waiting times to the Trust the following was agreed: 1. Practice Medicines Management Technician to conduct a search of all patients prescribed nebulised therapies in the past 2 years – they will be separated by current and past patients. This will reduce the number of patients to be reviewed initially whilst capacity of the CRT increases. 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 nebulised therapies in the past 2 years and refer to appropriate service – by 31st October 2017. 8. Reviews at providers to commence from November onwards – agreement of number per month to be negotiated with providers. 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 an 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		Sep-16	N/A	Debbie Fagan	Quality	Risk of reputational damage to CCG as commissioner of LCH in light of media interest following Caspa's report and outcome of parliamentary adjournment debate.	Mersey QSG CCF COPG Pro-active comms team				Discussed at QSG regarding plans for lessons learned in May & July 2016 Discussions at Quality Committee in May and July 2016 & GB July 2016 Meeting of MPs by Chief Officer July & Aug 2016 Chronology of CCG involvement in performance management of provider - on-going to provide assurance of CCG actions Chronology discussed at CCG GB development session Aug 2016 Consideration of joint MAA review Sept 2016	Joint presentation to QSG made in October 2016 regarding recommendations and lessons learnt for Cheshire & Merseyside Commissioning colleagues. MAA TOR for review to be agreed October 2016. Quality Risk Profile (QRP) meeting planned with providers to agree consistent approach to management of current risks with LCH. MAA review on-going - reporting date likely to be spring 2017. MAA review completed and presented to Joint Quality Committee in February 2017. Significant assurance given with a Lessons Learnt meeting for Governing Body Development Sessions after April 2017. MAA Review will go to GB in March 2017 and Audit Committee in April 2017. Kirkup Review underway. CCG have received letter from NHSI, including Terms of Reference. MAA Report presented to Audit Committee. Contract 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 COPG. - Lessons learnt & progress against MAA review presented to July 2017 GB - Progress to date against action plan reviewed by Chief Nurse and Deputy Chief Nurse September 2017 - Letter sent to final MAA report to NHSE & CCG - SSCCG clinical vice chair has attended community contract review meeting. COPG 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. Confirmed transitional QRP in place at Aintree and awaiting confirmation for Mersey Care at CCGGB in March 2018. Once confirmed will request to close current risk. Kirkup report now published February 2018 and new risk to be opened.					
Quality Committee	QUA014		Sep-16	N/A	Karl McCluskey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional RTT target for 18 weeks caused by lack of clinical capacity resulting in delayed treatment for patients (SSCCG)	1. Monthly contract meetings 2. Clinical Quality and performance meetings 3. Clinical lead for contracts and quality 4. Clinical meetings with RTT Lead and Manager. 5. Weekly and monthly monitoring through SMT and contractual performance. 6. Reporting system developed that provides earlier notification of waiting time concerns. Is reviewed on a weekly basis and reported to SMT (Senior Management Team and SLT (Senior Leadership Team)). 7. Integrated Performance Report developed and presented to Governing Body.	4	4	16	1. RTT provider/commissioning group being re-established 2. Completed internal and external audits on RTT to be taken through COPG	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 PTL meeting has been commenced. Strategic North Mersey review of dermatology. New RTT workgroup has been established. Reviews of individual specialities and escalated through COPG or Contract Review M11 achieved target and expect delivery for year end. 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		Apr-15	QUA032	Sarah McGrath or Team	Redesign & Commissioning	Delay 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 Bimonthly RTT meeting with the trust – CAB standing agenda item Identification of high risk areas and process of monitoring/reporting	4	3	12	Escalation through a letter via CCG 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 area's. Interim process established with high risk services to ensure timely review of referrals (Dummy clinics) Trust monitoring of Clinical business units via reporting mechanism Interim targets set to ensure timely review of referrals (Max. Zw = 2 days, urgent = 1 weeks, Routine = 6 weeks). 2017/19 CQUIN designed to encourage a move away from any paper based processes.	For Q2 to Q4 providers will be required to evidence that: Services are published and available to receive referrals through NHS e-Referral Service as set out in the Milestones below. The numerator will be the count of published first outpatient services listed on he Directory of Services e-RS extract EBSX05; and Adequate slot polling is taking place to allow patients to book appointments evidenced by a reduction in "Appointment Slot Issues" to a rate of 4% or less, the numerator for this measure will be the number of Appointment Slot Issues received by provider. There is a national CQUIN in place with acute providers to ensure availability of all clinics through ERS by March 2018. However there is a risk that the trajectory timescales with the expectations for 80% referrals to be made on ERS by Q2 2017/18 and 100% by Q2 18/19. ASI rates are not in line with CQUIN trajectory and continue to rise. A full analysis is being prepared for MMCD. 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 COPG when Q2 data will be reviewed. Performance discussed at COPG. Concerns re timeliness of LAC reviews raised. CCG Safeguarding services offered support to LCHT. Performance also discussed at COPG and CCF. Carleen Baines has developed a further suite of KPIs to negotiate into the contract for 2017/18. The LAC Annual Report has been presented to the GB and Corporate Parenting Board. Current update on performance is meeting national targets with increased support from CCG Safeguarding. Discussion with Interim Director of Nursing at LCH on transition of Safeguarding staff and sustainability of service to be continued with 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 Dr for LAC commenced by LCCG and awaiting further comment from Alder Hey on leadership function. Supervision of AC nurses now being provided by NWB for update at next 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. CCG has confirmed additional investment to increase Designated Doctor for LAC sessions in line with intercollegiate guidance. Commissioner concerns regarding pace of improvement escalated at broader level within Mersey Care. Extraordinary meeting held with Mersey Care and North West Boroughs in February 2018 to ensure providers are clear about commissioner concerns and pace of improvements. Timeline of 12 months post contract given. Chief Nurse concerns reported to both JQC and Governing Body.	4	4	16	Dec-17	Mar-18
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 QIPF agenda and influence over commissioning priorities Clear role out plan for use of Aristote	New locality manager appointed across all localities. GB Development session focusing on localities with clear areas for engagement identified. Locality plan in place. Increased engagement in ROSS and use of Aristote. 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	NA	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 Seton Council on wider strategies to promote Seton as a 'great place to work'	4	3	12	1. Through STP process seek additional investment to fill identified gaps 2. Implementation of the blueprints 'to transform models of care to enable appropriate skill mix to support delivery 3. Working with LMC on a scheme to attract more GPs to Seton	On-going work through STP continues. Seeking international recruitment into Seton. Awaiting NHSE announcement. Expected January 2018.	4	3	12	Dec-17	Jul-17
Quality Committee	QUA037	SS043	Jan-17		Jan Leonard (Angie Price)	Quality	Primary medical care services are under significant pressure due to increased workload, workforce issues.	GP Five Year Forward View Local Quality Contract - increased investment.	4	3	12	Reviewing LOC for 17-18. Working with LMC on options GP Five Year Forward View Implementation on STP footprint. Convening an LQC working group to inform LOC for 18/19	Joint Commissioning Committee to review in April 2017. Standard agenda item on Joint Commissioning Committee. All practices are signed up to Local Quality Contract. Joint Committee is reviewing GPSFV plan and NHSE to provide information relating to GPSFV funding for CCG. GPSFV - developing plans for 7 day access to primary care services for implementation October 18. C&M 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 28th. 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
Quality Committee	QUA038	SS046	Jun-17		Debbie Fagan	Quality	There is a risk of a delay for the learning from the deaths of people with a learning disability under the LeDeR programme, due to limited access to local reviewers, and lack of governance arrangements in place	1. CCG LeDeR Local Area Contact in Place - Head of Vulnerable People who has under gone LeDeR Local Area Contact training 2. CCG Local Area Contact has access to the LeDeR dashboard to monitor progress and number of cases 3. The CCGs have access to two LeDeR reviewers	5	3	15	1. LeDeR Local Area Contact liaising across with NHS E C&M LeDeR lead 2. Request made for CCG Local Area Contact to attend the NHS E C&M LeDeR steering Group 3. Contact made with CCG LeDeR reviewers to provide oversight and support 4. Letter template developed to support information from Seton 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 Seton NBC, Head of ASC to support multi agency LeDeR review. 3. LCCG local area contact to attend NHSE 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. Number of LeDeR reviews remain significant	4	3	12	Dec-17	Mar-18

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Quality Committee	QUA039	SS055	Jun-17	N/A	Geraldine O'Carroll	Quality	There is a risk for patients in receipt of joint packages of care or section 117 care are not receiving timely reviews which provide assurance on the care being appropriate and in line with the Mental Health Act.	1. Review of packages of care is an MHA and contractual requirement. 2. IPA Programme Board is also in place which is attended by MLCSU 3. Contract framework in place (inc COPG).	4	4	16	Issue has been raised at Contract meetings and COPG, but there is still no assurance that reviews have been undertaken by Mersey care. The issue will be discussed at executive nurse level and if not resolved a Contract Performance Notice in line with GC3 National Standard NHS Contract will be issued. The CCG Quality team are undertaking analysis of Mersey Care SI reports to ascertain if there is any correlation with reviews not being carried out.	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 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 this 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 COPG and provider safeguarding meeting. CCG Safeguarding services reviewing LAC activity to determine if resource can meet IHA Schedule. Performance improved but still issues. Reviewed at regular meetings every eight weeks with providers. This risk is to be removed as covered in QUA025	4	3	12	Dec-17	Mar-18
Quality Committee	QUA047	SS050	Sep-17		Debbie Fagan	Quality	There is a risk that challenging performance at Antree 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 COPGs/CRM in place with provider Exception reporting to C&M GSG at every meeting AIUH CCF in place	4	5	20	Regular one to ones established with new provider DoN Review level of concern against the NHSE ORP Matrix working between CCG Ops and Quality teams	Commissioner concerns discussed and reviewed at AIUH CCF, August & September 2017 Telecom held with NHSE to discuss assurance process & plans to increase surveillance level of the trust, September 2017. Surveillance level increased from routine to enhanced & reported to AIUH, September 2017 Meeting co-ordinated by NHSE to undertake the QRP tool, and held September 2017. Submitted to NHSE Sep 2017. QRP awaiting final sign off after AIUH comments. Awaiting Spec Comm update. Trust on enhanced surveillance. QRP to be completed Dec 17. QRP meeting with all stakeholders planned for April 2018. Recent CCG inspection report demonstrates reduction to previous inspection and Trust now "Requires Improvement"	4	5	20	Dec-17	Mar-18
Quality Committee	QUA051	SS061	Dec 17: Q3 17/18	N/A	Debbie Fagan and Jan Leonard	Quality	There is a risk of impact of quality and safety of care at Antree University Hospital Trust A&D at times of systems pressure.	1. Regular meetings with Trust on plans in place to ensure quality is maintained 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 SIs and mortality reviews with feedback to provider. 5. Unplanned Care Lead and Quality Team supporting events for discharge. Support continues on discharge process and updated to be received at COPG and QRP meeting in April.	3	4	12	Dec-17	Mar-18	
Quality Committee	QUA058	SS065	Mar-18	N/A	Debbie Fagan	Quality	Risk to deliver safe and appropriate patient care due to the high number of nursing vacancies at Southport and Ormskirk Trust	Safer staffing reports reported at Trust COCRM on monthly basis. One to one meetings with Trust DoH on delivery of quality care to patients at the Trust.	4	3	12	CCG will maintain established surveillance systems/processes to quality review services. (incidents, safe staffing, SI, complaints, sickness). Review S&C workforce strategy.	4	3	12	Mar-18	Mar-18	
Quality Committee	QUA060	SS 067	Mar-18	N/A	Gordon Jones	Redesign & Commissioning	The CCGs may not be able to performance manage / assure quality within the Mersey Care contract as the Trust is in the process of implementing RIO which will replace its EPEX system. Some smaller services have already commenced roll out but target services eg Adult and Older People's mental health are expected to move to RIO in June 2018. The Trust has advised that capture of KPIs may be adversely affected whilst RIO is being implemented. There is risk is that KPIs may not be able to be captured from June 2018 until RIO is fully implemented and this could impede the quality assurance controls currently in place through the contract and the CCGs would fail to be assured. This could result in poor performance not being highlighted and addressed by CCGs.	Meeting held with Trust on 7th December 2017, it was agreed to work with the Trust to prioritise KPIs for reporting (eg national ones). At the subsequent commissioner meeting held on 6th February 2018 it was agreed to discontinue 2 x KPIs and move monthly reporting for some KPIs to quarterly so as to reduce administrative burden. Trust has yet to respond to the commissioner proposals. Commissioners are inserting a KPI that will require the Trust to provide monthly RIO update with clear objectives and timescales. Update on full implementation to include. Expected go-live date for remaining services. Expected impacts on data quality and reporting and how these will be mitigated and what data assurance processes will be in place.	3	4	12	On going contract monitoring via CRM and COPG.	3	4	12	Mar-18	Mar-18	

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

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

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

MEETING OF THE GOVERNING BODY JULY 2018

Agenda Item: 18/114	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 317 8350
Report date: July 2018	
Title: Sefton Place Based Estates Strategy	
Summary/Key Issues: The CCG is required to submit a final Sefton Place Based Estates Strategy to the Health & Care Partnership for Cheshire & Merseyside, in conjunction with NHS Southport & Formby CCG.	
Recommendation The Governing Body is asked to approve this strategy.	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 and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Report to Governing Body

July 2018

1. Executive Summary

The CCG agreed its first estates strategy in November 2015. A further iteration of the document has been produced to update the strategy to reflect the partnership approach to developing the NHS Estate across Sefton, based upon the 'place' footprint endorsed by Cheshire & Merseyside Health & Care Partnership.

2. Introduction and Background

The document sets out the following approach which links the CCG's service strategy to its estates strategy and covers:

- Governance arrangements for place based activity and also on wider North Mersey footprint.
- An update regarding organisational estates strategies within the place.
- A list of current capital projects under consideration / or having a link to the place.
- High level financial impacts taking account of any disposals.
- An outline of the next steps in relation to critical decisions and activities.

3. Recommendations

Due to changes in the timetable for the local submission of the place based estates strategy, the CCG submitted a draft plan on 31st May 2018. There have been a number of small changes to the plan since submission, which are incorporated into this revised version of the strategy. The Governing Body are asked to approve the attached Sefton Place Estates Strategy for final submission to the STP by 16th July.

Appendices

Appendix 1: Sefton Place Based Estates Strategy

Martin McDowell
Chief Finance Officer
July 2018

Sefton DRAFT Place Estate Plan

June 2018

Disclaimer



The options set out in this document are for discussion purposes. The involved NHS bodies understand and will comply with their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a commitment to any particular course of action on the part of the organisations involved.

In respect of any request for disclosure under the FoIA: This is a confidential document for discussion purposes and any application for disclosure under the Freedom of Information Act 2000 should be considered against the potential exemptions contained in s.22 (Information intended for future publication), s.36 (Prejudice to effective conduct of public affairs) and s.43 (Commercial Interests). Prior to any disclosure under the FoIA the parties should discuss the potential impact of releasing such information as is requested.



Sefton Place Plan Contents



Estate Strategy

1. Plan on a Page
2. Service Strategy
3. Estates Summary
4. Local Transformation Initiatives
5. Place Governance and Reporting
6. Place Estate Strategies by Organisation
7. Prioritised Place Estate Projects 1
8. Prioritised Place Estate Projects 2 - narrative
9. Headline Financial Impacts 1 – surplus land and housing
10. Headline Financial Impacts 2 – named sites
11. Road Map – Next Steps: critical decisions & activities
12. Place Leadership Sign Off

Annexes

1. Other estates information



Place Plan on a Page



Summary of Place:

- Names and titles of place SRO/CFO/COO or Lead
 - 1) Fiona Taylor Chief Officer
 - 2) Martin McDowell Chief Finance Officer
 - 3) Debbie Fairclough Chief Operating Officer
- The borough of Sefton consists of a coastal strip of land on the Irish Sea, and extends from Bootle in the south to Southport in the north. In the south-east it extends inland to Maghull. The district is bounded by Liverpool to the South, Knowsley to the south-east and West Lancashire to the east.
- The borough is made up of two CCG areas, Southport and Formby CCG and South Sefton across 8 localities.
- There are approximately 280,000 people registered with one of 49 GP surgeries. The practices range in list size from the smallest at 1027 to the largest practice with a list size of 14,090 (Source: NHS Digital June 2018) Over the next decade (using 2014 Census populations and ONS projections): The overall population of 280,000 residents may increase by approximately 7,000 residents.
- The level of deprivation across Southport & Formby CCG is generally lower than the national average. 5.1% of Southport & Formby's LSOAs are in the most deprived 10% in the country, compared to the national average of 10.1%. The level of deprivation across South Sefton CCG is generally higher than the national average. 30.6% of South Sefton's LSOAs are in the most deprived 10% in the country, compared to an average of 10.1%.

Priority Programmes & Projects:

New Estate Infrastructure

Phase 1 – Crosby/Maghull/Formby - Deliver new integrated health, social and public sector hub in key localities. Business case and approvals 2018, and a planned construction start date tba Revised PIDs for Formby/Maghull have been resubmitted to NHS England May 2018.

Phase 2 – Deliver new integrated hubs based on findings from completed Locality Review within other prioritised areas e.g. Bootle/Seaforth & Litherland

Review Estates Infrastructure

Complete Locality Review of the current Primary Care Estates to provide a comprehensive understanding of what the current estate is, what the current pressures are and what the theoretical future requirements could be for the future of Sefton, September 2018. Once Locality Review is completed it is likely there will be a requirement for capital investment to deliver a number of spoke sites across all localities, this pipeline will be available in 2019 following completion of wider review.

OPE Opportunities

To deliver an integrated estates asset mapping review and shared delivery plan of NHS, Local Authority and Emergency Services assets across the North Mersey footprint. When completed the project will deliver a combined estates asset database and rationalisation plan with prioritised proposals for investment and associated shared estate solutions as well as disposal opportunities, this project is part of the Liverpool City Region One Public Estate application, December 2018.

Disposals

Continue to implement PLACE disposal programme, identifying potential capital receipts and revenue cost savings, as each scheme has the potential to release a number of primary and community care properties.

Utilisation

Improving occupancy and utilisation in "fit for purpose" buildings.

Strong Stakeholder Engagement

Continue to engage with Community Providers to understand their future estates plans, improve the utilisation of "fit for purpose" properties and allow disinvestment from poor properties. Support Southport & Ormskirk to release land for housing. Continue Local Authority/Provider engagement through SPEP meetings to further develop the PLACE estates strategy and deliver BAU improvements.



Place Plan on a Page



Overview of emerging Place Estate models:

South Sefton CCG

<p>1) Integration & Co-location</p> <p>Right spaces in the right places with integrated community teams.</p> <p>Measurement – numbers of premises, coverage of premises, quality of premises (6 facet survey, plus patient feedback), numbers and quality of integrated teams and patient outcomes</p>	<p>2) Flexibility & Adaptability</p> <p>Connections with technology e.g. digital, telehealth. Adaptable rooms and spaces. Regeneration - Develop or release assets to support local growth. Local connections across the community</p> <p>Measurement – usage of premises, coverage of premises, quality of premises (functionality survey).]</p>
<p>3) Quality & Accessibility</p> <p>Measurement – Reduction in patients attending hospitals, improved patient experience, (less travelling to different appointments in different places.), cohesive service delivery in as few locations as possible. Extended hours - hubs open 8am – 8pm.</p>	<p>4) Value for Money</p> <p>Measurement - Savings resulting from improved occupancy (80% occupancy target) and disinvestment of poor properties (i.e. 6 out of 7 community clinical properties). Efficient work spaces. Economies of scale – larger multi professional groups of staff working collaboratively. Sharing assets.</p>

Southport & Formby CCG

<p>1) Integration & Co-location</p> <p>Right spaces in the right places with integrated community teams.</p> <p>Measurement – numbers of premises, coverage of premises, quality of premises (6 facet survey, plus patient feedback), numbers and quality of integrated teams and patient outcomes</p>	<p>2) Flexibility & Adaptability</p> <p>Connections with technology e.g. digital, telehealth. Adaptable rooms and spaces. Regeneration - Develop or release assets to support local growth. Local connections across the community</p> <p>Measurement – usage of premises, coverage of premises, quality of premises (functionality survey).</p>
<p>3) Quality & Accessibility</p> <p>Measurement – Reduction in patients attending hospitals, improved patient experience, (less travelling to different appointments in different places.), cohesive service delivery in as few locations as possible. Extended hours - hubs open 8am – 8pm.</p>	<p>4) Value for Money</p> <p>Measurement - Savings resulting from improved occupancy (80% occupancy target) and disinvestment of poor properties (2- 4 properties). Efficient work spaces. Economies of scale – larger multi professional groups of staff working collaboratively. Sharing assets.</p>



Place Plan on a Page



Overview of emerging Place healthcare models:

The aspiration is for the new model of care to provide comprehensive, integrated healthcare services for physical and mental health for all age groups that will maintain and improve patient experience and clinical outcomes, while accommodating increases in demand for care, despite increasingly tight budgetary constraints.

The right care must be delivered at the right time, in the right place, through integrated care services. Essential elements of the new model of care are:

- Integrated, co-ordinated services working in collaborative partnerships.
- Improving accessibility by increasing the number of services available locally organised around GP localities.
- Services that are personalised and patient led.
- Clinical leadership and clinical decision making.

The CCG has identified three main strategic priority areas as the focus for the next few years:

- Care for older and vulnerable residents
- Unplanned care
- Primary care

The new model aims to deliver integrated primary, community and social care as close to a patients home as possible.

Summary of key next steps and critical decisions:

- Negotiations with NHSPS for the disposal of further Sefton premises.
- Produce South Sefton Locality Review Report. Prioritise
- Produce Strategic Estates Plan for Sefton Place (both CCG's).
- Move forward ETTF Development discussions.
- Review Utilisation of current estate.
- Scope suitability of existing development opportunities (NHS and non NHS)
- Engage with wider Public Sector (One Public Estate) to develop options for joint working and releasing land for housing
- Develop project pipeline of feasibility plans for each neighbourhood
- Meet with NHS England to explore and clarify funding opportunities
- Continue to engage with Community Providers to understand their future estates plans.



Service Strategy



Overview/Process details of emerging Place healthcare models:

Our vision is for **Community Centred Health and Care** – services are wrapped around our patients and our GP practice localities, with hospitals concentrating on specialist care for our most poorly patients.

Primary Medical Care will continue to be the foundation of the health system, building on strengths and past successes, and working collaboratively to achieve sustainability.

The aim will be to improve outcomes and reduce health inequality. Recognising the links that exist between physical and mental health the new model of care will provide comprehensive, integrated healthcare services for both physical and mental health for all age groups that will maintain and improve patient experience and clinical outcomes, while accommodating increases in demand for care, despite increasingly tight budgetary constraints. Essential elements of the new model of care are:

- Integrated, co-ordinated services working in collaborative partnerships across health and social care.
- Flexible use of workforce to embrace a wide range of professionals to meet the population needs.
- Improving accessibility by increasing the number of services available locally organised around GP localities.
- Services that are personalised and patient led.
- Using technology to support new ways of working.
-

Clinical leadership and clinical decision making will be key to delivering this vision.



Estates Summary

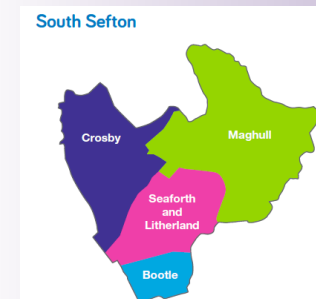
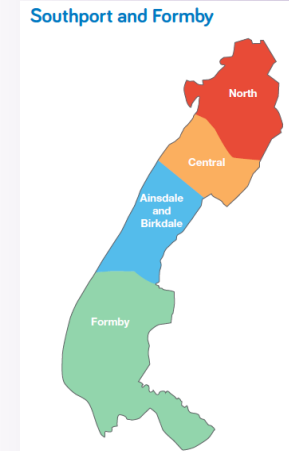


Current Estate :

- There are currently 49 GP practices across both CCG areas
- Utilisation for the 3 Locality Hubs is between 40 - 50%
- 1 planned disposal for 18/19
- There are
- Approximately 29,265 m2 across both CCG areas (Source: SHAPE)
- 4 LIFT Buildings
- 13 NHS Property Service Buildings
- 8 Provider Buildings
- 36 GP owned/leased premises
- 5 Branch practices

Planned Estate :

- Reduce number of buildings through delivering hub and spoke model.
- 80% utilisation in key buildings
- 2 Planned NHSPS disposals (Houghton Street/Prince Street) 2019/2020
- Minimise void/bookable costs
- Deliver the productivity and efficiency objectives set out in the Lord Carter Report, i.e. deliver service lines at median cost, no more than 21% unused space and less than 35% non-clinical space.



Local Transformation Initiatives



Additional high level narrative of Sefton Place, e.g. Any details of community / health and wellbeing hubs, primary care initiatives, or other proposals for working with Social Care and the Local Authorities etc.

There is real and substantial opportunity to make better use of all premises and in doing so enable the delivery of the Shaping Sefton Programme.

There are several key priorities and projects that could be “enabled” through improved utilisation of current premises, rationalisation of current premises and where appropriate, new build projects and estate disposal projects, they are:

- Shifting redesigned services from hospital to community settings
- Acute Primary Care Hubs
- Integrated Community Teams
- Primary Care at scale
- Community Diagnostic services
- Improved accessibility
- Financial and efficiency (QIPP) Targets

Through collaboration between the Shaping Sefton Programme, the CCG’s General Practice Forward View Plan and the CCGs Strategic Estates Plan, the work moving forward will improve the delivery of key CCG priorities through projects to improve utilisation across all key buildings, estate rationalisation projects and new build projects.

While considering the strategy for development of the estate and in particular where investment or indeed disinvestment should be considered the type and scale of the premises are of particular relevance. The premises are of a variety of types and a wide range of condition and utilisation, which needs to be taken into account before any strategic decisions are made.

There is progress to be made to bring general practices together, where appropriate, to achieve primary care at scale and maximise the efficiency and sustainable or primary and community service models. Further next steps include:

- Integrating demographic information, population (housing developments) information and premises cost information, into a further iteration of this report
- Improving collection and analysis of premises data
- More utilisation studies connected to CCG priority projects
- A better understanding/review of estate condition, functionality e.g. 6 facet surveys
- Electronic booking system, introduced in LIFT buildings via CHP, expected to be in operation before end 2018
- Alternative financial models (recharges for non-void space)
- Incorporate aspects of LCC Social Services/Care Homes
- Review charges from LCH to Bridgewater
- Increase sessions days



Place Governance and Reporting



Governance and Reporting Process details:

NHS Southport & Formby CCG and NHS South Sefton CCG

Sefton Property Estate Partnership Group (SPEP)

Draft Terms of Reference

Overall Objective Working with stakeholders and key partners of the Sefton CCGs to review and ascertain capacity, capability and suitability of the primary care and community estate infrastructure both in the present and for the future.

To identify opportunities for its use, development and reconfiguration; to ensure that it is fit for purpose, effective and sustainable in response to evolving clinical strategies.

Key Tasks

1. To provide a forum for the consideration of Estates Operational Issues to provide a route for resolution of issues
2. Review ongoing partner organisations service and estates strategies, to ascertain future implications to the wider health economy
3. To support and align with the North Mersey Estate and FM Workstream (formally the North Mersey LDS Estate and FM Workstream) and the General Practice Forward View in the development of options for the future service provision and reconfiguration
4. To liaise with clinical workstreams to understand and inform the practical estates and operations constraints and opportunities as they arise
5. Develop and oversee a programme for the assessment and management of the estate in respect of condition and utilisation.
6. To review centrally proposals regarding investment and disinvestment in estate infrastructure including assessment of opportunities for use or disposal across organisational boundaries
7. To oversee and develop a profile and outline specification for each facilities type and location and agree minimum standards to be maintained
8. Explore, consider and implement alternative financial models for Estate management to achieve best value and sustainability
9. Develop and monitor progress against action plan for delivery of strategic estate plan and subsequent review and production of new plan
10. Offer overview and receive reports on delivery of significant estates related projects
11. To offer a level of professional support for approved development proposals
12. To co-ordinate with the North Mersey Estate and FM Workstream (formally the North Mersey LDS Estate and FM Workstream) to ensure the Primary and Community Care estate delivers best value in a wider system context



Place Governance and Reporting



Governance and Reporting Process details:

Role of Members

Members of the group will be responsible for ensuring that they:

- Attend all meetings and if unable to do so, wherever possible nominate a suitable deputy.
- Ensure that their respective organisations are informed of, and fully involved in (where appropriate), the work of the group.
- Disseminate key information within their own respective organisations in relation to progress of the group.
- Actively participate in agenda discussions.
- Undertake actions as agreed at the meeting.

Quorum

There must be 6 members present in order for the meeting to take place and for recommendations to be made by the group.

Meeting and Reporting Arrangements

The group will meet on a bi-monthly basis and will report key issues to the Finance and Resource Committees for the Sefton CCGs.

The group will also send updates for information to the North Mersey Estate and FM Workstream to ensure alignment with the various system wide transformation programmes and workstreams.

Administration support

The group will be supported by the PA to the Chief Finance Officer.

Review Date

Terms of reference and governance arrangements will be reviewed in June 2018.



Place Governance and Reporting



Governance and Reporting Process details:

North Mersey Estates & F.M. Strategic Work stream

Draft Terms of Reference

Overall Objective:

Working within North Mersey Local Delivery System Health and Social Care organisational boundaries to review and ascertain capacity of the estates infrastructure both in the present and the future. To identify opportunities, in conjunction with Local Authority and other public and third sector partners, to identify and respond to opportunities for estate development/reconfiguration in response to evolving service strategies.

The Group's aims are as follows:

- To create strong and effective working relationships between partner organisations, in respect of the planning, management, delivery and maintenance of healthcare property estate.
- To continue to review, develop and update joint estate strategies and plans that meet the healthcare needs of NM LDS, promote service integration and secure efficiency savings, now and in the future.
- To make joint decisions, where appropriate, to ensure the best use of estate owned by the member organisations where joint working or alternative uses will lead to improved service quality, patient experience, efficiencies and/or cost savings.
- To share information on estates strategies and projects at the development stage so that partner organisations have the opportunity to supplement, support or suggest alternative solutions.
- To support the HLP and Shaping Sefton Programmes in the development of options for the future service provision including implications of clinical programmes: Community, and Hospital configuration, single service city wide.
- To review and inform in respect of central decisions regarding investment and disinvestment and estates and facilities infrastructure
- To evaluate the challenges and opportunities outlined within the Carter Report including the development of a combined NM LDS "Carter Dashboard"
- To investigate and develop shared Estates and Facilities Management services to bring about operational efficiencies and potential financial savings to the health economy
- To deliver collaborative estates and facilities initiatives with partner organisations

The Group will deliver the following outputs / outcomes:

- To develop a combined profile for all sites and facilities including the relative condition and utilisation of all sites within the L.D.S.
- Develop a Strategic Estates Plan for the North Mersey LDS to reflect the system wide health and social care economy needs.
- In line with D of H, & CCG's strategy and the One public Estate vision rationalise or dispose of estate that is no longer required
- To develop a NMLDS KPI dashboard that will deliver the productivity and efficiency objectives set out in the Lord Carter Report, i.e. deliver service lines at median cost, no more than 21½% unused space and less than 35% non-clinical space.



Place Governance and Reporting



Governance and Reporting Process details:

Role of Members

- Members of the group will be responsible for ensuring that they:
- Attend all meetings and if unable to do so they ensure a suitable deputy or replacement is sent in their place.
- Ensure that their respective Organisations are informed of, and fully involved in (where appropriate), the work of the group.
- Disseminate key information within their own respective Organisations in relation to progress of the group.
- Actively participate in agenda discussions.
- Undertake actions as agreed at the meeting.

Meeting & Reporting Arrangements

The group will meet on a bi-monthly basis and will submit update reports to the NM LDS Corporate Services - Transformation Group and will additionally report for information four monthly into the Cheshire & Merseyside STP Estates & Facilities Management Strategic Workstream.

The Group will also report quarterly to the LCCG and SCCG's transformation programmes

The group will also receive updates for information from LCCG and SCCG Estate Operational Management Groups, to ensure alignment with the various transformation programmes and the day to day business of the CCG's

Administration support

The group will be supported by the Shaping Sefton & Healthy Liverpool Programmes.

Quorum

There must be 6 members and 4 member organisations present in order for the meeting to take place and for decisions to be taken.

Frequency of meetings

Bi-monthly or more regularly if required.

Review Date

To be reviewed in November 2017.



Place Estate Strategies by Organisation



Supporting Estate Strategies by partner organisations, including strategy details or links to document(s)

Name of Place partner organisations	Estate Strategy (Yes / No)	Status (Live / Draft)	Date of last Board Approved Estate Strategy	Comments / link to document
Southport & Formby CCG	Yes	Draft	December 2015	To be updated Summer 2018
South Sefton CCG	Yes	Draft	December 2015	To be updated Summer 2018
Alder Hey Children's NHS Foundation Trust	Yes	Draft	March 2018	Copy of Plan Available
Lancashire Care NHS Foundation Trust	No	NA	NA	Copy of Plan Available
Mersey Care NHS Trust	Yes	Draft	January 2018	Copy of Plan Available
North Wet Boroughs Healthcare NHS Foundation Trust	No	Draft	January 2018	Copy of Plan Available
Sefton Council	No	NA	April 2017	Local Plan Available
Aintree University Hospital NHS Foundation Trust	Yes	Draft	January 2018	Copy of Plan Available
Southport & Ormskirk Hospital NHS Trust	No	Draft	NA	No plan provided
Liverpool Heart and Chest Hospital NHS Foundation Trust	Yes	Draft	January 2018	Copy of Plan Available
Clatterbridge Cancer Centre NHS Foundation Trust	Yes	Draft	January 2018	Copy of Plan Available
Walton Centre NHS Foundation Trust	Yes	Draft	January 2018	Copy of Plan Available
Royal Liverpool & Broadgreen University Hospitals NHS Trust	Yes	Draft	January 2018	Copy of Plan Available
Liverpool Women's NHS Foundation Trust	No	Draft	NA	Copy of Plan Available



Prioritised Place Estates Projects 1



Capital investment pipeline – listed in Place priority order

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance (Critical, High/Essential, Desirable) Incl. links to capital schemes listed in Section B	Est Revenue impact £m (+/-)	Net Capital impact £m (+/-)	Project Milestone	Estimated Delivery Year	Proposed Funding route	Business Case Status
Maghull Health & Wellbeing Hub	South Sefton	Integrated Primary & Community Health & Wellbeing Hub	High: Lack of fit for purpose and fit for the future estate.	+c£1.4m	-c£9m	PID Re --- submitted to NHSE May 2018	2019-23	ETTF	PID Stage
Formby Health & Wellbeing Hub	Southport & Formby	Integrated Primary & Community Health & Wellbeing Hub	High: Lack of fit for purpose and fit for the future estate.	+c£1.4m	-c£8.2m	PID Re - submitted to NHSE May 2018	2019-23	ETTF	PID Stage
Crosby/Waterloo Health & Wellbeing Hub	South Sefton	Integrated Primary & Community Health & Wellbeing Hub	High: Lack of fit for purpose and fit for the future estate.	+c£1.4m	-c£9.5m	PID Submitted to NHSE 2017	2019-23 Changed from 2019/20	LIFT/ETTF Sefton Council	PID Stage
UTC at Litherland Town Hall WIC	South Sefton	Refurbishment LTH to deliver national UTC Service	Essential: To deliver required standards by October 2018	+c£0.12m	-c£1m	Draft reconfiguration plan	2018-20	STP To be determined	Developing PID Stage



Prioritised Place Estates Projects 1



Capital investment pipeline – listed in Place priority order

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance (Critical, High/Essential, Desirable) Incl. links to capital schemes listed in Section B	Est Revenue impact £m (+/-)	Net Capital impact £m (+/-)	Project Milestone	Estimated Delivery Year	Proposed Funding route	Business Case Status
Phase 2 Locality Hubs	Southport & Formby and South Sefton	Integrated Primary & Community Health & Wellbeing Hub	High: Lack of fit for purpose and fit for the future estate.	+c£1.2m	-c£10m	Locality & Wider Public Sector Review	2021-24	STP To be determined	Developing PID Stage
Southport & Ormskirk Hospital	Southport & Formby / West Lancashire	Site Reconfiguration	High	+c£16m By Year 7	-c£67m	Stakeholder Engagement	2020-24	STP To be determined	SOC
Merseycare Ashworth Site	South Sefton	Low Secure Unit (Land released at Calderstones)	High:	+c£3.9m	-c£32.83m	Draft reconfiguration plan	2018-19	STP & Whalley Site Sale	Developing PID Stage
Locality Spokes	Southport & Formby and South Sefton	Integrated Primary Care at scale spoke sites	Essential: Lack of fit for purpose and fit for the future estate.	+c£4.8m	-c£40m	Locality & Wider Public Sector Review	2021-24	STP To be determined	Developing PID Stage



Prioritised Place Estates Projects 1



Capital investment pipeline – listed in Place priority order

Project / Location	CCG / Trust	Strategic Objective	Priority / Importance (Critical, High/Essential, Desirable) Incl. links to capital schemes listed in Section B	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Project Milestone	Estimated Delivery Year	Proposed Funding route	Business Case Status
Poulton Road	Southport & Formby	Disposals	High	Site yet to be valued	+£25K in rental/FM costs	Notice Served to Tenants & Declared as Surplus by CCG	2018-19	NHSPS	NHSPS Vacant Space Handback Scheme
Aintree University Hospital Resilience	AUH Trust	To regenerate main inpatient tower block to secure ongoing use of 400+ beds	Critical	+£2m	-c£15m	Design completed PSCP appointed	2018-20	STP	OBC Approved

Other Capital Bids that will impact on Sefton Residents include:

Project	Trust	Est Revenue impact £m (+/-)	Net Capital impact £M (+/-)	Estimated Delivery Year
Sustainable Capacity (Tower Block)	Aintree	+c£2m	-c£15m	2018/2020
New Hospital Build	LWH	TBC	-c£76m	2022/2023
Liverpool Primary Care Hubs	LCCG	+c£3.09m	-c£26.5m	2019/2023
CAHMS T4	Alder Hey	+c£0.7m	-c£5m	2020
Neonatal Unit	Alder Hey	+c£2m	-c£15m	2018/2020

These have been reported through Liverpool Place Based Bids for purposes of this exercise



Prioritised Place Estates Projects



Breakdown of Revenue/Capital costs by Year & Funding Source							
	Funding Source	Estimated Year of Delivery					Total
		2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	
Est Revenue Impact (£m)	ETTF		1.40		2.80		4.20
Net Capital Impact (£m)		-	9.00		- 17.70		- 26.70
Est Revenue Impact (£m)	STP	6.02		16.00	6.00		28.02
Net Capital Impact (£m)		- 48.83		- 67.00	- 50.00		- 165.83
Est Revenue Impact (£m)	NHSPS	-					-
Net Capital Impact (£m)		-					-



Prioritised Place Estates Projects 2



Additional narrative to outline the project details:

NB: Please give an explanation for why the schemes have been prioritised in that order.

Both CCGs have not had any significant investment in healthcare primary or community estate. For a number of years local healthcare organisations have been trying to find a development solution to the significant problems relating to current GP and community premises in all areas, to deliver Primary care at scale.

The business case for a new facility in Maghull is long standing, (e.g. in 2012 South Sefton Primary Care Trust approved a LIFT stage 1 business case for a new health & well-being hub) and demands on Primary and Community Care services has increased significantly over this time. GP consultations are rising year on year, and the planned redesign of care pathways will move more care into the community. The new housing developments in Maghull total 2,000+ homes over the next 20 years, together with a new train station, opening in June 2018, will result in a potential increased GP list size of approximately 4,800, an 17% increase (from 28,107 to 32,907). This increase in demand cannot to be accommodated within current premises.

The Formby scheme is to provide a fit for purpose, accessible “one stop shop” health and wellbeing hub of sufficient size to enable health and care providers to deliver more locally based, integrated and a wider range of modern, primary, and community services, at scale. The proposal is for the existing GP practices to co-locate onto one site, and to vacate their exiting health premises.

The Crosby/Waterloo locality has a GP registered patient list size of approximately 47,000 and 10 GP practices. Many practices are accommodated in old, converted houses that are no longer fit for purpose.

The CCG’s interim strategic estates plan identified the Crosby/Waterloo locality as having an urgent need for fit for purpose, accessible facilities, to enable health and care providers to deliver more locally based and integrated, modern, primary, community and well being services, at scale. The size of the locality and population needs indicates the locality will require two health hubs and a number of smaller primary care practices.

Conversations with Sefton MBC have resulted in the original land identified as now unavailable and further conversations will be held to discuss the suitability of alternative sites and assess feasibility.

The disposal of Poulton Road Clinic in Southport, notice has been served to LCFT as the only tenant, who are expected to vacate July 2018. The land been declared as surplus (A1) by Sefton CCG and will continue the disposal process through NHSPS Vacant Space Handback Scheme.

Once the wider Public Sector review has been completed, the Hub and spoke model will be delivered taking into account other premises available from Sefton MBC/Providers.



Prioritised Place Estates Projects 2



Additional narrative to outline the project details:

NB: Please give an explanation for why the schemes have been prioritised in that order.

The attached list of prioritised projects has been developed by careful consideration and ranking against various critical criteria, these criteria are largely based on clinical priorities to ensure the delivery of the Sefton Place strategic objectives.

The following list expands these priorities:

- **Establish Locality Hubs**

Hub Sites will enable the effective delivery of Multi-Disciplinary Teams within each of the 8 localities each serving a patient population of circa 30,000 – 50,000. These will provide a base for a range of professionals from Health, Mental Health & Social care to ensure the effective delivery of primary and community services, thereby avoiding admissions to and improving discharge planning from secondary care.

- **Develop Urgent Treatment Centre (UTC) Configuration**

In order to better ensure UTCs can be accessed, a need has been identified to develop appropriate UTC provision across the Borough. The aim of these is to provide an alternative and avoid attendance at the hospitals emergency departments, therefore relieving pressures on the stretched secondary care system and providing an appropriate delivery care model for type 3 attendances.

- **Develop new models for Enhanced Primary Care**

In order to improve health outcomes it is necessary to ensure easy and rapid access to Primary Care is achieved, service model redesign has been developed and estates requirements outlined to establish Enhanced Primary Care hubs, one in each CCG.

- **Better Utilisation & Reduce Waste**

Short term gains will be achieved by change of use, where functional suitability and agreement on payment is reached and, space could be used if demise areas are reviewed and space released. Additionally, Community Health Partnerships, introduction of an electronic booking system into LIFT buildings, will better inform utilisation and occupation with a view to a similar system being introduced in NHSPS buildings.

Sefton CCG's also need to determine the process for managing non-fit for purpose/non-compliant properties in accordance with the commissioning requirements.

- **General Practice at Scale**

Understand the pressures practices are under and the root causes i.e. growing list sizes due to local housing developments or other premises. Some of this information can be gathered from the ongoing Contract Review meetings being undertaken. Following a wholesale review of Primary Care delivery locations it is the intention to develop a comprehensive action plan of proposed estates reconfiguration both NHS and third party owned. This review has highlighted the need for several significant redevelopments where there is an identified lack of provision of primary care at scale, co located with community services. These projects range from adaptation of existing LIFT buildings to improve utilisation through to minor alterations to existing health centres and clinics and up to complete new developments. The highest priorities of these are included in the list attached. Several of these priorities are recognised long established need in some of the most deprived areas of the borough.



Prioritised Place Estates Projects 2



Additional narrative to outline the project details:

NB: Please give an explanation for why the schemes have been prioritised in that order.

- **Maximise Investment Opportunities.**

Whilst considering the associated list it has been recognised that there are pre existing and potential new opportunities to work with third part developers on existing sites, these resulting developments will enable rapid delivery of schemes and projects which ultimately remain off central government balance sheet.

- **Alignment with One Public Estate priorities**

Take into account capacity in all buildings in the local area, in particular Council owned premises and where One Public Estate related opportunities may exist to work with the wider Public Sector. These will play a significant role on how further plans are developed, findings and recommendations will influence future requirements. Once Locality Review is completed it is likely there will be a requirement for capital investment to deliver a number of neighbourhood hub sites across all localities, this pipeline will be available in 2019 following completion of wider review.

Acute reconfiguration to Delivery single service city wide

As part of Shaping Sefton Programme a review of secondary care provision across the city was initiated this identified several areas where there was duplication of services with unnecessary variation in delivery and the potential for improved outcomes for patients. The resultant dialogue with acute providers has meant several services have now been redesigned and this has culminated in a recognition of core secondary care provision across the main hospital sites regardless of organisational form. The programme will ensure that this work is progressed to the next stage and associated with proposed hospital trust mergers will mean progress will continue to be made at which time it is likely that there will be further hospital estate reconfiguration requirements identified



Headline Financial Impacts 1



Surplus Land & Housing

Disposal Status	No. of Sites	Land Area (Ha)	GIA (m)	Estimated disposal value £m	Total # Estimated Housing Units	# Housing Units for NHS Staff	Gross Running Cost reduction £m	Cost to Achieve Vacant Possession (where known) £m
1. Vacant and Declared Surplus and disposal transaction in progress [A1]								n/a
2. Vacant and Declared Surplus/ disposal subject to marketing [A1]	2	3			91 Houses or 206 Extra Care			n/a
3. Vacant but not yet Declared surplus [A2]								n/a
4. Site occupied but OBC approved to achieve vacant possession and dispose [B, C ,D]								
5. Future opportunity subject to strategy/ feasibility [B, C ,D]								
Totals								

Summary by Financial Year (estimated year of disposal completion)

Deliverable / Financial Year	2017 – 18	2018 – 19	2019 – 20	2020 – 21	Remaining Years
Land Area (Ha)		3			
Estimated disposal value £m					
Estimated Housing Units		91 or 206			
Gross Running Cost reduction £m					



Headline Financial Impacts 2



Surplus Land Disposals (by named site)

Disposal Opportunities

Site	Current status of disposal	Land Area (Ha)	GIA (m)	Estimated disposal value £m
Poulton Road	Notice served & declared as Surplus by CCG	Unknown	Unknown	Valuation TBC
Houghton Street	Discussions with tenants for other accommodation options	0.19	560.71	Valuation TBC
Prince Street Clinic	Part of ETTF Hub in Crosby – PS have agreed capital to keep operational for next few years.	0.09	443.50	Valuation TBC



Road Map – Next Steps



Critical Decisions & Activities

Decision/ Activity Required	Significance/ impact on STP strategic objectives	Timeline	Owner	Action By:
Negotiations with NHSPS for the disposal of further Sefton premises.	Land for housing	September 2018	CCG	NHSPS
Produce Sefton Locality Review Report. Prioritise potential opportunities & evaluate CCG estate	Deliver service transformation and reduce number of premises	September 2018	CCG	CCG
Produce Strategic Estates Plan for Sefton Place (both CCG's).	Strategy for Implementation	December 2018	CCG	CCG
Move forward ETTF Development discussions.	Produce Primary Care at Scale developments	September 2018	CCG	NHSE
Utilisation of current estate	Maximise fit for purpose buildings	2018/2019	CCG	CCG
Scope suitability of existing development opportunities (NHS and non NHS)	Deliver service transformation and reduce number of premises	2018/2019	CCG	CCG
Engage with wider Public Sector (One Public Estate) to develop options for joint working and releasing land for housing	Deliver service transformation and reduce number of premises	December 2018	CCG	OPE
Develop project pipeline of feasibility plans for each neighbourhood (Hub and Spoke model)	Deliver service transformation and reduce number of premises	2018/2019	CCG	CCG



Place Leadership Sign Off



I confirm that this reflects the current position of [insert place name]. This remains a draft strategy subject to further work and engagement.

Place Estates Lead name: Martin McDowell	email: Martin.McDowell@southseftonccg.nhs.uk
Place Finance Lead name: Martin McDowell	email: Martin.McDowell@southseftonccg.nhs.uk
Place SRO name: Fiona Taylor	email: Fiona.Taylor@southseftonccg.nhs.uk

Place SRO signature:	
Date:	



Annex 1: Other Estates Information

Other STP Estates Information

South Sefton CCG and Southport & Formby Current & Future Locality Hub requirement



Key			
Current Estate	Locality	Centre Name	Status
★	Central Southport	Southport Centre for Health & Wellbeing	Operational
	Ainsdale	Ainsdale Centre for Health & Wellbeing	Operational
	Seaforth & Litherland	Litherland Town Hall WIC	Operational
Phase 1			
★	Formby	Formby Neighbourhood Health Centre	PID Submitted (ETTF)
	Maghull	Maghull Neighbourhood Health Centre	PID Submitted (ETTF)
	Crosby	Crosby & Waterloo Neighbourhood Health Centre	PID Submitted (ETTF)
Phase 2			
★	North Southport	TBC	TBC
	Bootle	TBC	TBC

Ideally, Sefton will have an integrated Health hub within each locality with a number of spoke sites to allow delivery of GPFV at scale. Once Locality Review is completed it is likely there will be a requirement for capital investment to deliver a number of spoke sites across all localities, this pipeline will be available in 2019 following completion of wider review.

MEETING OF THE GOVERNING BODY JULY 2018

Agenda Item: 18/115	Author of the Paper: Charlotte Smith Sefton Council Public Health Team charlotte.smith@sefton.gov.uk						
Report date: July 2018							
Title: NHS Health Checks in Sefton							
Summary/Key Issues: This report presents: <ul style="list-style-type: none"> • Key findings of the NHS Health Checks in Sefton Consultation and Engagement Report which can be read in full (Appendix A). • Updates on the NHS Health Checks Programme in Sefton 							
Recommendation The Governing Body is asked to receive this report. <table style="float: right; border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>		Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives (<i>x those that apply</i>)	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the "Five Year Forward View", underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
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			Through public survey
Clinical Engagement	x			Work with all practices, LMC, key partners, and NHS Health Checks Steering Group.
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement	x			Work with all practices, LMC, key partners, and NHS Health Checks Steering Group.
Presented to other Committees				

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

Report to Governing Body

July 2018

1. Executive Summary

1.1 This report presents:

- Key findings of the NHS Health Checks in Sefton Consultation and Engagement Report which can be read in full (Appendix A).
- Updates on the new NHS Health Checks Programme in Sefton.

2. Introduction and Background

2.1 The NHS Health Checks programme is a systematic health risk-assessment for adults aged 40-74 years, who do not have a pre-existing condition which excludes them from the programme. This check can be offered every five years to those eligible up until an individual's 75th birthday.

2.2 The aim of this programme is to provide a mechanism for identifying people with common risk factors which drive cardiovascular disease, stroke, type 2 diabetes, kidney disease and dementia. This risk assessment can be used to provide tailored lifestyle advice to individuals and, where indicated, onward referral to primary care.

2.3 Provision for NHS Health Checks is a statutory function of the local authority. The content and criteria used within the NHS Health Check are set-out in detail by Public Health England.

2.4 There have been a number of challenges encountered in relation to the delivery of NHS Health Checks in Sefton, these include:

- Overall low uptake of NHS Health Checks across Sefton
- Variation in the uptake of NHS Health Checks across Sefton
- Low numbers of residents who, after receiving an NHS Health Check, then go on to enter a community or leisure-based activity to support behaviour change
- A significant reduction in the funding available to deliver local authority services, including NHS Health Checks

2.5 In order to address these challenges a new community-based model for NHS Health Checks in Sefton has been developed through engagement with a range of key stakeholders and local residents. This will replace the GP based model which was commissioned until 31 March 2018. The following report summarises the key themes from the consultation on the new community-based model for NHS Health Checks and the responses to this.

3. Key Issues

3.1 Themes and actions following the consultation:

3.2 **Onward referrals** – clarity was sought around the thresholds for referral into other services, and how scenarios such as Hypertension would be appropriately managed.

In response to this, the NHS Health Checks Steering Group are supporting further development of the standard operating procedure (SOP). Additionally, in May 2018, a copy of the SOP was shared with the Local Medical Committee for comment.

- 3.3 **Workflows into practices** - concerns were raised over the potential for un-resourced administrative work for GP practices.

In order to minimise the administrative work generated by the community NHS Health Checks, the results of the patients Health Check will be sent to the EMIS mailbox to be saved into the electronic patient records.

- 3.4 **Staff undertaking NHS Health Checks** - queries were made regarding who would be delivering NHS Health Checks and their level of training and competence.

All staff undertaking NHS Health Checks are fully trained and qualified to do so. Additionally, they have training and experience in delivering brief advice and promoting behaviour change, and will actively support residents to engage in lifestyle and community activities.

- 3.5 **Take up of NHS Health Checks** - concerns were raised regarding how the new service will engage with local residents and increase the number of Health Checks completed.

The new model aims to improve access to NHS Health Checks across Sefton through extending the offer to a wide range of venues, times and days. The NHS Health Checks programme in Sefton will be supported through a systematic programme of activity to ensure there is a more equitable offer across the borough.

- 3.6 **Information Governance** - We are currently working to ensure that processes and information sharing agreements are fully compliant with the new GDPR legislation which came into effect on 25th May 2018.

- 3.7 **Piloting the new model for NHS Health Checks in Sefton** - Whilst we are developing both the protocols for electronic information sharing and further developing the standard operating procedure. Sefton residents will be able to access NHS Health Checks via a pilot programme. The aim of this pilot is to test and develop the new programme protocols and will run from June 2018.

4. Recommendations

- Receive the report, note it's content and provide any relevant comment/observation.

Appendices

Appendix 1: NHS Health Checks Programme consultation and Engagement Report

Charlotte Smith
Consultant Public Health, Sefton Council
July 2018

NHS Health Checks Programme Consultation and Engagement Report

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1.0 NHS Health Checks Programme

The NHS Health Checks programme is a systematic health risk-assessment for adults aged 40-74 years, who do not have a pre-existing condition which excludes them from the programme. This check can be offered every five years to those eligible up until an individual's 75th birthday. The aim of this programme is to provide a mechanism for identifying people with common risk factors which drive cardiovascular disease, stroke, type 2 diabetes, kidney disease and dementia. This risk assessment can be used to provide tailored lifestyle advice to individuals and, where indicated, onward referral to primary care.

Provision for NHS Health Checks is a statutory function of the local authority. The content and criteria used within the NHS Health Check is set-out in detail by Public Health England and can be found within the following documents:

- [NHS Health Check best practice guidance \(2017\)](#)
- [NHS Health Check programme standards \(2017\)](#)

2.0 NHS Health Checks Programme in Sefton

There have been a number of challenges encountered in relation to the delivery of NHS Health Checks in Sefton, these include:

- Overall low uptake of NHS Health Checks across Sefton
- Variation in the uptake of NHS Health Checks across Sefton
- Low numbers of residents who, after receiving a NHS Health Check, then go on to enter a community or leisure-based activity to support behaviour change
- A significant reduction in the funding available to deliver local authority services, including NHS Health Checks

In order to address these challenges a new community-based model for NHS Health Checks in Sefton has been developed through engagement with a range of key stakeholders and local residents. This will replace the GP based model which was commissioned until 31 March 2018.

The following report details the engagement and formal consultation on the new community-based model for NHS Health Checks and the further development of the model in response to this.

3.0 Summary of Engagement

In order to develop a new community-based model for NHS Health Checks, engagement took place with Sefton residents and other key stakeholders. This engagement took place between July 2017 and March 2018 and included face-to-face meetings with key stakeholders, requests for comments, and feedback from

meetings where the draft community model for NHS Health Check delivery was presented. Key details of the engagement are shown in the following sections 3.1-3.3.

3.1 Engagement with General Practice

In July 2017 all GP surgeries received a letter to highlight performance on a surgery by surgery basis. Also included was a feedback form, to be completed and returned to the Public Health team to help identify challenges in delivering NHS Health Checks, examples of good practice and also (where applicable) for surgeries to tell us how they intended to improve their performance.

The letter was sent to all GP surgeries at the end of July asking them to respond by the middle of August. Once this deadline had passed a further email was sent to all surgeries that had not responded giving them a further 4 days to respond.

At the end of this period we had received responses from just over a quarter of surgeries (14 in total). Subsequent to this we visited a number of practices to discuss NHS Health Checks in more detail. This feedback has provided an insight into common themes summarised below:

Challenges

- Lack of staff (nurses and administration support)
- Turnover of staff (nurses and administration support)
- Lack of facilities
- Time required to make and chase appointments
- Numbers of did not attend (DNA)
- Potential patient apathy towards NHS Health Checks and its benefits
- Patient contact details being incorrect/changed

Actions to address poor performance

- Dedicated staff to chase DNAs
- Changes to invite letters
- Chats with patients by staff about having a NHS Health Check
- Text messages to patients to remind about the offer and /or an appointment

3.2 Engagement with Sefton Residents

Working in partnership with Sefton Healthwatch a public survey was carried out in November 2017 regarding the NHS Health Checks service within Sefton, receiving 90 responses from eligible residents. The survey was hosted on the Healthwatch website and widely advertised. The main findings are summarised below:

General findings:

- 73% of the residents completing the survey were women
- 72% of residents were aged 50 or over
- 28% had received an invitation for their NHS Health Check

Those had received their Health Check

- 55% were happy or very happy with the health advice they received
- 50% were happy or very happy with the overall Health Checks
- Just under half of those had received their NHS Health Check had made changes to their lifestyle
- The most popular lifestyle changes were:
 - 33% doing more exercise
 - 17% had joined a gym
 - 17% had changed their diet

When asked 'What was most useful about the Health Check?' the most common theme related to sharing health information and the reassurance this brought as shown below.

"I found out I was pre-diabetic, so changed my diet to cut out added sugar (especially in fat-free products) and turned myself around to normal blood counts."

"Confirmed that my diet and exercise regimes were suitable."

"Fast bloods for cholesterol level."

"Clarification on blood pressure, blood test and flu jab."

"Gave me a lot of sound advice."

When asked 'What was least useful about the Health Check?' the main theme related to not being able to attend outside of work or office hours and also lack of links between departments/services.

Those had NOT received their Health Check

- 77% wanted to receive their NHS Health Check
- When asked what would encourage them to go for their NHS Health Check:
 - 45% - to find out about potential ill health
 - 29% - weekend or evening appointments
 - 10% - if NHS Health Checks could be delivered in community venues/facilities

Response from all residents when asked, “How NHS Health Checks could be improved?”

- 26% - make appointments available at evenings or weekends
- 16% - access to free health and social services
- 14% - more in-depth NHS Health Check
- 14% - better communications

Overall, the survey found good levels of satisfaction with the NHS Health Checks itself, although lifestyle changes only took place in less than 50% of cases. There were issues with a lack of invitations for NHS Health Checks, unmet demand for checks, appointments mainly taking place during work hours, and a need to improve partnership links.

3.3 Engagement with Wider Stakeholders

There has been ongoing engagement with Sefton Local Medical Committee (LMC) since November 2017, regarding the service and potential changes to it. They have provided feedback, regarding patient care, clinical robustness and information governance.

This was followed by engagement meetings with CCGs, Practice Locality Meetings and a wider constituent group. The model was also shared with Public Health England (PHE) and North-West Public Health Leads for NHS Health Checks. Additionally, the proposed community model was presented to the Adults Social Care and Health Overview and Scrutiny Committee in October 2017.

In October 2017 a NHS Health Checks Steering Group was established, this group provided scrutiny and clinical oversight as the new model was developed. Membership of the group included local General Practitioners, South Sefton Clinical Commissioning Group, Southport and Formby Clinical Commissioning Group, Sefton Council and Living Well Sefton.

4.0 Summary of New Model

The community based model for NHS Health Checks will be delivered by Active Lifestyles and Living Well Sefton (LWS).

- **Active Lifestyles** have worked closely with GPs throughout Sefton for over 20 years, running the ‘Exercise Referral Programme’.
- **Living Well Sefton** is an integrated wellness service and provides a range of free, person-centred, interventions. They cover a wide variety of issues e.g. smoking, weight management, food and health, debt and mental health.



The new service will be delivered in two ways - universally and also via a targeted approach.

- **The Universal Approach** - will mean that NHS Health Checks can be accessed throughout Sefton via appointments and opportunistically. Checks will be available at a wide range of identified and appropriate community venues including community centres, leisure centres, etc. This will include times at weekends and evenings.
- **The Targeted Approach** - will mean targeted promotion and engagements. Information such as existing health inequalities, demographic data and take up of NHS Health Checks will form the basis of the targeting activity.

5.0 Formal Consultation

A formal consultation period for the new model began on 7th March 2018 and was due to end on 21st March 2018. The details of the new delivery model and a request for feedback were sent to all GP Practice Managers and Lead GPs, the CCG Governing Bodies, Public Health England, and the LMC.

Due to a low number of responses, this deadline was extended until 30th March 2018 and a further request for feedback was sent out to Public Health England, the CCGs Governing Bodies and the LMC. Formal responses were received from the Sefton LMC, two GP practices and Public Health England. In addition, feedback was collected from the Southport and Formby CCG Governing Body meeting and GP locality meetings attended, during the consultation period.

See Appendix A for new delivery model circulated for formal consultation.

5.1 Key Findings

The following key themes emerged from the consultation:

Onward referrals – clarity was sought around the thresholds for referral into other services, and how scenarios such as hypertension would be appropriately managed.

Workflow into practices – concerns were raised over the potential for un-resourced administrative work load for GP practices.

Staff undertaking NHS Health Checks – queries were made regarding who would be delivering NHS Health Checks, and what level of training and competence they have.

Take up of NHS Health Checks – concerns were raised regarding how the new

service will engage with local residents and increase the number of Health Checks completed.

6.0 Response to the Consultation

Onward referrals

In order to provide clarity around the how the new Sefton NHS Health Checks model will operate, a detailed standard operating procedure (SOP) has been developed. This SOP will provide assurance around thresholds for referral, and to explain how an individual's results will translate into actions, advice and referrals.

Workflow into practices

We do not anticipate that General Practice will experience a significant amount of additional work generated through the new NHS Health Checks model. In order to minimise the administrative work generated by the community NHS Health Checks, the results of the patients Health Check will be sent to the EMIS mailbox to be saved into the electronic patient records.

Staff undertaking NHS Health Checks

All staff undertaking NHS Health Checks are fully trained and qualified to do so. Additionally they have training and experience in delivering brief advice and promoting behaviour change and will actively support residents to engage in lifestyle and community activities.

Take up of NHS Health Checks

The model proposed aims to improve access to NHS Health Checks across Sefton through extending the offer to a wide range of venues, times and days. NHS Health Checks will be supported through a systematic programme of activity to ensure there is a more equitable offer across Sefton.

7.0 Next Steps

The new model for community delivery of NHS Health Checks in Sefton will continue to be reviewed and refined as learning from the delivery of the new model emerges. It is therefore essential that we maintain regular communications with General Practice, and other key stakeholders in Sefton to ensure that the NHS Health Checks programme offers an effective and equitable service to local residents.

Additionally, it is important to identify opportunities for innovation and collaborative practice. In order to achieve this, the new service will continue to explore opportunities to test the promotion and delivery of NHS Health Checks in different settings or using different methods, within the existing resources available, and therefore continued engagement from stakeholders is welcomed.

NHS Health Checks in Sefton

Background

The NHS Health Check is a statutory national programme delivered locally to eligible adults aged 40-74. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2-diabetes or dementia and to help find ways for individuals to lower their risk. It is primarily offered to people in Sefton in the 40-74 age groups without a pre-existing condition and has been provided by GPs for the last 5 years.

The need to change the way NHS Health Checks are delivered in Sefton has been influenced by the factors summarised below:

- Considerable reduction in the budget available for NHS Health Checks.
- There is significant variation in uptake by GP practices across Sefton.
- National data indicates that Sefton performs worse than the national average in terms of the number of invitations sent out and appointments made. Within the north-west region, Sefton has the lowest percentage of the eligible population aged 40-74 offered and received an NHS Health Check.
- Nationally there are issues with the take up of NHS Health Checks.
- Low numbers of residents who, after receiving a NHS Health Check, then go on to engage in health improvement activity.

Taking all of these factors into account the decision has been taken to move towards a community based delivery model. This will link it to the wide range of community based services available via Living Well Sefton and includes using the expertise and existing working relationships of Active Lifestyles.

Moving Forwards

From 1st April, NHS Health Checks will be delivered as part of the integrated Living Well Sefton service; a free, universally accessible service with a focus on supporting people with issues that may be affecting their health and wellbeing.

Living Well Sefton is a collaboration of various Sefton organisations includes Brighter Living Partnership, Active Lifestyles, May Logan Centre, Stop Smoking Service, Feelgood Factory, Sefton Council for Voluntary Service (Sefton CVS) and Citizens Advice Sefton. The service provides support and access to help residents with issues such as: exercise, cooking and healthy eating, stopping smoking, coping better with stressful situations, help with debt and benefits, and much more. Active Lifestyles have worked closely with GPs throughout Sefton for over 20 years,

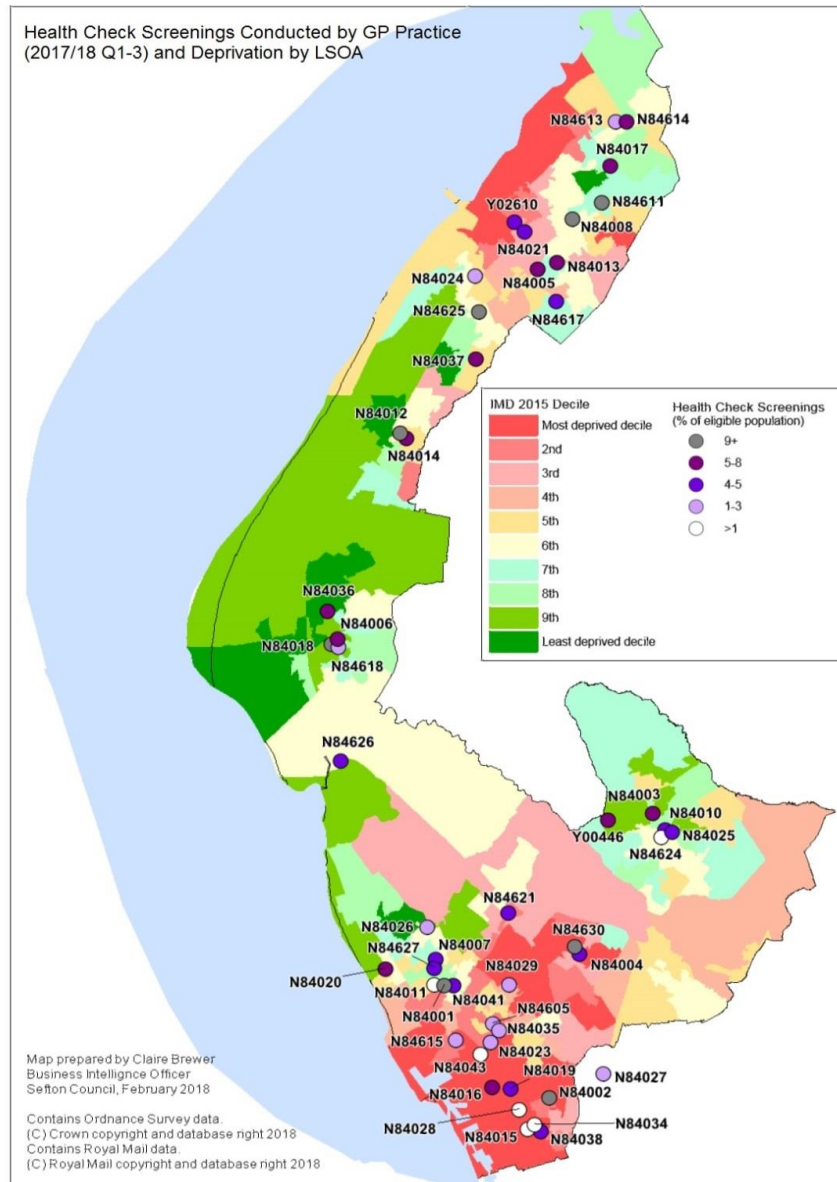
running the 'Exercise Referral Programme' and Active Aging/falls prevention.

The new service will use the established expertise of Active Lifestyles and build on the progress the wider Living Well Sefton has made over the last 18 months; better utilisation of community assets and a change to where and how the service is delivered to residents in Sefton. Living Well Sefton has worked with over 4727 people over the last 12 months. Of those, 3827 have completed a personal health plan and 650 have received a brief intervention. There will be 28 staff able to deliver NHS Health Checks across Sefton in various venues that are easily accessible to the public.

This shift in the delivery model has been discussed at length with Public Health England (PHE) and they are supportive of the proposals that have been made. The new service will be delivered in two ways - universally and also via a targeted approach.

- **The Universal Approach** - will mean that NHS Health Checks can be accessed throughout Sefton via appointments and opportunistically; maintaining this core requirement from PHE. Checks will be available at a wide range of identified and appropriate community venues; community centres, GP practices, leisure centres, etc. This will include times at weekends and evenings, a clear requirement of the public engagement exercise which was carried out by Healthwatch in late 2017.
- **The Targeted Approach** - will mean targeted promotion and engagements throughout Sefton. This approach will be based on the findings of an assessment, indicating which areas should be targeted first. Information such as existing health inequalities, demographic data and take up of NHS Health Checks will form the basis of the targeting activity. Figure 1 illustrates where much of this work could be targeted. This could include working with practices to engage with their patients.

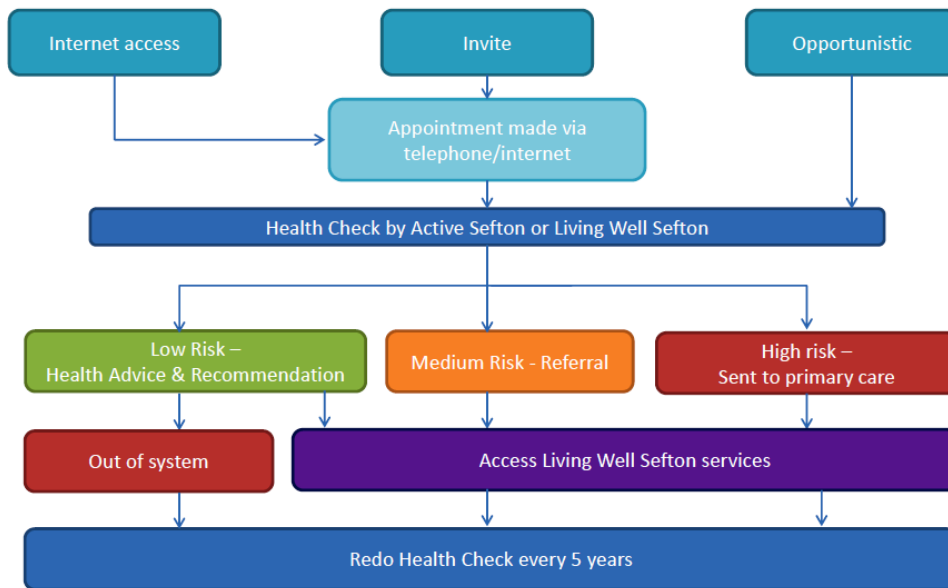
Figure 1 – Health Checks uptake and areas of deprivation.



Both approaches will require specific communication and engagement activity to make sure that the NHS Health Checks service is effective and equitable, and most importantly results in more people receiving a NHS Health Check and engaging in community or social based activities.

NHS Health Checks Pathway

The new pathway has been conceived after lengthy discussions with Public Health England, Active Sefton, Living Well Sefton, both CCGs, Local Medical Committee (LMC) and the NHS Health Checks Steering Group. Below is the pathway for the community delivery model. It uses a community-based model which is being used and developed by other local authorities, notably York and Tameside.



Practices will no longer have to produce invitations but may wish to work with us to engage their patients. We are also working to ensure that the flow of information into Practices is legal, secure and appropriate.

Nationally across all GP practices in the UK, there is an interface which is known as MESH (Message Exchange for Social Care and Health). This interface is essentially an electronic mailbox which is integrated into GP clinical systems. MESH receives a number of electronic correspondences ranging from pathology results, bowel cancer screening results, discharge summary reports, etc. which appears directly into GP systems to be processed and coded into a patient's record.

Options are being explored which would essentially take the information recorded in a standard Health Check and integrate it into MESH, which would allow the clinic template/summary information to be transmitted to practices within the area. After taking advice it is envisaged that this will be the most convenient option for practices. Further conversations will continue to take place to make sure any issues raised are resolved.

Delivery Model

What - To deliver NHS Health Checks across the borough through utilising both Active Lifestyles and LWS Staff and to ensure the correct measurement technique is carried out via standard procedure and correct action is taken in response to the measurements. The programme will be led by Active Lifestyles and LWS through a designated Management Team and a team of Active Lifestyles Development Officers and Living Well Sefton Health Trainers. A programme steering group has been established comprising of key partners to help further develop the project.

Why - The NHS Health Check is a statutory national programme delivered locally to eligible residents of Sefton aged 40-74 who are not on a risk register and not had a Health Check within 5 years. It is designed to detect early signs of stroke, kidney disease, heart disease, type-2 diabetes or dementia and to help find ways for individuals to lower their risk.

Who - 18 Development Officers from Active Lifestyles will be delivering all appointment based NHS Health Checks including events and organisations. This will be supported by 10 LWS Health Trainers carrying out opportunistic NHS Health Checks.

How - Residents will be able to access a Health Check by booking online via a website, opportunistically through events and targeted activity in geographical areas. They will also have the option of ringing a phone line and booking an appointment. Appointments and events will be carried out within the community, along with working with targeting activity in organisations/workplaces within the Sefton area. This will be carried out through working closely with Sefton's Communications Team. The operational structure is already in place and therefore Active Lifestyle staff will work to the same principles as with the GP referral structure, whereby appointments will be booked in, as and when required in accordance to staff calendars. For those not eligible for a full Health Check, a mini health comprising of height, weight, waist and blood pressure will be offered.

When - Appointments will be available at a range of times and venues. Events/organisation drop-ins will also be booked on an ad hoc basis. The telephone line will be used as the one point of contact for residents to book. Initially, time slots of 45 minute will be provided for each Health Check, this will allow sufficient time for them to be carried out.

Where – NHS Health Checks will be delivered from the following sites:

- Dunes Splashworld
- Meadows Leisure Centre
- Bootle Leisure Centre
- Netherton Activity Centre

- Litherland Sports Park
- Crosby Lakeside
- Formby Library
- May Logan
- Feelgood Factory
- Brighter Living Partnership
- Organisations
- Firestations

There may be opportunities to work with Health Centres and GP practices to provide NHS Health Checks at these premises. This would be dependent on room hire charges and discussions taking place with practices that would like to work with us to provide a local offer. All venues will have confidential rooms set up to deliver the NHS Health Checks.

Training - All staff will complete training to achieve the Royal Society of Public Health (RSPH) Level 2 - Understanding Delivery of NHS Health Checks in March. All staff will be trained in communicating and recording the risk score, results and will understand the variables used by the risk engine to calculate the risk score. They will also be trained in Point Of Care Testing (POCT) through the equipment supplier, allowing staff to complete HbA1c and Cholesterol test. Ongoing training will be provided through online resources and e-learning, this will include annual face-to-face training and revalidation.

Measures - As the NHS Health Check is a statutory national programme specifically designed to deliver key outcomes identified within the NHS Health Check Framework, a joint quarterly report will be provided by Active Lifestyles and LWS, summarising the following information:

- Number of invitations sent for NHS Health Checks – *statutory measure*.
- Number of NHS Health Checks provided against target – *statutory measure*.
- Number of residents referred to General Practice and reason for referral.
- Details of signposting and activity provided.
- Percentage of residents engaging community activity following a Health Check.
- Service user feedback.

Marketing/Communication - The programme will work closely with Sefton's Communications Team to allow specific areas to be targeted on a rotational basis. Although NHS Health Checks will be available universally across the borough; targeting specific areas at one time will allow the utilisation of the marketing to be more effective. General marketing will be achieved via newspapers, social media/website, leaflets and posters.

Work is currently being carried out with Vita to incorporate the Health Check Element within the existing Active Lifestyle Website. A communication plan has been devised to support the delivery of the NHS Health Checks and communicate with partners, GP's and residents.

Quality Control - The programme will work alongside NHS Health Check Best Practice Guidance as well as following POCT equipment guidelines for Quality Control with support from the Royal Liverpool and Broadgreen University Hospitals NHS Trust. Robust internal and external quality control will be integral to the delivery of a quality service. We will also seek resident feedback regarding the service that is provided, allowing for continuous evaluation and improvement.

Information Governance - Governance structures are being put in place to allow the LWS partners to be able to deliver NHS Health Checks, along with privacy notice and acceptance usage for individual consent from when carrying out the Health Check and feeding back to GP's. The structures being put in place will be fully compliant with the new General Data Protection Regulations (GDPR) which will come into effect later this year.

What next?

We are engaging with partners and stakeholders regarding the delivery of NHS Health Checks. There is a two week engagement period running from 7th to 21st March, at which point any comments / feedback will be taken into account when finalising the new model. However, engagement with partners will continue beyond this point to ensure that any subsequent issues can be resolved. We will also be attending locality meetings and can meet with individual Practices and partners should they wish it. By working together we can jointly promote and engage residents into the service, increase access by using a wider variety of venues and times, etc. resulting in an increased uptake of NHS Health Checks.

Sefton Public Health March 2018

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 22nd March 2018

Chair:
 Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case scenario forecasts a deficit of £4.300m at Month 11. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its statutory duty / financial target. 	<ul style="list-style-type: none"> Further review of expenditure / schemes to identify further savings to meet financial plans. This issue needs to be reviewed at every Governing Body meeting until the Governing Body is assured that it has a robust deliverable financial plan.
<ul style="list-style-type: none"> A number of instances have occurred where GPs moving to/from area have retained their old prescribing codes. 	<ul style="list-style-type: none"> Both clinical and financial risk. 	<ul style="list-style-type: none"> The CCG has introduced policy and will monitor adherence to the policy.

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

- The Retirement Policy was approved subject to updating CCG Leadership Team titles.
- The Registration Authority Policy was approved.
- The iLinks Information Sharing Framework v4.0 was approved, subject to confirmation that Sefton LMC have approved the document.
- The F&R Committee recommended the financial strategy plan to Governing Body.
- The F&R risk register was approved.
- CCG control total confirmed by NHS England at £1m.

- Confirmed progress in terms of reducing prescribing expenditure reflected within January forecast showing underspend of £185k.
- The prescriber code policy and training guide were both approved.
- The committee approved the Pan Mersey APC recommendation for the commissioning of FERRIC MALTOL 30mg hard capsules (Feraccru®) for Iron deficiency anaemia (IDA) in people with inflammatory bowel disease).

Key Issues Report to SSCCG Governing Body

Joint Quality Committee Meeting held on 22nd February 2018
Southport & Formby CCG and South Sefton CCG

Chair:
Dr Rob Caudwell

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

AUH Never Events – Update provided to the Quality Committee.

AUH CQC Inspection Outcome Report – Judgement report now in the public domain. Overall rating ‘ Required Improvement’

Kirkup Review LCH – This report is now in the public domain. The Quality Team are reviewing and will provide a report to the JQC and Governing Body

S&O Performance – Meeting to be requested between the Trust Interim Medical Director and SFCCG to discuss mortality report, link to SIs and TIA / Stroke.

North West Ambulance Service – Performance report discussed and the Quality Team to ask NHSE C&M for any feedback about discussions that had taken place at the Lancashire QSG that the CCG may need to be made aware of.

Mersey Care Community Contract – Intelligence from local GPs was indicating possible issues with District Nurse staffing. Hotspot reports to be requested at the next CRM/CQPG.

CQUIN Performance – Q1-3 2017/18 was presented to the Committee

Designated Nurse Safeguarding Children & Designated Nurse Looked After Children – the Committee wanted to specifically thank KG and CB for the work they do / have done in supporting the CCGs to discharge their responsibilities for Safeguarding Children and Looked After Children.

Key Issues Report to SSCCG Governing Body

Joint Quality Committee Meeting held on 26 th April 2018 Southport & Formby CCG and South Sefton CCG	Chair: Dr Rob Caudwell
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Information Points for Southport & Formby CCG Governing Body (for noting)
Mersey Care Mental Health KPI Deep Dive – The Trust has been requested to provide an update on progress for the April 2018 CQPG meeting
AUH Never Events – Update provided to the Quality Committee.
Kirkup Review LCH – Update provided to the Quality Committee. Quality Team requested this to be an agenda item at the May 2018 Governing Body Development Session to support lessons learnt
Independent Provider Policy & Procedures – Approved by the Quality Committee
AUH QRPT (final) received by the committee. Decision made to hold a Single Item Quality Surveillance Group Meeting Chaired by NHSE C&M DCO on 30 April 2018.
SI Process – Internal Deep Dive and data cleanse review carried out with the support of NHSE
LeDeR systems and procedures now included in the NHS Contract. KPIs linked to this for CCGs. Quality Team to present a briefing paper at the next Committee
NWAS - Performance report discussed. Quality Team to ask NHSE C&M for feedback on discussions that had taken place at the Lancashire QSG that the CCG may need to be made aware of

Key Issues Report to Governing Body

South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 19th April 2018

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions

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

The recent application for Clinical Pharmacist Pilot has been successful and the programme is being mobilised.

Finance and Resource Committee Minutes

Thursday 22nd March 2018, 1.00pm to 3.00pm

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

Attendees (Membership)		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Governing Body Member	SS
Susanne Lynch	Head of Medicines Management	SL
In attendance		
Gareth James	Senior HR Business Partner, M&L CSU	GJ
Kathryn Saul	Senior RA Technician, Informatics Merseyside	KS
Apologies		
Debbie Fagan	Chief Nurse	DF
Jan Leonard	Director of Commissioning and Redesign	JL
Alison Ormrod	Deputy Chief Finance Officer	AOR
Dr John Wray	GP Governing Body Member	JW
Minutes		
Tahreen Kutub	PA to the Chief Finance Officer	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Sept 18	Oct 18	Nov 18	Jan 19
Graham Morris	Lay Member (Chair)	✓	✓	✓							
Graham Bayliss	Lay Member	✓	A	✓							
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓							
John Wray	GP Governing Body Member	A	A	A							
Lin Bennett	Practice Manager & Governing Body Member	A									
Martin McDowell	Chief Finance Officer	✓	✓	✓							
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A							
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A							
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A							
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓							
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*							

No	Item	Action
General Business		
FR18/44	<p>Apologies for absence</p> <p>Apologies for absence were received from Debbie Fagan, Jan Leonard, Alison Ormrod and Dr John Wray.</p>	
FR18/45	<p>Declarations of interest regarding agenda items</p> <p>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 made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
FR18/46	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 22nd February 2018 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>	
FR18/47	<p>Action points from the previous meeting</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital</p> <p>It was noted that a Board to Board meeting between South Sefton CCG and Aintree University Hospital is yet to take place. Action still open.</p> <p>FR18/04 - Action points from the previous meeting (FR17/144 - Access to Outpatient Appointments at Aintree University Hospital)</p> <p>TK confirmed Sarah McGrath (Planned Care Lead at the CCG) has emailed SS regarding his queries and examples of clinics which do not seem to be on the Choose and Book system; however, a discussion is yet to take place. SS confirmed he would like a meeting to discuss his queries. TK to ask Sarah McGrath to action. Action still open.</p> <p>FR18/10 - Finance & Resource Committee Risk Register</p> <p>A report with recommendations relating to risk FR003 to do with prescribing code issues is on the agenda and within the meeting pack. Action closed.</p> <p>FR18/29 - Security Management Policy v2</p> <p>Amendments have been made to the Security Management policy as agreed at the committee meeting on 22nd February 2018 and as detailed in the minutes of the meeting. Action closed.</p>	TK

No	Item	Action
	<p>FR18/31 - Finance & Resource Committee Risk Register: The likelihood post mitigation score for sub risk FR001b has been updated to a score 5, as agreed at the committee meeting on 22nd February 2018. Action closed.</p> <p>FR18/31 - Finance & Resource Committee Risk Register Mitigating actions for risk FR003 (related to prescribing code issues), as discussed at the committee meeting on 22nd February 2018, have been recorded on the risk register. Action closed.</p> <p>FR18/32 - Implementation of Adam DPS – May to December 2017 It was noted that the working group which is to consider the future of the DPS will be arranged by the end of April; the committee will be updated on progress accordingly. Action to remain on the tracker. The working group / review has been noted in the risk register as a mitigating action for risk FR002 which is related to the Adam DPS.</p> <p>FR18/35 - IM&T Draft Terms of Reference MMcD has liaised with Tracy Jeffes (Director of Corporate Services) about appointing a replacement for the IM&T Governing Body Portfolio Lead role on the IM&T Steering Group. He noted that with the current number of Governing Body members, it was not feasible to appoint an IM&T Governing Body Portfolio Lead at this stage. He confirmed he would approach the wider CCG membership to enquire about interest in joining the group as an IM&T portfolio lead. This action is to supersede the current action on the tracker.</p> <p>FR18/40 - F&R Committee Terms of Reference Amendments have been made to the Terms of Reference as agreed at the committee meeting on 22nd February 2018. The Terms of Reference will be recommended to the CCG Governing Body for approval. Action closed.</p> <p>FR18/40 - F&R Committee Terms of Reference MMcD has liaised with Tracy Jeffes about appointing a Clinical Governing Body member to join the F&R Committee. As noted for action FR18/35, MMcD confirmed that with the current number of Governing Body members, it was not feasible to appoint a Clinical Governing Body member to join the F&R Committee at this stage. It was agreed to close this action.</p> <p>FR18/43 - Any Other Business <u>Pan Mersey APC Recommendations</u> Post-meeting notes have been added to the minutes of the F&R Committee meeting held on 18th January 2018, as requested by SL, and have been approved by the Chair. Action closed.</p>	MMcD
<i>Policies / frameworks for approval</i>		
FR18/48	<p>Retirement Policy GJ presented the retirement policy, which has been updated to reflect changes relating to 'retire and return' arrangements.</p> <p>GM referred to point 1.19 in the section entitled <i>Retire and Return</i>, noting that the Leadership Team job titles needed to be updated. TK to inform Lisa Gilbert (Corporate Governance Manager at the CCG) to action this.</p>	TK

No	Item	Action
	The committee approved the Retirement Policy subject to updating the Leadership Team job titles.	
FR18/49	<p>Registration Authority (RA) Policy</p> <p>KS presented the Registration Authority policy, which has been updated with the new CCG logo. She confirmed that aside from the new logo, there have been no further changes to the updated policy since the previous version (approved by the F&R Committee in May 2017).</p> <p>The committee approved the Registration Authority Policy.</p>	
FR18/50	<p>iLinks Information Sharing Framework v4.0</p> <p>MMcD presented the iLinks Information Sharing Framework v4.0, noting that it has been reviewed by Louise Taylor (CCG Commissioning Manager – Localities) and the CCG Corporate Governance Support Group. MMcD confirmed he would check whether the Sefton LMC have approved the document.</p> <p>SS referred to the codes relating to levels of access (S3, C2, D3 etc.) and noted it would be helpful to have a key / reference for the codes. TK to request a key / reference guide for these codes from iMerseyside and circulate to the F&R Committee.</p> <p>Committee members referred to Information Governance and the General Data Protection Regulation (GDPR) which will be implemented on 25th May 2018. Concerns were raised about the time and resource implications on the CCG and practices relating to the introduction and practical application of GDPR.</p> <p>The committee approved the iLinks Information Sharing Framework v4.0 subject to confirmation that the Sefton LMC have approved the document.</p>	<p>MMcD</p> <p>TK</p>
<i>Finance</i>		
FR18/51	<p>Finance Report - Month 11 2017/18</p> <p>MMcD provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 28th February 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> • The full year forecast financial position for the CCG is a deficit of £4.300m. • NHS England have confirmed that the 0.5% risk reserve and the Cat M funding reserve will be made available to the CCG to support the financial position. • QIPP Delivery is £2.299m to date which is £5.146m below planned QIPP delivery at month 11. • The main financial pressures include cost pressures relating to Continuing Healthcare packages and cost pressures within Mersey Care relating to intermediate care, discharge planning and transitional community funding. • The year to date performance for the Acting as One providers shows an over-performance spend against plan, which would represent an overspend of £0.509m under usual contract arrangements. • The expert determination process relating to outstanding debt associated with Southport & Ormskirk NHS Trust is in progress. The expert and parties in dispute met on 21st March 2018. <p>The committee discussed the finance report in detail, including the CCG's</p>	

No	Item	Action
	<p>financial position and reserves budget analysis. GM referred to section 2 of the report, entitled <i>CCG Financial Forecast – Month 11 2017-18</i>. He commented it would be helpful for each report to include commentary on how financial pressures have changed since the last report was presented to the F&R committee. This is to be actioned for future reports.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	MMcD (AOR)
FR18/52	<p>Finance & Resource Committee Risk Register</p> <p>The committee reviewed the risk register and agreed that no updates were required.</p> <p><i>The committee approved the risk register.</i></p>	
FR18/53	<p>Financial Strategy Update: 2017/18 to 2021/22</p> <p>MMcD presented an update on the CCG's financial strategy for 2017/18-2021/22 and highlighted the following:</p> <ul style="list-style-type: none"> • The CCG has currently identified QIPP plans of £1.468m with further plans for potential inclusion once prioritisation work has been undertaken. • The likely case financial position for 2018/19, based on the expected delivery of QIPP savings is a deficit of £2.861m. • A North Mersey Finance Leadership meeting will be taking place tomorrow (23rd March 2018) and will be focussed on 2018/19 Acting as One. • The CCG is required to contribute 0.25% of allocation to support Cheshire and Merseyside STP Transformation. • There is a requirement to deliver a QIPP saving of £5.329m to achieve the target of £1m surplus in 2018/19. • Changes to the final outturn and QIPP delivery for 2017/18 will impact the financial plan and QIPP requirement in 2018/19. • The finance team is working through the national planning assumptions which set out requirements for increases in activity and improvements in performance, detailed in section 3.5 of the financial strategy plan. • Further work will be done on the financial strategy plan before it is presented to the Governing Body. <p>A detailed discussion took place about the financial strategy plan and in particular the following areas:</p> <ul style="list-style-type: none"> • NHS England targets that the CCG is required to deliver. • Benchmarking and RightCare. <ul style="list-style-type: none"> • <i>The committee noted the contents of the financial strategy report and the potential changes as detailed in section 9 of the report, entitled Recommendations.</i> • <i>The committee noted that further work will be done on the financial strategy before it is presented to the Governing Body.</i> • <i>The committee agreed to recommend the financial strategy plan for approval to the Governing Body.</i> 	
FR18/54	<p>Confirmation of 2018/19 Financial Control Total</p> <p>The committee noted that the CCG 2018/19 financial control total has been</p>	

No	Item	Action
	<p>confirmed by NHS England at £1m.</p> <p><i>The committee received the letter from NHSE England regarding 2018/19 CCG Financial Control Totals.</i></p>	
<i>Prescribing</i>		
FR18/55	<p>Prescribing Spend Report – Month 9 2017/18</p> <p>SL presented the prescribing report for Month 9 (December 2017).</p> <p>It was noted that at Month 9, the CCG is forecast to be underspent by 4.8%, when the 1.5% efficiency factor is applied to the CCG prescribing budget of £28.640m.</p> <p>SL noted that the Medicines Management team are continuing to monitor Pregabalin items, which have seen an increase.</p> <p>SL noted that current prescriber coding issues have resulted in Southport & Formby CCG's continence prescribing costs being included in South Sefton CCG's continence prescribing costs. She confirmed that Southport and Formby CCG would be recharged for these costs.</p> <p><i>The committee received this report.</i></p>	
FR18/56	<p>Quarter 3 Prescribing Performance Report 2017/18</p> <p>SL presented the quarterly report noting prescribing performance for the third quarter of 2017/18 for South Sefton CCG practices.</p> <p>SL reported that the issue with continence prescribing costs, as reported under item FR18/55, has affected percentage cost growth figures in this report.</p> <p>SL reported that the CCG continues to show a significant percentage reduction in overall prescribing activity. Actual cost growth is at -1.6% in the 12 months up to December 2017 and item percentage growth is -2.8% for the same period.</p> <p><i>The committee received this report.</i></p>	
FR18/57	<p>Prescriber Code Issues, Risks & CCG Policy</p> <p>SL presented a report detailing actions the Medicines Management team have taken to mitigate against potential risks associated with prescriber code error issues. She reported the Medicines Management team have taken the following actions:</p> <ul style="list-style-type: none"> • Introduced a guidance document and local policy for practices, clarifying the processes that must be followed (included as Appendix 1 in the report). • Developed with the assistance of iMerseyside an EMIS Web Prescriber Configuration training guide explaining how new prescribers should be registered on the clinical system (included as Appendix 2 in the report). • Reviewed run charts detailing monthly trends of items and costs to identify unusual prescribing activity (included as Appendix 3 in the report). • Undertaken quarterly reviews of Out of Area Prescribing Activity to identify potential erroneous prescribing. <p>SL confirmed she has discussed the local policy with the LMC and CQC. SL noted</p>	

No	Item	Action
	<p>that in order to mitigate risks, the Medicines Management team intend to introduce a clear statement / re-statement of the CCG position of only approving GP codes for principals / partners. She confirmed the policy clarifies the code process which has been in place historically.</p> <p>SL noted that the policy and guidance will need to tie in with the non-medical prescribing policy when it has been finalised.</p> <p>SL reported that South Sefton CCG has been overcharged due to a prescribing coding error involving a CCG in the Midlands. She confirmed South Sefton CCG will seek to reclaim the charges.</p> <p>SL asked the committee to approve the guidance document and policy, and the training guide.</p> <p><i>The committee approved the guidance document and policy, and the training guide.</i></p>	
FR18/58	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the following Pan Mersey APC recommendation:</p> <ul style="list-style-type: none"> • FERRIC MALTOL 30mg hard capsules (Feraccru®) for Iron deficiency anaemia (IDA) in people with inflammatory bowel disease). <p>The committee discussed the recommendation and approved the commissioning of this drug.</p> <p><i>The committee approved the Pan Mersey APC recommendation for the commissioning of FERRIC MALTOL 30mg hard capsules (Feraccru®) for Iron deficiency anaemia (IDA) in people with inflammatory bowel disease.</i></p>	
<i>Minutes of Steering Groups to be formally received (taken as read)</i>		
FR18/59	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Information Management & Technology (IM&T) Steering Group – January 2018 <p>The committee received the minutes of the IM&T Steering Group meeting in January 2018.</p> <p>MMcD reported that iMerseyside are on track to enable patient WiFi in all Sefton based practices by the end of March 2018. He also noted that the move of IT infrastructure to AIMES is progressing well and that there would be limited downtime.</p>	
Closing business		
FR18/60	<p>Any Other Business</p> <p>No items of other business were raised at this meeting.</p>	

No	Item	Action
FR18/61	Key Issues Review MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.	
	Date of Next Meeting Thursday 17 th May 2018 1.00pm to 3.00pm 3 rd Floor Board Room, Merton House	

Approved

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 22nd February 2018, 09:00 – 12:00
Venue: 3rd Floor Boardroom, Merton House, Bootle L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	(Chair) GP Governing Body Member (SFCCG)	RC
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) / GB Member	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
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In Attendance

Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Carlene Baines	Designated Nurse Children in Care	CB
Emma Bracewell	Programme Manager Quality Performance	EB

Apologies

Dr Andy Mimmagh	Chair & Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Helen Smith	Head of Safeguarding	HS
Susanne Lynch	Head of Medicines Management	SL
Graham Bayliss	Lay Member (SSCCG)	GB

Minutes

Jo Woodward	PA to Chief Nurse / Quality Officer & Deputy Chief Nurse (SFCCG / SSCCG)	JW
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For the Joint Quality Committee to be quorate, the following representatives must be present:

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

Name	Membership	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Dr Rob Caudwell	GP Governing Body Member	✓	✓	N									
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N									
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N									
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N									
Billie Dodd	Head of CCG Development	✓	✓	N									
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N									
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N									
Martin McDowell	Chief Finance Officer	✓	✓	N									
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N									
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N									

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
18/20	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from FLT, HS, SL, DrPC, DrAM and DrJS. The meeting was deemed quorate.</p> <p>BP, CB, EB, HR and were in attendance. Pre-registration student nurse OB was also in attendance shadowing BP.</p>	
18/21	<p>Declarations of Interest</p> <p>None were reported other than those staff holding dual roles within the CCGs.</p>	
18/22	<p>Minutes & Key issues log of the previous meeting</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection.</p>	

No	Item	Actions
18/23	<p>Matters Arising / Action Tracker</p> <p>17/220(i) Provider Performance Reports S&O Urgent Care Performance Against the NHSI Agreed Trajectory EB to find out what S&O performance is like in meeting the urgent care trajectory set by NHSI. Update: Achievement of 95% by Q4 and conversation being had with NHSE regarding 95% achievement by September 2018. Trust not currently meeting the trajectory. Outcome: Closed</p> <p>18/05(i) Chief Nurse Report - Urgent Care Bulletin BD to send out urgent care bulletin to General Practices to ensure they are fully aware of the pressures across the system and how they are being managed. Update: BD sent out a Sit Rep and will be looking at alternative ways of ensuring that General Practice are in receipt of information. A Winter De-brief session is being planned with NHSE shortly. Outcome: Closed</p> <p>18/05(ii) Chief Nurse - CCG Corporate Risk Register Quality Team to liaise with the CCGs' commissioning and performance teams to review the risk register and ensure that all apparent risks for S&O were included on Quality Risk Register. Update: DF and BP have liaised with colleagues from across the CCGs. Reviewed Quality Risk Register to be presented in March 2018 meeting. Outcome: Closed</p> <p>18/06 St Joseph's Hospice CQC Registration Category TF to ask the question regarding St Joseph's registration status at the next CQC meeting to inform contract monitoring and management. Update: DF gave feedback from TF - CQC are now in the process of changing provider over to the CQC hospital team. Quality Team to discuss contract management with CSU and CCG Commissioning Team. Outcome: Closed</p> <p>18/10 Non-Medical Prescribing Policy Implementation of the Non-Medical Prescribing Policy to be added to discussions for inclusion within this year's LQC to support adoption within General Practice. Update: BP gave an update and confirmed there have been discussions about inclusion in the LQC and also with the LMC. RC stated that on reflection the LQC may not be a preferred route. Discussion was had regarding terminology used within the Policy eg. Supervision as opposed to support. BP to give feedback to the JQC as required following discussions with the LMC. Outcome: Closed.</p>	

No	Item	Actions
18/24	<p>Chief Nurse Report</p> <p>DF presented the Chief Nurse Report which was received by the Committee. The report contained information on the following:</p> <ul style="list-style-type: none"> • AUH Never Event update • S&O CQC Chief Inspector of Hospitals Visit • S&O Improvement Board • LCFT CQC Chief Inspector of Hospitals Visit • Care home voluntary suspension to admissions where SFCCG had commissioned winter community beds • Care Home Quality Report (refer to agenda item18/33) • Inherent Jurisdiction Application • Serious Case Review • MRSA attributed case to SFCCG • CCG Safeguarding Team recruitment • Provider Cost Improvement Plans • Provider Quality Account presentations • Kirkup Review of Liverpool Community Health • Sefton CHC Programme Board <p>The Committee was requested to take particular note of the following update:</p> <ul style="list-style-type: none"> • <u>AUH Never Event Update</u> – the provider has commissioned an independent cluster review and progress was discussed at the February 2018 CQPG. Further details are contained within agenda item 18/29. • <u>S&O CQC Chief Inspector of Hospitals Visit</u> – the provider has received the draft report and are in the factual accuracy checking stage. The JQC will be informed of the inspection judgement once known. • <u>S&O Improvement Board</u> - The S&O Executive Improvement Board (EIB) has now transitioned to the S&O Improvement Board and is Chaired by NHSI. Going forward, the CCG will be represented by the Chief Officer in accordance with the new Terms of Reference. The Improvement Board will be supported by a number of sub-groups and system groups which will be aligned to the Board one of which will be Quality. Existing forums will be used where possible and proposals are to be submitted to the next meeting of the S&O Improvement Board in March 2018 of how the existing CCF and CRM/CQPG can fulfil this function. There was a discussion at the February 2018 meeting of the S&O CCF and there was agreement to revise the CRM / CQPG Terms of Reference and workplan to accommodate this being utilised to fulfil the function of the Quality sub-group as referenced above. • <u>Serious Case Review</u> – The Practice Review Panel made a recommendation in December 2017 for the Independent Chair to agree that a case considered met the threshold for a serious case review. This recommendation was accepted by the independent Chair of the LSCB. An independent reviewer has been commissioned and agencies have been asked to submit their chronologies. The LSCB has been informed at the last meeting that Sefton has a Serious Case Review which is now in progress. Feedback by appropriate governance arrangements will be undertaken as appropriate. 	

No	Item	Actions
	<ul style="list-style-type: none"> • <u>MRSA (SFCCG)</u> - A MRSA Post Infection Review (PIR) meeting was held on 7th February 2018. The case was attributed to SFCCG as the organisation best placed to ensure that lessons are learnt. This breaches the CCG zero tolerance KPI and will show in future Integrated Performance Reports to the Governing Body. • <u>Provider Cost Improvement Plans</u> - The CCGs are working collaboratively on the provider Cost Improvement Plan (CIP) process which is based on the “Star Chamber” model for the purposes of commissioner assurance. This is to ensure that we standardise our process for reviewing CIPs to better enable a consistent and systematic approach to evaluation of impact and also fairness within the process. At the day scheduled for 12th March 2018, commissioners will review progress against 2017/18 CIP plans and review planned CIPs for 2018/19. An e-mail has been received from S&O stating that they are unable to meet the date set as work is still on-going – further discussions will be had re: next steps and date for submission. It was noted that Mersey Care NHS Foundation Trust do not have a CIP for the newly acquired Community Services which was agreed as part of the contract negotiation and similar applies to Lancashire Care NHS Foundation Trust. • <u>Kirkup Review of Liverpool Community Health</u> - The Report of the Liverpool Community Health Independent Review undertaken by Dr. Bill Kirkup was published on 8th February 2018. The CCGs and other commissioners are mentioned in the report. The Quality Team are in the process of reviewing the report and reflecting on lessons to be learnt in order to build upon what has been identified previously in the Capsticks Report and the CCG commissioned MIAA report all of which have previously been taken through the CCGs’ internal governance processes. <p>DF informed the Committee that since this report had been written the AUH CQC inspection report was now in the public domain as of 19th February 2018 and overall the Trust had been rated as ‘Requires Improvement’ (previous inspection had rated the Trust as ‘Good’). DF stated that the Trust remained at an ‘Enhanced Level’ of surveillance and the Quality Team were in the process of reviewing the report. This would be discussed at the CCF and the CQPG.</p> <p>DC stated that he had noticed a decline in the quality of some of the discharge summaries he’d recently been receiving from AUH. GH stated that if DC could send her some examples she would review to see if there were any trends emerging and raise at the CQPG if required.</p>	
	<p>Action: 18/24 Quality of Discharge Summaries from AUH DC to send GH some examples of discharge summaries were there were concerns about quality of the content so she could review and raise any emerging trends at the CQPG if required.</p>	DC

No	Item	Actions
18/25	<p data-bbox="248 197 772 230">Provider Quality & Performance Reports</p> <p data-bbox="248 271 1203 333">EB presented the Provider Quality & Performance Reports to the Committee by exception for Month 9.</p> <p data-bbox="248 374 309 407"><u>S&O</u></p> <p data-bbox="248 412 1273 1010">Key areas of discussion were had regarding A&E, mortality, staffing and stroke performance. DF and BD summarised what interventions had taken place to support A&E performance and flow. GH expressed concern about the amount of time CCG staff had been spending in the Trust only to see performance decline in some areas once this level of involvement lessened eg. Stranded patient metric. GH and GBr noted that this level of involvement was in addition to what was needed to be managed within their portfolios, support that the team had given to CCG staff going into the Trust on secondment and that this would undoubtedly have an impact on the CCG team. The Committee were reminded of the assurance process in place which included feedback to the A&E Delivery Board and S&O Improvement Board. DF stated that the Trust Mortality Report that was presented to the Improvement Board and informed the Committee of the Trust intention to commission a review which would initially look at the deaths commencing with pneumonia. The Committee discussed the relationship between the Mortality Report and the Trust SI reporting. A meeting to be scheduled between SFCCG and the Trust Interim Medical Director to discuss this issue, stroke services and completion of presentation of Medical Staffing review (previously presented to the CRM/CQPG).</p> <p data-bbox="248 1050 368 1084"><u>Renacres</u></p> <p data-bbox="248 1088 1262 1151">Referral data submission discussed and the inability of the provider to submit the full data required - it was noted that this will form part of the DQIP.</p> <p data-bbox="248 1191 730 1225"><u>Lancashire Care NHS Foundation Trust</u></p> <p data-bbox="248 1229 1246 1543">Recovery plan is in place for Level 2 safeguarding training and the CCG Safeguarding Service are in contact with the Safeguarding Lead within the Trust. Issues remain regarding lack of detailed Southport & Formby specific information being presented and this has been discussed with the Trust including how they are assured themselves – it was noted that the Trust had been to attend a recent CCG Board development session. DW to meet with Quality lead within the Trust to discuss information required for the purposes of assurance. Clinical supervision discussed and extension to LCFT appraisal system noted to enable appropriate tracking.</p> <p data-bbox="248 1583 756 1617"><u>Mersey Care FT – Mental Health Contract</u></p> <p data-bbox="248 1621 1270 1830">Trust performance discussed and continued red RAG rating noted for Psychotherapy Treatment commencing within 18 weeks of referral; and communication (in-patients) appropriate supply of medication. It was noted that GJ was scheduled to deliver a deep-dive presentation at the meeting today regarding provider performance including benchmarking information against other providers. GJ was unable to attend so the item had been deferred until the next meeting.</p> <p data-bbox="248 1870 676 1904"><u>Aintree University Hospital NHS FT</u></p> <p data-bbox="248 1908 1254 2007">The Committee were informed of the recent presentation at the CQPG from the Liverpool Clinical Laboratories (LCL) due to the challenges being faced with elements of performance. There has been a temporary loss of accreditation due to</p>	

No	Item	Actions
	<p>performance against certain KPIs and an action plan is in place. GH has liaised with KMc regarding faecal antigen testing and work that has been undertaken within a neighbouring CCG as this may reduce some of the demand within LCL through the reduction in scopes. BD to liaise with TH re: faecal antigen testing</p> <p>Issues relating to MRI scan capacity discussed and it was noted that the Trust had brought in mobile scanning to support meeting the demand. Commissioners have suggested that the Trust contact the Walton Centre to explore the possibility of utilising their scanners and commissioners have also contacted Specialist Commissioners who are supportive of the Walton Centre supporting AUH in terms of capacity. Specialist Commissioners have indicated that they are happy for this to be a provider to provider conversation.</p> <p>Stroke performance at the Trust was discussed in relation to their inability to meet the KPI regarding the % of patients spending more than 90% of their Hospital stay on the stroke unit – theTrust have only met this KPI in the month of September year to date. Actions being taken by the Trust were discussed including deep-dive looking at the patient cohort, continuing to support recruitment to registered nurse and therapy posts, timely step down of patients from the Unit, daily monitoring and stroke meetings to discuss outliers and delayed transfers of care, discussion about late referrals and weekly breach meetings. The Committee discussed the plans for the CEO:CEO discussion between AUH and S&O to explore how AUH can support S&O and concerns were voiced that this may impact further on performance at AUH – the wider work of the stroke network was referenced in order to support a system solution.</p> <p><u>Mersey Care FT – Community Contract</u> GH stated that intelligence from some GP colleagues was indicating that due to reported staffing pressures the community matrons had been asked to take on some District Nursing roles. It was reported that the CCG has requested 'hot spot' staffing reports for the CRM/CQPG as it was noted that pressures had been reported in the January 2018 Trust Board Report and some of the themes coming out of the SI reports were indicating staffing as an issue. The provider has reported an improved position with regard to recruitment and the introduction of a new HR system will improve the HR recruitment process.</p>	
	<p>Action 18/25i Meeting between SFCCG and S&O Interim Medical Director DF to arrange a meeting between SFCCG and Interim Medical Director to discuss the Trust Mortality Report, Stroke Services (discussion with AUH) and Medical Staff Review.</p> <p>Action 18/25ii Faecal Antigen Testing BD to liaise with TH re: faecal antigen testing.</p>	<p>DF</p> <p>BD</p>

No	Item	Actions
18/26	<p>Merseyside CCGs NWAS Ambulance Performance Update</p> <p>BD presented the report that had been received from Ian Davies at LCCG who represented SSCCG and SFCCG at the contract meetings. Changes to the performance reporting were recognised but concerns remained over delivery for the patients of SFCCG and SSCCG. GBr gave her reflections to the Committee from when she worked at Health Watch and spent time with NWAS. DF stated she would contact NHSE C&M to ask what had been discussed at the Lancashire QSG regarding NWAS quality performance with Blackpool CCG being the co-ordinating commissioner.</p>	
	<p>Action: 18/26 NWAS discussion at Lancashire QSG DF to contact NHSE C&M colleagues to ask what discussions had been had at Lancashire QSG regarding NWAS quality performance due to concerns raised at the CCGs' Joint Quality Committee.</p>	DF
18/27	<p>NHS111 Performance Report</p> <p>BD presented the report and highlighted the positive impact on A&E attendances and also the introduction of the Clinical Assessment Service (CAS) that was introduced in January 2018. However, it was highlighted that at times the service can raise patient expectations if this by-passes the GP practice triage system that is in place resulting in some appointments needing to be ring-fenced. RC stated that some patients may be left with the impression from using the NHS111 service that they will then go on and see their GP within an hour but General Practice isn't commissioned to provide urgent care / provide an hourly response time.</p> <p>The Joint Quality Committee received the report.</p>	
18/28	<p>CQUIN Q3 Position</p> <p>EB presented the Q1-Q3 2017/18 performance for AUH, S&O, LCFT and Mersey Care and re-capped on the process for managing CQUIN in this financial year including the introduction of Contract Query Notices. The information was noted by the Committee.</p> <p>The Joint Quality Committee received the report.</p>	

No	Item	Actions
18/29	<p>Serious Incident Report</p> <p>BP presented the Serious Incident Report on behalf of TF which included a more in depth update regarding the Never Events at AUH than had been contained in the . Chief Nurse Report. GBr raised concerns regarding the number of open incidents which appeared to be on the increase for SFCCG / S&O after all the efforts had been made to reduce the number. BP stated he would feedback this comment to TF in order to review the data and look further at the management of these cases. DF reported that the comments were very pertinent as the team had been identifying issues and matrix working across the relevant teams to resolve – she would now be asking for a line by line review of each open incident. GBr also highlighted that the format of the report is difficult to read with numbers being included in the narrative etc and asked if this could be looked at in order to support easier reading of the document. DF stated that she would feed this back to TF and ask her to liaise with admin and BI to look at how this report could be restructured going forward.</p>	
	<p>Action</p> <p>18/29(i) Number of Open SIs for SFCCG / S&O BP to ask TF to review the data for open SIs and look further at the management of these cases to support timely closure.</p> <p>18/29(ii) Number of Open SIs DF to liaise with LG to request a line by line review of each open SI.</p> <p>18/29(iii) Format of SI Report BP to ask TF to liaise with Admin and BI to look at how the SI report could be re-formatted and re-structured going forward to enable easier reading.</p>	<p>BP</p> <p>DF</p> <p>BP</p>
18/30	<p>NHSE Continuing Healthcare Activity Assurance Report Q3 2017-18</p> <p>DF presented the report which was received by the Committee. SSSCCG were reported as having 10% (Green RAG rated) of DSTs carried out in acute Trust settings and SFCCG were reported as having 16% (Amber RAG rated) – the national target is 15%. SSSCCG were reported as having 79% of standard CHC referrals completed within 28 days (Amber RAG rated) and SFCCG were reported as having 89% (Green RAG rated) – the national target is 80%.</p> <p>The Committee noted that neither of the CCGs had been identified in Q3 as an area where further assurance or understanding may be required. However, DF reported that the CCGs' Chief Officer had informed the Governing Bodies of her intention to commission an independent review of CHC further details of which were being awaited. DF also reported that the CCGs had expressed an interest and been accepted by the NHSE CHC Strategic Support Programme to spend time in the CCGs looking at the CHC Service Model, reporting processes, observation and review of in-house / external processes and review of anonymised DSTs, Section 117 and joint funded cases but has since been informed that this will not go ahead currently as neither CCGs are considered to be an outlier and the support will be offered to other areas at this time.</p> <p>The Joint Quality Committee received the report.</p>	

No	Item	Actions
18/31	<p>Sefton Children in Care Overview Report</p> <p>CB presented the Children in Care Overview Report to the Committee. DF stated that this area of commissioned service delivery was on the risk register and it was felt important that the Committee had the opportunity to review the report as a whole. CB stated that the outcome of the site audit had been reported to the Corporate Parenting Board and that a re-audit / site visit was scheduled to be undertaken shortly. DF explained the mitigating actions that had been put in place to bring about necessary improvement which included regular meetings and Director / Deputy Director Level conversations. DF also reported that the provider had commissioned an external review of the Looked After Children and Safeguarding Service and she along with the Designated Nurse for Safeguarding Children and Designated Nurse for Looked After Children had all been interviewed as part of the process. GH and GBr stressed that the CCGs take their corporate parenting role responsibility seriously and that it was important that the necessary improvements were seen to take place with the required pace.</p> <p>GH discussed the work that had been undertaken with the support of KG to explore how GP systems could be cleansed to ensure that the most up to date information is available on the GP system regarding Looked After Children status and Children who were subject to a Child Protection Plan. GH specifically wanted to acknowledge and thank KG for the work she had undertaken. The Committee also wanted to thank CB for the work she had been undertaking in her role as Designated Nurse for Looked After Children as she would shortly be leaving the CCGs to work in another CCG area with the in-housing of the CCG Safeguarding Service.</p> <p>The Joint Quality Committee received the report.</p>	
18/32	<p>Mental Health Provider Performance Deep-dive</p> <p>This agenda item was deferred as GJ was unable to attend to present the deep-dive report</p>	
18/33	<p>Care Home Quality Assurance Report</p> <p>This agenda item was deferred as no report was available from CSU. DF referred members to the Chief Nurse Report that contained a rationale for the deferral of this item and the assurances mechanisms that were in place.</p>	
18/34	<p>EPEG Key Issues Log</p> <p>GBr stated that EPEG had not met since the last meeting of the Joint Quality Committee so there were no new updates to report.</p>	
18/35	<p>AOB</p> <p>None reported.</p>	

No	Item	Actions
18/36	<p data-bbox="248 197 925 230">Key Issues Log (issues identified from this meeting)</p> <p data-bbox="248 271 347 297">SFCCG</p> <ul data-bbox="296 331 1273 1048" style="list-style-type: none"> • AUH Never Events – Update provided to the Quality Committee. • AUH CQC Inspection Outcome Report – Judgement report now in the public domain. Overall rating ‘ Required Improvement’ • Kirkup Review LCH – This report is now in the public domain. The Quality Team are reviewing and will provide a report to the JQC and Governing Body • S&O Performance – Meeting to be requested between the Trust Interim Medical Director and SFCCG to discuss mortality report, link to SIs and TIA / Stroke. • North West Ambulance Service – Performance report discussed and the Quality Team to ask NHSE C&M for any feedback about discussions that had taken place at the Lancashire QSG that the CCG may need to be made aware of. • Mersey Care Community Contract – Intelligence from local GPs was indicating possible issues with District Nurse staffing. Hotspot reports to be requested at the next CRM/CQPG. • CQUIN Performance – Q1-3 2017/18 was presented to the Committee • Designated Nurse Safeguarding Children & Designated Nurse Looked After Children – the Committee wanted to specifically thank KG and CB for the work they do / have done in supporting the CCGs to discharge their responsibilities for Safeguarding Children and Looked After Children. <p data-bbox="248 1115 357 1142">SSCCG:</p> <ul data-bbox="296 1176 1273 1892" style="list-style-type: none"> • AUH Never Events – Update provided to the Quality Committee. • AUH CQC Inspection Outcome Report – Judgement report now in the public domain. Overall rating ‘ Required Improvement’ • Kirkup Review LCH – This report is now in the public domain. The Quality Team are reviewing and will provide a report to the JQC and Governing Body • S&O Performance – Meeting to be requested between the Trust Interim Medical Director and SFCCG to discuss mortality report, link to SIs and TIA / Stroke. • North West Ambulance Service – Performance report discussed and the Quality Team to ask NHSE C&M for any feedback about discussions that had taken place at the Lancashire QSG that the CCG may need to be made aware of. • Mersey Care Community Contract – Intelligence from local GPs was indicating possible issues with District Nurse staffing. Hotspot reports to be requested at the next CRM/CQPG. • CQUIN Performance – Q1-3 2017/18 was presented to the Committee • Designated Nurse Safeguarding Children & Designated Nurse Looked After Children – the Committee wanted to specifically thank KG and CB for the work they do / have done in supporting the CCGs to discharge their responsibilities for Safeguarding Children and Looked After Children. 	

No	Item	Actions
18/37	Date of Next Meeting and notice of apologies Date: Thursday 26 th April 2018 Time: 0900hrs-1200hrs Venue: 3 rd Floor Boardroom, Merton House, Bootle L20 3DL	

APPROVED

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: 26th April 2018, 09:00 – 12:00

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

Membership

Graham Bayliss	Lay Member (SSCCG)	GB
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead (SFCCG)	DC
Dr Rob Caudwell	(Chair) GP Governing Body Member (SFCCG)	RC
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) / GB Member	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi

Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
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In Attendance

Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Emma Bracewell	Programme Manager Quality Performance	EB
Gordon Jones	Programme Manager Mental Health	GJ
Karen Garside	Designated Nurse Safeguarding Children	KG
Tracey Forshaw	Assistant Chief Nurse (SSCCG / SFCCG)	TF

Apologies

Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Susanne Lynch	Head of Medicines Management	SL
Graham Bayliss	Lay Member (SSCCG)	GB
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD

Minutes

Jo Woodward	PA to Chief Nurse / Quality Officer & Deputy Chief Nurse (SFCCG / SSCCG)	JW
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For the Joint Quality Committee to be quorate, the following representatives must be present:

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

Name	Membership	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Dr Rob Caudwell	GP Governing Body Member	✓	✓	N	L								
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	A								
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N	✓								
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	✓								
Billie Dodd	Head of CCG Development	✓	✓	N	✓								
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓								
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓								
Martin McDowell	Chief Finance Officer	✓	✓	N	A								
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A								
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	✓								

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
18/38	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from AM, FLT, MMcD, GB and SL.</p> <p>The meeting was deemed quorate. GH agreed to chair the second part of the meeting. DF will be leaving and joining the last part of the meeting by telephone.</p> <p>BP, EB, HR, GJ, KG, TF and in attendance.</p>	
18/39	<p>Declarations of Interest</p> <p>None were reported other than those staff holding dual roles within the CCGs.</p>	
18/40	<p>Minutes & Key issues log of the previous meeting</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection.</p>	

No	Item	Actions
18/41	<p>Matters Arising / Action Tracker</p> <p>18/24 – Discharge Summaries DC to send GH some examples of discharge summaries were there were concerns about quality of the content so she could review and raise any emerging trends at the CQPG if required Update: None received Outcome: Closed</p> <p>18/25(i) - Meeting between SFCCG and S&O Interim Medical Director DF to arrange a meeting between SFCCG and Interim Medical Director to discuss the Trust Mortality Report, Stroke Services (discussion with AUH) and Medical Staff Review. Update: Meeting took place with RC, BP and DF in attendance Outcome: Closed</p> <p>18/25(ii) - Faecal Antigen Testing BD to liaise with TH re: faecal antigen testing. Update: Completed Outcome: Closed</p> <p>18/26 - NWAS discussion at Lancashire QSG DF to contact NHSE C&M colleagues to ask what discussions had been had at Lancashire QSG regarding NWAS quality performance due to concerns raised at the CCGs' Joint Quality Committee. Update: DF has received the report and will circulate to the committee. BD will add this to the Corporate Risk Register Outcome: Closed</p> <p>18/29(i) - Number of Open SIs for SFCCG / S&O BP to ask TF to review the data for open SIs and look further at the management of these cases to support timely closure. Update: Internal Serious Incident Process Report an agenda item for today's committee meeting Outcome: Closed</p> <p>18/29(ii) - Number of Open SIs DF has liaised with LG to request a line by line review of each open SI. Update: Duplicate of 18/29(i) Outcome: Closed</p> <p>18/29(iii) - Format of SI Report BP to ask TF to liaise with Admin and BI to look at how the SI report could be re-formatted and re-structured going forward to enable easier reading. Update: Currently being reviewed Outcome: Carried forward</p>	

No	Item	Actions
18/42	<p>Mental Health Provider Performance Deep-dive</p> <p>GJ presented the report which was received by the Committee.</p> <p>The Joint Quality Committee had previously requested further information around the four identified KPIs within the mental health Mersey Care NHS Foundation Trust Contract that have been underperforming.</p> <ul style="list-style-type: none"> • <u>Psychotherapy Treatment commencing within 18 weeks of referral</u> <p>Year to date figures show 89 out of 226 referrals in South Sefton were seen within 18 weeks (39%) and 30 out of 46 for Southport and Formby (65%). Resource and capacity and also holidays and sickness have had an impact on waiting times. There has however been a reduction in those waiting 18 weeks or more from 41 to 26 people. The Trust has reported that the maximum wait has reduced from 56 weeks to 32 weeks which is still outside the 18 week threshold.</p> • <u>Eating Disorder Service Treatment commencing within 18 weeks of referrals</u> <p>Year to date figures show that from 87 referrals in South Sefton 77 were seen within 18 weeks (88%) and 13 out of 28 for Southport and Formby (46%) against a 95% threshold.</p> <p>The service recently confirmed that no patient has waited more than 23 weeks for treatment. Commissioners met with the provider in February 2018 to discuss increasing medical/physical health support to primary care for those complex patients on the caseload. One option being explored is to run a pilot in Sefton only for a nurse practitioner to support GP colleagues in the management and review of complex patients.</p> <p>The Committee Clinical Leads raised issues with the commissioning of this service in particular requests received from the provider to manage referred patients. This will be raised with the CCG Director of Commissioning and Delivery and DF will make FLT aware.</p> • <u>Adults on Care Programme Approach (CPA) receive a review within 12 months</u> <p>Year to date figures show that 93% of adults on Care Programme Approach receive a review within 12 months against a threshold of 97%.</p> <p>The Chief Nurse suggested a revisit to RCA's regarding suicides and patient CPA status to identify any trends or themes in relation to waiting times.</p> • <u>Communication - (Inpatients). Appropriate Supply of Medication on Discharge (minimum of 7 days) 95%</u> <p>Performance has significantly deteriorated against this KPI since Quarter 1. At the end of Quarter 1 2017/18 responsibility of the audit was transferred from the Local Division to the Trust's clinical audit team at which point performance has deteriorated.</p> 	

No	Item	Actions
	<p>Trust performance against contracted KPIs will continue to be monitored via the CQPG with the two Sefton CCGs liaising closely with Liverpool CCG as the co-ordinating commissioner in addition to discussions at the Collaborative Commissioning Forum and CQPG.</p> <p>The Committee felt there needed to be more scrutiny as a governing body of the provider and suggested requirements and expectations should be clearly specified to allow for contractual action to be taken at a later date if necessary. DF stated that there had been a recent presentation of Mental Health at a recent Governing Body Development Session.</p> <p>BP will take concerns raised by clinical leads through this Committee to the CQPG meeting regarding out-patient prescribing. DF will discuss with JL.</p> <p>The Trust has been requested to provide an update on progress for the April 2018 CQPG meeting</p>	
	<p>Action 18/42(i) Mersey Care Mental Health Contract – Deep Dive BP to discuss issues raised by clinical leads at the next CQPG meeting</p> <ul style="list-style-type: none"> • Eating Disorder Service - requests received by GPs from the provider to manage referred patients • Out-Patient prescribing – consultants referring patients back to GPs <p>Action 18/42(ii) Mersey Care Mental Health Contract – Deep Dive DF to discuss issues raised with JL and make FLT aware.</p> <p>Action 18/42(iii) Mersey Care Mental Health Contract – Deep Dive DF to ask CCG team to revisit RCA's regarding suicides to identify any trends or themes in relation to CPA Reviews.</p>	<p>BP</p> <p>DF</p> <p>DF</p>

No	Item	Actions
	<p>Chief Nurse Report</p> <p>DF presented the Chief Nurse Report which was received by the Committee.</p> <p>The Committee was requested to take particular note of the following update:</p> <ul style="list-style-type: none"> • <u>AUH Never Event Update</u> – Details are contained within agenda item 18/47 • <u>AUH Single Item Quality Surveillance Group</u> – Details are contained within agenda item 18/44 • <u>AUH CQC Inspection</u> – Following the recent CQC Inspection at AUH and the overall 'Requires Improvement' rating, commissioners were sent on 9 April 2018 a copy of the provider action plan which had been submitted to the CQC on 29 March 2018. This has been shared with members of the AUH CCF and will be monitored through the usual processes that are in place. • <u>S&O Cost Improvement Programmes</u> – Cost Improvement Programmes (CIP) have been requested for the purposes of commissioner assurance but are still awaited. Cancellations were received from the Trust for both dates given to the Trust. This has been raised at the S&O Improvement Board chaired by NHSI. At the last CRM / CQPG commissioners have requested sight of the Trust QIA process for the purposes of assurance whilst the CIPs are awaited. If not received then the CCG will consider next steps as part of the escalation process. 	
18/43	<ul style="list-style-type: none"> • <u>Serious Case Review</u> - The Serious Case Review within Sefton previously reported to the JQC has commenced with a timeline for completion of July 2018. A further case has recently been considered by the LSCB Practice Review Panel. The recommendation was made to the Independent Chair of the LSCB that this case be considered for a serious case review and this was accepted • <u>Kirkup Review</u> - The Quality Team have been reviewing the report and have requested that this is an agenda item at the next Governing Body Development session. <p>A further discussion took place regarding stroke services within S&O. Clinical leads raised concerns regarding Stroke services including the availability of timely scanning of high risk patients and the possibility of joint working between S&O and AUH with AUH currently experiences challenges in relation to performance and staffing. The Chief Nurse has raised issues regarding capacity through the Leadership team meeting and GH has also expressed her concerns. A meeting with AUH and S&O including clinicians was scheduled for the end of March 2018 but did not take place. This meeting has reportedly been rescheduled for May 2018. DF to raise concerns re: stroke services with FLT</p>	
	<p>Action 18/43 Chief Nurse Report – Discussion re: Stroke Services at S&O and AUH. DF to raise clinician concern with CCG Chief Officer.</p>	DF

No	Item	Actions
18/44	<p>AUH Single Item Quality Surveillance Group</p> <p>As previously reported to the Committee the CCGs had increased the surveillance level of the Trust from 'routine' to enhanced'. The completion of the NHSE Quality Risk Profile Tool (QRPT) has now been finalised and the decision has been made to hold a Single Item Quality Surveillance Group Meeting Chaired by NHSE C&M DCO on 30 April 2018. The purpose of the meeting will be to discuss next steps for action planning, assurance and support.</p>	

APPROVED

No	Item	Actions
18/45	<p>Provider Quality & Performance Reports</p> <p>EB presented the Provider Quality & Performance Reports to the Committee by exception which was received by the committee. It was noted that this report is currently being further developed and that provider performance issued had also been discussed re: Mersey Care, AUH and S&O in other parts of the agenda at this meeting.</p> <p>The Committee was requested to take particular note of the following key areas:</p> <p><u>S&O</u> The Trust reported 11 Mixed Sex Accommodation breaches in February, with 126 breaches year to date. There is a delay of transfer to acute beds from critical care within the Trust. The Trust is working on a variety of improvements to aid patient flow.</p> <p>In quarter 3, out of 7 cases only 2 had an RCA completed for hospital associated VTE. The Trust are working on a number of changes to the way in which RCA's are reviewed and completed, managed centrally they will have input from the relevant clinicians and CBU's.</p> <p>The Trust is failing the Dementia targets and is experiencing issues with the data system. Conversations with the Trust indicate that the issues are resolved and an improvement should be seen in quarter 4. The data is being manual recorded, which has led to validation issues, with the Trust querying the accuracy of the data. That said the data does show that the Trust is failing these targets and not asking the required questions or referring for further diagnostics if found to be eligible.</p> <p><u>Renacres</u> At the S&O CCQRM it was stated that Renacres had been receiving a higher number of referrals over the past few months and this was thought to be in anticipation of the paper switch off. Confirmation is being sought from Renacres.</p> <p><u>Lancashire Care NHS Foundation Trust</u> Data issues have improved. Some data is still coming through from S&O Community, which can mean a delay in data or some data not being submitted. The Trust is still developing the systems required to be able to provide the data and validation of some data has been delayed due to staff absences. Dr GH suggested the report is made more specific in respect of factors to be taken in to account on data reporting referring to Lancashire Care.</p> <p><u>Mersey Care FT – Mental Health Contract</u> Trust performance was previously covered in agenda item 18/42</p> <p><u>Aintree University Hospital NHS FT</u> Trust performance was previously covered in agenda items 18/44, 18/43 and 18/47</p>	

No	Item	Actions
18/46	<p>Transition of Community Services Update</p> <p>BP presented the paper which was received by the Committee. It provided with an update on the enhanced surveillance indicators varied into provider contracts when staff had transitioned from Liverpool Community Health (LCH) in May 2017. As a result of the Clapsticks Solicitors review of LCH it was recognised there were issue with both management of safety incidents and staff morale.</p> <p>Data has been received from</p> <p>Aintree University Hospital – results show a high confidence scores on incidents reporting and good satisfaction in receiving employer support.</p> <p>Mersey Care Community- the majority of staff have transitioned to Mersey Care and there is good understanding on incident reporting and reasonable levels of satisfaction of employer support</p> <p>Alder Hey Children’s Hospital – there was high confidence on how to report an incidents and low levels of satisfaction for employer support.</p> <p>BP reported the results are taken back to respective providers to gain assurance to improve employee engagement as a result of the surveillance indicators.</p>	
18/47	<p>AUH Never Event Update</p> <p>The committee received the paper that summarised the never Events reported to date and outlines the action taken to date by providers and commissioners which includes the assurance being sought by NHSE C&M.</p> <p>In summary, AUH have reported eight Never Events between August 2017 and March 2018. Seven being wrong site surgery or wrong implant / prosthesis. Five relate to orthopaedic surgery. Assurances are being sought by the CCG and NHS E C&M which includes an external review being commissioned from the Royal College of Orthopaedics.</p>	
	<p>Action 18/47 Provider Quality Schedule</p> <p>TF will circulate the Quality Schedule across to the SIRG membership on receipt from EB</p>	TF/EB
18/48	<p>Provider CQUIN Position</p> <p>The committee received the paper which outlined performance to date. Dr GH requested that going forward any CQUIN performance notices issued to Mersey Care should specify if it is in relation to community services or mental health services with them being the provider in South Sefton for both.</p>	

No	Item	Actions
18/49	<p>Safeguarding Assurance Report</p> <p>The committee received the report and were asked to take particular note of the following information:</p> <ul style="list-style-type: none"> • Aintree University Hospital has provided a 'limited' level of assurance following a nil submission in Q2. This has been discussed with the Trust and will be further reviewed with the next submission and at the CQPG • North West Boroughs Health Care NHS Trust (0-19 Year (Sefton)) has continued to provide a 'limited assurance' rating. • Southport and Ormskirk Hospital has progressed to a 'significant assurance' rating with an upward trajectory noted • Alder Hey Hospital NHS Trust has maintained a 'reasonable assurance' rating with a downward dip in training which will continue to be monitored <p>The CCG Safeguarding Service has now transferred into the CCG with effect from 1st March 2018. The newly appointed Designated Nurse for Children in Care is due to commence in post towards the end of May 2018 and the Designated Adult Safeguarding Manager at the beginning of July 2018. Recruitment to the Admin Support post to the team is on-going.</p> <p>LeDeR has now been included in the NHS Contract. TF has discussed with NHSE the possibility of KPIs to be included in the quality schedule which are yet to be confirmed. TF to present a briefing paper on LeDeR at the July JQC meeting.</p>	
	<p>Action 18/49 LeDeR Briefing Paper</p> <p>TF to include LeDER briefing paper in the July 2018 Joint Quality Committee papers.</p>	TF
18/50	<p>Controlled Drugs Occurrence Report</p> <p>HR presented the paper which was received by the Committee. HR invited feedback regarding the change in format to the report. The Committee gave positive feedback around the introduction of electronic prescribing.</p>	
18/51	<p>Quality Team Corporate Risk Register</p> <p>The risk register was circulated to the committee for review and comment prior to the meeting. Comments and updates were collated and fed back.</p>	

No	Item	Actions
18/52	<p>Kirkup Review</p> <p>BP presented the paper which was received by the Committee. The publication of the Report of the Liverpool Community Health Independent Review undertaken by Dr Bill Kirkup CBE has previously been reported to the Committee and the Governing Body. Representatives from the CCGs had been interviewed by Dr Kirkup and his team as part of this review process. The paper provided a summary of the report and outlined the work undertaken to date within the CCGs to support lessons learnt. The Quality Team has requested that this review be an agenda item at the June 2018 Governing Body Development Sessions to further support lessons learnt.</p> <p>A formal response to the report is expected from NHSI who commissioned the report and a further update will be presented to the committee when published.</p>	
18/53	<p>Provider Checklists</p> <p>BP presented the paper to the Committee which provided an update on the utilisation and completion of the Quality Control Mechanisms Checklist which was developed following a recommendation from the CCGs commissioned review undertaken by MIAA in support of lessons learnt following events at LCH and links also to the Kirkup report on gaining assurance from a number of different sources. The Committee received the report along with examples of completed checklists for providers.</p>	

No	Item	Actions
18/54	<p>SFCCG & SSCCG Internal Serious Incident Process</p> <p>The committee received the paper which outlined the issues that had been identified with the CCG's SI process and the quality improvement work being undertaken and the current assurances being sought by NHSE C&M. The Committee were asked to note that the following:</p> <ul style="list-style-type: none"> • The issue had been previously placed on the CCG Corporate Risk Registers • Capacity within the team has been an issue and the CCGs had also recently supported the recruitment to additional posts into the Quality Team which will in part further support of the SI process • Peer Review Team visit arranged from an acute Trust provider and CCG from another area to support a review of CCG processes and quality improvement • Quality Team to undertake a Peer Review visit to another CCG in Cheshire & Merseyside • Deep dive and line by line review being undertaken on each open SI as a result of month 11 data requested by the Chief Nurse • Administrative Review to be undertaken by the CCG Corporate Governance Manager due to there being an administrative function as part of the process <p>BP discussed the completion of RCAs when necessary by CCG staff and stated that the responsibility to write and review the RCAs sits within the Quality Team and this currently requires addressing. The CCGs had commissioned places on a local provider's RCA training for staff but the majority of these places were then subsequently cancelled due to CCG teams being under pressure in the winter operational period – further training is being sourced for delivery over the coming months.</p> <p>The committee felt it was important to highlight how vital the support from an admin function is. The committee also recognised the contributions and time given by the Quality Team and Corporate Governance Manager to carry out the review.</p> <p>NHSE C&M are undertaking an assurance visit with the CCGs on 25th May 2018. TF to extend an invite to the GP Clinical Quality Leads and Lay Member to attend.</p>	
	<p>Action: 18/54 TF to extend an invite to the NHSE assurance visit on the 25th May 2018 to GP Clinical Quality Leads and Lay member</p>	TF
18/55	<p>Independent Provider Failure Policy & Procedures</p> <p>The policy was presented which sets out procedures, roles and responsibilities for Sefton Metropolitan Council and the CCGs to work in a co-ordinated way to support the safe transfer of residents to an alternative placement following any closures of care homes.</p> <p>The committee approved the policy.</p>	

No	Item	Actions
18/56	<p>Go To Doc – Quality of Provision of Service</p> <p>The performance of the Out of Hours Alternative Primary Medical Services (GoToDoc) was raised by GBr following a visit to GoTo Doc premises in late 2017 and had been previously discussed at the SFCCG Finance and Resource Committee in February. The nature of the discussion was focussed on the quality of the Go To Doc service. The committee agreed that the Joint Quality Committee would be a more appropriate forum for continuation of discussions.</p> <p>BD, Head of Commissioning for SFCCG / SSCCG has taken over management of the contract and found the team to be open to challenge and have acted on concerns regarding staff comments. They are focusing on GP engagement and staff experience to try and draw out issues including those anecdotally fed back to the CCG. Shift patterns are being reviewed to attract more staff and ensure sessions are filled which will continue to be monitored. KPI's will be introduced from September 2018. Janet Spallen, Head of Urgent Care continues to develop close working relationships within the service.</p> <p>The Committee thanked GBr for reviewing the service in her own time and it was agreed to organise a joint quality and performance visit to the provider.</p>	
	<p>Action: BD and BP to arrange a visit to the Out of Hours service one evening or weekend</p>	BD/BP
18/57	<p>EPEG Key Issues Log</p> <p>GB relayed feedback from Sefton Carers Centre regarding the parent autism support group and the 6-18 Asperger's service waiting list of 18 months to 2 years. Also the disparity on speech and language services provided by South Sefton but not Southport and Ormskirk for patients with LD / autism.</p>	
	<p>Action: GB will confirm if feedback relates to waiting times to be assessed or for treatment. GB to forward feedback email to BP for clarity of issues raised</p> <p>Update 23/05/18 : The AHCH Neuro development pathway work has focussed on the diagnostic element of the whole pathway and a business case for uplift to the 18/19 contract has been proposed by AHCH. There is recognition that the whole system pathway will involve consideration of early help and post diagnostic help. There is an expectation that with extra investment diagnosis <for under 18s will be quicker and more accessible which should reduce the burden on the need for diagnosis 18years and over.</p>	GB
18/58	<p>Locality Updates.</p> <p>The paper provides an update of CCG Locality concerns raised by Constituent Practices and action as result. A Monthly update is provided by the locality leads which is then discussed at the Quality Team meeting and any key concerns are brought through to the Joint Quality Committee to discuss further. BP explained the process of review by Quality team members ensures only quality issues are brought to the committee and there were locality issues which went to different forums.</p>	

No	Item	Actions
18/59	<p>AOB</p> <p>BD - North West Ambulance Service – Performance report discussed and the Quality Team to ask NHSE C&M for any feedback about discussions that had taken place at the Lancashire QSG that the CCG may need to be made aware of. This will be added to CRR.</p>	
18/60	<p>Key Issues Log (issues identified from this meeting)</p> <p>SFCCG</p> <ul style="list-style-type: none"> • Mersey Care Mental Health KPI Deep Dive – The Trust has been requested to provide an update on progress for the April 2018 CQPG meeting • AUH Never Events – Update provided to the Quality Committee. • Kirkup Review LCH – Update provided to the Quality Committee. Quality Team requested this to be an agenda item at the May 2018 Governing Body Development Session to support lessons learnt • Go to Doc – Quality issues identified by Committee Lay Member. KPIs will be introduced from September and service continued to be monitored. Quality Team and Head of Commissioning to arrange another visit to the service • Developments i.e. Stoke Services – concerns to be discussed with CCG Chief Officer • Independent Provider Policy & Procedures – Approved by the Quality Committee • AUH QRPT (final) received by the committee. Decision made to hold a Single Item Quality Surveillance Group Meeting Chaired by NHSE C&M DCO on 30 April 2018. • SI Process – Internal Deep Dive and data cleanse review carried out with the support of NHSE • LeDeR systems and procedures now included in the NHS Contract. KPIs linked to this for CCGs. Quality Team to present a briefing paper at the next Committee • NWS - Performance report discussed. Quality Team to ask NHSE C&M for feedback on discussions that had taken place at the Lancashire QSG that the CCG may need to be made aware of 	

No	Item	Actions
18/60	<p>Key Issues Log (issues identified from this meeting)</p> <p>SSCCG:</p> <ul style="list-style-type: none"> • Mersey Care Mental Health KPI Deep Dive – The Trust has been requested to provide an update on progress for the April 2018 CQPG meeting • AUH Never Events – Update provided to the Quality Committee. • Kirkup Review LCH – Update provided to the Quality Committee. Quality Team requested this to be an agenda item at the May 2018 Governing Body Development Session to support lessons learnt • Independent Provider Policy & Procedures – Approved by the Quality Committee • AUH QRPT (final) received by the committee. Decision made to hold a Single Item Quality Surveillance Group Meeting Chaired by NHSE C&M DCO on 30 April 2018. • SI Process – Internal Deep Dive and data cleanse review carried out with the support of NHSE • LeDeR systems and procedures now included in the NHS Contract. KPIs linked to this for CCGs. Quality Team to present a briefing paper at the next Committee • NWAS - Performance report discussed. Quality Team to ask NHSE C&M for feedback on discussions that had taken place at the Lancashire QSG that the CCG may need to be made aware of. 	
18/61	<p>Date of Next Meeting and notice of apologies</p> <p>Date: Thursday 31st May 2018 Time: 0900hrs-1200hrs Venue: The Marshside Surgery, 117 Fylde Road, Southport PR9 9XP</p>	

SS NHSE Joint Commissioning Committee Minutes – Part I

Date: Thursday 8th March, 11.00am – 11.45am
Venue: Merton House, Stanley Road, Bootle, L20 3DL

Members		
Graham Bayliss	SS CCG Lay Member (Chair)	GB
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	JL
Dr Craig Gillespie	SS CCG Clinical Vice Chair	CG
Attendees:		
Pippa Rose	SSCCG Quality	PR
Angela Price	Primary Care Programme Lead	AP
Carla Sutton	Senior contracts Manager NHSE (Standing in for Alan Cummings)	CS
Sharon Howard	Programme Manager General Practice Forward View	SH
Minutes		
Jane Elliott	SSCCG	JE

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

Name	Membership	Dec 17	Jan 18	Feb 18	Mar 18
Members:					
Graham Bayliss	SS CCG Lay Member (Chair)	✓	X	✓	
Graham Morris	SS CCG Lay Member (Vice Chair)		X		
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	✓	X	✓	
Dr Craig Gillespie	SS CCG Clinical Vice Chair	✓	X	✓	
Susanne Lynch	S&F CCG Head of Medicines Management	A	X	N	
Brendan Prescott	Deputy Chief Nurse and Quality Officer	A	X	N	
Alan Cummings	NHSE Senior Commissioning Manager	✓	X	A	
Attendees:					
Sharon Howard	Programme Manager General Practice Forward View	✓	X	✓	
Angela Price	Primary Care Programme Lead	A	X	✓	
Maureen Kelly	Healthwatch Sefton	✓	X	A	
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	X	N	
Joe Chattin	Sefton LMC	N	X	N	
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	✓	X	A	
Jan Hughes	NHSE Assistant Contract Manager	A	x	A	

No	Item	Action
SSNHSE18/15	<p>Apologies for absence Apologies were received as noted above.</p>	
SSNHSE18/16	<p>Declarations of interest regarding agenda items 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 South Sefton 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>CG declared that he is also a GP in South Sefton</p>	
SSNHSE18/17	<p>Minutes of the previous meeting The minutes of the previous meeting held on 14th December 2017 were agreed as an accurate record.</p>	
SSNHSE18/18	<p>Action points from the previous meeting The action tracker was discussed and updated.</p>	
SSNHSE18/19	<p>Report from Operational Group and Decisions made JL reported that the group had discussed</p> <ul style="list-style-type: none"> • Informal list closures <p>No decisions had been made.</p>	
SSNHSE18/20	<p>QNI/QNIS Voluntary Standards for General Practice Nursing Educating and Practice PR informed the group that she is currently working with Queens Nursing Institute to make practice nursing a credible career choice. They are looking at supporting student nurses to gain experience of general practice by means of work placements as these do not currently exist. This should improve problems currently being experienced in recruitment and retention of practice nurses.</p>	
SSNHSE18/21	<p>GPFV Operational Plan/ Primary Care Programme Report The report was discussed to include:</p> <ul style="list-style-type: none"> • <i>Resilience funding</i> – 2 Practices in Sefton were successful in their bid for translating call and recall letters into various languages. • <i>Training</i> – ongoing this started in November 2017. The same provider used by Liverpool CCG has been used. SH raised concerns regarding the outcomes of the training not being as effective as initially thought 	

	<ul style="list-style-type: none"> • <i>International recruitment</i> – SH gave an update on NHSE position <ul style="list-style-type: none"> ➢ Bid has been approved ➢ 6month turn around for candidate from recruitment to placement will be employed by practice with reimbursement from NHSE ➢ 25 candidates will be chosen in the first wave, split into groups of 3-4 ➢ Template available to see if practice are ready for placement ➢ Taster weekend will be establish to showcase area and practices ➢ Expecting to have 4 interview panels – ➢ Not all practices will be able to take part in interview panel but <u>will</u> be involved in the selection of candidate • <i>Patient Partner & Envisage</i> – all practices are in receipt of their Envisage screens • <i>Express laptops</i> – a few GP's are now in receipt of a laptop and the feedback has been very positive • <i>ETTF</i> –. The bids are at PID stage, and there is currently no further progress to report with the bids. • <i>New consultations</i> - Ongoing • <i>Enhanced access to Primary Care</i> – a draft specification is being worked on by AP/KS/LT. This is almost ready to go out to open procurement. CG noted that South Sefton are including physiotherapists in their model. • <i>Pharmacy pilot</i> – still awaiting approval by National team • <i>LQC phase 3</i> – in the last month of the contract. Practices will be expected to take part in a validation process in June 2018. • <i>LQC Phase 4</i> – specification has now gone to panel. Awaiting financial information from NHSE • <i>Practice managers development</i> – expressions of interest for various training schemes have been received. GDPR training will be taking place in April • <i>Apex</i> – a demonstration will be given to managers. Initial assessment of the software shows this will be a useful tool. Practices have raised concerns regarding ongoing cost following the initial roll out. SH will look into this and feedback, she is keen for this to be rolled out quickly 	SH
SSNHSE18/22	<p>Primary Care Workshop</p> <p>Planning meeting organised regarding primary care blue print. Feedback will be given at next meeting.</p>	
SSNHSE18/23	<p>Delegation</p> <p>The next stage in the process would be to organise a vote from practices in support of a move to full delegation of commissioning of primary medical care services</p>	JL
SSNHSE18/24	<p>Key Issues Log</p> <p>The key issues report was discussed and updated. International recruitment will be added to the comment field</p>	
SSNHSE18/25	<p>Any Other Business</p> <p>None.</p>	
	<p>Date of Next Meeting: Thursday 19th April 2018 at 10:00am-11:00am, NHS South Sefton CCG, Room 3A Merton House, Stanley Road, Bootle L20 3DL</p>	

Meeting Concluded.

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)

HEALTHY LIVERPOOL PROGRAMME
HOSPITAL BASED SERVICES
COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 9TH FEBRUARY 2018

PRESENT:

Simon Bowers (SB)	Chair (in the Chair)	NHS Liverpool CCG
Jan Ledward (JLe)	Interim Chief Officer	NHS Liverpool CCG
Mark Bakewell (MB)	Acting Chief Finance Officer	NHS Liverpool CCG
Fiona Lemmens (FL)	Clinical Vice Chair	NHS Liverpool CCG
Chris Grant (CG)	Hospital Services Programme Director	NHS Liverpool CCG
Carole Hill (CH)	Healthy Liverpool Integrated Programme Director	NHS Liverpool CCG
Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG
Martin McDowell (MMcD)	Chief Finance Officer	NHS South Sefton CCG
Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Paula Jones	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Andy Mimmagh (AM)	Chair	NHS South Sefton CCG
Craig Gillespie (CG)	Acting Chair	NHS South Sefton CCG
Dyanne Aspinall (DAsp)	Interim Director of Adult Health & Social Care	Liverpool City Council
Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Andy Pryce (AP)	Chair	Knowsley CCG
Donal O'Donoghue (DOD)	Secondary Care Clinician	NHS Liverpool CCG

1.0	Welcome, Introductions and apologies:
1.1	Chair welcomed all to the meeting and introductions were made. The meeting was not quorate as there was no representative from NHS England Specialist Commissioning.
2.0	Declaration of Interest:
2.1	There were no declarations of interest made specific to the agenda.
3.0	Minutes & Actions of the previous meeting: 17TH NOVEMBER 2017
3.1	The minutes of the 17 th November 2017 meeting were agreed as an accurate record of the meeting.
3.2	<ul style="list-style-type: none"> • Action Points from item 4 Establishing a North Mersey Joint Committee: <ul style="list-style-type: none"> ➤ the Joint Committee Workshop had taken place in December 2017 ➤ JLe had written to the Chief Officer of West Lancashire CCG asking if the CCG wanted to be a voting member or not of the Joint Committee but had not yet received a response. It was understood that he had been on sick leave and was due to return. • Action Points from item 5 Orthopaedics Reconfiguration post consultation update: <ul style="list-style-type: none"> ➤ CH had sent the dates of the trust boards where the consultation results were going for approval, this item was also on the agenda for today.
4.0	Establishing a North Mersey Joint Committee – Feedback from Governing Bodies on Terms of Reference – Verbal – Jan Ledward
4.1	<ul style="list-style-type: none"> • JLe gave feedback from the Liverpool CCG Governing Body meeting in January 2018: <ul style="list-style-type: none"> ➤ There was nervousness about not having sight of the workplan listing the areas on which decisions were to be made and also about giving up statutory responsibility. ➤ Process needed to be clear – further engagement would take place in the CCG Governing Body.

- GM gave feedback from the South Sefton CCG Governing Body:
 - Very similar concerns – required to see a specific workplan.
 - The wider members Group was meeting the following week to discuss.
- MMcD gave feedback from Southport & Formby CCG:
 - Need to retain local decision making.
 - Rationale for 12 votes needed to be re-considered – to ensure that no one CCG could overrule another. Quorum needed to be strengthened (did all 12 votes need to be cast?).
- DJ gave feedback from Knowsley CCG:
 - Clinical Membership would make the decision at Knowsley CCG – they had already agreed the Mid Mersey Terms of Reference.

Other issues highlighted:

- Members needed to think strategically not locally – complete mind-set change (SB).
- Healthwatch membership – one member representing on a strategic level.
- Governance needs to be right to enable the right decision making (FT).
- Content of workplan was discussed at length: what to include? Orthopaedic reconfiguration? Southport & Ormskirk Hospital decisions would need to be taken which would impact on the Royal and Aintree (maternity services at Ormskirk were used by Kirkby patients). When should West Lancashire CCG be involved – member or just brought in when appropriate? Would the workplan include areas where their population was affected?
- Should Southport & Formby CCG have their own joint committee with West Lancashire CCG? (JLe).
- FL felt that 6.1 of the Terms of Reference was superfluous .
- JLe advised that STP wide decisions would require the establishment of a Cheshire & Mersey Joint Committee.
- DJ asked if a North Mersey Forum or informal meetings of the joint committee were required as discussion at the Joint Committee would be in public and its decisions were legally binding.

Action Points:

- **Workplan to be included in Terms of Reference –**

	<p>Orthopaedics, women's & children, hospital services, urgent & emergency care & cardiology. Items not in the workplan but required later could be approved for inclusion by the 4 Governing Bodies.</p> <ul style="list-style-type: none"> • To be approved by the four constituent CCG Governing Bodies in May/June 2018 with a real life case study as an example. To come to the Committees in Common meeting in April 2018 for recommendation to the constituent CCGs' May 2018 round of Governing Bodies/Membership meeting as appropriate for approval. • FT to speak to Mike Maguire, Chief Officer at West Lancashire CCG. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the verbal update and comments – Final Terms of Reference/Workplan to be approved by the Governing Bodies/Membership as appropriate of the 4 member CCGs by June 2018 after coming to CIC for recommendation to GBs at the April 2018 CIC meeting.
5.0	<p>Orthopaedics Reconfiguration – post consultation update – Report No: CIC 01-18 –Carole Hill</p> <p>5.1</p> <ul style="list-style-type: none"> • Consultation findings report now published (attached). • Final Business Case deferred to April 2018 (from Feb 2018) for consideration by the Boards of Aintree and Royal. • The merger was due to take place April 2019. Progress could be made on some of the pathways which did not constitute major service reconfiguration. • Capital investment had been secured for the proposed changes. This was not dependent on proposed changes happening and work had already started. • Concerns were around South Sefton residents being disadvantaged with regards to travel were reflected in the trusts' mitigation plans. • Timetable was to have the Joint Committee established in May/June 2018 with the first decision to be considered by the new committee to be the Orthopaedic reconfiguration.

	<ul style="list-style-type: none"> • MMcD asked for CH to circulate the revised business case when available. <p>Action Points:</p> <ul style="list-style-type: none"> • CH to circulate revised financial business case when available. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Noted the findings and mitigation plan from the Public Consultation. ➤ Noted the next steps and milestones towards a final decision.
6.0	Update on Liverpool Women's Hospital Assurance Process - Verbal – Fiona Lemmens/Chris Grant
6.1	<ul style="list-style-type: none"> • NHS England required a stage 2 assurance process before going out to consultation. • More information on the finances was required. • Neonatal Intensive Care Unit ('ICU') improvement investment secured - £15m funding from NHS Improvement. • JLe felt it would be good to get take an update/presentation to the Liverpool Women's Hospital Board in March. • CH noted that the Joint OSCs were being kept up to date on progress. <p>Action Points:</p> <ul style="list-style-type: none"> • Presentation to LWH Board in March - CH. <p>The Committees in Common:</p> <ul style="list-style-type: none"> • Noted the verbal update.
7.0	Any Other Business
	None
8.0	Date of next meeting
	Friday 13 th April 2018, 12pm to 2pm Boardroom, Liverpool CCG.

HEALTHY LIVERPOOL PROGRAMME
HOSPITAL BASED SERVICES
COMMITTEE(S) IN COMMON
KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND
SOUTHPORT & FORMBY CCGS
BOARDROOM LIVERPOOL CCG
FRIDAY 13TH APRIL 2018

PRESENT:

Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG (Chairing meeting)
Jan Ledward (JLe)	Interim Chief Officer	NHS Liverpool CCG
Mark Bakewell (MB)	Acting Chief Finance Officer	NHS Liverpool CCG
Fiona Lemmens (FL)	Clinical Vice Chair	NHS Liverpool CCG
Carole Hill (CH)	Healthy Liverpool Integrated Programme Director	NHS Liverpool CCG
Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Martin McDowell (MMcD)	Chief Finance Officer	NHS South Sefton CCG
Andy Pryce (AP)	Chair	Knowsley CCG
Dyanne Aspinall (DAsp)	Interim Director of Adult Health & Social Care	Liverpool City Council
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England
Paula Jones	Committee Secretary/minute taker	NHS Liverpool CCG

APOLOGIES:

Andy Mimmagh (AM)	Chair	NHS South Sefton CCG
Simon Bowers (SB)	Chair (in the Chair)	NHS Liverpool CCG
Ian Davies (ID)	Chief Operating Officer	NHS Liverpool CCG
Ian Moncur (IM)		Sefton Council
Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Donal O'Donoghue (DOD)	Secondary Care Clinician	NHS Liverpool CCG

1.0	Welcome, Introductions and apologies:
1.1	Chair welcomed all to the meeting and introductions were made.
2.0	Declaration of Interest:
2.1	There were no declarations of interest made specific to the agenda.
3.0	Minutes & Actions of the previous meeting: 9th February 2018
3.1	<p>The minutes of the 17th November 2017 meeting were agreed as an accurate record of the meeting subject to the following amendments:</p> <ul style="list-style-type: none"> • MMcD was Chief Finance Officer not Director of Finance. • AP on behalf of DJ noted that page 3 feedback from Knowsley CCG on the Joint Committee Terms of Reference the second bullet about the eroding of clinical leadership was not a comment from DJ and should be removed. • AP on behalf of DJ noted that it was the Membership of Knowsley CCG who would approve the Terms of Reference not the Governing Body therefore the reference should be to the Governing Body/Membership meetings of the constituent CCGs as appropriate signing off on the Terms of Reference.
3.2	<ul style="list-style-type: none"> • Actions from item 4 Establishing a North Mersey Joint Committee – Feedback from Governing Bodies on Terms of Reference: <ul style="list-style-type: none"> ➤ GM noted that the Workplan was included in the Terms of Reference. The Terms of Reference would be approved the four constituent CCGs during Governing Body/Membership meetings through May/June 2018 as appropriate. ➤ FT updated that West Lancashire CCG had declined to be a member. Action: JLe asked for this to be confirmed in writing by West Lancashire CCG – FT to follow up. • Actions from item 5 Orthopaedics Reconfiguration: <ul style="list-style-type: none"> ➤ CH updated that she had not circulated the revised financial business case yet as it was still in development and would be shared in May, when it goes to the Boards of the Royal and Aintree Hospitals. Once approved by trust boards a proposed decision on the reconfiguration would be put to North Mersey

	<p>CCG Boards. Action:To be circulated when available - CH</p> <ul style="list-style-type: none"> • Actions from item 6 Update on Liverpool Women’s Hospital Assurance Process: <ul style="list-style-type: none"> ➤ CH updated that a presentation had been made to the private session of the Liverpool Women’s Hospital in March 2018 by JLe and SB. JLe added that LWH wanted assurance that the consultation would take place over the summer due to anxiety over safety issues and we had agreed to feedback to them after the Committee(s) in Common meeting today and the Governing Body/Memberships meetings. CH noted that we had received a letter from NHS England in February 2018 setting out the further information they required for assurance, which has been responded to with a summary setting out capital affordability and availability and re-stating the clinical case. . Action:JLe agreed to share correspondence if required. CH – once we are in a position to go to consultation we would consult with the joint North Mersey Overview & Scrutiny committee, which has been kept updated. (issue around the Sefton Overview & Scrutiny Committee which needed to defer to the full Council). Commissioners would need to confirm the proposal to consult on a single option or four options with a preferred option. Action:FT asked for a briefing on the chronology for the next meeting – CH to supply. Action: FT to speak to Margaret Carney at Sefton Council to brief her on progress and whether full council would receive the proposal
4.0	<p>Establishing a North Mersey Joint Committee of Clinical Commissioning Groups – Report No: CIC 02-18 – Carole Hill</p> <p>4.1</p> <ul style="list-style-type: none"> ➤ Draft Terms of Reference (‘TOR’) came to previous meeting and a workshop held at the end of 2017. All comments now reflected in TOR and legal advice from Hill Dickinson. ➤ Changes made were: <ul style="list-style-type: none"> • Workplan restricted to hospital reconfiguration • Decision making/quoracy: voting proposal 10/12 votes still but quoracy tidied up and more information about identification of deputies. • Five days’ notice required for extraordinary meeting.

- There was a discussion around the content of the workplan, it was agreed to remove Stroke Services (Cheshire & Mersey discussion with an element affecting North Mersey) as not yet a point for a decision to be required by the Joint Committee, Care for You and Cardiology. The Committee(s) in Common to maintain role as a recommender and a place for commissioner discussion. It will also recommend additions to the workplan as they arise, for approval by each CCG.. **Action: remove Stroke, Cardiology and Care for You from workplan – CH.**
- JLe felt “Adult Acute Single Service Proposals” was not specific enough. CH noted that this was on the Transition Steering Group for the RLH/Aintree merger, options appraisal was being commenced. FT felt this was a matter for the Committee(s) in Common rather than the Joint Committee at present. **Action: remove Acute Adult Single Service Proposals from workplan – CH.**
- **Action: Revised Joint Committee proposal, including the ToR and the proposed workplan to be considered by each CCG in May/June – CH**
- MB felt the membership section needed to be strengthened to make very clear that members were on the Joint Committee to represent the interests of the population as a whole, not restricted to their CCG population . **Action: Ensure clarity about this point in the proposal to CCGs. – CH.**
- GM referred to section 9.1 under quoracy – it was agreed to remove the need to have an executive Governing Body and a clinical Governing Body member. AP asked if decisions taken without a Lay Member would stand up to scrutiny. **Action: second sentence of 9.1 to be removed – CH.**
- MB/DAsp asked for it to specifically mentioned in the TOR that the public would not be invited to participate in discussion at the Joint Committee as that was the purpose of the consultation process. **Action: public role in joint committee meetings to be clearly articulated in TOR – CH.**
- It was taken as read that the Joint Committee would abide by NHS England regulatory processes.

	<ul style="list-style-type: none"> ➤ FT acknowledged the value of the contribution of Local Authority colleagues, so involvement in the Committees in Common is welcomed. FT to discuss with Ian Moncur. Action: FT to speak to IM about Local Authority involvement in the Committees in Common. ➤ JLe asked about input from NHS England – AB noted that Specialised Commissioning would need to convene their own joint committee and CH agreed to link with AB to articulate this in the proposal this. Action: CH to link with AB on role of NHS England Specialist Commissioning. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Reviewed the terms of reference ➤ Reviewed the work programme ➤ Made recommendations to North Mersey CCG Governing Bodies/Membership meeting as appropriate to establish a Joint Committee; to approve the terms of reference and work programme, subject to the alterations/clarifications requested.
5.0	<p>Acting as One – Shared Rightcare Priorities – Report No: CIC 03-18 – Fiona Taylor</p> <p>5.1</p> <ul style="list-style-type: none"> ➤ NHS Shared Planning Guidance required delivery of savings by tackling unwarranted variation through implementation the Right Care programme in every locality. ➤ North Mersey Rightcare Priority areas had been identified as: Respiratory, Gastro, Cardiovascular Disease and Musculoskeletal. The proposal is to collaborate on delivering Right Care improvement across the North mersey footprint. Suggestion was a bi-annual programme update via the Committee(s) and that Rightcare collaboration would report into the the North Mersey Chief Finance Officer meetings and the North mersey leadership Group. ➤ AP commented that DJ had been allocated a leadership role for one of the priority areas which needed to be clarified. Action: FT and JLe agreed to pick this up with DJ. ➤ MMcD commented that Trust merger was a long term solution and, variation needed to be tackled now. CH stressed the importance of collaboration but needed to align with Liverpool’s Operational

	<p>Delivery Plan.</p> <ul style="list-style-type: none"> ➤ GM noted that the flow chart of reporting on page 7 should refer to the Committee(s) in Common, not the Joint Committee, however it was agreed that reporting should be to the North Mersey Leadership Group, and was not either the Committee(s) in Common or the Joint Committee. <p>The Committees in Common:</p> <ul style="list-style-type: none"> ➤ Agreed joint priority areas ➤ Supported leads to develop detailed plans for implementation and delivery from 2018/19 onwards ➤ Added that feedback was to the North Mersey Leadership Group not the Committee(s) in Common or the Joint Committee.
7.0	<p>Any Other Business</p> <p>None</p>
7.0	<p>Date of next meeting</p> <p>Friday 8th June 2018, 12pm to 2pm Boardroom, Liverpool CCG. GM and DAsp gave apologies in advance. It was agreed to rotate the Chairing of the meeting and DJ from Knowsley would Chair, however given the location of the Accountable Officers' meeting it would still be held at Liverpool CCG.</p>



South Sefton
Clinical Commissioning Group



https://www.youtube.com/watch?time_continue=7&v=F-0kZ0HuZtk



Well Sefton





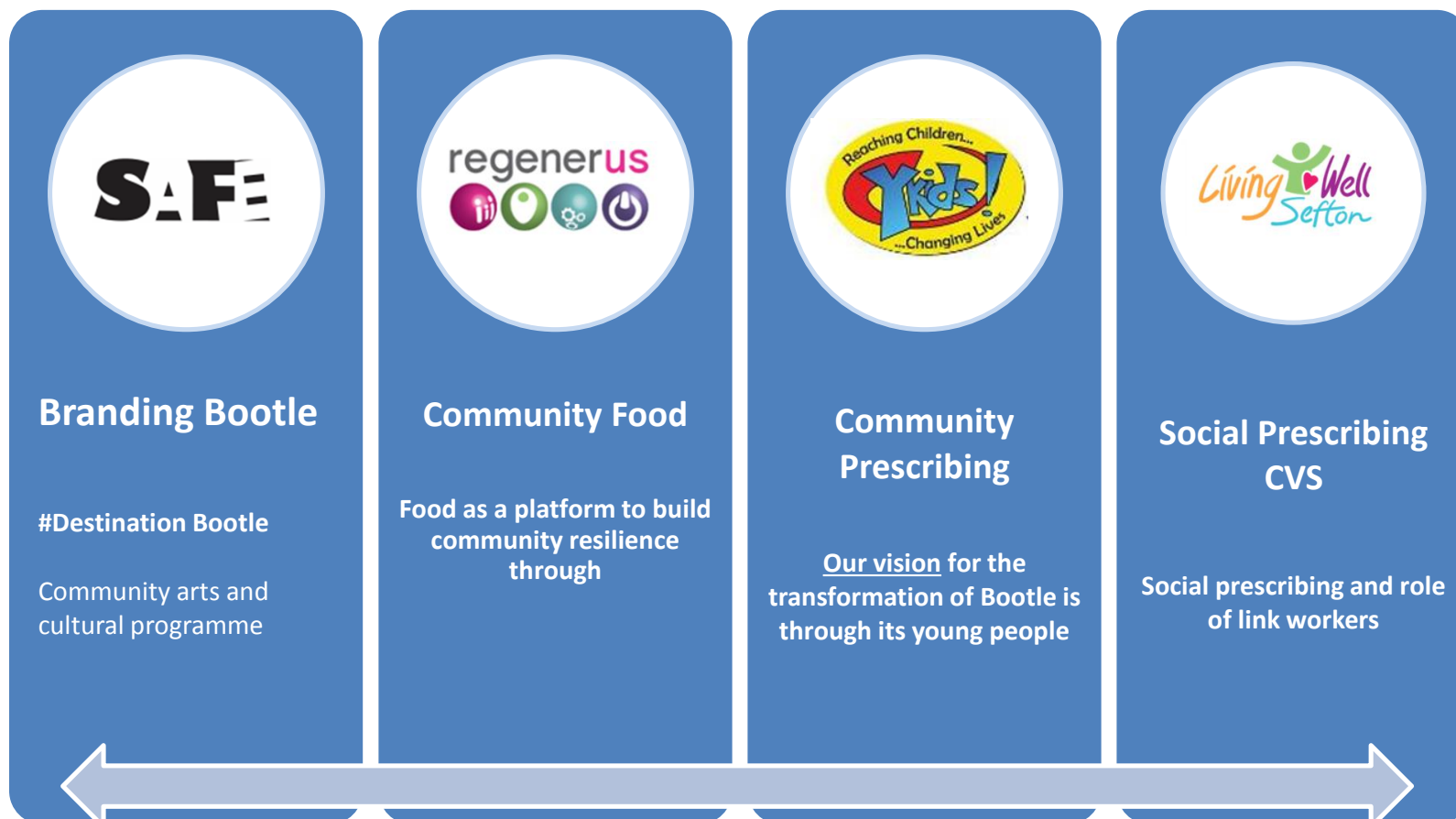
Mission:

Building a Brighter Bootle for Tomorrow

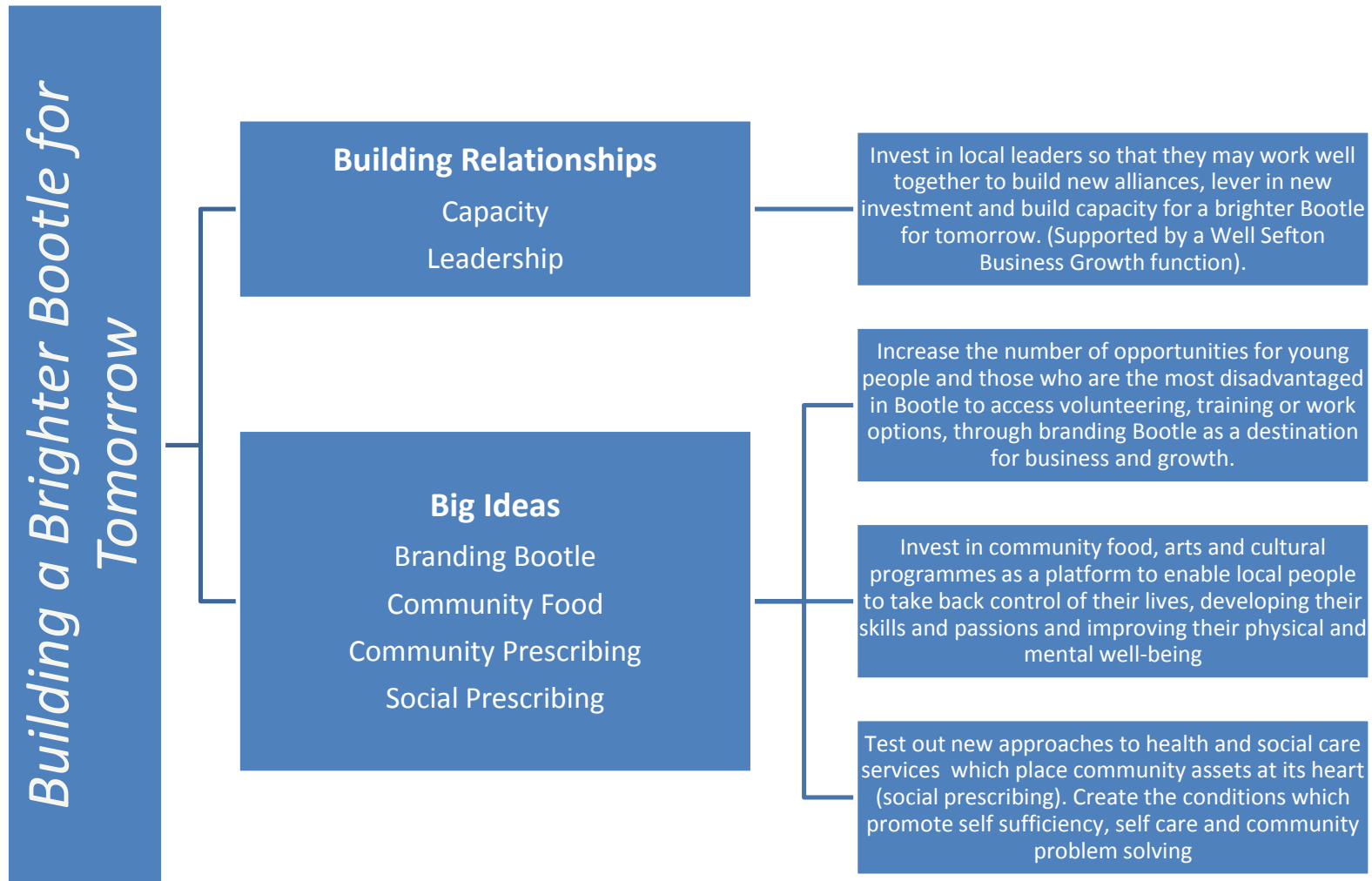
- **Bootle has great assets in terms of its place, its people and community** – we want to make the most of them.
- **We want to use the Well Sefton programme to springboard new opportunities and forge new connections** to maximise people’s ability to strengthen community cohesion and build social capacity.
- We want to **create opportunities for people to improve their life skills, education, employability and enterprise** – we see Well Sefton being a vehicle to support this through investment in our social entrepreneurs and wider partnerships to build capacity and growth
- **We want to be ambitious and bold.** We want to have a sustainable business plan in place by 2019; have trebled the number of partners co-opted to Well Sefton with at least a third of those being private sector, bringing resources and new investment with them.
- **We want to hear people’s stories of how Well Sefton has made a positive difference to their lives.**

Investing in our Social Entrepreneurs

(As community leaders and in their Big Ideas)

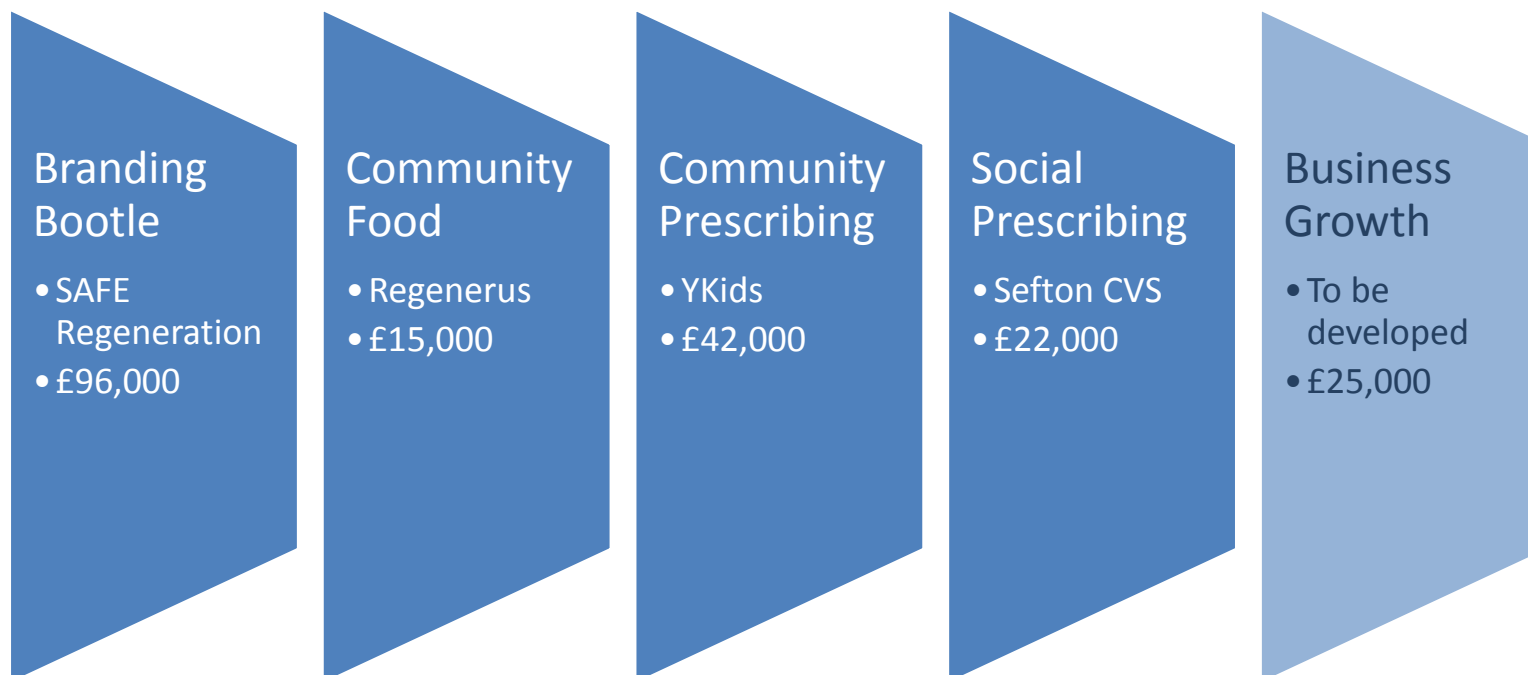


Investment Objectives



Tranche 1 funding

Funding from Well North £200,000



Well Sefton



<https://vimeo.com/243218946>



- **Creative engagement**
 - **Aim: Engage those hardest to reach groups in creative programmes**
 - People engaged in creative programmes (3,500)
- **Marketing and communications**
 - **Aim: Change the perception of Bootle**
 - Engagement of local people in short films, almost 50,000 social media views
- **DestinationBootle leadership**
 - **Aim: Realise the vision for people and place**
 - Six month paid training places for local young people (25)

Community Food

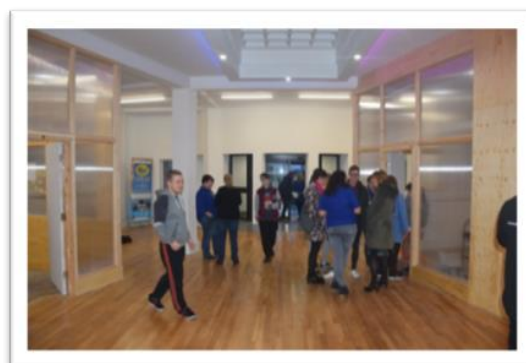


Community Food

- **Aim: Stronger links and collaboration between community groups**
 - Network meetings
- **Aim: Opportunities for gardening / food growing**
 - Three new sites identified
- **Aim: Reduction of isolation, promotion of independence and improvement of health and well-being**
 - 18 graduates of basic entry level horticultural qualification

Community Prescribing

Community Consultation in Ykids New Building



North Perk Apprenticeships





Progress

- **Aim: To see lives changed and children, young people and families in Bootle given the best life changes and opportunities**
- Support for 2 posts to deliver:
 - New jobs – employment secured
 - Volunteers / work placement opportunities – 14 volunteers, 7 ILM placements
 - Training – North Perk staff, Bee enterprise
 - Engagement of new strategic partners – Cargills, Rank Foundation
 - Development of new business projects – Magical bookshop / literacy project

Social Prescribing

- **Aim: To reduce multiple unhealthy behaviours through a living well mentor approach in primary care settings**
- Development of living well mentor (social prescribing) approach
 - recruitment and training of mentors
 - recruitment of practices (5)
- Deliver one-to-one support
- Deliver community based group support



Social Prescribing Impact



<https://www.youtube.com/watch?v=Zfi7efaCU5w&feature=youtu.be>

Tranche 2 funding

- Build on existing four programmes with additionality:
 - Increased scale
 - Additional partnerships with business / third sector
 - Sustainability
 - Increased match funding
 - Increased joint delivery of programmes across existing partners
 - Follow up on Well North offer of support

Tranche 2 funding

- Bring on line next investment proposals including:
 - Flying chef
 - Community Garden Open Days
 - Children’s Literacy festival
 - Magic Bookshop
 - Pay It Forward #WellSefton #PayItForwardSefton
 - Bootle Celebration Music Festival
 - Income Generation Support
 - Community Shop
 - Development of a Men’s Health Group
 - Management of Public Health ‘Workplace Wellbeing’ Grants



Communication & Engagement

- Well North Annual Report
- Well North website
- Social media - #WellSefton
- Videos and case studies



Building a Brighter Bootle for Tomorrow

#WellSefton



Integrated Prevention & Early Help for Communities

Delivering Differently – New Ways of Working

Together a stronger community

New ways of working for Public Services

Early Intervention & Prevention
Delivering Differently

Sefton
2030

New ways of working



So far

- Research
- Significant analysis of Sefton data
- Previous consultations
- Imagine Sefton 2030
- Vision Outcomes Framework
- Case for Change
- Strategic Narrative
- Scope of work
- Council Budget Paper – March 2017
- New Leadership & Management team
- Family Wellbeing Service

You said / we listened

Sefton 2030 Early Intervention & Prevention

You said

We listened



Sefton Council



Early Help and Prevention Engagement Journey

In previous consultations and during our Imagine Sefton 2030 exercise you said:

- We want to be able to access high quality, clear information so that we are well informed
- Your teams should work together more
- Things work better when there is a single point of contact
- We should protect the most vulnerable
- You want to help shape plans for the future and together we can build on the strength of our communities

This valuable feedback has helped us to develop our plans for change.

Based on what you have told us and to make the most of the resources we have, we have developed a draft New Ways of Working Model that will help to provide the right support at the right time in the right way.

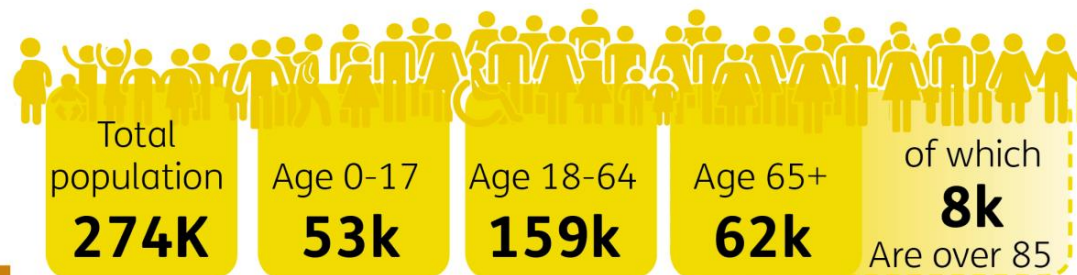
Why EIP?

Sefton
2030

Early Intervention
& Prevention

Why?

- What money we have needs to achieve the best outcomes for all our communities while continuing to protect the most vulnerable people in our communities
- Accessing public services can be confusing and sometimes overwhelming. Our customers can feel that we are not talking to each other and so make life harder for them.
- People have told us that they want to be able to access the right support at the right time and closer to home. This would make their lives so much better.
- So we have to change what we do and how we do it



Our communities have told us

- We want to have a say in designing the future.
- They want to be part of strong vibrant communities where people feel safe and are protected from harm.
- We believe that the change that we are planning will make accessing support and advice simpler and have better outcomes for our communities

With our partners we have pledged to

- Work together to explore new solutions with our communities to make a positive difference to people's lives and the environment
- Work together to explore innovative ways of working to enable community capacity to grow and strengthen
- Work together to promote and encourage independence

Making the Change Happen



The Most Vulnerable

Sefton 2030 **Early Intervention & Prevention**

The most vulnerable

Over 5,000 people receive support from Adult Social Care services	Looked After Children – currently over 400 children are formally looked after by the Council	Aiming High – over 1,400 children with disabilities are currently supported
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What we have done already

- Improved our understanding of local communities through engagement and intelligence
- Developed clear commissioning policies that promote and encourage health and wellbeing

What we are proposing to do

- To make sure that the most vulnerable children receive support
- Introduce new targeted approaches to fostering
- Change our commissioning arrangements for homeless services, substance mis-use domestic violence and mental health

What this might look like

- More children will live at home with family members
- New approaches to recruiting specialist foster carers
- More integrated experiences for families and individuals at times of need

Locality Working

Sefton
2030

Early Intervention
& Prevention

Locality working

We will work together so that everyone has access to excellent information and advice and also to improve access to digital technology

We will work together, share information and explore new solutions with our communities to make a positive difference to people's lives.

We will encourage people to be independent and have choice and control over their lives

We will put people at the heart of what we do and make every contact count

What we have done already

- Co-located some Council services
- Co-located some of our activity with partners
- Introduced personal budgets
- Improved on line access to information and advice

What we are proposing to change

- Bring together Council teams to provide more joined-up support for people and families
- Develop a campus model based on local need
- How we work with partners to support our community

What this might look like

- People will find it easier to access support
- Even more co-location of services and this means that some of our buildings may close and not all support will be building based
- Our teams will work differently and be supported by new technology
- Some of our staff will share offices and desks because they will be out and about working with customers

Together we are stronger

Sefton
2030

Early Intervention
& Prevention



Together we are stronger

Together we already

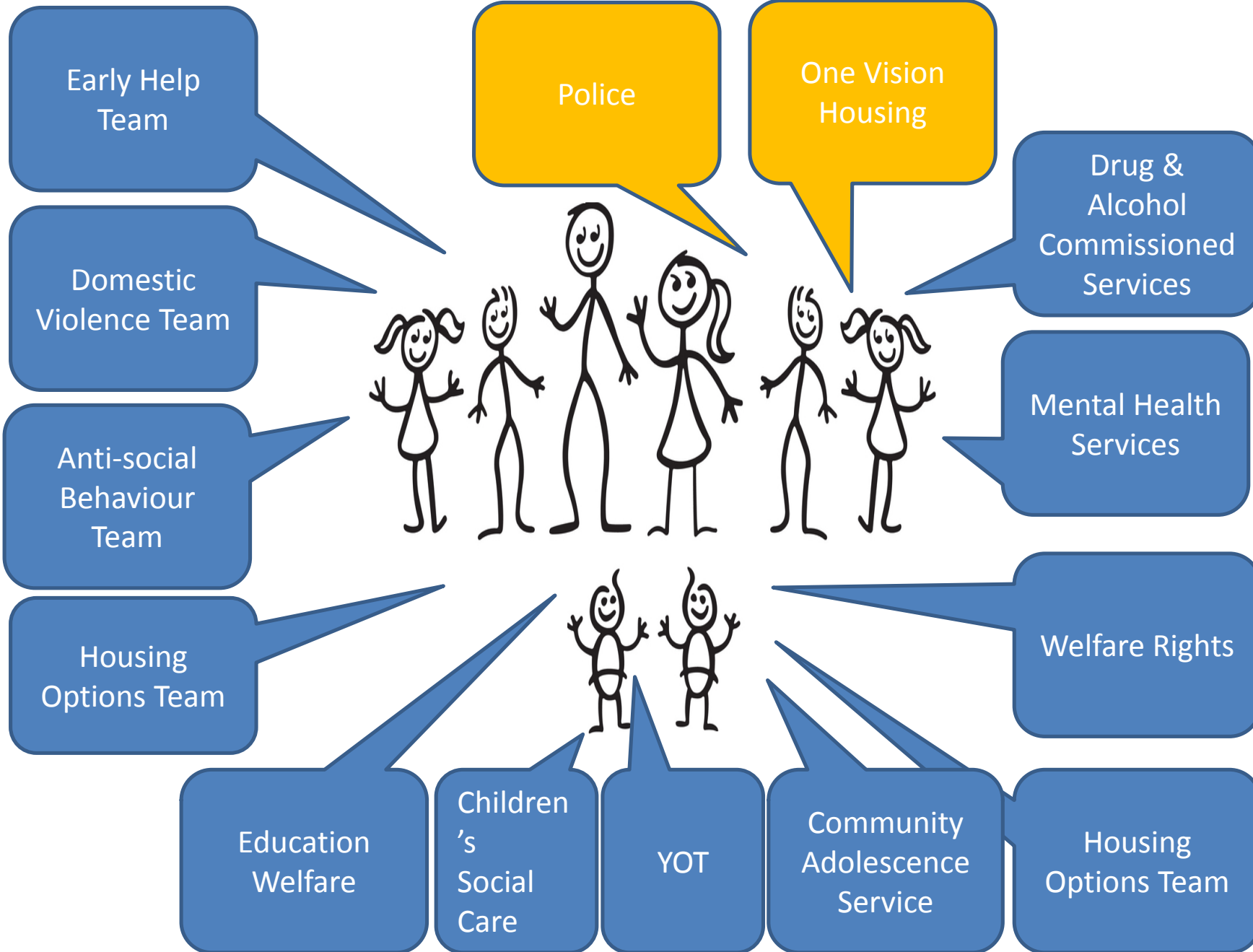
- Benefit from a vibrant community, faith and voluntary sector
- Work together to deliver the best possible outcomes for our community
- Offer training to our workforce to make every contact count

We will build on our success by

- Encouraging more people to volunteer
- Continuing the conversation with our communities about local need and ambition
- Encourage people to connect with and support others in the community
- Encourage people to make the most of the assets around them

What this might look like

- More people will enjoy taking an active part in community activity
- More people will be engaged with local decision makers
- Fewer people will feel lonely
- More people will be able to signpost others to activities that they will enjoy or access support from
- Fewer people will rely on public sector support
- Good access to high quality information





How to read this chart

This visual example aims to demonstrate how services available to Sefton residents are going to be offered in the future using a 'patch' area approach. Universal and targeted services will be offered from a different place, in a different way.

	Universal offer		Responsive targeted offer		
	Access, information & advice	Resilient people & places	Skilled & supported communities	Working together	Supporting the most vulnerable
What?	<ul style="list-style-type: none"> To provide access to good information and advice at an early stage To promote standards of practice around access to information To create and shape networks of support - 'to connect people' To support digital inclusion 	<ul style="list-style-type: none"> To ensure sufficient access to support Creating environments that are fun and free from stigma To influence the market place Co-designing solutions 	<ul style="list-style-type: none"> Triage Proactively understanding communities Early identification of needs - helping others to decide on action Signposting to the services that are easily accessible Connect people to support within their community Place shapers - participation - where people can connect, socialise, learn and develop To explore through conversation to 'assess need' and make judgement about how to help Screening (routine and interaction) and make judgement on what to do Stimulate activities in an area Understand what's needed and influence others to deliver in this space (volunteers) Co-designing solutions 	<ul style="list-style-type: none"> Sufficiency and quality of support for 0-5, 5-11s, Youth & Older People including those with disabilities Assertive intervention Develop plans for action with the family in conjunction with others, reducing risk or escalating appropriately Creating environments for professionals and communities to work together Actively connecting people Creating environments that are fun and free from stigma Support and help proportionate to need Supporting change Enabling families to manage and reduce risk 	<ul style="list-style-type: none"> To ensure there is sufficient high quality services based on needs across Sefton for the most vulnerable Develop person centred solutions Intervene to protect the most vulnerable, when we need to act to safeguard Identify and assess need holistically To co-ordinate across services and work with others to address challenges To act - delivery on evidence based approach (social care, therapy) To 'de-escalate' (how to do it themselves) Empower and enable Getting people to want to change Teach, educate, inform Keep all previous support robustly in place - connect - draw down specialist support to join up (create sustainability)
Example activities (in each offer)	<ul style="list-style-type: none"> Citizens Advice Bureau Pensioners' Advocacy Local History Groups Organisation Websites Strand by Me Carers Centre 	<ul style="list-style-type: none"> Youth & Community Centres Sports Clubs Foodbanks Volunteer Activities University of the Third Age Health Charities Business mentoring, 	<ul style="list-style-type: none"> Community Fire Prevention Jobseeking & Employment Policing /Crime stoppers Health Campaigns 	<ul style="list-style-type: none"> Counselling and therapy Support Probation services Social Housing Schools/Colleges/Further Education 	<ul style="list-style-type: none"> Addiction support services Fostering & adoption services Cancer support Supporting victims of Domestic Violence Emotional support

Supporting communities, aided by a vibrant voluntary sector and strong partnership working giving everyone the opportunity to live an independent and proactive life. Enabling our communities to be strong, knowledgeable and informed.

The Benefits of Multi-Agency Working

Benefits for service users

- Residents have improved access to support within their locality
- Customers will receive a more co-ordinated offer from integrated services
- Effective use of shared data can enable a more timely and tailored response
- Reduction in duplication of activity and resource
- Shared resources offer financial resilience

The Benefits of Multi-Agency Working

Benefits for staff:

- Enhanced workforce support and network
- Improved development and training
- Free up capacity as duplication is removed
- More creative and innovative solutions
- Ability to act and respond more quickly

The Benefits of Multi-Agency Working

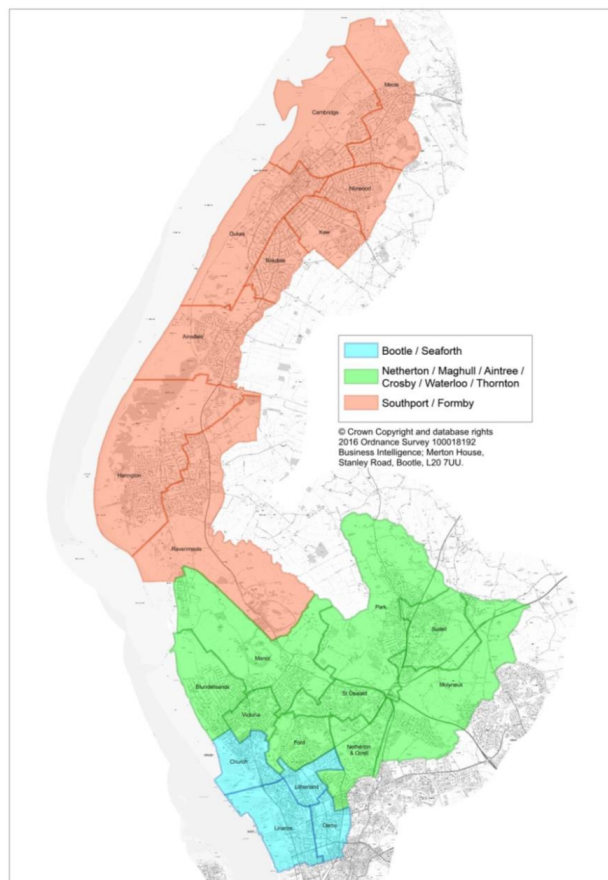
Benefits for organisations:

- Shared costs e.g. training, accommodation
- Richer and better data
- Reputational – improve customer service experience
- Shared resources
- Ambassador roles for one another
- Improved access to professional
- Better information

Services in Scope (SMBC)

The Atkinson	Libraries
Leisure Centres (excluding Crosby Lakeside)	Integrated Youth Service
Children's Centres	Well Young Person's Projects
Family Centres	Anti-Social Behaviour Team
Housing Options including homeless Prevention	Troubled Families including Family Intervention Practitioner's
Independent Domestic Violence Advocacy team	School Readiness
Education Welfare	Schools Regulatory Service
Common Assessment Framework	Welfare Rights
Children with Disabilities	Voluntary, Community and Faith & Equalities
Springbrook	Missing Education Team
Special Education Needs & Disabilities (SEND)	Gateway
Aiming High	

Three Localities



People are able to access support from	
North	Southport Town Hall Atkinson Southport Family Centre Linaker Children's Centre Dunes First Steps Children's Centre Formby Library Freshfield Children's Centre
Central	Netherton Activity Centre Meadows Aintree Community Centre Springwell Children's Centre Litherland Children's Centre Netherton Children & Family Centre Hudson Children Centre Thornton Children's Centre
South	Magdalen House Bootle Town Hall Bootle Leisure Centre Bootle Library Crosby Library Waterloo Children's Centre Seaforth Children's Centre & Family Centre Marie Clarke Family Centre Cambridge Children's Centre Crosby Lakeside

Sefton Community First Structure

Universal and Targeted

Team Managers (already recruited)

**Principal Early Help Workers
Senior Early Help Workers
Early Help Workers
Early Help Supervisor**

Community First Workers

Multiple and Complex

Team Managers (already recruited)

Senior Early Help Workers (stay as is)

Back Office - Admin and Business Support



Timelines

Monday 23rd July

Invitations to individuals to complete application forms and two week closing date for submission (3rd August)

Week beginning 6th August

Shortlisting, invitation to interview and interviews

Monday 13th August – 31st August

Interviews held and appointment decisions made

GO LIVE IN SEPTEMBER

- Review policies and procedures
- Rationalise IT systems
- **BUILD RELATIONSHIPS**

What is happening next?

- Sefton Community First Offer
- Agile Council workforce transformation underway
- Recruitment to frontline
- Implementation of Family Wellbeing
- Continue the conversation with partners re a more integrated approach

Questions

