

Governing Body Meeting in Public Agenda

Date: Thursday 6 September 2018, 13:00 hrs to 15:10 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
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Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
General					13:15hrs
GB18/134	Apologies & Welcome	Chair	Verbal	Receive	20 mins
GB18/135	Declarations of Interest	Chair	Verbal	Receive	
GB18/136	Minutes of previous meeting 5 July 2018	Chair	Report	Approve	
GB18/137	Action Points from previous meeting 5 July 2018	Chair	Report	Approve	
GB18/138	Business Update	Chair	Verbal	Receive	
GB18/139	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
Finance and Quality Performance					13:35hrs
GB18/140	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	45 mins
GB18/141	Integrated Performance Report	MMcD/DCF/ Becky Williams	Report	Receive	
GB18/142	Improvement and Assessment Framework Q4 2017/18	Becky Williams	Report	Receive	
Governance					14:20hrs
GB18/143	Annual Audit Letter	GM / MMcD	Report	Receive	35 mins
GB18/144	Joint Quality Committee Terms of Reference	DCF	Report	Approve	
GB18/145	Safeguarding Supervision Policy (v4)	DCF	Report	Approve	
GB18/146	Safeguarding Children Annual Report 2017/18	DCF	Report	Receive	
GB18/147	Children in Care Annual Report 2017/18	DCF / Helen Case	Report	Receive	
For Information					14:55hrs
GB18/148	Sefton Acute Sustainability Joint Committee Terms of Reference	FLT	Report	Receive	10 mins
GB18/149	Key Issues Reports: a) Finance & Resource Committee (F&R): May and June 2018 b) Quality Committee: May and June 2018 c) Audit Committee: April and May 2018 d) Joint Commissioning Committee PTI: June 2018	Chair	Report	Receive	
GB18/150	Approved Minutes: a) Finance & Resource Committee (F&R): May and June 2018 b) Joint Quality Committee: May and June 2018 c) Audit Committee: April and May 2018 d) Joint Commissioning Committee PTI: April 2018 e) CIC Realigning Hospital Based Care: None	Chair	Report	Receive	
Closing Business					15:05hrs
GB18/151	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
GB18/152	<p>Date of Next Meeting</p> <p>Thursday 1 November 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				15:10hrs

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 5th July 2018, 13:00 to 15:20 hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

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 Ricky Sinha	GP Clinical Director	RS
Dr John Wray	GP Clinical Director	JW

Co-opted Members (or deputy) in Attendance

Helen Armitage	Consultant in Public Health, Sefton MBC	CS
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In Attendance

Lyn Cooke	Head of Comms & Engagement	LC
Steve Gowland	Public Health Lead, Sefton MBC	
Charlotte Smith	Consultant in Public Health, Sefton MBC	
Andrea Watts	Head of Communities, Sefton MBC	

Member Apologies

Dr Andrew Mimmagh	Chair & GP Clinical Director	AM
Dwayne Johnson	Director of Social Services & Health, Sefton MBC (co-opted member)	DJ
Maureen Kelly	Chair, Healthwatch (co-opted Member)	MK
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

Quorum: Majority of voting members.

Name	Governing Body Membership	July 17	Sept 17	Nov 17	Feb 18	Mar 18	May 18	July 18
Dr Andrew Mimmagh	Chair & GP Clinical Director	✓	✓	✓	A	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 (co-opted member)	A	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member for Patient & Public	✓	✓	✓	✓	✓	✓	✓
Lin Bennett	Practice Manager	✓	✓	✓				
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	✓	✓	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	✓	✓	✓	✓	✓
Gina Halstead	GP Clinical Director				✓	✓	✓	✓

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

No	Item	Action
Questions from the Public	<p>1. Are there any bereavement counselling services available for Sefton residents. If yes, what are they? If no, how do people get the support they need?</p> <p>The Chair confirmed that there were counselling services available, dependant on the need, and could be accessed via a number of routes. If for a specific need then this would be available via that service. Other support was available via Access Sefton, voluntary sector organisations or GP or self-referral.</p> <p>2. What can be done to improve the wound care service so that people who don't qualify for district nurse service don't have to queue at walk-in centres for four plus hours, or be turned away when they need dressing changes regularly by a nurse. There is a current wait of 7+ days at Treatment Rooms.</p> <p>DCF offered to take the question back to the Commissioning Manager to investigate. Given the number of aspects to the question, the manager would need to liaise with Health Watch and PALS. The member of the public agreed that this was suitable.</p>	
Presentations	<p>The members and the public were informed that the governing body packs on the CCG website would be updated to include the presentations, following the meeting.</p> <p>NHS 70th Birthday Celebration</p> <p>A video was shown celebrating the work, commitment and achievements of the NHS and its staff through the years. https://www.youtube.com/watch?time_continue=7&v=F-0kZ0HuZtk</p> <p>The Chair and Chief Officer briefed the members and the public on the local events and activities taking place in recognition and celebration of the occasion, including the lighting up of iconic Liverpool buildings and landmarks in blue on Thursday 5th July 2018, and the Mersey Care Fun Day being held at Aintree Racecourse on Saturday 7th July 2018. Further NHS70 event information was available on https://ticksi.com/nhs70.</p> <p>The Chair and Chief Officer took the opportunity to thank all of those that work and support the NHS across all areas and sectors.</p> <p>Well Sefton</p>	

No	Item	Action
	<p>A presentation was given by Steve Gowland, Public Health Lead, on the Well Sefton programme being delivered across Sefton.</p> <p>Sefton was one of ten pathfinder locations across England delivering a programme originated and delivered with success in Bromley by Bow, London.</p> <p>The presentation took the members and the public through the programme and included that of the partners involved and the support provided by the CCG, the regeneration opportunities being looked at outside normal funding budgets in order to sustain the programme past the initial funding period, the successes delivered in tranche 1, the linking of the practices to the activities and the next steps in tranche 2.</p> <p>Further information was given via two films: https://vimeo.com/243218946 and https://www.youtube.com/watch?v=Zfi7efaCU5w&feature=youtu.be</p> <p>A discussion was had on why Bootle has been chosen, given that there were a number of other areas that could do with the same. SG explained that this had been the case not only because of the significant health inequalities in the area, but largely the community and voluntary work and support already established. An update was given on the discussion at the Southport & Formby CCG governing body meeting where Dr Tim Quinlan had offered his support. The members were also briefed on the presentation to the Bootle Locality meeting where the feedback had been positive.</p> <p>The members congratulated the project.</p> <p>Sefton Community First Offer</p> <p>Andrea Watts, Head of Communities, gave a presentation on Integrated Prevention & Early Help for Communities.</p> <p>The presentation looked at the new ways of working for public services and included the work undertaken in order to recognise what was needed, the work already done, the work being proposed and what this might look like.</p> <p>The work recognised the support already provided to families but how this might not be joined up across some areas and agencies for the youngest members of the family.</p> <p>The members supported the need to ensure collaborative working with all involved including the community, the CCG and the Clinical Leadership.</p>	
GB18/101	<p>Apologies & Welcome</p> <p>Apologies were given on behalf of Dr Andrew Mimmagh, Maureen Kelly, Dr Jeff Simmonds, Fiona Taylor and Dwayne Johnson.</p> <p>Charlotte Smith attended on behalf of Matthew Ashton and Helen Armitage.</p> <p>Graham Morris Chaired the meeting in his role as Deputy Chair and on behalf of the interim Chair Dr Craig Gillespie. GM confirmed the meeting as quorate.</p>	
GB18/102	<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Martin McDowell and Debbie Fagan. It was</p>	

No	Item	Action
	<p>noted that these interests did not constitute any material conflict of interest with items on the agenda.</p> <p>The GPs in attendance, CG, PC, GH, SS, RS and JW declared a potential prejudicial interest in the ETTF bid included in agenda item GB18/114 which is listed for approval.</p> <p>PC declared an interest in relation to his secondment position with Mersey Care.</p>	
GB18/103	<p>Minutes of Previous Meeting held on 3 May 2018</p> <p>The minutes of the meeting held 3 May 2018 were approved as an accurate record subject to the following amendments:</p> <p>Attendance sheet to be updated to reflect the attendances listed on the register.</p>	
GB18/104	<p>Action Points from Previous Meeting held on 3 May 2018</p> <p><u>GB18/77: Integrated Performance Report - Planned Care</u></p> <p>Further information had been included in the integrated performance report; item GB18/108, as a result of the analysis on long waiters.</p> <p><u>GB18/81: Establishing a North Mersey Joint Committee of Clinical Commissioning Groups and Terms of Reference</u></p> <p>MMcD confirmed FLT had presented the item to the Wider Constituent Group who had been updated on the governing body recommendations. The Wider Constituent Group voted in favour of the governing body recommendations and approved both the establishment of the Joint Committee and the delegated authority.</p>	<p>Complete</p> <p>Complete</p>
GB18/105	<p>Business Update</p> <p>GM confirmed that there was no further update to that already provided within the meeting reports.</p> <p>RESOLUTION: The governing body received the update.</p>	
GB18/106	<p>Chief Officer Report</p> <p>The Governing Body received the Chief Officer report. QIPP and financial 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 CCG received recognition on the improvements made on the diagnostic performance.</p> <p>An agreement has yet to be reached on progressing the new Royal Hospital build. A structural engineer's review is being carried out on the construction. This will help to understand the costs needed to complete the build and the likely timescales involved.</p> <p>The Medicines Management team were commended on the prestigious HSJ nomination received as a result of the work on the Sefton Repeat prescription ordering scheme (RPOS).</p> <p>Sefton Council for Voluntary Service (CVS) has been awarded the NHS 70 community partner of the year award following a vote by staff of South Sefton</p>	

No	Item	Action
	<p>and Southport & Formby CCG's.</p> <p>The members recognised the challenging financial target being faced by the CCG and the work being done to look at QIPP opportunities whilst ensuring quality and safety of services is maintained.</p> <p>An update was provided on the benefits of the Commissioning Capability Programme which had enabled the CCG to move forward on a number of key strategic issues. The CCG were now looking to do a bid to run a similar session for more senior managers and clinicians across the organisation.</p> <p>Funding has been successfully secured to progress development of the frailty pathway around Southport and Ormskirk Hospitals NHS Trust as part of the Sefton Transformation Programme. Work is now progressing to develop the pathway further.</p> <p>Reference was made to NHS Aintree University Hospitals (AUH) NHS Trust and the progress being made in the collection of evidence for each of the concerns raised, including recent requests for "never events" data. Further evidence is being collated on process management.</p> <p>MMcD highlighted an additional item for verbal update:</p> <p><u>Operational Plan</u> The CCG submitted its operational plan to NHSE in April 2018. The plan was developed in accordance with the planning guidance issued in February by NHSE/NHSI.</p> <p>The CCG is now in the process of developing this further so that there is a single, easily accessible Operational Plan for the CCG. This is consistent with feedback we have received from the NHSE assurance team. This will set out in a single document the CCG activity assumptions, the commissioning intentions, the QIPP plan and also provide narrative on how the CCG are responding to the requirements of the Five Year Forward View. Once finalised the Operational Plan will be shared with NHSE, widely circulated both internally and externally and copies shared with the governing body.</p> <p>Resolution: The governing body received the report.</p>	
GB18/107	<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> <p>MMcD presented the dashboards that showed the CCGs performance to date in respect of the QIPP plan and as at month 2. The opening plan required delivery of £5.384 efficiency savings, with an actual year to date saving at month 2 of £0.073m against a year to date plan of £0.310m. The members were asked to note that, at the time of publishing the report, the prescribing information was not fully available. A discussion was had on the need to ensure that the governing body received and was involved in the financial detail. This of which would be taken forward in future development sessions using a "check and challenge" approach.</p> <p>Resolution: The governing body received the report.</p>	
GB18/108	Integrated Performance Report	

No	Item	Action
	<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 45 to 48 and summary dashboard on page 38 of the meeting pack. The members were taken through the report with the following areas highlighted;</p> <p>Planned Care</p> <p>The members were updated on the changes made to the referral to treatment data on page 59 of the meeting report (item 3.3) which now included a year on year comparison, with referrals by source on page 56 of the report including the same as well as month on month.</p> <p>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.</p> <p>There has been no update on E-referral Utilisation rates from NHS Digital since February 2018. The CCG has queried the lack of information and is awaiting a response.</p> <p>Aintree Hospitals failed the 18 weeks from referral to treatment time. The significant challenge to achieve this target was highlighted. An update was given on the actions being put in place by Aintree Hospitals to combat this and included a theatre recovery plan.</p> <p>NHS England has set CCGs the new target of "total RTT incomplete pathways in March 2019 being no higher than in March 2018".</p> <p>Of the nine cancer metrics six are failing, particularly the two week measure as identified on page 64 of the report. The majority of delays are as a result of elective capacity issues, delay to diagnostic tests, outpatient capacity and complex diagnostic pathways. Aintree Hospitals have taken measures to address the capacity issues.</p> <p>A further update was given on the CCG failed target for 31 day (page 66) and 62 day (page 67). The measures continue to be monitored closely.</p> <p>Unplanned Care</p> <p>The CCG failed the two A&E performance targets, this being in line with local averages. Aintree Hospitals achieved the 4 hour for all types, as detailed in figure 34 of the meeting report, achieving 85.10% against the STP trajectory of 83%.</p> <p>The members were reminded of national Ambulance Response Programme implemented by NWS. The reporting figures were now being received. 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 time was 20 minutes against a target of 18 minutes.</p> <p>There had been an improvement in ambulance handovers between 30 and 60minutes and 60+ minutes for Aintree Hospitals as detailed on page 79 of the report. Although a significant improvement, this was still a breach of the zero tolerance thresholds.</p> <p>Reference was made to page 82 of the meeting report and the increased</p>	

No	Item	Action
	<p>number of measures for Out of Hours GP service which highlights areas of performance. The members were updated to the discussions at the Finance and Resource Committee where an evaluation of the Out of Hours service had been agreed and would involve the Joint Quality Committee.</p> <p>Mental Health</p> <p>The members discussed the month 1 performance for Improving Access to Psychological Therapies as detailed on page 100 of the meeting report and the year on year comparison, with two of the targets only just failing.</p> <p>The dementia diagnosis rate for the CCG in April 2018 is under the national ambition of 66.7% which is a further decline on the previous month. Following a deep dive meeting with NHSE in May 2018, a refreshed plan has been agreed which includes a local trajectory for the CCG.</p> <p>Recent communications with the NHS Digital team have revealed that the data tables relating to Improve Access to Children & Young People's Mental Health Services (CYPMH) have been removed from the publication. Discussions on the methods used to calculate these measures are on-going between NHS England and NHS Digital.</p> <p>Reference was made to the additional Child and Adolescent Mental Health Services (CAMHS) data in section 5.6 (pages 103 to 104) of the report which provided a starting point to understanding the pressures involved. The members discussed in relation to the number of referrals and the waiting times involved. DCF briefed on the discussions of the leadership team in relation to what more could be done from a CCG perspective and had recognised that more investment was needed to support the service and reduce waiting times.</p> <p>Finance</p> <p>MMcD reported on the month 2 year to date financial position, as detailed in section 2 of the report (page 49) of a £0.800m deficit, a deterioration against a planned deficit position of £0.400m.</p> <p>MMcD highlighted the main financial pressures from Continuing Health Care with both the cost of high cost cases and the number of high cost patients on the increase.</p> <p>On the risk adjusted position 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, with the worst case being a deficit of £4.275m.</p> <p>The CCG will continue to carry out check and challenge in order to ensure every opportunity for savings is considered.</p> <p>Quality</p> <p>An update was given on the CCGs serious incident process which remains on the CCG risk register with actions being taken to review the process and support mitigation. An improvement plan had been presented to the Joint Quality Committee and approved. Positive feedback had been received on the areas of improvement. A re-visit by NHSE to review the improvements is being planned for July 2018.</p> <p>DCF referred to the 4 incidents open on StEIS for Liverpool Women's Hospital and clarified that they were all in relation to patients needing treatment and a</p>	

No	Item	Action
	<p>follow-up smear. DCF briefed the members on the new national patient pathway for this and confirmed that of those 4 incidents, all had been provided with new smear appointments.</p> <p>Resolution: The governing body received the report.</p>	
GB18/109	<p>Joint QIPP and Finance Committee Terms of Reference</p> <p>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 members were referred to the changes as outlined in section 2, page 114 of the report and included broadening the scope of the committee and changes to the membership and chairing responsibilities.</p> <p>The members were informed that the Joint QIPP Committee and Leadership Team supported the proposed changes.</p> <p>The members noted the inclusion of specific financial recovery responsibilities, the requirement to report to the Finance and Resource Committee and reference to the Sefton Transformation Programme.</p> <p>The Chair and members agreed the broadening of its terms ensured a good vehicle to support the review of potential cost savings.</p> <p>Resolution:</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Approved the renaming of the committee to become the Joint QIPP and Financial Recovery Committee as recommended by the Joint QIPP Committee and Leadership Team • Approved the terms of reference as recommended by the Joint QIPP Committee and Leadership Team • Noted and approved the proposed changes to the Chairing arrangements of the committee as recommended by the Joint QIPP Committee and Leadership Team 	
GB18/110	<p>Safeguarding Children's and Adults at Risk Policy</p> <p>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 who had also confirmed that the policy was still fit for purpose.</p> <p>At the time of the meeting pack being published the launch of the revised Working Together guidance continued to be delayed. However the awaited guidance had now been published and would be worked through accordingly.</p> <p>Resolution: The governing body noted that the policy was being presented to them in relation to their statutory responsibilities and approved a further extension to the policy to enable review of the Working Together to Safeguard</p>	

No	Item	Action
	Children statutory guidance.	
GB18/111	<p>Audit Committee Annual Report 2017/18</p> <p>Following review by the Audit Committee in April 2018, the annual report was presented to the governing body in order to provide assurance that the necessary systems, processes and controls were in place to support the delivery of the CCGs objectives, responsibilities and duties. Specifically:</p> <ul style="list-style-type: none"> • an effective system of integrated governance, risk management and internal control remains in place to support the delivery of the CCG's objectives and that arrangements for discharging the CCG's statutory financial duties are 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 review objective; and • ISA260 Audit Highlights Memorandum has been reported to the May Audit Committee Meeting as part of the Annual Accounts approval process. <p>GM concluded, as Chair of the Audit Committee, that the CCG had received positive feedback from both internal and external audit, following review.</p> <p>The members considered it a full report and thanked GM, the Audit Committee, MMcD and the team for their work and commitment.</p> <p>Resolution: The governing body received the report.</p>	
GB18/112	<p>Audit Committee Terms of Reference</p> <p>The governing body were presented with an updated Audit Committee Terms of Reference following the review by the Audit Committee on 23rd April 2018.</p> <p>The members were highlighted to and noted the necessary changes as listed on page 140 and 141 of the meeting pack, specifically those relating to legislative changes and membership. MMcD confirmed that the context of the terms remained the same.</p> <p>Resolution: The governing body approved the updated terms of reference.</p>	
GB18/113	<p>Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map</p> <p>The members were presented with the reports as discussed at Audit Committee 24th May 2018 and following review by the Leadership Team. Members were asked to note that the documents were of a moment in time and were presented as per the assured process and format.</p> <p>GM and MMcD updated the members on the discussion at Audit Committee, specifically the submission of the report to accompany 2017/18 sign-off, the changes to the finance risks in relation to the end of 2017/18 close down and the new 2018/19 risks. Discussion was also had on the emerging transformation programme risks. The members recognised the need to invest in PMO, but to balance this against the financial implications.</p> <p>Judy Graves and Phil Rule were thanked for the work carried out on the documents, especially in the development of the Heat Map which helped to provide focus on the high risk areas.</p> <p>An update was provided on the next steps including the review to be carried out</p>	

No	Item	Action
	<p>on the risk identification, review and process for both the CRR and GBAF. Comments were requested from the governing body members on anything additional to be included. Further assurance and risk score review was requested for risk 17 on the heat map which related to pressure on primary medical care. It was considered that the scoring didn't fully reflect the risk. The members discussed the risks relating to the CCGs financial position and the savings to be made. Further discussion was had on how this might be best communicated externally so as to give the public and stakeholders an understanding of the CCGs challenging position.</p> <p>Resolution: Following review and scrutiny, the governing body were satisfied and approved the documents presented.</p>	
GB18/114	<p>Sefton Place Based Estates Strategy</p> <p>GM reminded the members and public of the prior declarations received from CG, PC, GH, SS, RS and JW. The Chair confirmed that the members could remain in the meeting given its public format, however refrain from involvement in the item.</p> <p>The governing body were reminded of the first estates strategy in November 2015. A reminder was also given on the further update to the strategy to reflect the partnership approach to developing the NHS Estate across Sefton, based on the 'place' footprint and submitted as a draft plan on 31st May 2018. The members were informed that the document presented included a small number of changes to that plan, the approach for which was outlined in section 2, page 168 of the meeting pack.</p> <p>Following review of the strategy the members were highlighted to the amendments in relation to the proposed trust mergers and the capital projects detail under consideration. Reference was made to the capital investments listed on page 183 of the meeting pack.</p> <p>The members discussed the Royal Liverpool and Aintree Hospitals merger and the relating opportunities.</p> <p>Resolution: The members GM, GB, DCF and MMcD approved the strategy; CG, PC, GH, SS, RS and JW refrained from involvement in the item.</p>	
GB18/115	<p>NHS Health Checks in Sefton</p> <p>Charlotte Smith (CS) presented a paper which provided the key findings of the NHS Health Check consultation and engagement process and an update on the programme in Sefton.</p> <p>CS referred to the background of the programme, its statutory function and the challenges encountered in relation to the delivery of the programme in Sefton, listed on page 198 of the meeting pack.</p> <p>CS highlighted the review undertaken on the policy, privacy notice and sharing arrangements in order to draft the information sharing agreement required as a result of the new GDPR regulations. Also highlighted was the review of the Standard Operating Procedures, carried out due to both the consultation and the prior discussion with governing body members on the need for the service to have a clear pathway for patients to be referred to their GP should the patient so need. Further discussion was had regarding patients that might not require treatment but might flag as potentially at risk. CS clarified that there was still a number of pathways that needed to be worked through and the LMC were assisting on this.</p>	

No	Item	Action
	<p>Information on the service was available via the local authority website or by searching 'Sefton NHS Health Check'. It was commented that the information needed to be able to be searched more easily, rather than using specific criteria that members of the public might not be aware of.</p> <p>Following discussion regarding the information previously shared with GPs, GH clarified that she had not received any information.</p> <p>GB raised concern in relation to the engagement process followed and the reduction of funding to £60K. Further concern was raised in relation to the impact to the staff employed by the service and to those needing to use the service. CS explained that some areas of the work had previously been carried out informally by other colleagues and, following review, had been recognised and was now being carried out on a formal basis. CS also updated the members on the low level of uptake of the service by residents within Sefton. A discussion was had on the highest risk residents being those not attending and how best to capture these. Confirmation was requested on whether the new service would be able to cope with 20% of the eligible population for the area.</p> <p>Resolution: The governing body received the report.</p>	CS
GB18/116	<p>Key Issues Reports:</p> <p>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</p> <p>Resolution: The governing body received the report.</p>	
GB18/117	<p>Approved Minutes:</p> <p>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</p> <p>Resolution: The governing body received the report.</p>	
GB18/118	<p>Any Other Business</p> <p>None.</p>	
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</p>	

No	Item	Action
	<p>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>	<p>15:20 hrs</p>

Draft

Governing Body Meeting in Public Action Points

Date: Thursday 5th July 2018

No	Item	Action
GB18/115	<p>NHS Health Checks in Sefton</p> <p>The members received an update on the NHS Health Check consultation and engagement process and programme developments.</p> <p>Following a discussion regarding the low uptake of the service within the Sefton area, CS was asked to clarify whether the new service would be able to cope with 20% of the eligible population for the area.</p>	CS

**MEETING OF THE GOVERNING BODY
SEPTEMBER 2018**

Agenda Item: 18/139	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456
Report date: September 2018	
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.	
<p>Recommendation</p> <p>The Governing Body is asked to:</p> <div style="float: right; text-align: right;"> Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/> </div> <p>a. To delegate authority to the Joint Quality Committee to approve the Management of Allegations Policy and Procedures (item 1). The Joint Quality Committee shall report progress by way of the key issues report to be submitted to the November meeting.</p> <p>b. To formally receive this report.</p>	

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

SEPTEMBER 2018

General

1. Management of Allegations Policy and Procedures

The above policy is due for review in September and is currently out to consultation with HR and the Designated Officer Local Authority. The consultation and updates are expected to conclude early September with the policy then being submitted to the Joint Quality Committee for review and recommendation for approval to the Governing Body.

The approvals of safeguarding arrangements are matters that are reserved to the Governing Body, which next meets in November. In order to prevent any delay in the approval, circulation and implementation of the policy the Governing Body is asked to delegate authority to approve the policy to the Joint Quality Committee.

Recommendation: *The Governing Body is asked to delegate authority to the Joint Quality Committee to approve the Management of Allegations Policy and Procedures. The Joint Quality Committee shall report progress by way of the key issues report to be submitted to the November meeting.*

2. Brexit no-deal scenario

The Chief Executive of the NHS Confederation wrote to CCG accountable officers on 21st August advising that technical guidance on how public bodies can prepare for a no-deal Brexit scenario. The first tranche of guidance is expected to be focussed on health and social care.

The Brexit Health Alliance, led by the NHS Confederation, has been working with the government and arm's-length bodies to ensure issues such as the supply of medicines and equipment, medical research and public health are addressed in this guidance. They have also provided feedback from a number of chief executives on key issues it will address.

The Alliance have also voiced concerns about what may happen in the absence of proper planning, and been clear that the guidance must provide clarity on NHS organisations' responsibilities and the support and coordination they can expect from the centre.

The alliance will be reviewing the guidance and issuing guidance to health and social care on next steps. In the meantime the Leadership Team will continue to assess and evaluate the likely impact for the CCG.

3. Bariatric service update

Following the transfer of this service from NHS England specialised commissioning the CCG has assumed a leadership role across Merseyside on behalf of the CCGs.

There has been an increased demand on the service provided by University Hospitals North Midlands (UHNM) and work is underway to understand activity, costs and performance.

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.

4. QIPP and Financial Recovery Update

The Financial Recovery Plan was submitted to NHS England on 27th July and has now been signed off by the NHS England local and regional offices. The Joint QIPP and Financial Recovery Committee (the “QIPP” committee) will have responsibility for overseeing delivery of the plan and for providing assurances to the governing body on the implementation of QIPP and other financial recovery schemes.

Delivery of the plan remains a challenge and significant risks are associated with delivery. We will be seeking to work with our Sefton Provider Alliance colleagues with a view to having a recovery programme that all stakeholders can support.

The CCG has also received NHS England funded support from Deloitte which has focussed on delivery of the Falls QIPP scheme and we are confident that we can now provide some real impetus to that programme of work. The support team will be on site until the end of September and the progress will be reported to and monitored by the QIPP committee.

The High Intensity Users pilot is now underway and activity reports will be reported to the QIPP committee. There will be a thorough post implementation review of the pilot and the findings will be shared with the Clinical Advisory Group and the QIPP committee.

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.

5. Sefton Health and Social Care Transformation Programme

During the last month KPMG and the NHS Transformation Unit have now completed their work that will underpin the development of the service change proposal. This is a positive step in the programme in achieving the milestone for public consultation in July 2019. There are risks emerging in relation to capacity in achieving tight timescales and work is underway to mitigate against these risks. The Governing Body will receive regular updates on progress.

6. Governance and Decision-Making Framework for Acute Sustainability

To ensure there is absolute clarity on governance and decision making with the acute sustainability programme a framework is being developed by the Sefton Transformation Board. The document will set out all the steps required to enable the progression of any service change proposals relevant to Southport and Ormskirk and describe when decision making will be required and by which statutory body. The framework is being developed in accordance with existing statutory decision-making responsibilities and will be shared with the Governing Body once this has been finalised.

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

7. 2017-18 Assurance Ratings

The 2017-2018 annual assurance ratings from NHS England, known as Improvement and Assessment Framework (IAF) ratings have included praise for NHS South Sefton Clinical

Commissioning Group (CCG)) for its innovative practice in caring for some of the most vulnerable in our community.

The CCG has again been graded as 'requires improvement' in the ratings, which provide a benchmark for CCGs, so they can compare themselves to others and assess where they need to focus. It also gives national and local regulators and partners an indication of where more support is needed.

Highlighting key areas of strength and good practice, the assessment stated that the CCG has been successful in the implementation of the Integrated Community Reablement and Assessment Service (ICRAS), which it is recognised will meet the needs of some of the CCG's most vulnerable patients.

8. Quality updates

8.1 Children's Commissioner – statutory information request

On 1st August 2018 the Children's Commissioner wrote to every CCG, Director of Children's Services and Director of Public Health with a statutory request for information about expenditure on mental health and speech and language services for children and young people. The Chief Nurse and Quality Officer and the team are in the process of co-ordinating the CCG's response which is due in by 14th September 2018.

8.2 Nursing visit to Sefton

On 23rd July 2018 the NHSE Director of Nursing / Deputy Chief Nursing Officer for England and the Director of Nursing NHSE North Region visited Sefton to meet the staff and observe the good work being undertaken within the community services that transacted from the former Liverpool Community Healthcare Trust to NHS Mersey Care. They also spent time with the CCGs' quality team to showcase the work we do as nurses working in commissioning along with the other staff members within the team.

8.3 Sefton Serious Case Reviews (SCR)

There are currently three serious case reviews being undertaken in Sefton:

- 1) SCR 1 – This report was been published on the Local Safeguarding Children's Board (LSCB) website at the end of July 2018. An action plan to deliver the recommendations will be monitored via the LSCB processes. A briefing has been circulated to all providers including those in general practice by the Named GP for Safeguarding Children.
- 2) SCR 2 – An independent author has been commissioned and terms of reference agreed. The timeline for completion is December 2018.
- 3) SCR 3 – The Chair of the LSCB has supported the recommendation made by the LSCB Practice Review Panel for a further Serious Case Review to be undertaken. This has been reported to the LSCB at the meeting held on 18th July 2018. An independent author has been commissioned and terms of reference agreed. The timeline for completion is six months as per the LSCB standard.

8.4 Care Quality Commission (CQC) review of services for Looked After Children (LAC) and Safeguarding

The CQC undertook a review of LAC and Safeguarding services across Sefton between 23rd July 2018 – 27th July 2018. The final report is currently awaited and once this has been received and signed off by the CCG will be subject to publication. The CCG Chief Officer will be chairing a "task and finish group" to oversee implementation of any recommendations arising from report. A letter has been sent to all Chief Executives of provider organisations,

the Local Authority and NHSE asking for representation from their respective organisations to be part of this group. Once received, the report will be presented through the CCGs and partnership governance arrangements.

8.5 Aintree University Hospital NHS Foundation Trust Single Item Quality Surveillance Group (AUH SIQSG)

A further AUH SIQSG has been scheduled for 1st October 2018 by NHSE C&M. The CCG Chief Officer will be Chairing the provider Clinical Performance & Quality Group (CQPG) for a 6 month period to support the assurance process. The Trust remains at an enhanced level of surveillance.

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

9. General practice 2018 Survey

I am delighted to report that 15 Sefton Rd has been identified in the top 10 surgeries in Merseyside from the recent GP survey 2018. Our congratulations go to Drs McElroy & Thompson and all the team. The full dataset is currently being analysed and the CCG will work to support the membership practices.

10. General practice delegated commissioning

The wider group discussed the proposal to apply for fully delegated commissioning of general practice primary care earlier in July 2018. The CCG Chair and Chief Officer wrote to practices asking them to confirm their support and confirmations have been received indicating substantial support to progress further. During Q2 the CCG has engaged with NHS England to agree the next steps to full application and to agree any transitional arrangements. Ongoing consultation and engagement will continue with the wider group throughout the entire process.

Delegated commissioning offers an opportunity for Clinical Commissioning Groups to assume full responsibility for commissioning general practice services. This will include contractual GP performance management, budget management and national Directed Enhanced Services (DES). It is important to note however that GP practice contracts still remain between the practice and NHS England and do not novate to the CCG as part of delegated commissioning.

Legally, NHS England retains the liability for the performance of primary care, as with the other models. NHS England will therefore require robust assurance that its statutory functions are being discharged effectively. The CCG retains its liability to improve the quality of general practice (which is part of its statutory obligations at all levels of commissioning). This model also allows the option to invest in primary care in ways that align to local priorities.

To date the CCG has worked closely with NHS England colleagues as part of joint commissioning and there have been positive levels of cooperation. Delegated commissioning would give greater control over decisions and enable the CCG to further align primary care to the emergent integrated care system in Sefton.

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

11. Urgent treatment centres

As part of the national integrated urgent & emergency care strategy CCG's are required to review the local provision of the likes of Walk in Centres and Minor Injuries Units and population needs, with the intention of developing Urgent Treatment Centres (UTCs) as part of the national strategy to deflect people other than those with emergency or life threatening conditions away from Type 1 AEDs.

Across the three CCGs (Knowsley, Liverpool and South Sefton) we have been working towards the NHSE final deadline of December 2019, with some of the local centres identified as part of earlier tranches of UTC development, set against the nationally mandated specification. The latter specification is challenging particularly in terms of staffing, interoperability and delivery.

Over the coming months the CCGs will be reviewing the non-emergency and life threatening demand of the Aintree hospital catchment area to consider options on how we can continue to best meet the needs of our local population. This will be an area of work that the North Mersey Joint Committee will oversee and provide updates to the CCG.

12. Primary Care Network (PCN) Bids

Bootle, Crosby and Maghull localities have been successful in bidding for funding from NHS England for network development funding. Each locality has designed its own scheme which will look to build stronger, more sustainable general practice across a network of practices.

Key to success will also be working collaboratively with other local healthcare providers, the voluntary, community and faith sector and patients to develop place based systems to connect and transform local services to improve the health and wellbeing of patients. The funding is for a two year period to enable this transformational work to take place.

Seaforth and Litherland locality did not apply for PCN funding but were successful in securing monies from the GP Fellowship funding.

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

13. Locality working

Work continues in the Sefton 'place' on the out of hospital model of care at locality level involving SMBC colleagues. The integrated commissioning agenda continues its development through the Making it Happen strategy. Further focus is being given to the Children's' agenda.

14. Recommendation

The Governing Body is asked to:

- a. **To delegate** authority to the Joint Quality Committee to approve the Management of Allegations Policy and Procedures. The Joint Quality Committee shall report progress by way of the key issues report to be submitted to the November meeting.
- b. To formally **receive** this report.

Fiona Taylor
Chief Officer
September 2018

MEETING OF THE GOVERNING BODY SEPTEMBER 2018

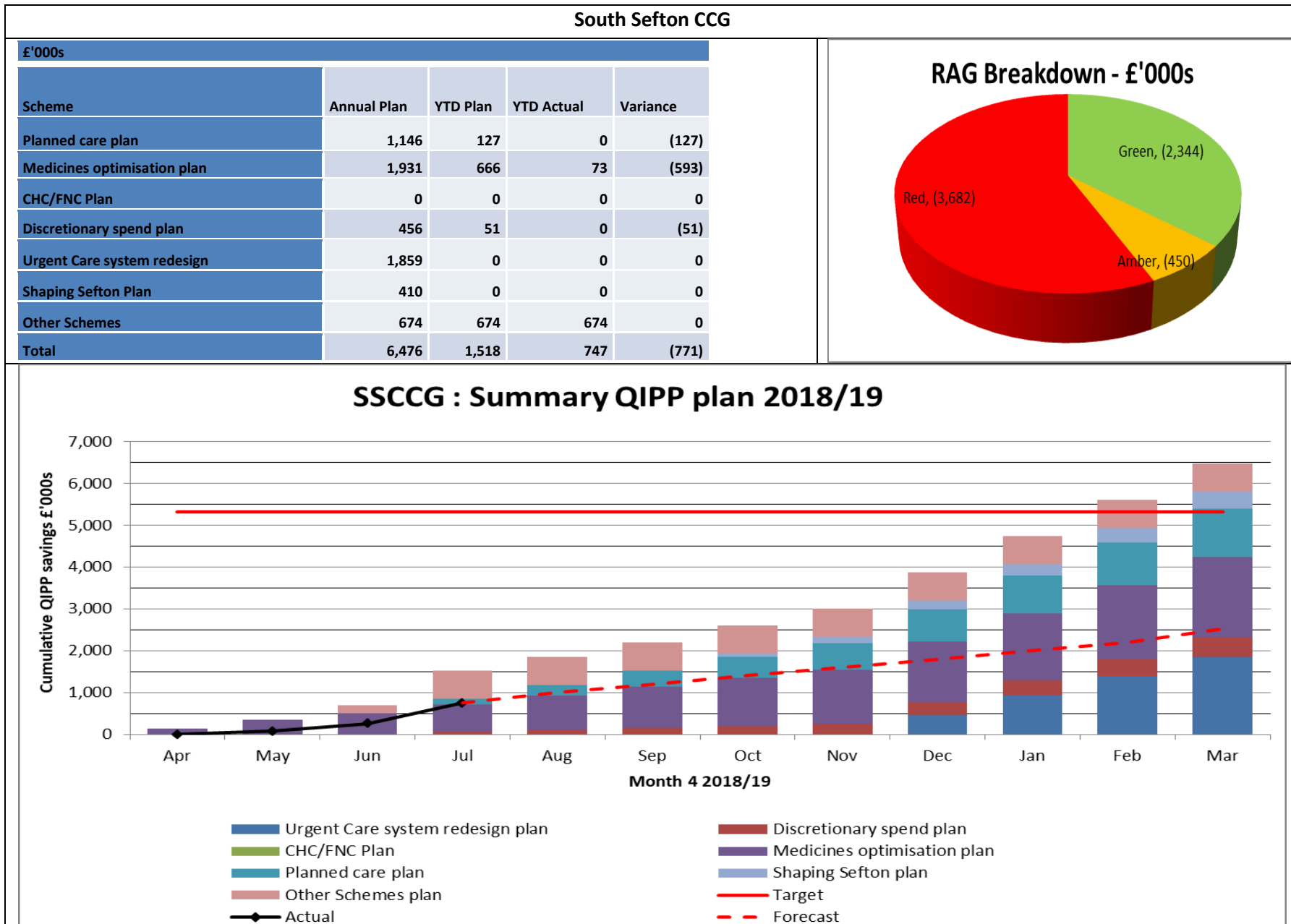
Agenda Item: 18/140	Author of the Paper: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk 0151 317 8454
Report date: August 2018	
Title: Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
Summary/Key Issues: The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee continue 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.	
	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.
	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.

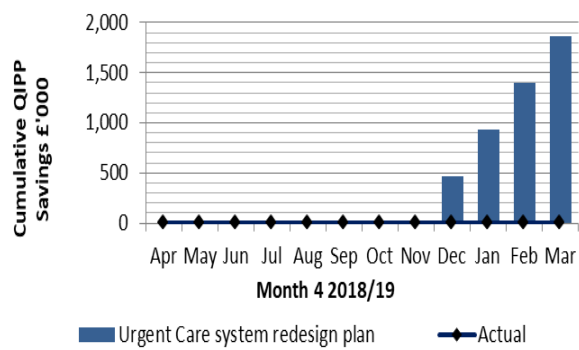
Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	Y			
Clinical Engagement	Y			
Equality Impact Assessment	Y			
Legal Advice Sought	Y			
Resource Implications Considered	Y			
Locality Engagement	Y			
Presented to other Committees	Y			

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

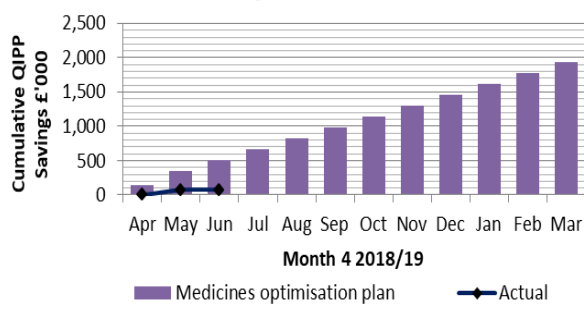
QIPP DASHBOARD – SUMMARY SOUTH SEFTON CCG AT MONTH 4



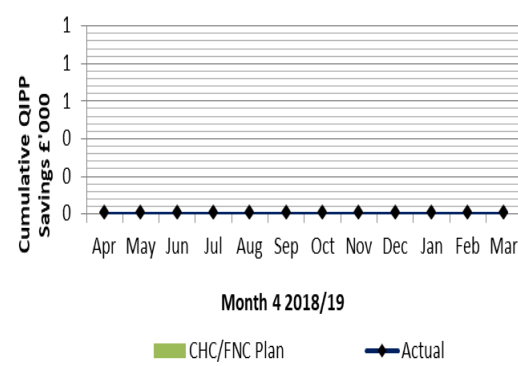
SSCCG : QIPP target - Urgent Care



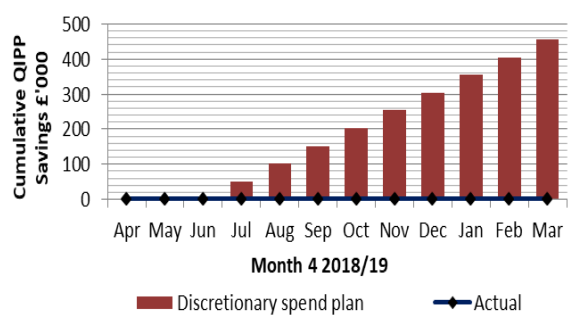
SSCCG : QIPP target - Medicines Optimisation



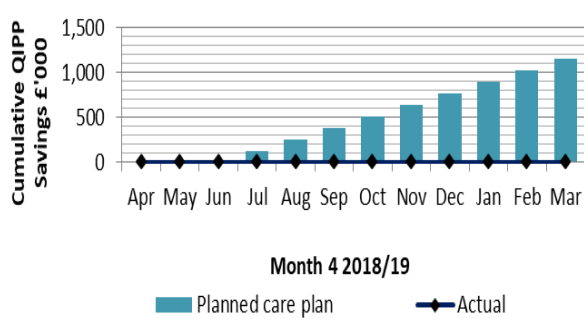
SSCCG : QIPP target - CHC/FNC



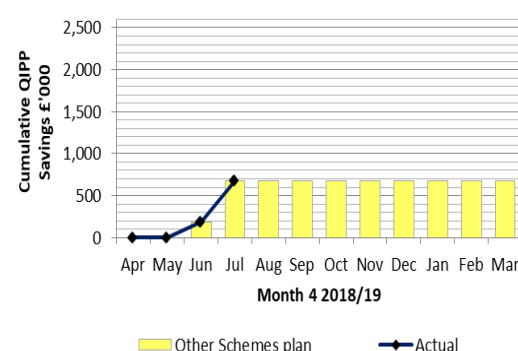
SSCCG : QIPP target - Discretionary Spend

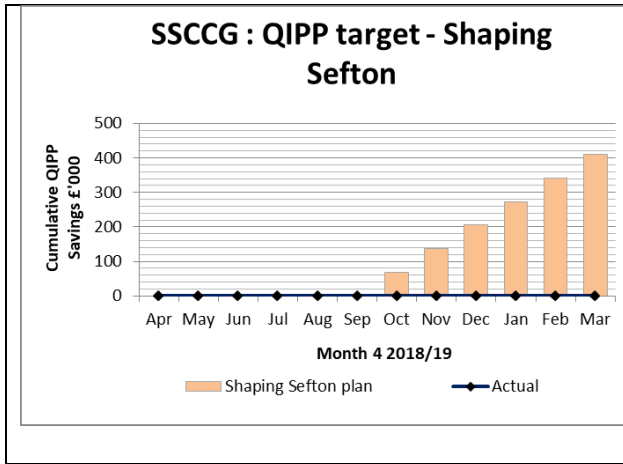


SSCCG : QIPP target - Planned Care



SSCCG : QIPP target - Other Schemes





MEETING OF THE GOVERNING BODY SEPTEMBER 2018

Agenda Item: 18/141	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes						
Report date: September 2018	Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 317 8468						
Title: 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.	<table style="border: none;"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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Approve	<input type="checkbox"/>						
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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 "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
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													YTD	
		Q1			Q2			Q3			Q4					
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
E-Referrals																
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R										R	
		Actual	32.129%	32.129%	47.013%											37.576%
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%
Diagnostics & Referral to Treatment (RTT)																
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R											
		Actual	2.733%	2.066%	2.254%											
		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%	
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	R											
		Actual	90.112%	90.458%	89.959%											
		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	R	R	R									R		
		Actual	3	3	10										16	
		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	G									G		
		Actual	0	0	0										0	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	

Metric	Reporting Level	2018-19														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Cancer Waiting Times																
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R	R	R										R	
		Actual	90.40%	90.41%	88.60%											89.81%
		Target	93.00 %	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	G	G										G	
		Actual	92.06 %	94.32%	96.05 %											94.273%
		Target	93.00 %	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	G	G										G	
		Actual	95%	100%	96.3%											97.196%
		Target	96.00 %	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R										G	
		Actual	100%	100%	84.3%											95.00%
		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%
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	R										G	
		Actual	100%	100%	96.30%											98.529 %
		Target	98.00 %	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G										G	
		Actual	96.429 %	100.%	100%											98.592 %
		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%

Metric	Reporting Level		2018-19												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
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	R										R	
		Actual	82.759%	83.784%	82.927%											83.178%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	No patients	R	R										R	
		Actual	-	66.667%	0%											50%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

Accident & Emergency

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R										R	
		Actual	86.602%	87.388%	88.326%											87.446%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G										G	
		Actual	-	-	-											
		Target	0	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	G	R	R										R	
		Actual	0	2	2											4
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	R	R										R	
		Actual	0	0.30	0.30											0.30
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

HCAI

497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner)	South Sefton CCG	RAG	G	G	G										G	
		YTD	0	0	0											-
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner)	South Sefton CCG	RAG	R	G	R										R	
		YTD	6	9	16											16
		Target	5	9	14	18	22	26	31	35	40	44	49	53	9	

Mental Health

138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G
		Actual	100%												
		Target	95.00%			95.00%			95.00%			95.00%			95.00%

Episode of Psychosis

2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G	G	G										G	
		Actual	80.00%	100.00%	57.143%											79.048%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

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	R												R
		Actual	48.773%												48.773%
		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	R												R
		Actual	3.66%												3.66%
		Target	4.20%		4.20%		4.20%		4.74%						
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	G												G
		Actual													
		Target	75.00%		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	G												G
		Actual													
		Target	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		
Dementia															
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R									R	
		Actual	62.022%	62.022%	63.442%										62.504%
		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%
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	G											G	
		Actual	100%											100%	
		Target	100%			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	G											G	
		Actual	100%											100%	
		Target	100%			100%		100%		100%		100%		100%	
Wheelchairs															
2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG													
		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 3 (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 July 2018.

The year to date financial position is a deficit of £0.600m, which is in line with the CCG's revised planned deficit at this stage.

As at 31st July, the full year forecast financial position is £1m surplus. This position is reliant on QIPP plans to be fully achieved. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial outturn position for the CCG assessed at 31st July 2018 is a deficit of £2.855m. This assumes that QIPP delivery during the year will be £2.569m. Further work is required to provide assurance that the required savings can be achieved in order to deliver the agreed financial plan, and that further savings can be implemented to address the shortfall in the plan.

Planned Care

GP referrals in 2018/19 to date are 4% down on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology.

The latest data (June) for E-referral Utilisation rates reported for the CCG as a whole is 47%; and did not achieve the 80% by end of Q2 2017/18. June has seen a marked increase from the previous month when 34% was reported.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in June reporting 2.25%, similar to last month when 2.07% was recorded. Aintree recorded 1.03% marginally failing, the Trust continues with their planned actions.

The CCG continues to report below the 92% target for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 90.00% for June. This is a slight decline in performance from 90.46% reported in May. Aintree also failed this standard for June recording 90.10%. The significant non-elective pressure experienced at the Trust circa November 2017 had greatly impacted on RTT performance from which the Trust has not yet fully recovered. Action plan in place.

In June, 10 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against a zero tolerance threshold. 6 cases at North Midlands, 3 at Liverpool Women's and 1 at Manchester University Hospital.

The CCG are failing 4 of the 9 cancer measures in month 3. The 2 week wait metrics for suspected cancer 93% target recorded 89.81% year to date. The 85% targets for consultant upgrades and

urgent GP referrals along with 62 day screening (90% target) also failed year to date (72.73%, 83.13% and 50% respectively).

Friends and Family inpatient response rates at Aintree are under target for June at 19.7%. The proportion of patients who would recommend the Trust has remained the same as last month at 92% and unfortunately is still below the England average of 96%. The proportion who would not recommend has also improved from 5% in May to 4% in June, but is still above the England average of 2%.

Performance at Month 3 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an over performance of £138k/1.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £107k/0.9%.

Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved June trajectory of 85.8% with a performance of 86.9% for all A&E department types.

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 June 2018, there were 1,880 contacts to the 111 service from South Sefton CCG patients, a similar number to June of the previous year.

There were fewer contacts to the GoToDoc out of hours GP service from South Sefton patients in month 3 of 2018/19 than in the previous year, 844 compared to 935. Overall in 2018/19 there have been 5.4% fewer contacts to the service.

Performance against the 90% stay standard was 51.35% for June 2018. There were 37 patients with a diagnosis of stroke who were discharged from the Trust during the month. All breaches of the standard are reviewed and reasons for underperformance identified.

The CCG has reported an MSA rate of 0.3, which equates to a total of 2 breaches in June, 1 breach at Aintree and 1 at Southport & Ormskirk NHS Trust. Aintree also failed the measure and reported an MSA rate of 0.1, which equates to a total of 1 breach in June, this is the first time Aintree have failed this measure in quite some time, last time being October 2016.

The CCG had 7 new cases of Clostridium Difficile reported in June (16 YTD) against a year to date plan of 14 (7 apportioned to acute trust and 9 apportioned to community).

Aintree had no new cases of MRSA in June but as they had a case in May they have failed the zero tolerance plan for 2018/19.

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 June there were 14 cases (37 YTD) against a

year to date plan of 32. Aintree reported 35 cases in June (91 YTD). There are no targets set for Trusts at present.

The average number of delays per day in Aintree hospital increased in June from 26 to 34. Of the 34, 13 were patient or family choice (38%), 10 were awaiting further NHS non-acute care (29%), 7 were awaiting care package in own home (21%) and 4 patient was awaiting completion of assessment (12%).

The percentage of people who would recommend Aintree's A&E is below the England average (87%) at 85%. The percentage not recommended is at 9% in June, the same as May but still above the England average of 7%.

Performance at Month 3 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £165k/1.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £84k/0.7%.

Mental Health

The CCG has a target to reduce OAP's by 33% based on quarter 4 2017/18 activity. In quarter 4 2017/18, 165 OAP's were reported, and therefore the target for 2018/19 is 111. The latest reporting period is March to May 2018 where 35 OAP days were reported. This is a 51.5% decrease from the previous reporting period when 80 were reported, and also achieving the target.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire & Wirral Partnership reported reported 292 patients entering treatment in Month 3, which is a slight increase from 283 reported in month 2. 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 latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in June of 63.4%, which is under the national dementia diagnosis ambition of 66.7% and the same percentage reported as last month. The current agreed date for recovery of the standard is 31st December 2018.

Community Health Services

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 community contract leads have had an initial meeting to discuss outcomes and recommendations. A further date has been arranged for the outcomes to be presented formally to CCG forum.

Better Care Fund

A quarter 1 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 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.

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

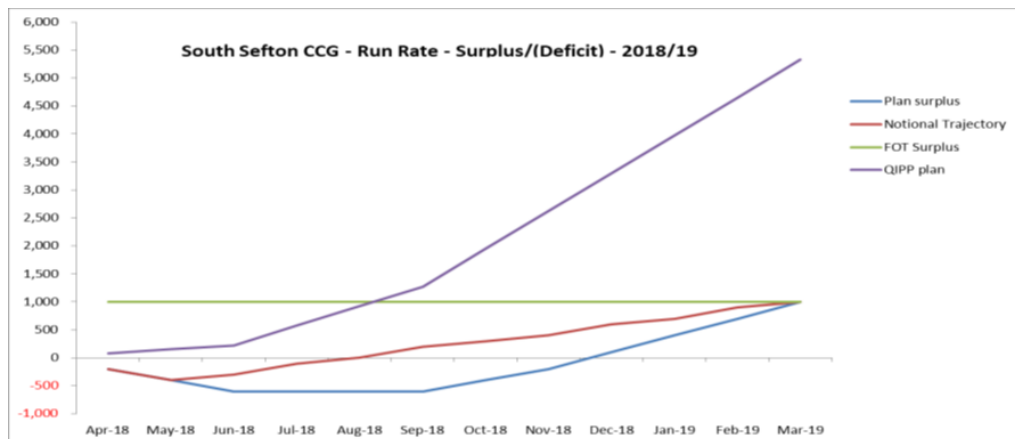
This report focuses on the financial performance for South Sefton CCG as at 31 July 2018.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Non NHS Commissioning	24,336	8,048	8,586	538	26,092	1,756
Corporate & Support Services: admin	3,211	1,051	1,028	(23)	3,182	(29)
Corporate & Support Services: programme	3,767	1,255	1,164	(92)	3,633	(134)
NHS Commissioned Services	181,122	63,066	63,280	215	182,202	1,080
Independent Sector	3,671	1,295	1,270	(25)	3,681	10
Primary Care	4,069	1,333	1,425	92	4,153	84
Prescribing	30,768	10,256	10,258	2	30,783	15
Total Operating budgets	250,944	86,303	87,010	707	253,726	2,782
Reserves	(4,501)	707	0	(707)	(7,283)	(2,782)
In Year (Surplus)/Deficit	1,000	(600)	0	600	0	(1,000)
Grand Total (Surplus)/ Deficit	247,443	86,410	87,010	600	246,443	(1,000)

The year to date financial position is a deficit of £0.600m, which is in line with the CCG's revised planned deficit at this stage. The planned delivery of the forecast year end position and QIPP delivery throughout the year is shown in figure 2 below:

Figure 2 – CCG Run Rate



The CCG will need to take action to improve financial performance over the remaining months of the financial year in line with the financial plan. To summarise:

- Q1 reported deficit position of £600k in line with plan
- Q2 plans to breakeven
- Q3 & Q4 plan to return to surplus position through delivery of mitigation strategies.

As at 31st July, the full year forecast financial position is £1m surplus. This position is reliant on QIPP plans to be fully achieved. It is important to recognise that significant risk exists in terms of delivering the plans in full.

The most likely financial outturn position for the CCG assessed at 31st July 2018 is a deficit of £2.855m. This assumes that QIPP delivery during the year will be £2.569m. Further work is required to provide assurance that the required savings can be achieved in order to deliver the agreed financial plan and that further savings can be implemented to address the shortfall in the plan.

The cumulative deficit brought forward from previous years is £2.892m which will reduce should the CCG deliver a surplus in 2018/19. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

The CCG's financial recovery plan was submitted to NHS England on 27 July 2018 and has now been agreed by NHS England. The financial recovery plan was developed in accordance with NHS England requirements and discusses progress made to date. The plan identifies that the most significant challenge facing the CCG in 2018/19 is the Acting as One agreement which does not enable any planned or unplanned care cash efficiencies to be easily released in year.

To secure delivery of financial balance the CCG will be aligning QIPP and other transformation programmes to that of acute sustainability and place based developments.

The risks and mitigations to delivery of the financial recovery plan were included in the document and were re-assessed. QIPP plans were reviewed through check and challenge sessions with commissioning leads in June and July and the risks associated with delivery have been refreshed.

The financial recovery plan acknowledges the CCG's continued commitment to maintaining current levels of service. However, realistically the CCG faces significant risk and some very difficult decisions in 2018-19.

The QIPP plan reflects the increasing confidence in the delivery of the medicines optimisation plan discussed at the Finance and Resource Committee in July 2018. The revised QIPP plan in the financial recovery plan included further stretch targets (including medicines optimisation/Right care opportunities). This will be presented to the next QIPP and Financial Recovery Committee meeting and an update will be provided to the Finance and Resource Committee in September 2018.

Regarding the year to date financial position, cost pressures have emerged in the first four 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. This equates to a full year cost pressures of £2.381m.
- Increased cost of £0.400m within Lancashire Care NHS Trust relating to continence products.
- Cost pressures of £0.217m within St Helens NHS Trust relating to over performance in elective activity within plastics and trauma and orthopaedics.
- Increased costs of £0.198m within AQP audiology contract with Spec Savers.

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

Achievement of the agreed financial plan requires full commitment from CCG membership and CCG officers to ensure planned QIPP savings are achieved and to agree mitigation plans to address areas of risk.

The CCG's financial position has reached a critical point in terms of delivering the financial plan for 2018-19.

Early pressures in the first four months of the year have been evident and alongside non-delivery of QIPP plans, this will mean that the CCG will need to take further action in terms of finding ways of reducing the cost of services to meet its plan for the year.

This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and as such, issues need to be addressed with this in mind.

A revised savings plan which gives the governing body assurance regarding delivery of the savings target has been established and it is vital that this is implemented, otherwise the CCG risks not delivering its financial plan, for the year.

2.2 Finance Key Performance Indicators

Figure 3 – Financial Dashboard

Key Performance Indicator		This Month
Business Rules	1% Surplus	✗
	0.5% Contingency	✓
0.4% Surplus (£1m)	Financial Plan	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£0.747m
Running Costs	CCG running costs < 2018/19 allocation	✓
BPPC	NHS - Value YTD > 95%	99.94%
	NHS - Volume YTD > 95%	99.46%

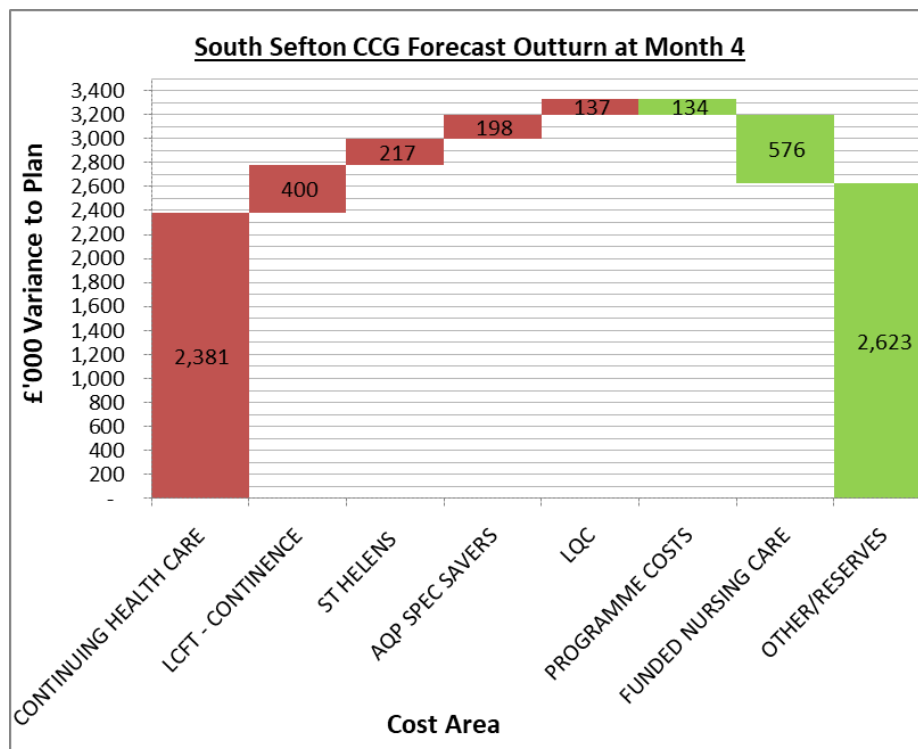
Key Performance Indicator		This Month
	Non NHS - Value YTD > 95%	97.52%
	Non NHS - Volume YTD > 95%	94.83%

- NHS England business rules routinely require CCGs to deliver a 1% surplus. The CCG has been set a financial control total by NHS England to deliver a £1m surplus, which is a 0.4% surplus.
- 0.5% Contingency Reserve of £1.239m 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 assessed at 31st July 2018 for the financial year is a deficit of £2.855m.
- The QIPP target for 2018-19 is £5.329m. Delivery is £0.747m to date which is £0.771m below planned delivery at month 4.
- The forecast expenditure on the Running Cost budget is below the allocation by £0.029m at month 4.
- BPPC targets have been achieved year to date except for non NHS by volume which is slightly below the 95% target. Work to improve performance is on-going.

2.3 CCG Financial Position – Month 4 2018-19

The main financial pressures included within the financial position are shown below in figure 4 which presents the CCGs forecast outturn position for the year.

Figure 4 – Forecast Outturn



- The CCG's most likely financial position for the financial year is a **deficit of £2.855m**.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare packages which have increased in volume against plan.
 - Increased costs within Lancashire Care NHS Trust relating to continence products.(Legacy issues from 2017/18).
 - Cost pressures within St Helens NHS Trust relating to over performance in elective activity within plastics and trauma and orthopaedics.
 - Increased costs within AQP audiology contract with Spec Savers.
- 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.

2.4 CCG Reserves Budget

Figure 5 – Reserves Budget

Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(5.329)				(5.329)
QIPP Achieved			0.747		0.747
NCSO Adjustment	(1.400)				(1.400)
Primary care additional allocation	(1.500)				(1.500)
CAT M expenditure reduction	(0.300)				(0.300)
CCG Growth Reserve	0.789		(0.489)	(0.300)	0.000
CHC Growth Reserve	0.500				0.500
Better Care Fund	0.270				0.270
Intermediate Care	1.081			(1.081)	0.000
Community services	0.500				0.500
GPFV Improving Access	0.000	0.564			0.564
Other investments / Adjustments	0.162	0.162	(0.258)	0.142	0.208
0.5% Contingency Reserve	1.239				1.239
Total Reserves	(3.988)	0.726	0.000	(1.239)	(4.501)

- The CCG reserve budgets reflect the approved financial plan.
- The QIPP target is held as a negative budget and offset with budget transfers from operational budgets into the reserves budget as schemes are achieved.
- The reserve budget assumes a reduction in NCSO cost pressures which will either be funded through an additional allocation from NHS England or reduced costs on the prescribing budget.
- The budget also includes an assumption for increased savings relating to CATM prescribing.
- An assumption is included relating to the Primary Care underspend which will be allocated to the CCG in line with the principle established in 2017/18.

2.5 Provider Expenditure Analysis – Acting as One

Figure 6 – Acting as One Contract Performance (Year to Date)

Provider	Pressure/(Benefit) £m
Aintree University Hospital NHS Foundation Trust	0.460
Alder Hey Children's Hospital NHS Foundation Trust	(0.028)
Liverpool Women's NHS Foundation Trust	(0.080)
Liverpool Heart & Chest NHS Foundation Trust	(0.080)
Royal Liverpool and Broadgreen NHS Trust	(0.012)
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.020)
Total	0.239

- 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 not included in the arrangements, causing a pressure for the CCG.
- Due to fixed financial contract values, the agreement also restricts 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 an overspend of £0.239m under usual contract arrangements.
- The CCG is currently benefitting from being within the Acting as One agreement.

2.6 QIPP

Figure 7 – QIPP Plan and Forecast

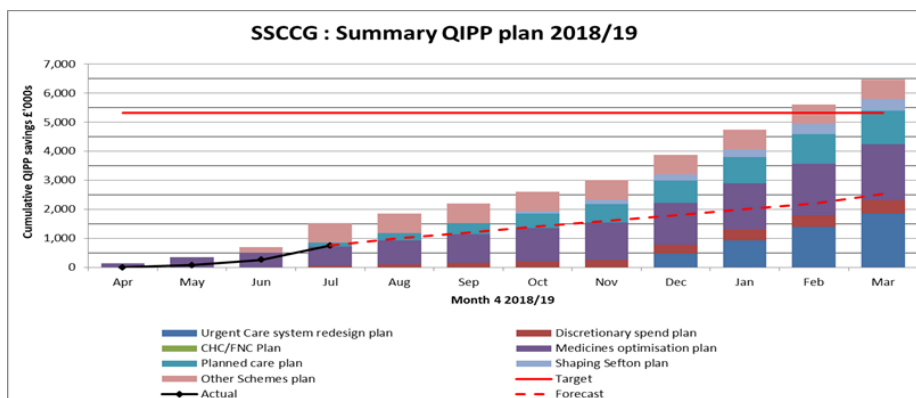


Figure 8 – RAG Rated QIPP Plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,146	0	1,146	200	0	946	1,146
Medicines optimisation plan	1,931	0	1,931	1,364	0	567	1,931
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	1,859	0	1,859	0	200	1,659	1,859
Shaping Sefton Plan	410	0	410	0	0	410	410
Other Schemes Plan	489	185	674	674	0	0	674
Total QIPP Plan	5,935	541	6,476	2,344	450	3,682	6,476
QIPP Delivered 2018/19				(747)		0	(747)

- The 2018/19 QIPP target is **£5.329m**.
- QIPP schemes worth £6.476m have been identified; however **£4.132m** of the schemes are rated amber and red so there is a high risk of non-delivery in year, which needs to be addressed in order to deliver the CCG's financial plan.

- To date the CCG has achieved **£0.747m** QIPP savings in respect of prior year technical adjustments and prescribing savings.

2.7 Risk

Figure 9 – 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 budget	0.000	1.000	1.000
Management action plan			
QIPP Achieved	0.073	0.674	0.747
Remaining QIPP to be delivered	5.256	(0.674)	4.582
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.

2.8 Risk Adjusted Position

Figure 10 – Risk Adjusted Position

South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m
Underlying Deficit	(4.329)	(4.329)	(4.329)
Predicted QIPP achievement	5.514	2.569	2.569
I&E impact	(1.920)	(2.597)	(2.597)
Forecast Surplus / (Deficit)	(0.735)	(4.357)	(4.357)
Further Risk	(0.350)	(0.350)	(1.350)
Management Action Plan	2.085	1.852	1.852
Risk adjusted Surplus / (Deficit)	1.000	(2.855)	(3.855)

- 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 £2.855** and assumes that QIPP delivery will be £2.569m in total with further risk in relation to CHC costs and acute over performance and mitigations relating to the CCG contingency budget and other reserves.
- The worst case scenario is a **deficit of £3.855m** and assumes further pressures emerging in year including an assumption that the costs of the Sefton Transformation Board will be split between the Sefton CCGs with no contribution from other partners.

2.9 Statement of Financial Position

Figure 11 – Summary of working capital

Working Capital , Aged Debt and BPPC Performance	Quarter 1			Quarter 2	Prior Year 2017/18
	M1 £'000	M2 £'000	M3 £'000	M4 £'000	M12 £'000
Non-Current Assets	115	115	115	115	115
Receivables	1,729	1,649	1,218	3,432	1,938
Cash	3,245	4,392	7,927	1,124	105
Payables & Provisions	(11,092)	(16,765)	(19,657)	(18,475)	(14,100)
Value of Debt> 180 days	751	647	707	558	506

- 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 £0.558m. This predominately consists of:
 - CQUIN payment recovery (£0.182m) with Southport & Ormskirk NHS Trust relating to the expert determination. Advice from the Trust indicates that payment is planned for October 2018, and
 - Annual invoices raised to other local CCGs for the Cheshire and Merseyside (C&M) Rehabilitation Network (£0.338m). This has decreased by £0.065m since Month 3. The CFO has contacted local CCGs to determine whether any queries exist.
- 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 £245.980m at Month 4. The actual cash utilised at Month 4 was £84.681m which represents 34.4% of the total allocation. The balance of MCD to be utilised over the rest of the year is £161.299m.

- The CCG aims to pay at least 95% of invoices within 30 days of the invoice date in line with the BPPC. BPPC targets have been achieved year to date except for non NHS by volume which is slightly below the 95% target.

2.10 Recommendations

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

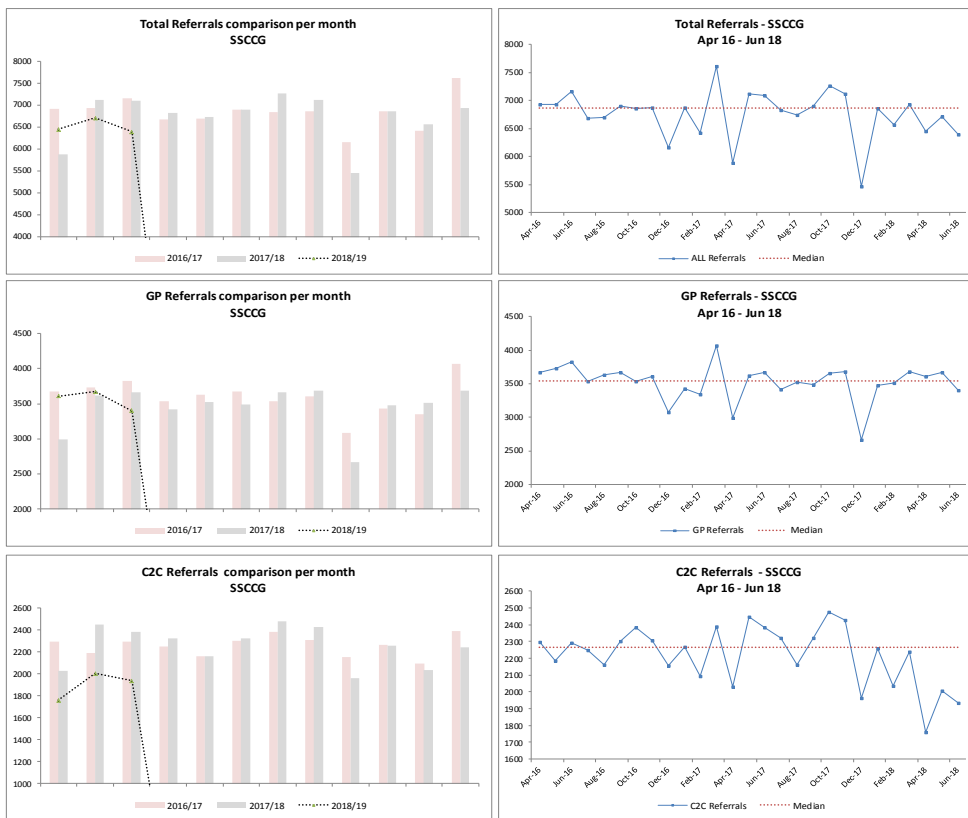
- The full year most likely financial position for the CCG is a deficit of £2.855m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 4 is £0.747m which relates to prior year non recurrent benefit arising from a technical adjustments, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.329m.
- The CCG has posted a balanced run rate for month 4 following losses in previous months. The CCG will need to deliver balance in the next two months to keep in line with plan before delivering surplus positions in the last six months of the year.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address accordingly. High levels of engagement and support has been evident from member practices which have enabled the CCG to make significant progress in reducing levels of low value healthcare and 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 on going 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 12 - 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	3610	616	21%	2031	1760	-271	-13%	5886	6455	569	10%
May	3620	3671	51	1%	2447	2005	-442	-18%	7123	6715	-408	-6%
June	3666	3403	-263	-7%	2385	1936	-449	-19%	7097	6400	-697	-10%
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	3561	111	3%	2256	1900	-356	-16%	6735	6523	-211	-3%
YTD Total Month 3	10280	10684	404	4%	6863	5701	-1162	-17%	20106	19570	-536	-3%
Annual/FOT	41404	42736	1332	3%	27073	22804	-4269	-16%	80816	78280	-2536	-3%



Data quality note:

From 1st April 2018, Aintree University Hospital implemented a counting change to local referral submissions. This has resulted in a significant reduction in referral numbers reported with referral source codes 01, 02, 06, 10 and 11 being removed. Four of these codes form consultant-to-consultant referrals. The Trust has stated that referral submissions are now compliant with MAR guidance. South Sefton CCG continues to liaise with the provider to understand the true impact of these changes.

Also, Walton Neuro Centre has been excluded from the above analysis due to data quality issues.

A significant decrease in referrals occurred in June representing the lowest monthly total of this financial year as well as May being the highest monthly total of this financial year. Referrals in June have had a 5% decrease in activity from the previous Month, with further analysis illustrating that the main cause of this overall decrease was due a significant reduction in GP referrals at Aintree Hospital to the General Medicine specialty. This anomaly is currently being investigated by South Sefton CCG.

GP referrals in 2018/19 to date are 4% up on the equivalent period in the previous year. There have been significant reductions in GP referrals to Gastroenterology, Trauma & Orthopaedics and Dermatology. However, the aforementioned decrease in General Medicine GP referrals in June will have contributed to overall reductions. Consultants to consultant referrals are currently 17% down when comparing to 2017/18 with General Medicine and Trauma & Orthopaedics seeing substantial decreases. Total Referrals are currently 3% down compared to the equivalent period last year. These decreases can be linked to the data quality note included above relating to Aintree Hospital.

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.

3.1.1 E-Referral Utilisation Rates

Figure 13 - South Sefton CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	18/19 - June	80% by End of Q2 2017/18 & 100% by End of Q2 2018/19	47%	↑

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 (June) for E-referral Utilisation rates reported for the CCG as a whole is 47%; and did not achieve the 80% by end of Q2 2017/18. June has seen a marked increase from the previous month when 34% was reported.

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.

Paper switch off at Royal Liverpool, Liverpool Women's, and Liverpool Heart and Chest Providers in May and June, as expected, has seen in an increase in utilisation.

3.2 Diagnostic Test Waiting Times

Figure 14 - Diagnostic Test Waiting Time Performance

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - June	1.00%	2.25%	↑ ↔
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - June	1.00%	1.03%	↓

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in June recording 2.25%, similar to last month when 2.07% was recorded. In June out of 3,107 patients, 68 patients were waiting at 6+ weeks and 4 at 13+ weeks. The majority of breaches were for a CT (17) and MRI (26). Performance at the Royal Liverpool and Broadgreen is still having an impact on the CCG's overall performance as they continue to report significantly above the threshold, at 7.4% in June; a decrease in long waiters compared to 10.4% reported in May. The biggest pressures are in Gastroscopy (135), Colonoscopy (133) and Flexi-Sigmoidoscopy (75).

Aintree only just failed the target for less than 1% of patients waiting longer than 6 weeks for a diagnostic test in June recording 1.03%, a further slight improvement in performance from last month when 1.47% was recorded. In June out of 6,135 patients, 63 patients were waiting at 6+ weeks and none at 13+ weeks. The majority of breaches were waiting for CT (23) and MRI (31).

Radiology continues to experience a sustained increase in demand for Imaging (CT Cardiac, MR Cardiac, MR MSK and Ultrasound MSK). Demand remains in excess of funded capacity. Additional Inpatient activity continues to contribute to the increased demand, which then reduces Outpatient capacity for CT and MR. Waiting List Initiatives have been agreed for additional sessions for Ultrasound MSK imaging/steroid injections into joints.

Currently the wait for routine Ultrasound is 6 weeks 4 Days (Sonographer led). Waiting for MSK is 9 weeks 4 days (2 patients).

Reduced Radiographic Staffing levels in CSI (8 vacancies currently), although staff currently on maternity leave are starting to return to work from August.

Proposed actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity on-going.
- Additional MSK Waiting List Initiatives requested and agreed through resource panel. Additional sessions from Radiologists to be arranged.

- MSK Radiologist recruited, commenced at Trust 1st May, however, induction period has been extended, not completing any US injections sessions currently.
- Mobile MR Van on site for 1 week in 8, August dates booked. Continue to recruit to CSI. Continue to engage Locum Radiographers.

Endoscopy hit target for June.

3.3 Referral to Treatment Performance

Figure 15 - 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 - June	0	10	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	17/18 - June	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 - June	92%	90.00%	↔
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 - June	92%	90.10%	↔

In June, 10 South Sefton patients were waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. Of the 10 breaches, 3 were Gynaecology patients at Liverpool Women’s Hospital. The first patient has an appointment in place in early September, the second patient has physiotherapy booked and no further appointment scheduled, and the third also has her appointment booked for late July.

There was 1 case at Manchester University Hospital reported to the CCG, a risk was identified (as the Trust had approximately 250 patients waiting over 52 weeks), reasons were multi-factorial around systems and processes, the Trust recognise that this is clearly unacceptable, and are working intensely to investigate and make the necessary changes and improvements. A clinical review was undertaken of the patients - so far have not identified any significant harm as a result of the delay.

The remaining 6 cases are patients waiting at University Hospital of North Midlands (UHNM) for bariatric surgery. Bariatric surgery commissioning and contract arrangements for North West CCGs at UHNM are complex; the service was previously commissioned by NHS England, provided by Aintree and the current UHNM contract is managed on behalf of the lead commissioner (Stoke CCG) by the Midlands and Lancashire Commissioning Support Unit in Staffordshire. There have been delays and complexities in receiving data and reports, with poor response times and responses to commissioner queries. Direct meetings between Cheshire and Merseyside CCGs, MLCSU and UHNM have now taken place and there is a greater understanding of the service issues and the patient caseload. The trust has escalated that demand has now

exceeded the contract plan, the infrastructure is not in place at UHNM to deal with this, and this is a potential quality and safety risk. The Trust is requesting to close to new referrals and outsourcing for a cohort of patients on the waiting list. In the meantime the Trust is treating patients in accordance with length of time on the waiting list, prioritising the longest waits. North West CCGs are working collectively with MLCSU on both an interim, and longer term solution utilising collaborative decision making groups such as collaborative commissioning forums and the Cheshire and Merseyside Health and Care Partnership.

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 zero, but following that two more were reported in March 2018.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, at 90.0% for June. This is a slight decline in performance from 90.46% reported in May. In June, of 11,393 patients, 1,144 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 June recording 90.10%. Out of 18,630 patients there were 1,844 waiting over 18 weeks on the incomplete pathway. The significant non-elective pressure experienced at the Trust circa November 2017 had greatly impacted on RTT performance from which the Trust has not yet fully recovered. The increase in non-elective demand continues to be compounded by an increase in the number of elective list's being cancelled for more urgent trauma cases. Not only does this impact the elective patient negatively in terms of their experience, it also places increased pressure on the Trust to deliver more activity than plan in relation to the NHS constitutional 28 day cancelation guarantee which the Trust is continuing to maintain.

The theatre refurbishment programme and loss of capacity have also impacted on performance significantly throughout this period although this is now complete with improvements expected to be seen August /September due to staff leave. Outpatient cancellations and Did Not Attend (DNA) rates continue to remain high and are highlighted at internal performance meetings. The Trust is maximising its capacity with patients being booked into all available clinic capacity as well as additional waiting list sessions although this is adding to 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 available in conjunction with a re-launch of weekly performance meetings with Planning and Performance / Business Intelligence leads.
- Business cases for 2 additional consultants has been agreed, this will provide additional theatre activity and ambulatory surgical clinics. Recruitment is underway.
- Continue to support the reduction in Endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at weekends.
- Continued weekly monitoring of diagnostics waiting times to ensure delivery of the 6 weeks standard as a milestone measure for RTT performance.
- Continue to meet with CBMs on a weekly basis to focus on data quality and pathway validation.

- Continue to support the CBU's 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 June (83%). The provider reported that the delivery of the 92% target remains a significant challenge for the Trust. NHS Improvement requested a revised trajectory, the trust have increased their trajectory to 85% for active pathways. A capacity and demand review is also being undertaken jointly with KPMG to enable them to plan for this increase in performance. The June reported position is 83.03%, which is a slight decrease of 1.1% from May. The Outpatient Improvement Group and the Peri-Operative Group are well established now and early improvements have been noted in colorectal and dermatology. RTT action plans have been developed by each challenged speciality and progress against these are being monitored via the weekly care group performance meetings and the position is being reported via the monthly Trust performance meeting.

University Hospital North Midlands NHS Trust in June recorded 75.2% 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. 22 out of 32 South Sefton CCG patients were recorded as waiting over 18 weeks in June 2018. The issues regarding RTT performance and waiting times are described above in relation to 52+ week waits.

Figure 16 – South Sefton CCG Total Incomplete Pathways

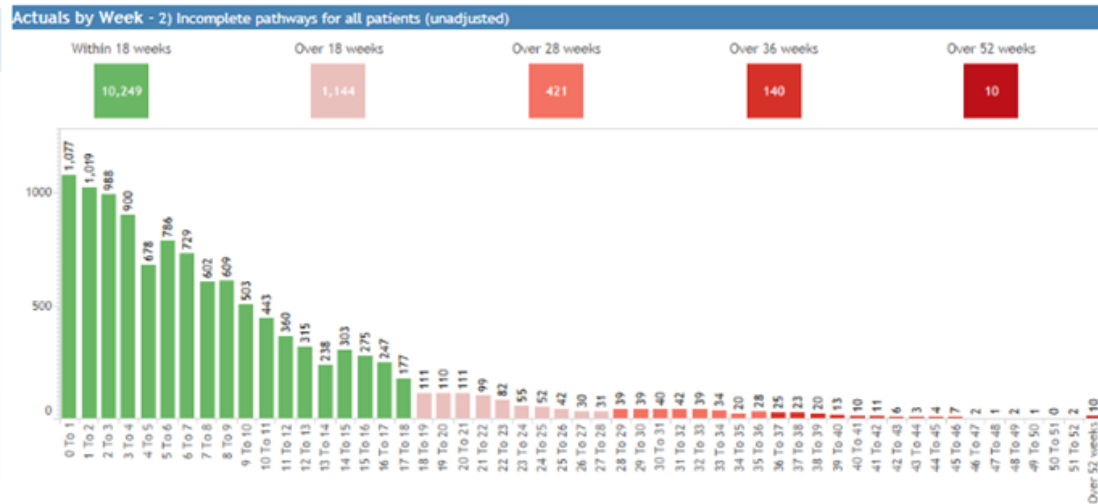
Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	9,845	9,951	10,101	10,161	10,310	10,577	10,658	10,578	10,170	9,735	10,469	10,806
2018/19	11,114	11,266	11,393									
Difference	1,269	1,315	1,292									

NHS England set CCGs the target to total RTT incomplete pathways in March 2019 being no higher than in March 2018. Current performance for June 2018 (11,393) is higher than that of June of the previous year and is therefore not on target to achieve the year end position.

South Sefton CCG and Aintree Hospital have been asked submit a joint plan for delivery of the March 2019 position as part of a Liverpool system wide elective capacity analysis.

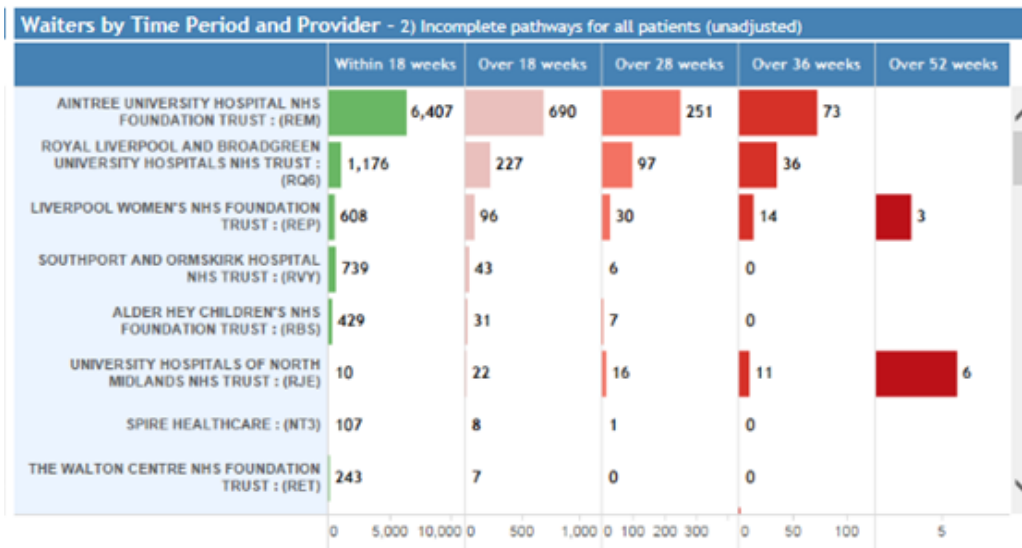
3.3.1 Incomplete Pathway Waiting Times

Figure 17 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



3.3.2 Long Waiters analysis: Top 5 Providers

Figure 18 - 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 19 - Patients waiting (in bands) on incomplete pathways by Specialty for Aintree University Hospitals NHS Foundation Trust

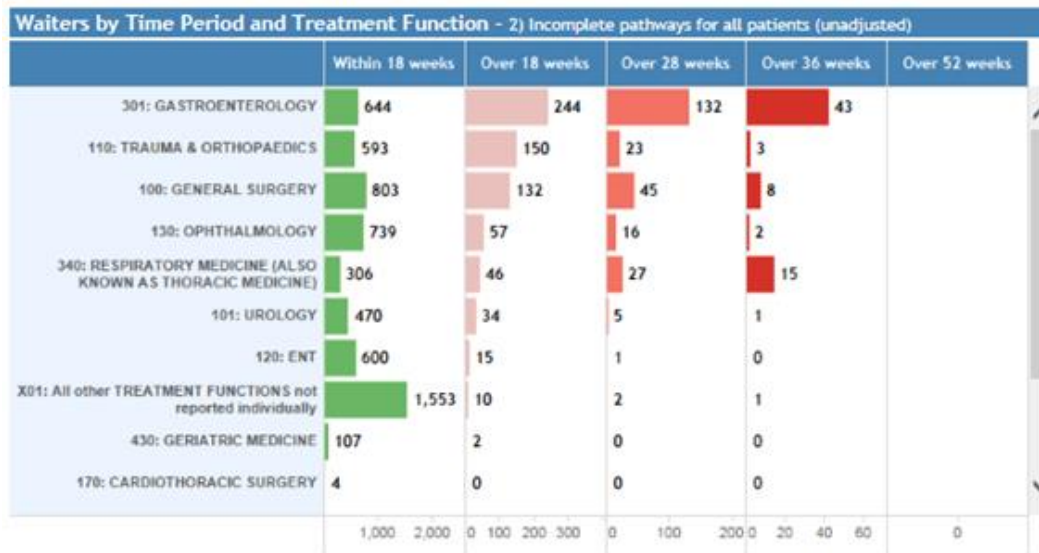
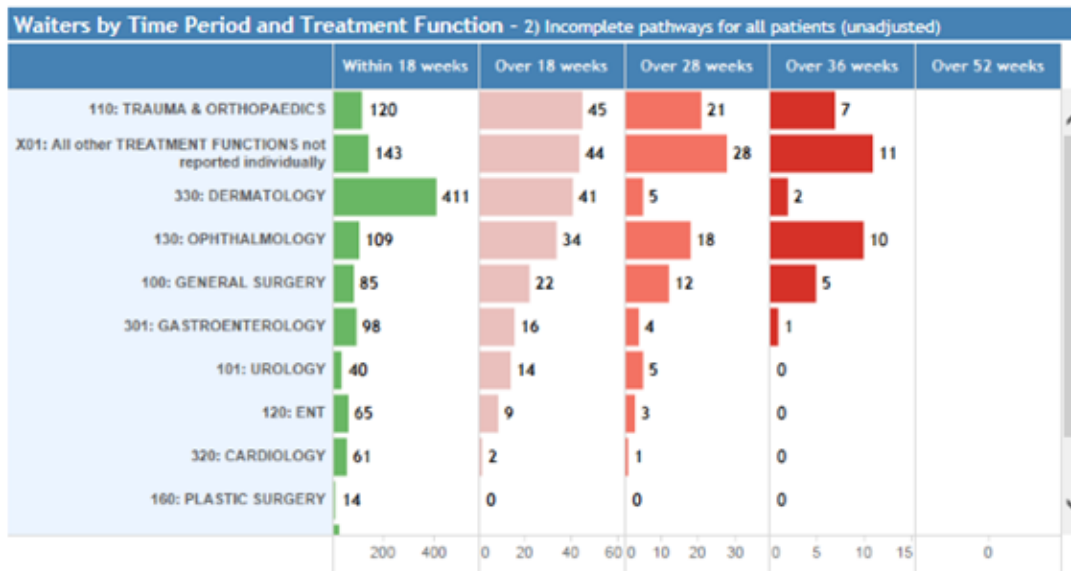


Figure 20 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 21 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Has the patient been seen/has a TCI date?	Detailed reason for the delay
South Sefton CCG	Liverpool Womens	Gynaecology	52	TCI 04/09/2018	Appointment still in place 04/09/2018
South Sefton CCG	Liverpool Womens	Gynaecology	52	31/08/2018	Physio 31/08/2018 CBH, no further appt sch
South Sefton CCG	Liverpool Womens	Gynaecology	52	23/07/2018	appt sch 23/07/2018
South Sefton CCG	Manchester University	Other	52	NO TCI	incorrect clock stop added - long delay to diag
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	These patients are waiting for bariatric surgery. The issue re: delays has been communicated with commissioners. Following closure of services in the North west the Directorate agreed to take on the service for those areas, however demand has far exceeded capacity.
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	See above
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	See above
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	See above
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	See above
South Sefton CCG	North Midlands	General Surgery	52	The patients are either waiting for outpatient appointments or TCIs	See above
South Sefton CCG	Aintree	Gastroenterology	40	Clock stopped DNA 8/8/18	
South Sefton CCG	Aintree	Gastroenterology	40	TCI 17/8/18	
South Sefton CCG	Aintree	Gastroenterology	40	No Date Yet	
South Sefton CCG	Aintree	Thoracic Medicine	40	No Date Yet	
South Sefton CCG	Aintree	Urology	40	No Date Yet	
South Sefton CCG	Aintree	Gastroenterology	41	Clock stopped DNA 24/7/18	
South Sefton CCG	Aintree	Gastroenterology	41	Treated 04/7/18	
South Sefton CCG	Aintree	Thoracic Medicine	41	Treated 07/08/18	
South Sefton CCG	Aintree	Thoracic Medicine	41	Treated 07/08/18	
South Sefton CCG	Aintree	Gastroenterology	42	Treated 11/7/18	
South Sefton CCG	Aintree	General Surgery	42	TCI 13/8/18	
South Sefton CCG	Aintree	Thoracic Medicine	42	No Date Yet	
South Sefton CCG	Aintree	Gastroenterology	43	Clock stopped DNA 27/7/18	
South Sefton CCG	Aintree	Thoracic Medicine	43	No Date Yet	
South Sefton CCG	Aintree	Thoracic Medicine	44	Treated	
South Sefton CCG	Aintree	Thoracic Medicine	44	Clock stopped TCI 23/7/18	
South Sefton CCG	Aintree	Thoracic Medicine	45	Treated	
South Sefton CCG	Aintree	Thoracic Medicine	45	Treated	
South Sefton CCG	Aintree	Thoracic Medicine	46	Treated	
South Sefton CCG	Aintree	Thoracic Medicine	47	Treated 24/7/18	
South Sefton CCG	Aintree	General Surgery	49	Treated 13/7/18	
South Sefton CCG	Liverpool Womens	Gynaecology	40	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	41	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	41	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	43	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	45	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	45	Awaiting Trust update	
South Sefton CCG	Liverpool Womens	Gynaecology	51	Awaiting Trust update	
South Sefton CCG	Royal Liverpool	Gastroenterology	40	06/09/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	other	40	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	T&O	40	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	General Surgery	41	16/08/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	41	08/08/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	41	22/08/2018	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	other	41	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	General Surgery	42	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	T&O	42	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	T&O	42	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	other	44	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	other	44	No Date Yet	Long Wait on Waiting List
South Sefton CCG	Royal Liverpool	Ophthalmology	45	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	other	45	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	46	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	48	Patient Treated	Capacity
South Sefton CCG	Royal Liverpool	T&O	51	No Date Yet	Long Wait on Waiting List
South Sefton CCG	North Midlands	General Surgery	41		Trust only provides comments on 47+ week waiters
South Sefton CCG	North Midlands	General Surgery	48		
South Sefton CCG	Warrington & Halton	Urology	45		Trust no Longer responding to 40 week requests
South Sefton CCG	Wirral	General Surgery	40		Trust no Longer responding to 40 week requests

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 22 – 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 - June	0	0	1 ↔

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

Figure 23 – Aintree Cancelled Operations for a second time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Aintree	18/19 - June	0	0	1 ↔

3.5 Cancer Indicators Performance

3.5.1- Two Week Waiting Time Performance

Figure 24 – 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 - June	93%	89.81%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	18/19 - June	93%	88.53%	↓
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 - June	93%	94.27%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93% (Cumulative) (Aintree)	18/19 - June	93%	90.82%	↑

The CCG failed the 93% target in June for patients referred urgently with suspected cancer with 88.6%. 71 patients out of 623 waited longer than two weeks for a first outpatient appointment. The majority of delays were due to inadequate out-patient capacity, patient cancellation and unavailable. Nationally there has been a decline in 2 week wait performance since the start of 2018/19. This could be linked to increased demand due to lengthening waits for routine priority services. Work is being undertaken at a North Mersey level to look at the volume of referrals and any shifts between providers. Aintree Hospital are undertaking an audit of appropriateness of head and neck 2 week wait referrals against NICE guidance which will be reported to the CCG.

Aintree also failed the 93% target in June for patients referred urgently with suspected cancer with 87.47%. 119 patients out of 950 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. The Trust has failed this measure for quarter 1.

There has been a significant increase in cancer referrals in some specialties and the internal Aintree clinical business units will plan additional capacity. 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.

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.
- Escalation of capacity constraints to the Divisional Directors for creation of extra capacity.

- Escalation of the sustained increase in referrals to NHSI, NHSE, CCGs and CQPG in order for them to support the Trust in managing the issue.
- Audit of referrals to be completed in Urology and Head & Neck to identify if patients are being referred inappropriately and outside of agreed pathways.

Aintree achieved the 93% breast target for June reaching 93.01%, but are still failing year to date reporting 90.82%. Out of 186 patients there were 13 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. The Trust has also failed this measure for quarter 1.

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.
- 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.
- Work on-going to train mammographer to report images and therefore provide support for extra capacity if requested by the CBU.

The launch of Advice and Guidance for breast services in July 2018 at Aintree should help in reducing demand in this cohort of patients where cancer is not initially suspected.

3.5.2- 31 Day Cancer Waiting Time Performance

Figure 25 – 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 - June	96%	96.95%	↓
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	18/19 - June	96%	97.03%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - June	94%	98.57%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	18/19 - June	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - June	94%	95.00%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	18/19 - June	94%	98.36%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - June	98%	98.53%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	18/19 - June	98%	100.00%	↔

3.5.3 - 62 Day Cancer Waiting Time Performance

Figure 26 – 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 - June	85% local target	72.73%	↑
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 - June	85% local target	86.96%	↔
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - June	90%	50.00%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - June	90%	77.78%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - June	85%	83.18%	↔
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - June	85%	80.60%	↑

The CCG failed the 3, 62 day cancer measures in June, 62 day upgrade reported 83.33%, 72.73% year to date, in June there were 2 breaches out of 10 patients reasons for delay were complex diagnostic pathway and 1 other reasons not listed. 62 day screening reported 0% in June the 1 patient listed wasn’t screened within 31 days and are still failing year to date. Lastly the 62 day standard 82.93% was reported in June, 83.18% year to date, there were the equivalent of 7 breaches out of a total of 41 patients, reasons reported were other and 1 complex diagnostic pathway.

Aintree failed the 90% target for 62 day screening in June with a 1 patient breach out of a total of 3 patients, a performance of 66.67% (YTD 77.78%). 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.

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 June for 2 month wait from urgent GP referral to first definitive treatment recording 83.46% (80.60% year to date). Out of a total equivalent of 63.5 patients, 10.5 breached the target. The reasons for breaches include patient choice with patients delaying

diagnosis because of holidays, capacity in theatres and clinics, complex pathways (patients not fit for treatment or needing multiple investigations) and a number of patients admitted as emergencies to the Trust and to other organisations. There are also significant pressures for treatments in other organisations such as Clatterbridge Cancer Centre and RLUBHT. There has also been a 23% increase in the total number of patients on Cancer Pathways compared to the same period last year. This increase in referrals is not translating into increased diagnoses of Cancer but puts significant pressures on Clinic capacity and diagnostics whilst patients are being investigated.

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 using patient level detail.
- Continued tracking by the Central Cancer team to support performance improvement in the tumour groups. Early escalation of issues to Divisional Directors of Operations and Cancer Performance meeting.
- Escalation of delays in Histopathology reporting to LCL via the weekly Cancer Performance Group, emails and tracking by MDT coordinators.
- Daily Performance briefings continue with escalation to the Divisional Director 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.
- Audit underway in two CBUs to establish the quality of referrals should be suspected Cancer referrals and that patients are being referred inappropriately.

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. Root cause analyses will be shared with NHSE via CCGs as outlined in responsibilities under the national Backstop policy for managing long waiting cancer patients.

Aintree had 2 half patient breaches and 1 full patient over 104 days. The 2 half patients (head & neck) waited 118 days and 124 days, the second patient (urological) waited 125 days, reasons for delay were other (not specified). RCAs are awaited and will be shared with NHSE.

3.6 Patient Experience of Planned Care

Figure 27 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
 Aintree University Hospital NHS Foundation Trust
 Latest Month: Jun-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%	19.7%	∧	96%	92%	∨	2%	4%	∧

Aintree Friends and Family Inpatient test response rates are under the England average of 24.9% for June at 19.7%. The proportion of patients who would recommend the Trust has remained the same as last month at 92% and unfortunately is still below the England average of 96%. The proportion who would not recommend has also improved from 5% in May to 4% in June, 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 3 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an over performance of £138k/1.2%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £107k/0.9%.

At specific over performing Trusts, Aintree are reporting the largest cost variance with a total of £55k/1%. In contrast, Liverpool Women's and Walton Centre are under performing by -£51k/-7% and -£37k/-15% respectively.

Figure 28 - 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	42,983	43,898	915	2%	£7,411	£7,466	£55	1%	-£55	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	3,496	3,897	401	11%	£441	£478	£37	9%	-£37	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	308	320	12	4%	£105	£98	-£7	-7%	£7	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	4,021	3,590	-431	-11%	£766	£714	-£51	-7%	£51	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	7,599	7,997	398	5%	£1,273	£1,308	£34	3%	-£34	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	783	823	40	5%	£253	£216	-£37	-15%	£37	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	59,190	60,525	1,335	2%	£10,249	£10,280	£31	0%	-£31	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	46	55	9	18%	£7	£9	£2	31%	£0	£2	31%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	30	30	0%	£0	£3	£3	0%	£0	£3	-
FAIRFIELD HOSPITAL	48	56	8	17%	£13	£15	£2	19%	£0	£2	19%
ISIGHT (SOUTHPORT)	136	201	65	48%	£24	£35	£11	46%	£0	£11	46%
RENACRES HOSPITAL	1,595	1,693	98	6%	£491	£475	-£16	-3%	£0	-£16	-3%
SALFORD ROYAL NHS FOUNDATION TRUST	0	32	32	0%	£0	£14	£14	0%	£0	£14	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	3,215	2,996	-219	-7%	£547	£557	£10	2%	£0	£10	2%
SPIRE LIVERPOOL HOSPITAL	714	722	8	1%	£224	£205	-£19	-8%	£0	-£19	-8%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,157	1,144	-13	-1%	£251	£290	£39	16%	£0	£39	16%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	318	320	2	1%	£73	£67	-£6	-9%	£0	-£6	-9%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	44	44	0%	£0	£14	£14	0%	£0	£14	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	115	115	0%	£0	£25	£25	0%	£0	£25	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	293	367	74	25%	£115	£142	£27	23%	£0	£27	23%
ALL REMAINING PROVIDERS TOTAL	7,522	7,775	253	3%	£1,745	£1,852	£107	6%	£0	£107	6%
GRAND TOTAL	66,712	68,300	1,588	2%	£11,994	£12,132	£138	1.2%	-£31	£107	0.9%

*PbR Only

3.7.1 Planned Care Aintree University Hospital NHS Foundation Trust

Figure 29 - 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	3,254	3,335	81	2%	£2,010	£2,109	£100	5%
Elective	479	380	-99	-21%	£1,359	£1,184	£-175	-13%
Elective Excess BedDays	160	160	0	0%	£39	£38	£0	-1%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	107	85	-22	-21%	£23	£18	£-4	-18%
OPFANFTF - Outpatient first attendance non face to face	648	640	-8	-1%	£18	£18	£0	-1%
OPFASPCL - Outpatient first attendance single professional consultant led	7,784	7,762	-22	0%	£1,231	£1,245	£14	1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	349	181	-168	-48%	£30	£17	£-12	-42%
OPFUPNFTF - Outpatient follow up non face to face	803	1,919	1,116	139%	£19	£46	£27	139%
OPFUPSPCL - Outpatient follow up single professional consultant led	20,106	19,175	-931	-5%	£1,393	£1,373	£-20	-1%
Outpatient Procedure	5,474	6,106	632	12%	£738	£821	£83	11%
Unbundled Diagnostics	3,463	3,812	349	10%	£280	£333	£53	19%
Wet AMD	356	343	-13	-4%	£272	£262	£-10	-4%
Grand Total	42,983	43,898	915	2%	£7,411	£7,466	£55	1%

Over performance within planned care at Aintree Hospital is driven by day case activity and outpatient procedures. Over performance within these areas equates to £185k. Cardiology is showing the largest cost variance within outpatient procedures (£38k/57%), which can be attributed to an increased number of electrocardiograms being performed. The CCG have queried this increase and are awaiting a response from the Trust. Cardiology is also responsible for over performance within day cases, which can be attributed to the heart failure pathway.

Overall, year to date costs for planned care PODs at Aintree University Hospital are currently - £55k/1% up against plan at month 3. Despite this indicative over spend; there is no financial impact of this to South Sefton CCG due to the Acting as One block contract arrangement.

3.7.2 Planned Care Southport & Ormskirk Hospital

Figure 30 - 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	206	211	5	2%	£133	£146	£13	10%
Elective	35	36	1	2%	£83	£87	£4	4%
Elective Excess BedDays	1	19	18	1637%	£0	£4	£4	1114%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	31	57	26	82%	£5	£10	£5	90%
OPFASPCL - Outpatient first attendance single professional consultant led	430	395	-35	-8%	£70	£66	-£4	-6%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	71	77	6	9%	£6	£7	£2	30%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,028	870	-158	-15%	£79	£69	-£10	-13%
Outpatient Procedure	1,210	1,110	-100	-8%	£154	£150	-£5	-3%
Unbundled Diagnostics	202	221	19	9%	£16	£17	£2	10%
Grand Total	3,215	2,996	-219	-7%	£547	£557	£10	2%

*PbR only

Plans for 2018/19 have been 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.

Overall, planned care elements of the contract are largely above plan with over performance evident across a number of PODs. The total over performance of £10k/2% at month 3 is due in part to increased day case activity. However, the year to date activity variance within this POD is minimal.

3.7.3 Renacres Hospital

Figure 31 - 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	150	140	-10	-7%	£186	£164	-£22	-12%
Elective	40	34	-6	-15%	£187	£178	-£9	-5%
OPFASPCL - Outpatient first attendance single professional consultant led	281	327	46	16%	£46	£53	£7	14%
OPFUPSPCL - Outpatient follow up single professional consultant led	422	468	47	11%	£27	£30	£3	11%
Outpatient Procedure	228	131	-97	-42%	£23	£21	-£1	-6%
Unbundled Diagnostics	112	125	13	12%	£11	£11	£1	6%
Physio	363	357	-6	-2%	£11	£10	£0	-2%
OPPREOP	0	111	111	0%	£0	£7	£7	0%
Grand Total	1,595	1,693	98	-27%	£491	£475	-£16	7%

Renacres under performance is evident across a number of PODs with Day Case and Elective procedures showing the largest cost variances against plan (-£22k/-12% and -£9k/-5% respectively). Very major knee/hip procedures account for the majority of this reduced performance against plan at month 3. Underperformance has also been evident within outpatient procedures with activity currently -42% below plan. However, the financial impact is minimal. It is thought that MCAS is the cause of this under performance, along with the PLCP policy currently in place. The CCG monitors this and it is discussed at regular contract meetings with the provider.

3.7.4 Wrightington, Wigan and Leigh NHS Foundation Trust

Figure 32 - Planned Care - Renacres Hospital by POD

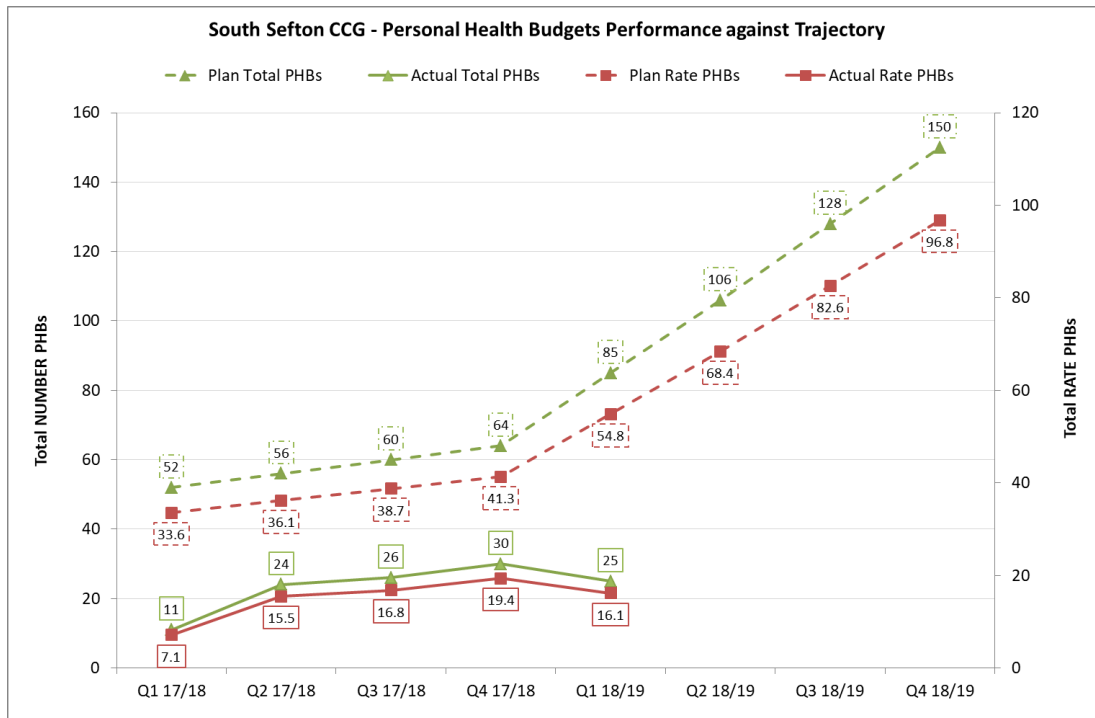
Wrightington, Wigan And Leigh Nhs Foundation Trust Planned Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
Daycase	14	15	1	4%	£16	£31	£15	91%
Elective	13	15	2	15%	£78	£86	£8	10%
Elective Excess BedDays	1	0	-1	-100%	£0	£0	£0	-100%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	5	9	4	80%	£0	£0	£0	55%
OPFASPCL - Outpatient first attendance single professional consultant led	29	52	23	77%	£4	£7	£3	74%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	8	7	-1	-11%	£0	£0	£0	-38%
OPFUPNFTF - Outpatient Follow-Up Non Face to Face	19	35	16	85%	£0	£1	£0	86%
OPFUPSPCL - Outpatient follow up single professional consultant led	146	179	33	23%	£9	£11	£2	19%
Outpatient Procedure	28	24	-4	-14%	£4	£3	£0	-10%
Unbundled Diagnostics	30	31	1	3%	£3	£3	£0	-9%
Grand Total	293	367	74	25%	£115	£142	£27	23%

The over performance at Wrightington, Wigan and Leigh Hospital is clearly driven by day case and elective costs at month 3. However, the activity variance against plan in each of these PODs is

minimal with small amounts of activity reported against multiple HRGs within the Trauma & Orthopaedic specialty. The CCG has previously undertaken analysis which indicated that there hasn't been any significant increase in GP referrals and that activity continues to be specialist further monitoring and analysis will be taking place.

3.8 Personal Health Budgets

Figure 33 - South Sefton CCG – PHB Performance against Trajectory



Quarterly plans for 2018/19 have been set with the expectation of the total number of PHBs for Quarter 1 to increase to 85 to reach 54.84 per 100,000 population. Quarter 1 shows 25 PHBs and an actual rate of 16.1, this is under the trajectory set by NHS England. A number of initiatives are being explored to increase uptake:

- Adults CHC: PHBs for adults receiving Continuing Health Care will be a default position from April 2019. Community providers and CSU have been requested to provide assurance to meet compliance at; Clinical Quality and Performance Group, Contract Review Meetings and CHC steering group
- Wheelchairs: The CCG have secured mentorship from NHS England with support of Hull CCG. A stakeholder event is scheduled to take place in September. Wheelchair PHBs are an agenda item at the Integrated Commissioning Group for engagement with Sefton Council. The budget for South Sefton CCG remains with NHS E.
- Children Complex Care: The CCG have secured mentorship from NHS E with mentor CCG yet to be confirmed.

- End of Life Fastrack: The programme of work is being led by planned care lead for Southport and Formby CCG with support from GP Clinical Lead.
- Mental Health S117: The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to a NHS E event in October supported by; Assistant Chief Nurse, Senior Manager Commissioning and Redesign and Manager and LD Commissioning Manager.

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 34 - 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

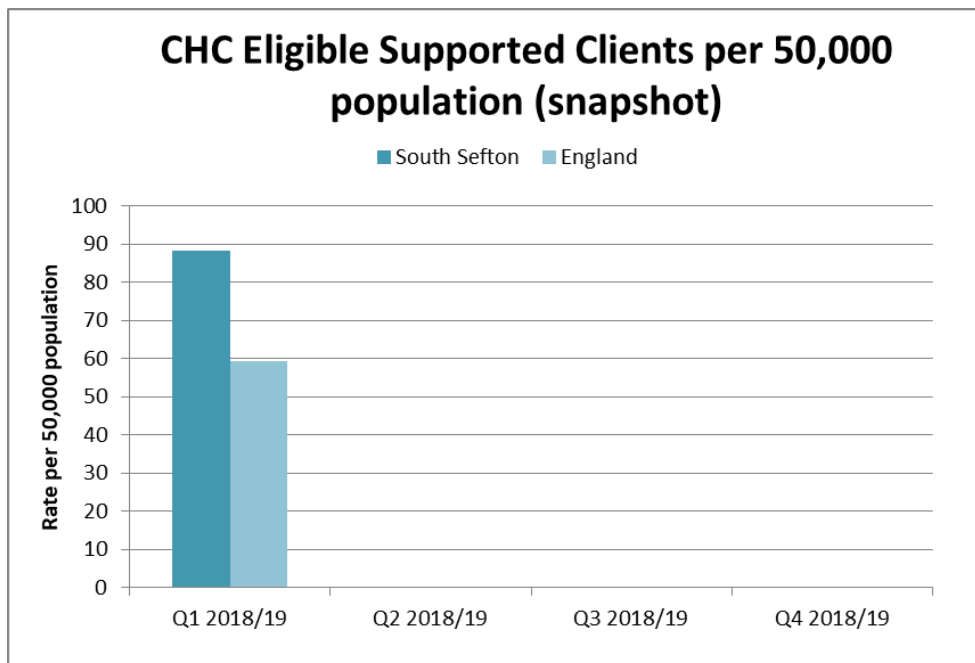


Figure 35 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

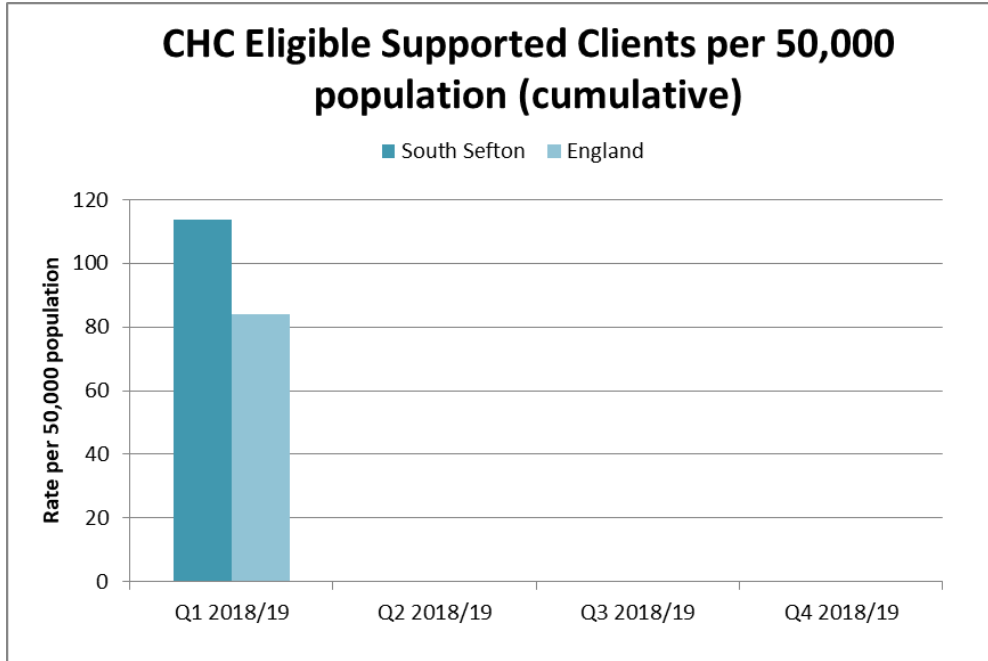


Figure 36 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

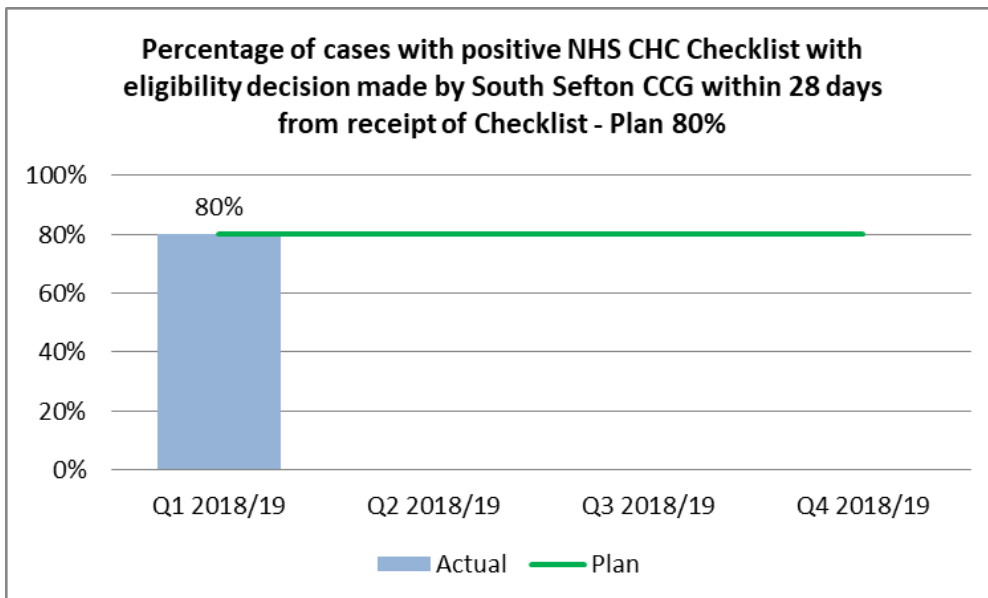
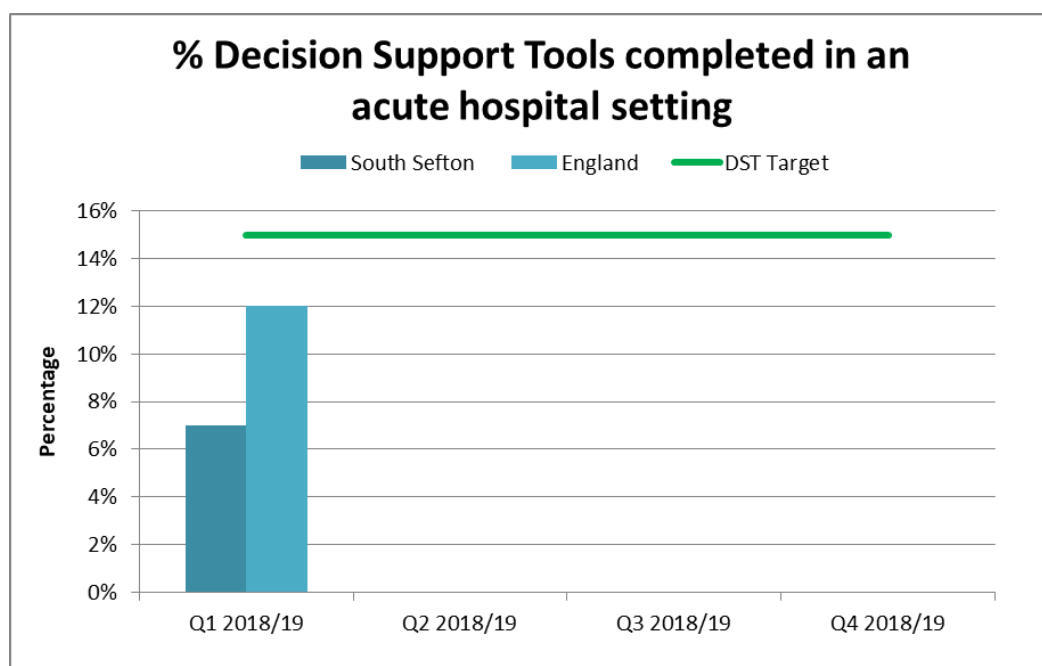


Figure 37 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



The proportion of Decision Support Tool assessments occurring in an acute hospital bed in South Sefton was 7% in quarter 1 2018/19, performing better than the England Average of 12%.

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 38 - Smoking at Time of Delivery (SATOD)

	South Sefton		
	Actual	YTD	FOT
Number of maternities	376	376	1504
Number of women known to be smokers at the time of delivery	55	55	220
Number of women known not to be smokers at the time of delivery	320	320	1280
Number of women whose smoking status was not known at the time of delivery	1	1	4
Data coverage %	99.7%	99.7%	99.7%
Percentage of maternities where mother smoked	14.6%	14.6%	14.6%

The CCG is above the data coverage plan of 95% at Q1, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked 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.

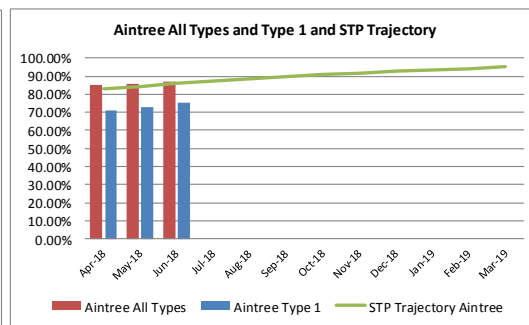
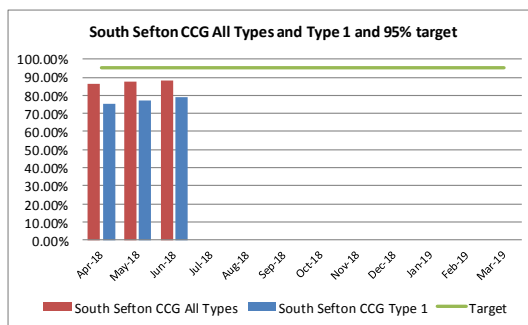
4. Unplanned Care

4.1 Accident & Emergency Performance

Figure 39 - A&E Performance

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) All Types	18/19 - June	95%	87.45%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - June	95%	77.36%	↑
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - June	STP Trajectory June Target 85.8%	85.95%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - June	95%	73.01%	↑

A&E All Types	Apr-18	May-18	Jun-18	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	%
Aintree All Types	85.10%	85.82%	86.92%	85.95%



Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19 and have achieved June trajectory of 85.8% with a performance of 86.9% for all A&E department types.

Actions for improvement include:

- Continue all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery of the standard.

- Recruitment of Consultants in Acute & Emergency Medicine: Start date 3rd September. Two acute physicians recruited; start date to be confirmed.
- 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.
- Develop series of PDSA cycles to test improvements

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 refocused to ensure systems developed in all required ward areas by the end of June. The MADEs are ward based alternate weeks to support discharge planning with opportunity to ensure SAFER processes are embedded and sustained.

Newton Europe has been commissioned via the Better Care Fund to undertake a North Mersey system wide review of delayed discharges, with engagement from all health and social care commissioners and providers. The initial audit work was completed in June with feedback to stakeholders on key areas for improvement – decision making, placements and home care. Work is now focussed on taking forward system wide action plans to support patient flow and enhance quality of care.

Figure 40 - 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 - June	0	0	↔

Aintree reported no 12 hour breaches in June 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 June there was an average response time in South Sefton of 9 minutes 18 seconds against a target of 7 minutes for Category 1 incidents, the worst performance in Merseyside. For Category 2 incidents the average response was 26 minutes against a target of 18 minutes. The CCG also failed the category 3 target of 120 minutes, but achieved for category 4.

Figure 41 – 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 - June	0	106	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	18/19 - June	0	64	↓

In June Aintree Trust recorded 106 handovers between 30 and 60 minutes showing another improvement, this is 26 less than last month when 132 was reported and is still breaching the zero tolerance threshold. They also recorded 64 handovers over 60 minutes, which is also less than last month (98) but are still breaching the zero tolerance threshold.

The average time from notification to handover standard of 15 minutes has decreased to 10.49mins compared to 13.09 minutes in May. The time to see 1st clinician has decreased to 72 minutes compared to 59 minutes in April, against the 60 minute clinical quality indicator.

The clinical quality indicators for the number of patients who leave the department before being seen are being met month on month. The % of patients seen from registration within 15 minutes is 76.66% which is a decrease compared to 78.55% in May.

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.

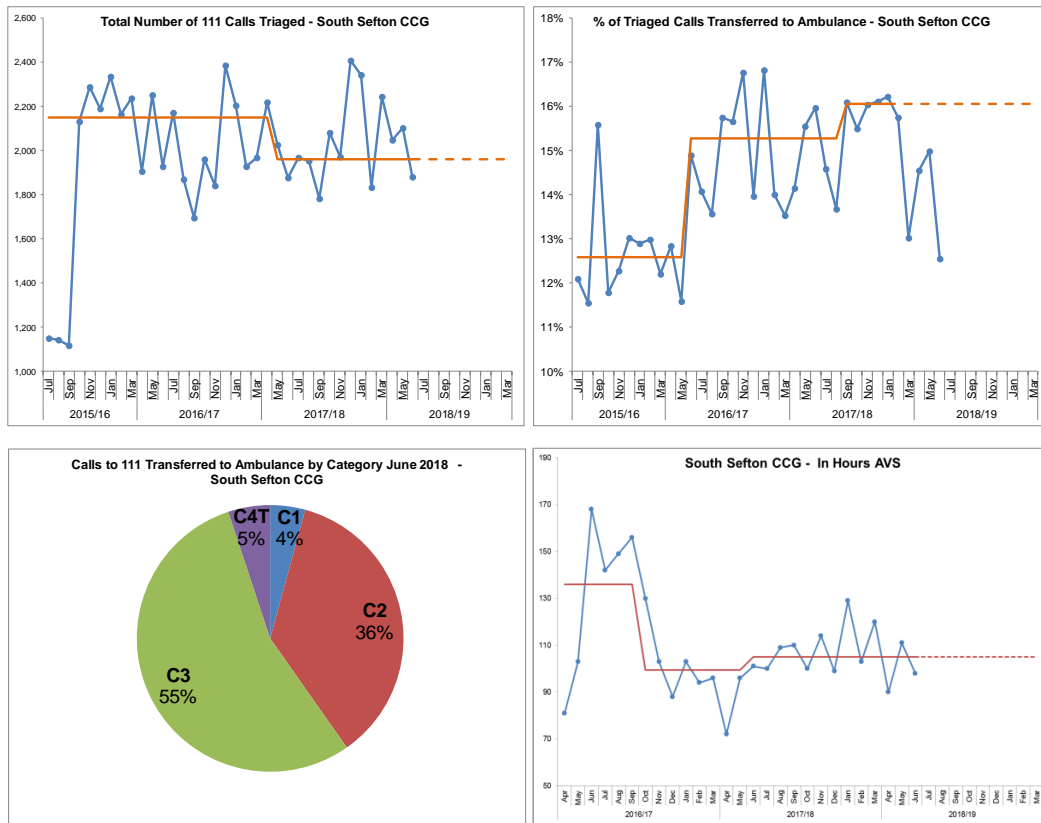
A performance risk share approach has been agreed acknowledging that although most of the major actions and responsibility lie with NWS to deliver, there are some clear CCG and system responsibilities relating to ambulance handover and AVS delays. NWS are working in partnership with all acute providers to support improvements. In addition the CCG has worked with NWS and Mersey Care to implement an Alternative to Transfer pathway to ensure patients of low acuity can be supported within community wherever possible.

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 NWA5, 111 and Out of Hours

4.3.1 111 Service Calls

Figure 42 – 111 Service Calls



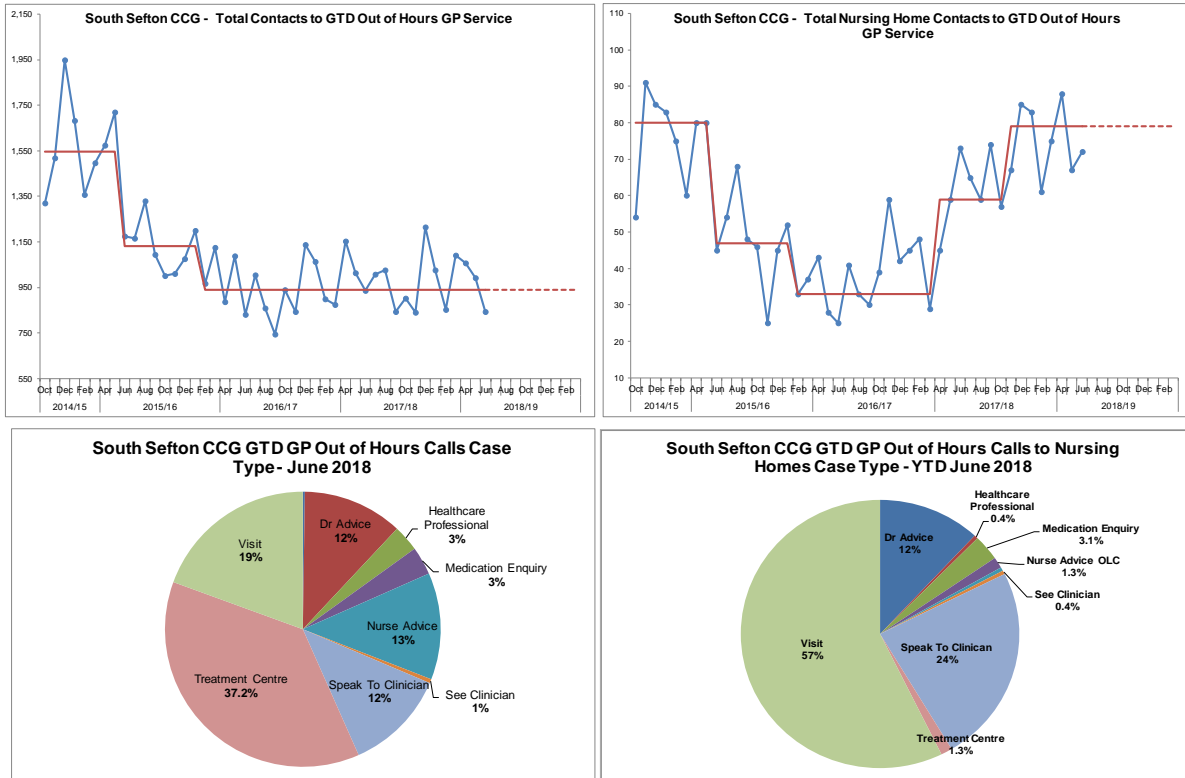
South Sefton CCG	Transferred to Ambulance	Advised to Attend A&E	Advised to Attend Primary & Community Care	Advised to Attend Other Service	Closed with Advice Only
2016/17 %	14.5%	7.9%	55.9%	2.3%	19.4%
2017/18%	15.2%	7.8%	57.1%	3.2%	16.8%
YTD 2018/19 %	14.1%	8.6%	57.3%	3.1%	17.0%

In June 2018, there were 1,880 contacts to the 111 service from South Sefton CCG patients, a similar number to June of the previous year.

A higher proportion of the calls received were advised to attend an accident and emergency department in June (9.5%) and in 2018/19 year to date, however a lower proportion were transferred to an ambulance (12.6%)

4.3.2 GP Out of Hours Service Calls

Figure 43 – 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 Month 3 %	0.2%	13.2%	1.0%	4.0%	11.7%	0.4%	12.3%	39.7%	17.5%	100.0%

There were fewer contacts to the GoToDoc out of hours GP service from South Sefton patients in month 3 of 2018/19 than in the previous year, 844 compared to 935. Overall in 2018/19 there have been 5.4% fewer contacts to the service.

There has been an increase in the number of Dr. Advice calls to the service in YTD 2018/19 by 60% or 143 contacts.

Jun-18	Total	%
	South Sefton	
QR02 Supply of Clinical Details Compliance	844	96.21%
QR09 Life Threatening Conditions	0	0.00%
QR09 Telephone Clinical Assessment (Urgent)	0	0.00%
QR09 Telephone Clinical Assessment (Other)	114	84.21%
NHS 111 Speak To Performance (Emergency)	27	88.89%
NHS 111 Speak To Performance (Urgent)	91	87.91%
NHS 111 Speak To Performance (Less Urgent)	120	90.83%
QR12 Base Time to Consultation (Emergency)	1	100.00%
QR12 Base Time to Consultation (Emergency Patient Choice)	1	100.00%
QR12 Base Time to Consultation (Urgent)	46	95.65%
QR12 Base Time to Consultation (Urgent Patient Choice)	46	95.65%
QR12 Base Time to Consultation (Less Urgent)	267	98.88%
QR12 Base Time to Consultation (Less Urgent Patient Choice)	267	98.88%
QR12 Visit Time to Consultation (Emergency)	0	0.00%
QR12 Visit Time to Consultation (Urgent)	38	84.21%
QR12 Visit Time to Consultation (Less Urgent)	123	86.18%
QR12 Face To Face Consultation (Emergency)	1	100.00%
QR12 Face To Face Consultation (Urgent)	84	90.48%
QR12 Face To Face (Less Urgent)	390	94.87%

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.

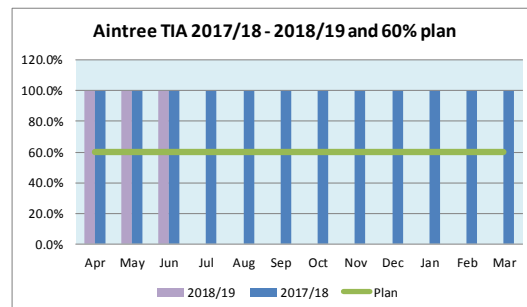
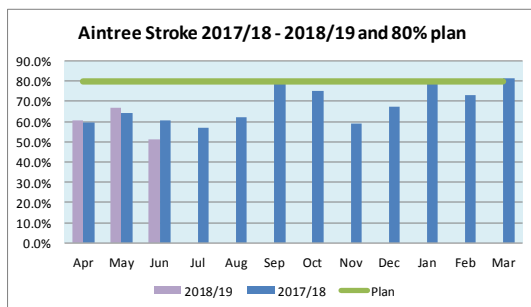
South Sefton CCG, in collaboration with Go to Doc (GTD) and NWAS, launched their out of hours Clinical Assessment Service (CAS) in June 2017.

4.4 Unplanned Care Quality Indicators

4.4.1 Stroke and TIA Performance

Figure 44 - Stroke & TIA performance

Stroke				
% who had a stroke & spend at least 90% of their time on a stroke unit (Aintree)	18/19 - June	80%	51.35%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	18/19 - June	60%	100%	↔



Performance against the 90% stay standard was 51.35% for June 2018. There were 37 patients with a diagnosis of stroke who were discharged from the Trust during the month.

Of these discharges, 19 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 18 patients. All breaches of the standard are reviewed and reasons for underperformance identified:

- 15 patients required admission to the Stroke Unit but no beds were available
- 3 patients were diagnosed as a stroke following an MRI

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 Hyper Acute Stroke Unit 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 - Advert extended as insufficient applicants.
- 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 Emergency Department, Ambulatory Emergency Care and Acute Medical Unit.
- Continue with Quality Improvement Project (supported by QuEST).
- Weekly Breach Meeting with Dr Cullen, Stroke Nurse Clinicians Matron, Clinical Business Manager, ACBM & Data Team to review all patients that failed 4 hours target.

- Stroke Action Plan developed by Clinical Director/Clinical Business Manager & Matron. 3rd Hyper Acute Stroke Unit bed opened 11th June 2018 and a fourth bed being utilised for thrombolysis.

4.4.2 Mixed Sex Accommodation

Figure 45 - Mixed Sex Accommodation breaches

Mixed Sex Accommodation Breaches				
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (CCG)	18/19 - June	0.00	0.30	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	18/19 - June	0.00	0.10	↓

The CCG has reported an MSA rate of 0.3, which equates to a total of 2 breaches in June, 1 breach at Aintree and 1 at Southport & Ormskirk NHS Trust. Aintree also failed the measure and reported an MSA rate of 0.1, which equates to a total of 1 breach in June, this is the first time Aintree have failed this measure in quite some time, last time being October 2016.

4.4.3 Healthcare associated infections (HCAI)

Figure 46 - Healthcare associated infections (HCAI)

HCAI				
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (CCG)	18/19 - June	14	16	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - June	11	11	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - June	0	0	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - June	0	1	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - June	32	37	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - June	No Plan	91	↑

The CCG had 7 new cases of Clostridium Difficile reported in June (16 YTD) against a year to date plan of 14 (7 apportioned to acute trust and 9 apportioned to community). Aintree had 5 new cases reported in June (11 YTD) against a year to date plan of 11.

Aintree had no new cases of MRSA in June but as they had a case in May they have now failed the zero tolerance threshold for 2018/19.

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 June there were 14 cases (37 YTD) against a

year to date plan of 32. Aintree reported 35 cases in June (91 YTD). There are no targets set for Trusts at present.

4.4.4 Hospital Mortality

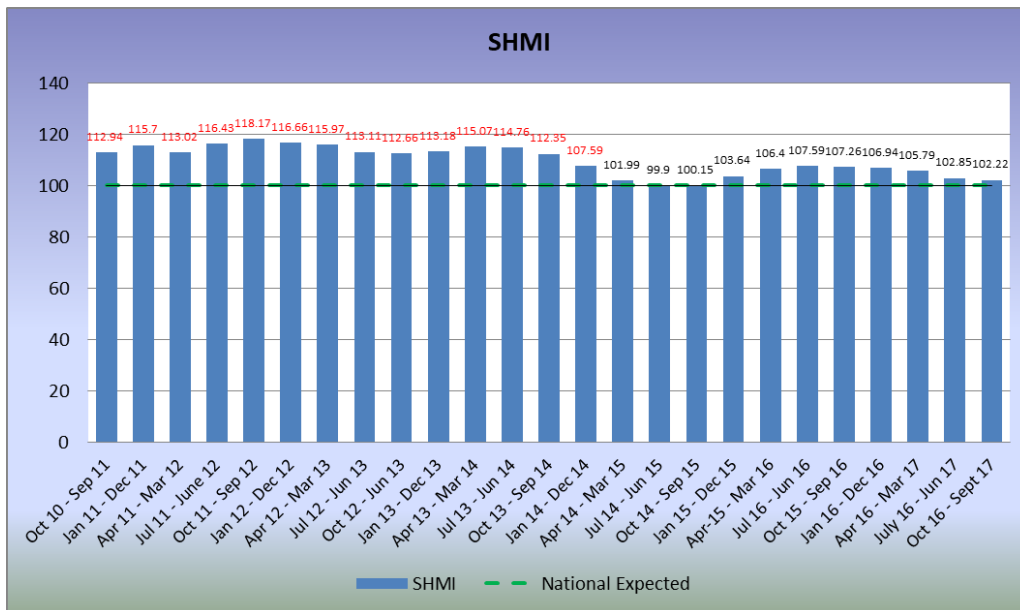
Figure 47 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - June	100	97.18	↕ ↔
Summary Hospital Level Mortality Indicator (SHMI)	Oct 16 - Sept 17	100	102.22	↔

HSMR has remained at 97.18 this month (91.20 was 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. Ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

SHMI at 102.22 is marginally better at June 2017 and within tolerance levels. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 48 - Summary Hospital Mortality Indicator



4.5 CCG Serious Incident Management

A meeting took place with NHS England (Cheshire and Merseyside) on 12th July 2018 outside of this reporting period. Areas of learning have influenced changes to the SIRG terms of reference and added to the action plan reported through to Joint Quality Committee on a monthly basis. As part of the improvement work Aintree Hospital are now invited to attend the SIRG. A report is due to be submitted to NHS E C&M in August. An external review will take place in Q2.

Aintree University Hospital NHS Foundation Trust – reported 1 incident in Month 3 with 10 YTD, with zero Never Events. Four incidents closed in Month with 11 YTD. There are 41 incidents open on StEIS with 23 being open for > 100 days.

Due to a number of RCA breaches a letter of escalation was sent to the Chief Nurse for Aintree Hospital, as per CCG internal escalation process. Confirmation has been received of dates for the RCA's to be submitted.

MerseyCare NHS Foundation Trust - 4 incidents were raised in Month 3, 3 Local Division and 1 Community Services with zero Never Events YTD. Ten incidents closed in Month, 19 YTD (12 – MH, 11 CD). 22 incidents remain open on StEIS with 19 remaining open for > 100 days.

Liverpool Community Health – In Month 2, there remains three incidents open on StEIS, all of which have been open for > 100 days. A meeting took place on 1st June with plans in place to agree closure for the remaining incidents. The CCG is following up closure with Liverpool CCG

Liverpool Women's – 3 incidents remain open on StEIS, 2 remaining open greater than 100 days. The 'Test of Cure' learning meetings are on-going; the RCA is yet to be received.

South Sefton CCG – 6 incidents remain open on StEIS for South Sefton. 1 remains open or >100 days awaiting feedback from NHS E C&M to support closure (General Practice). One incident has since been agreed as not meeting StEIS threshold by NHS E and waiting to be removed from StEIS. Three incidents relate to other commissioned providers.

There are a total of 102 serious incident open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner and or a Sefton CCG. 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
3	Liverpool Women's NHS Foundation Trust
3	Liverpool Community Health
25	MerseyCare NHS Foundation Trust
2	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)
6	South Sefton CCG.

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

Average Delays per Day

Reason for Delay	2017/18												2018/19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
A) COMPLETION ASSESSMENT	0	0	2	1	2	2	1	1	0	1	0	1	1	1	4
B) PUBLIC FUNDING	0	0	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	6	10
D) AWAITING RESIDENTIAL CARE HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DII) AWAITING NURSING HOME PLACEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
E) AWAITING CARE PACKAGE IN OWN HOME	4	1	6	1	3	2	5	4	5	6	7	7	4	4	7
F) COMMUNITY EQUIPMENT/ADAPPTIONS	0	0	1	0	1	0	1	0	0	0	0	0	0	2	0
G) PATIENT OR FAMILY CHOICE	13	18	20	8	14	15	8	17	15	9	9	10	14	13	13
H) DISPUTES	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0
O) OTHER	0	0	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	26	34

The average number of delays per day in Aintree hospital increased in June from 26 to 34. Of the 34, 13 were patient or family choice (38%), 10 were awaiting further NHS non-acute care (29%), 7 were awaiting care package in own home (21%) and 4 patient was awaiting completion of assessment (12%).

Analysis of average delays in June 2018 compared to June 2017 shows 5 less delays in June 2018 (-12.8%).

Figure 50 - Agency Responsible for Days Delayed at Aintree April 2017 – June 2018

Agency Responsible	2017-18												2018/19		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS - Days Delayed	726	852	962	515	725	800	584	991	665	461	445	601	735	633	733
Social Care - Days Delayed	112	45	221	34	134	93	176	134	164	217	219	239	136	143	293
Both - Days Delayed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The total number of days delayed due to the NHS was 733 in June, a decrease of 100 from May when 633 was reported. Delays due to social care were 293 in June, an increase from 143 reported in May. No delays due to both were reported in June.

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 51 - Average Delayed Transfers of Care per Day at Mersey Care - April 2017 – May 2018

Reason for Delay	2017/18												2018/19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
I) HOUSING	1	4	5	3	8	10	10	8	8	8	9	7	2	4
C) WAITING FURTHER NHS NON-ACUTE CARE	9	6	7	6	6	6	6	5	5	4	6	3	8	12
DII) AWAITING NURSING HOME PLACEMENT	4	4	4	7	8	8	7	8	5	4	4	4	4	5
G) PATIENT OR FAMILY CHOICE	0	0	0	1	1	2	3	3	2	3	4	4	2	4
B) PUBLIC FUNDING	8	6	5	3	2	1	2	2	2	2	3	2	1	2
DI) AWAITING RESIDENTIAL CARE HOME PLACEMENT	3	1	0	3	4	3	2	3	3	3	3	4	3	7
A) COMPLETION ASSESSMENT	8	4	6	6	6	5	6	5	4	2	2	2	2	0
E) AWAITING CARE PACKAGE IN OWN HOME	2	1	5	5	3	3	4	3	0	0	1	2	1	0
H) DISPUTES	0	0	0	1	1	1	1	1	1	1	0	0	0	1
F) COMMUNITY EQUIPMENT/ADAPTIONS	0	0	0	1	1	0	0	0	0	0	0	1	0	1
O) OTHER	0	3	2	1	1	1	0	2	2	2	0	1	7	7
Grand Total	35	29	34	37	41	40	41	40	32	29	32	30	30	43

The average number of delays per day at Mersey Care decreased to 29 in June (43 in May). Of the 29 delays: 6 were waiting for nursing home placements (21%), 3 were classified as 'Other' (10%), 4 for public funding (14%), 5 due to patient or family choice (917%), 5 for housing (17%), 1 for awaiting care package in own home (3%) and 1 for patient and family choice (17%)

Analysis of average delays in June 2018 compared to June 2017 shows them to be lower by 5 (-14.7%).

Figure 52 - Agency Responsible and Total Days Delayed – Mersey Care - April 2017 – June 2018

Agency Responsible	2016/17												2018/19	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS - Days Delayed	409	488	447	403	613	680	704	705	587	612	538	420	486	827
Social Care - Days Delayed	351	243	367	574	526	406	396	327	218	214	184	342	277	404
Both - Days Delayed	285	197	217	149	132	151	178	166	179	90	153	138	127	84

The total number of days delayed caused by NHS was 397 in June, compared to 827 last month. Analysis of these in June 2018 compared to June 2017 shows a decrease from 447 to 397 (-11%). The total number of days delayed caused by Social Care was 261 in June, compared to 404 in May. Mersey Care also have delays caused by both which were 220 in May, a significant increase from last month when 84 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. The ICRAS model is well established within South Sefton but with plans now to extend the range of services which can be accessed through this pathway e.g. reablement support. The aim being to present a streamlined and co-ordinated system to support hospital discharge. Further work is examining a single point of contact which although in place within South Sefton is being reviewed in terms of a North Mersey wide process again to eliminate duplication and potential confusion.

ICRAS continues to support significant savings in terms of admissions avoided. The service will form a key component of future winter planning. 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 53 – ICRAS Performance Measures



4.8 Patient Experience of Unplanned Care

Figure 54 - Aintree A&E Friends and Family Test performance

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

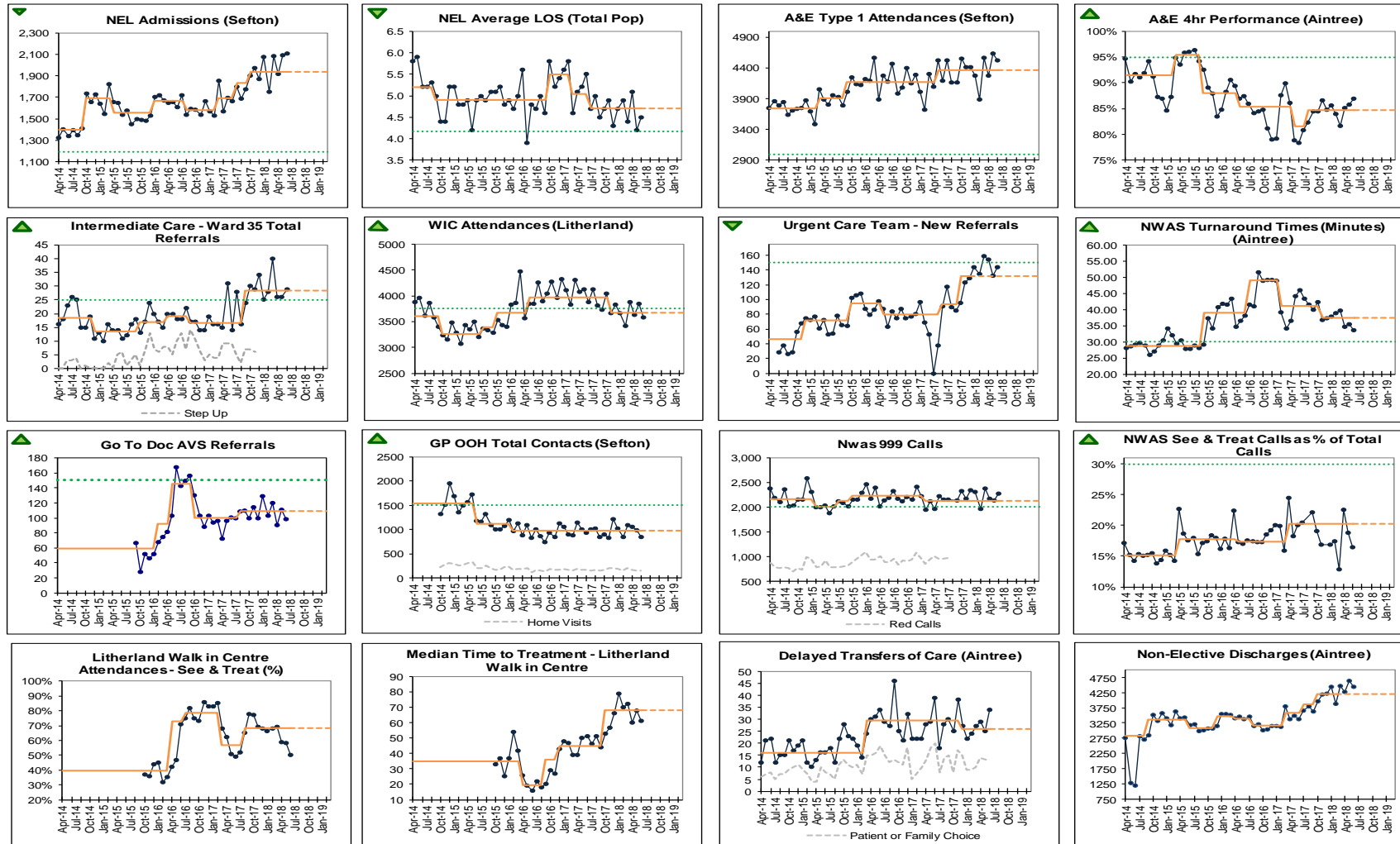
Clinical Area	Response Rate (RR) Target	RR Actual	RR Trend Line	% Recommended (Eng. Average)	% Recommended	PR Trend Line	% Not Recommended (Eng. Average)	% Not Recommended	PNR Trend Line
A&E	12.9%	17.3%	↓	87%	85%	↓	7%	9%	↓

The percentage of people who would recommend Aintree’s A&E is below the England average (87%) at 85% in June, 84% reported in May. The percentage not recommended is at 9% in June, the same as May but still above the England average of 7%.

4.9 South Sefton Urgent Care Dashboard

An urgent care system dashboard has been developed by Dr Pete Chamberlain incorporating 16 key measures of urgent care. It forms part of a wider project to develop system-wide cascading dashboards to bring multiple indicators together to provide oversight of care in different settings.

South Sefton Clinical Commissioning Group



Definitions

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

4.10 Unplanned Care Activity & Finance, All Providers

4.10.1 All Providers

Performance at Month 3 of financial year 2017/18, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £165k/1.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being a reduced over spend of approximately £84k/0.7%.

Aintree represents the highest over performing provider for unplanned care at month 3 with a year to date variance of £273k/3%. In contrast, Alder Hey and Liverpool Women's hospitals are currently underperforming by -£109k/-19% and -£103k/-9% respectively.

Figure 55 - Month 3 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	24,874	27,661	2,787	11%	£9,417	£9,690	£273	3%	£-273	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	2,554	2,333	-221	-9%	£581	£472	£-109	-19%	£109	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	79	21	-58	-73%	£108	£62	£-46	-43%	£46	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	868	844	-24	-3%	£1,120	£1,016	£-103	-9%	£103	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	1,356	1,413	57	4%	£501	£561	£60	12%	£-60	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3	3	0	18%	£14	£21	£7	48%	£-7	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	29,734	32,275	2,541	9%	£11,740	£11,822	£81	1%	£-81	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	20	29	9	43%	£5	£13	£8	179%	£0	£8	-
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	25	25	0%	£0	£10	£10	0%	£0	£10	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	6	6	0%	£0	£1	£1	0%	£0	£1	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	1,983	2,089	106	5%	£701	£699	£-2	0%	£0	£-2	0%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	273	293	20	7%	£111	£124	£14	13%	£0	£14	13%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	18	18	0	-2%	£45	£51	£5	12%	£0	£5	12%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	11	11	0%	£0	£10	£10	0%	£0	£10	-
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST									£0	£0	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	68	68	0%	£0	£22	£22	0%	£0	£22	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	15	19	4	24%	£9	£24	£15	160%	£0	£15	160%
ALL REMAINING PROVIDERS TOTAL	2,310	2,558	248	11%	£871	£955	£84	10%	£0	£84	10%
GRAND TOTAL	32,044	34,833	2,789	9%	£12,611	£12,776	£165	1.3%	£-81	£84	0.7%

*PbR Only

4.10.2 Aintree University Hospital NHS Foundation Trust

Figure 56 - Month 3 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	10,508	11,041	533	5%	£244	£244	£0	0%
A&E - Accident & Emergency	8,161	8,724	563	7%	£1,123	£1,202	£79	7%
NEL - Non Elective	3,845	4,388	543	14%	£7,212	£7,126	-£87	-1%
NELNE - Non Elective Non-Emergency	13	19	6	49%	£46	£60	£14	31%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	5	46	41	773%	£1	£11	£9	632%
NELST - Non Elective Short Stay	523	578	55	11%	£354	£374	£20	6%
NELXBD - Non Elective Excess Bed Day	1,820	2,865	1,045	57%	£437	£674	£237	54%
Grand Total	24,874	27,661	2,787	11%	£9,417	£9,690	£273	3%

4.10.3 Aintree Hospital Key Issues

Plans for 2018/19 have been rebased with additional growth added to accommodate a pathway change implemented by the Trust from October 2017 onwards. Growth has mainly been focussed within the Non-Elective PODs.

Aintree is over performing across the majority of PODs related to Urgent Care. However, the total over spend of £273k/3% is mainly driven by an over performance within A&E and Non-Elective Excess Bed Days. Aintree's A&E Type 1 attendances during May 2018 were the highest reported at the Trust since April 2015. This was part of a trend of increased A&E activity, which was evident across North Mersey providers at this time.

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.

5. Mental Health

5.1 Mersey Care NHS Trust Contract

Figure 57 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG	Caseload 2018/19 M2	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M2
0 Variance	79	106	-27	-24
1 Com Prob Low Sev	11	11	0	-30
2 Prob Low Sev/Need	7	7	0	-12
3 Non Psychotic Mod	64	72	-8	-27
4 Non Psychotic Sev	266	286	-20	-49
5 Non Psychot V Sev	88	84	4	1
6 Non Psychotic Dis	38	35	3	0
7 Endur Non Psychot	308	303	5	24
8 Non Psychot Chaot	140	133	7	3
10 1st Ep Psychosis	160	149	11	10
11 Ongo Rec Psychos	324	320	4	-14
12 Ongo/Rec Psych	383	397	-14	-18
13 Ong/Rec Psyc High	108	107	1	3
14 Psychotic Crisis	30	32	-2	-5
15 Sev Psychot Cris	7	8	-1	-1
16 Dual Diagnosis	48	42	6	7
17 Psy & Affect Dis	41	40	1	-4
18 Cog Impairment	201	245	-44	-28
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	394	436	-42	-36
20 Cognitive Impairment or Dementia Complicated (High Need)	411	446	-35	-23
21 Cognitive Impairment or Dementia (High Physical or Engagement)	116	119	-3	-16
Cluster 97	123	116	160	-267
Cluster 98	153	147		
Total	3,500	3,641	6	-506

Due to disruption caused by the implementation of the RiO system this report stand as at May and will be updated in future reports.

5.1.1 Key Mental Health Performance Indicators

Figure 58 - CPA – Percentage of People under CPA followed up within 7 days of discharge

	Target	Apr-18	May-18	Jun-18
The % of people under mental illness specialities who were followed up within 7 days of discharge from psychiatric inpatient care	95%	100%	100%	100%
Rolling Quarter				100%

Figure 59 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-18	May-18	Jun-18
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	No Patients	No Patients
Rolling Quarter				100%

Figure 60 - EIP 2 week waits

	Target	Apr-18	May-18	Jun-18
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	50%	80%	100%	57%
Rolling Quarter				73%

The 2 week waiting standard continues to be met by the CCGs. However the Royal College of Psychiatrists Centre for Quality Improvement (CCQI) audit report identified service deficits in the interventions being offered including physical health interventions and these were the subject of discussion at an NHS England “Deep Dive “ visit held on 21st May 2018. The audit was run between October and January 2018, during which the Family Therapist post only commenced in January 2018 in addition the STP allocated additional resource towards Individual Placement Support advisors in Q1 2018/19 which are provided by the VCF provider Imagine. The CCQI audit will be re-run later in 2018/19 and these developments will have a positive impact on any future result. In respect of physical health the Trust is working to improve monitoring across all areas.

5.1.2 Out of Area Placements (OAP's)

Figure 61 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	165
	Feb 18 to Apr 18	80
	Mar 18 to May 18	35

The CCG has a target to reduce OAP's by 33% based on quarter 4 2017/18 activity. In quarter 4 2017/18, 165 OAP's were reported, and therefore the target for 2018/19 is 111. The latest reporting period is March to May 2018 where 35 OAP days were reported. This is a 51.5% decrease from the previous reporting period when 80 were reported, and also achieving the target.

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 Trust will be updating the Leadership Team on CRHTT on 21st August 2018.

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 has 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 on-going to explore the discharge pathway from secondary to primary care for adult mental health patients and a pilot proposal will be presented to the LMC in September 2018.

Psychotherapy wait times

The Psychotherapy service model is being changed to increase capacity over the next 2 years which should address previously reported waiting times issues and in consequence the KPIs and activity plans will need to be reviewed. At the June CQPG the Trust outlined plans to remodel the psychotherapy workforce to enable psychotherapy to be undertaken within CMHT settings aligned to GP practices localities. The plans included:

- Psychological staff to directly deliver routine time limited interventions (16 – 24 sessions).
- Supervision of CMHT nursing staff to deliver low intensity interventions that are currently being undertaken in the existing service configuration.
- Within the CMHT and inpatient settings there will be a tiered approach to Psychological interventions with a much more skilled workforce to deliver interventions.

Quality and BI colleagues will need to be involved to agree the process for reporting activity plan, waiting times and trajectories for reducing the number waiting over 18 weeks.

Rio Update

The Trust implemented its new RiO patient information system on 1st June 2018. The Commissioners agreed with the Trust to suspend elements of KPI reporting to allow for more accurate information flows and reporting. With the exception of nationally mandated KPIs and those not generated by RiO (e.g. sickness and absence) KPI reporting will be suspended M3 and M4. In M5 a shadow report will be generated. In M6 a full report will be generated with backdated performance.

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.

5.1.4 Patient Experience of Mental Health Services

Figure 62 - Merseycare Friends and Family Test Performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: Jun-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%	3.3%	↗	89%	87%	↘	4%	4%	↘

In June, Merseycare recorded a response rate of 3.3%, which is slightly above the England average. 87% of respondents reported they would recommend the service, a decline on last

month's performance of 91% also below the England average of 89%. The percentage who would not recommend is 4% in June, again a decline and the same as the England average.

5.2 Improving Access to Psychological Therapies

Figure 63 - 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	289	289	295	358	232	336	245	283	3,495
	2018/19	315	283	292										890
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%	14.38%
	2018/19	1.30%	1.16%	1.20%										3.66%
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%	50.3%	44.1%										48.8%
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%	99.0%	99.5%										99.4%
ACTUAL % 18 weeks waits - 95% target	2017/18	100.0%	100.0%	99.5%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	2018/19	100%	100%	100.0%										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	225	199	210										634
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	7	7										23
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	96	89										298
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	90.1%	84.6%	92.4%										89.0%

Cheshire and Wirral Partnership reported 292 patients entering treatment in Month 3, which is a slight increase from the 283 reported in Month 2. 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 3 was 1.20% and therefore failed to meet the standard.

There were 384 Referrals in Month 3, which was a comparable with the previous month when there were 382. Of these, 72.7% were Self-referrals which is an increase from the previous month (65.97%). GP Referrals were lower than the previous month with 61 compared to 83 for Month 2. 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 44.1% in Month 3, which is less than the 50.3% for the previous month and failing to achieve the target of 50%.

Cancelled appointments by the provider saw another increase in Month 3 with 83 compared to 69 in Month 2.

There was an increase in DNAs in Month 3 (from 182 in Month 2 to 194 in Month 3); 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 3, 99.5% of patients that finished a course of treatment waited less than 6 weeks from referral to entering a course of treatment. This is against a standard of 75%. 100% of patients have waited less than 18 weeks (against a standard of 95%).

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

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

Internal waits, i.e. the wait from referral to treatment continues to improve with support from NHSE. At the start of the contract, there were in excess of 1000 individuals waiting for step 2 therapy alone.

In 2017/18 the decision was made to ring fence the longest waiters at Step 2, with an identified cohort of practitioners working specifically with these clients. This was successful in reducing waits for step 2 (CBT based interventions) to an average of less than six weeks. These average waits have been maintained, with fluctuations between the two CCGs as resource is shifted to meet demand. In an effort to address the need to continually flex resource, telephone work at Step 2 has increased. This prevents the need for a practitioner to be based in a specific location and enables the service to move quickly to address peaks in demand in given areas.

In July 2018 the number of people who have waited over 90 days for follow up appointments reduced from 94 in May 2018 (32 in South Sefton, 62 in Southport & Formby) to 24 people (9 in South Sefton, 15 in Southport & Formby). This is a result of on-going work with ring-fencing long internal waiters and proactively contacting clients.

5.3 Dementia

Figure 64 - Dementia casefinding

NHS South Sefton CCG			
	Apr-18	May-18	Jun-18
People Diagnosed with Dementia (Age 65+)	1159	1163	1191
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%	62.0%	63.4%
Target	66.7%	66.7%	66.7%

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in June of 63.4%, which is under the national dementia diagnosis ambition of 66.7% and an improvement from last month of 1.4%.

In terms of actions being taken to improve performance in relation to the National Dementia diagnosis ambition, Sefton Information Facilitators have been implementing the plan to run agreed searches for dementia diagnosis codes. So far this has resulted in 41 records being identified across 18 practices and were given to practice clinicians for follow up and / or recall for further assessment.

South Sefton CCG also continues to support GP practices to fill their GP vacancies that are likely to have an impact on resources to review potential dementia patients. Dementia resource information has also been sent to all GP practices and remains an on-going agenda item at all Locality meetings. GP bulletins contain a link to Dementia resources and will be updated by-monthly.

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 June 2018 was 66.4% and therefore the CCG is below target. The agreed date of recovery is 31st December 2018. A refreshed plan is in place and issues causing underperformance are being addressed.

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

Figure 65 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Plans (32% Target)

E.H.9	17/18 Revised Estimate*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	2018/19 Total
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	100	25	25	25	25	100
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	305	250	250	250	250	1000
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3121					3121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	9.8%					32.0%

The data is published nationally by NHS Digital. The CCG target is to achieve 32% by the end of the financial year. Quarter 1 performance is awaited from NHS Digital.

**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

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

Figure 66 - 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	3	21	6		4		4	
Number of CYP with a suspected ED (routine cases) that start treatment	3	21	6		4		4	
%	100.00%	100.00%	100.00%	-	100.00%	-	100.00%	-

Figure 67 - 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	1	5	1		1		1	
Number of CYP with a suspected ED (urgent cases) that start treatment	1	5	1		1		1	
%	100.00%	100.00%	100.00%	-	100.00%	-	100.00%	-

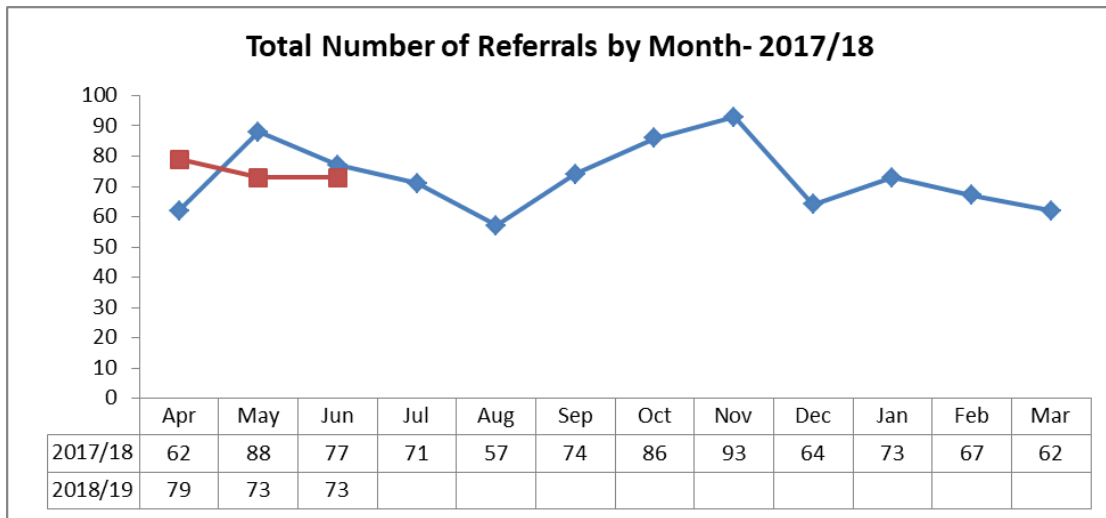
Quarterly plans for 2018/19 submitted with the expectation 100% of patients will be seen within 4 weeks and 100% of urgent cases within 1 week in each quarter.

The service reported that they began therapy with 4 priority cases (no wait for therapy) and this will have impacted on waits for routine therapy. Group work continues to expand with 10 people commencing in August with a further group planned to commence in September. The service is actively managing wait times and are exploring pathway changes involving an initial psych-education group as first access to therapy.

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 1 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during April to June 2018/19. 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.

Figure 68 – CAMHS Referrals



Throughout quarter 1 2018/19 there were a total of 225 referrals made to CAMHS from South Sefton CCG patients. May and June saw the same number of referrals (73) which were both slightly lower than the previous year.

Figure 69 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	15	55.6%
2-4 Weeks	8	29.6%
4- 6 Weeks	2	7.4%
6-8 weeks	1	3.7%
8- 10 weeks	1	3.7%
Total	27	100%

Of those Referrals during April to June 2018/19 that have been allocated and an assessment taken place, 55.6% (15) waited between 0 and 2 weeks for the assessment.

An assessment follows on from the Triage stage when the clinical risk is assessed and patients are prioritised accordingly. At the point of assessment the child/young person meets with a clinician to discuss their issues and it is possible to determine whether the CAMHS is appropriate. At this stage it may be that the child/young person is signposted to another service rather than continue to an intervention within the service.

Figure 70 - CAMHS Waiting Times Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	4	14.8%	36.4%
2-4 Weeks	3	11.1%	27.3%
4- 6 Weeks	3	11.1%	27.3%
6-8 weeks	0	0.0%	0.0%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	0	0.0%	0.0%
12- 14 Weeks	1	3.7%	9.1%
(blank)	16	59.3%	
Total	27	100%	100%

An intervention is the start of treatment. If the patient needs further intervention such as a more specific type of therapy then they would be referred onto the specific waiting list. These waiting times are routinely reviewed in local operational meetings.

59.3% (16) 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 16 referrals were discounted, that would mean 63.6% (7) of referrals waited 4 weeks or less from assessment to intervention. Collectively all referrals where an intervention took place had their intervention within 14 weeks.

5.7 Learning Disability Health Checks

Figure 71 – Learning Disabilities Performance Measures

2018/19 Quarter 1			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	675	126	18.7%
Actual	235	43	18.3%

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 504 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the 'actual' data in the table above is significantly lower than expected. In quarter 1 only 24 practices (out of 30) submitted data, and 4 practices had significant data quality issues meaning their data had to be excluded from the table above. Practices are being supported with to improve data quality.

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 community contract leads have had an initial meeting to discuss outcomes and recommendations. A further date has been arranged for the outcomes to be presented formally to CCG forum.

Further work to understand the impact of ICRAS and the reporting mechanism for such schemes are on-going. A draft ICRAS report has been shared with the CCG for feedback. 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, which include a schedule of quality site visits every quarter.

Aintree Clinical Quality and Performance Group for Clinical Quality and Performance Group Terms of Reference are currently being reviewed.

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 monitors DNA performance against an 8.5% threshold. 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 13.5% in June, although this is a further improvement on May (16.7%). 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 is to meet with Aintree Hospital to understand the issues.

Dietetics performance has improved slightly from 28.1% in May to 21.6% in June but is still reporting well above the threshold. The service failed each month of 2017/18 and the trend continues. The Trust has reported that 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. The results illustrated patients with two or more long term conditions and a diagnosis of diabetes were the most frequent to DNA. Work to be done with nurse educator to establish appropriate pathway for these patients.

Phlebotomy performance has improved slightly from 11% in May to 9.5% in June and is now therefore RAG rated as amber. An improvement plan has been agreed to include measures to address the pressures placed on the service due to the high number of patients who DNA and to shift activity from domiciliary appointments to clinic. There was a three month pilot commenced in May to assess patient mobility and review housebound criteria. This pilot is expected to have a positive impact on DNA levels. A further pilot is planned to run from September to November to hold two drop in clinics in South Sefton to assess the impact on overall DNA rates.

Provider Cancellations

The Trust monitors performance against a 3.5% threshold.

Treatment room cancellation rates have fallen from 5.3% in May to 3.3% in June and are now in line with the target. Therefore all services are reporting under the threshold in June.

6.1.3 Waiting Times

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




Physiotherapy: May's position for completed pathways has declined from 21 weeks in April to 24 weeks in May. The longest wait is currently recorded at 22 weeks by one patient.

Nutrition & Dietetics: May's completed pathways position has declined from 17 weeks in April to 23 weeks in May. The longest wait is currently recorded at 31 weeks by one patient.

6.1.4 Patient Experience of Community Services

Figure 72 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
Mersey Care NHS Foundation Trust
Latest Month: Jun-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%	1.5%		95%	97%		2%	1%	

Mersey Care is reporting a response rate of 1.5% in June against an England average of 3.7%, a decline in performance from 3.6% reported in April. The percentage who recommended the service was 97%, a slight decline from last month when 98% was reported but still remaining above the England average of 95%. Performance for the percentage who would not recommend remains at 1%, below the England average of 2%.

6.2 Any Qualified Provider Mersey Care Podiatry Contract

At Month 3 2018/19 the total year to date costs for the CCG were £65,751 with 1,663 contacts. There have been data quality issues in respects of follow ups reported by Mersey Care NHS FT and the Trust is working with the CCG on this. The Merseyside AQP contracts for Podiatry are due to expire on 30th September 2018. There are on- going discussions with Mersey Care on taking the whole service forward including how low-level podiatry needs are being met.

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 May 2018.

Paediatric SALT: May is reporting 28 weeks for the 92nd percentile for incomplete pathways, with 1 patient waiting as long as 38 weeks. This is a further decline in performance compared to last month when 27 weeks was reported. The Trust has undertaken some validation work and the service is still performing well above the standard 18 weeks, which evidences that there is a genuine capacity issue. The Trust has submitted a business case to the CCG which was presented to the CCG’s senior leadership team in July and are awaiting the outcome.

6.3.3 Patient DNA’s and Cancellations

Paediatric Dietetics: The Trust is reporting a DNA rate of 11.1% in June 2018, a slight decline on 10.5% reported last month and therefore still reporting above the 8.5% threshold.

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

Figure 73 - South Sefton CCG – Percentage of children waiting more than 18 weeks for a wheelchair - 2018/19 (100% 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	20	Nil return	20		20		20	
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	20	Nil return	20		20		20	
%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	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.

Commissioning arrangements are complex; services for South Sefton patients are commissioned by NHS England and services are provided by Aintree Hospital who then submit data to NHS England nationally. Publication of quarter 1 performance is awaited. 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

Introduction

Quarterly reports from CCG-funded Third Sector providers, detailing activities and outcomes achieved have been collated and analysed. A copy of the resultant *Third Sector Quarter 1 2018-19 Report* has been circulated amongst relevant commissioning leads. Referrals to some services have increased during Q1 compared to the same period last year, others remain more stable. Individual service user issues (and their accompanying needs) are becoming more complex,

increasing pressure on staffing and resources. Despite this providers continue to prioritise frontline service delivery.

Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence by providing Befriending Reablement Officer or volunteer support. During Q1, Age Concern had a total of 268 service users engaging with the service. 41 cases were closed and a further 60 referrals received. All referred clients were assessed within 14 days of initial referral, plans detailing reablement outcomes were conducted for all, and 112 care plan reviews took place within 6 weeks of service commencement. Although one third of referrals were received from across the local health economy, only a relatively small percentage was from local GPs. To this end staff attended a Maghull locality meeting during Q1 and will liaise with CCG Locality Managers to attend meetings in other localities moving forward.

Alzheimer's Society

The Society continues to work with Sefton GP's delivering 7 Dementia Support sessions in practices during Q1, 5 in South Sefton and 2 in Southport & Formby. Pre-arranged sessions are booked and then run on an as-needed basis. 12 practices are actively engaged to-date. A further 4 practices will be visited before introductory sessions are scheduled for other practices. During Q1 the Society received 74 new referrals. For the first time more were received via the local health economy than self/carer referrals. 71 cases were closed and there were 194 Dementia support and Side by Side active cases. Dementia Community Support conducted 66 Individual Needs Assessments; the Dementia Peer Support Group ran 10 Singing for the Brain, 6 Active & Involved and 12 Reading sessions, as well as 12 memory Cafes. A pop-up Café was also run in Bootle.

Expect Ltd

Expect LTD employs 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q1 there were 1,728 drop-in contacts (Monday to Friday). A total of 2,129 structured activities were delivered e.g. drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as the *Let's Talk Mental Health*, plus outreach support. Case studies illustrate how the socially isolated, people with mild learning disabilities, anxiety, acquired brain injuries and epilepsy are helped. Positive outcomes include improved mental health and well-being, reducing access to crisis services, A&E attendance or hospital admissions. The social and life skills acquired also boosts service users opportunities to obtain sustainable employment.

Sefton Carers Centre

Sefton Carers report steady increases in the number of carers' assessments (and reassessments). The Welfare Advice Service has seen significant demand due to rising numbers of tribunal cases (that require more complex support) and the shift to Universal Credit (to ensure benefits are maintained and smoothly transferred). During Q1 the Centre redesign was completed, improving facilities and enabling Alder Hey's Physio & Occupational Therapy service and Sefton Advocacy to co-locate. Outcomes included 258 new carer registration (52 are parent carers). During Q1 325 Child Needs Assessments that inform Carers' Support Plans were completed or closed. £316k of additional or maintained annual income was also secured on behalf of carers, together with £39k back payments. 226 information and guidance contacts were made with carers. 4 new volunteers were recruited to the volunteer (non-personal care) sitting service that enables carers to have a short break. 100 hours of sitting service was provided with a volunteer value equating to £23k. Physical and emotional health and wellbeing is provided by counselling and holistic therapies (with 89% of therapy users reporting this had a marked or significant positive impact on them).

Citizens Advice Sefton

The service presently delivers advice sessions to in-patients at Clock View Hospital, Walton. During Q1 55 new referrals were received (5 more than the same period last year). 29% of these were from Mental Health Professionals or GPs, with the remainder self/carer referrals. 65% of new referrals had mental health problems, 13% multiple impairments, 11% long-term health conditions, 9% another disability (or type not given) and 2% physical (non-sensory) impairment. 89% of enquiries were around general benefits, with the others comprising Universal Credit, debt, financial services and capability, travel and transport issues. As a result of service interventions, financial outcomes (in terms of benefit/tax credit new awards, increases, appeals, revisions, reinstatements or reductions in overpayments) totalled £397,382 during the period.

Sefton Council for Voluntary Service (CVS)

In Q1 the Community Development Worker supported 22 new referrals and 79 existing service users who had on-going programmes of support in place. People were helped to register with GP's and access mental health services. The majority of enquiries were around mental health, legal issues, benefits and housing. During the period Children, Young People and Families facilitated 4 network/forum meetings that had 37 attendees. Health and Wellbeing Trainers saw 167 new referrals during Q1 with service users supported to address smoking and weight loss, drug and alcohol problems, social isolation, low confidence, family and relationships issues and money problems. The service attended locality meetings to discuss patients' needs and give feedback; and District Nurses 'huddles' to maintain and build on professional relationships. The Reablement/ Signposting service received 71 client contacts, with 70 enquiries resolved. The top five specified reasons for support were social inclusion (29%), everyday living/food (20%), housing (8%), health-related issues (6%) and confidence-building (6%).

Sefton Advocacy

Following the merger of Sefton Advocacy and Sefton Pension's Advocacy, 242 existing cases from both organisations' were brought forward. A total of 136 new referrals were received and of these 13% were signposted for more appropriate support. 4% of new referrals comprised general enquiry/information-only queries. 64 cases were closed due to cases being completed (75%), advocacy not wanted (8%), advocacy not appropriate (5%), service user deceased (11%) and unable to contact service user (1%). During Q1 there were a total of 1,986 contacts comprising office visits, other case contacts; medical appointments, assessments, court and tribunal attendances; home visits, research preparation work and housing bids (PPP). Case outcomes included options explained to service user (20%), representations made (17%), information supplied (17%), client empowerment (15%), signposting (8%) and support (23%). During Q1 these case outputs resulted in financial outcomes worth a total of £359,551 being achieved.

Swan Women's Centre

The Centre reported increasing numbers requesting counselling with 77 new referrals during Q1 alone. An additional four volunteer counsellors have been recruited to meet additional need. Whilst increasing organisational costs this represents excellent value for money and an efficient use of resources. The main referral sources were self-referral (55%), direct GP referral (18%), Other Healthcare Professionals (11%) and Mersey Care NHS Trust (6%). During Q1 the counselling service had 61 existing cases. 52 women were part-way through their 12 allocated counselling sessions, whilst 9 have exceeded twelve weeks and are continuing with further sessions as required. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The Emotional Well-being Support Group also offers health-related benefits including therapies to aid self-care and improved well-being, emotional and physical health.

Imagine independence

During Q1 Imagine Independence carried forward 49 existing cases. A further 123 were referred to the service via IAPT during the period. Referrals during Q1 in 2017-18 were lower at 104. Of the new referrals 67% were female and 33% male. All completed personal profiles and commenced job searches. A total of 41 service users attended job interviews; 20 managed to secure paid work for 16+ hours per week; and a further 1 secured paid work for less than 16 hours per week. The service supported 65 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles (28%), employment courses attended (4%), commenced job search (28%), job interviews attended (24%), employment engagement meetings attended by service (2%) and service contact with employers (14%).

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

SWACA also reported increased demand with 627 new referrals during Q1. 89% were female service users and 11% male. Referrals came from various sources, with the top three once again being the police (41%), self-referrals (16%) and CYPS Safeguarding Children (16%). Other sources included consultants, health visitors and professionals, Adult Social Care, Children's Centres, family and friends, and schools and colleges. There are currently 390 women and 214 children in receipt of support. The refuge accommodated 3 women along with 3 children for 11 weeks during the period.

Stroke Association

As an integral part of the stroke pathway, of the 91 referrals in South Sefton 91% were from Aintree Hospital/Community Stroke Team. Of the 89 Southport & Formby referrals 93% were from Southport & Ormskirk NHS Trust. The numbers of working age stroke survivors and carers was 28% (South Sefton) and 17% (Southport & Formby) who were provided with post-stroke back-to-work, welfare benefits, financial and emotional support, plus tailored information for young families. During Q1, the service dealt with a total of 1,198 contacts: 642 in South Sefton and 556 in Southport & Formby. The top 5 outcome indicators during Q1 were a Better Understanding of Stroke (13%), Self-Management of Stroke & its Effects (10%), Healthy Lifestyle Choices (10%), Reduced Anxiety or Stress (10%) and Increased Independence and Choice (8%). 46 stroke survivors were discharged during Q1. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team to discuss the support and rehabilitation needs of new and existing service users, jointly planning the way forward. Group meetings held during the period included the Communication Group, Peer Support Group, Merseyside Life After Stroke Voluntary Group and the Music Group. Trained volunteers work with the groups (Supporting Services); befriending (Delivering Services); and act as ambassadors (for the organisation). 124 volunteering hours were worked across Sefton during Q1. The Association also assists with applications for grant payments/benefits, securing five recovery grants totalling £1,433.48.

Parenting 2000

During Q1 the service received 16 adult referrals and 90 referrals for children. A total of 110 service users accessed counselling for the first time. Of the 506 appointments available during this period a total of 489 were booked and 379 were actually used. There were 74 cancellations and 36 did not attend their scheduled appointment. The top five referral sources during Q1 were self/carer/parent referrals (30%), GP recommendations (22%), GP referrals (16%), hospitals (8%) and schools (8%).

Netherton Feelgood Factory

In Q1 three paid staff were employed with expertise and experience in psychology, psychotherapy, social work, nursing counselling and forensics, together with a small number of volunteers. The Drop-In offers a safe space for people with complex mental and social care needs. It has been operating for several years, offering open sessions at the Feelgood Factory and Linacre Mission.

Diagnostically most clients have complex personality disorders plus severe anxiety/depression, with a number having bipolar, schizoaffective disorders, learning disabilities or dementia. During Q1 referral routes included GPs, self/carer referrals and legal. Previous referral sources have included mental health professionals, job centres, Sefton Veteran's project, IAPT and other voluntary, community and faith organisations. There are three broad categories of clients attending the Drop in: short-term service users who come with problems of an immediate nature, often following a specific event; long-term clients who may have personality disorders together with physical problems; and recovering service users with complex mental health issues that use the service as an 'Open Door' resource.

CHART (Crosby Housing and Reablement Team)

During Q1 the service received 61 new referrals, with the main source being Mersey Care NHS Foundation Trust (83%). Other referral sources included Sefton Metropolitan Borough Council (Adult Social Care), housing offices, self-referrals, floating support staff and advocacy service. Case outcomes during the period included accommodating 20 service users and supporting a further 13 people to stay in their current residence. The service ensured 3 people avoided being admitted to hospital (and enabled 8 patients to be discharged). It prevented 18 people from becoming homeless; moved 4 people into less supported accommodation (and 7 into more); helped 10 people moved into independent accommodation; and moved 3 into accommodation with the same level of support.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 74 - 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 have been 2 new inspections in South Sefton recently. They were North Park Surgery and we are still awaiting their results, Orrell Park which has remained consistent scoring 'good' for all aspects. All the results are listed below:

Figure 75 - 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	05 June 2018	Awaiting report						
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	14 August 2017	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 1 2017/18 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in July 2018. This reported that all national BCF conditions were met; progress against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care; assessment against the High Impact Change Model; and narrative of progress to date.

A summary of the Q1 BCF performance is as follows:

Figure 76 – 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	Data not available to assess progress
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 77 – 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 2%, this is a reduction against the usual +/-3% threshold. 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 3 performance and narrative detailed in the table below.

Figure 78 - South Sefton CCG's Month 3 Submission to NHS England

May 2018 Month 03	Month 03 Plan	Month 03 Actual	Month 03 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3625	3431	-5.4%	Both GP and Other referrals for June decreased to the previous month but remain within the statistical norm. Referrals in May 18 (particularly other referrals) increased following an increase in A&E attendances and emergency admissions. Total GP referrals were below average and further analysis has identified an anomaly with reduced referrals to the General Medicine specialty at the CCG's main provider in June 18. This will be queried with the provider as part of on-going referrals discussions at the information sub group. It is expected referral levels to come back in line with seasonal plan in the coming months. Local monitoring of referrals suggest year on year decreases of 3% with GP referrals showing decreases of -4%.
Other	2345	2492	6.3%	
Total (in month)	5970	5923	-0.8%	
Variance against Plan YTD	17307	18266	5.5%	
Year on Year YTD Growth			10.3%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5151	4745	-7.9%	Outpatient levels were in line with trend of the previous year and as such is not statistically against the trend. However, outpatient activity was slightly below average/plan in June but a seasonal profile indicates an increase in July before further reductions in August. First attendances increased in May, which may be linked to the ambulatory pathway at the CCG's main provider (A&E, admissions and referrals all increased in May). Local monitoring shows year to date outpatient activity as 5% above average but the expected seasonal profile would bring activity back in line with plan.
Follow Up	11442	10524	-8.0%	
Total Outpatient attendances (in month)	16593	15269	-8.0%	
Variance against Plan YTD	46983	46542	-0.9%	
Year on Year YTD Growth			-4.3%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1890	1866	-1.3%	CCG's main provider saw a large number of attendances within May (the highest in the last three years), with large levels of admissions following. This was part of a trend identified across North Mersey. Attendances dropped in June and were closer to the expected average. Overall actual and plan are in line YTD. A&E performance at the main provider improved slightly in June but remains below 90%.
Elective Ordinary spells	248	244	-1.6%	
Total Elective spells (in month)	2138	2110	-1.3%	
Variance against Plan YTD	6005	6079	1.2%	
Year on Year YTD Growth			-0.2%	
Urgent & Emergency Care				
Type 1	4169	4443	6.6%	Changes in pathway at the CCG's main provider part way through 2017/18 resulted in higher levels of admissions, this trend has continued into 2018/19 and continues to rise. A&E activity has not risen to the same extent as admissions but conversion rates have increased significantly over the past year in line with the pathway changes at the CCG's main acute provider. Plans have increased from 2017/18 in line with changes in activity and seasonal trend has increased levels in the latter half of the year. This should bring plan and actual closer in line in the coming months.
Year on Year YTD			5.3%	
All types (in month)	8616	8469	-1.7%	
Variance against Plan YTD	26184	25796	-1.5%	
Year on Year YTD Growth			0.3%	
Total Non Elective spells (in month)	1856	2131	14.8%	
Variance against Plan YTD	5712	6386	11.8%	
Year on Year YTD Growth			22.0%	

MEETING OF THE GOVERNING BODY SEPTEMBER 2018

Agenda Item: 18/142	Author of the Paper: Becky Williams Strategy & Outcomes Officer
Report date: September 2018	Email: becky.williams@southseftonccg.nhs.uk Tel: 0151 317 8456
Title: Improvement and Assessment Framework 2017/18 Quarter 4 Exception Report.	
Summary/Key Issues: This paper presents an overview of the 2017/18 CCG Improvement and Assessment Framework, and a summary of Q4 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive this report.	

Links to Corporate Objectives (<i>x those that apply</i>)	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target 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
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

SEPTEMBER 2018

1. Executive Summary

The Improvement and Assessment framework draws together in one place 51 indicators including NHS Constitution and other core performance and finance indicators, outcome goals and transformational challenges. These are located in the four domains of better health, better care, sustainability and leadership. The assessment also includes detailed assessments of six clinical priority areas of cancer, mental health, dementia, maternity, diabetes and learning disabilities. The framework is then used alongside other information to determine CCG ratings for the entire financial year.

An IAF dashboard is released by NHS England on a quarterly basis identifying areas of declining performance, or performance indicators which sit in the most adverse quartile nationally. The Q4 dashboard was released to CCGs in August 2018, before public release on My NHS in September 2018. An update of ratings for clinical priority areas has also been published for 2017/18.

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

A framework has been drawn up to assign Leadership Team, Clinical, and Managerial leads to every indicator. The purpose of this is to assign responsibility to improving performance for each indicator to a named lead. This paper presents an overview of the 2017/18 CCG Improvement and Assessment Framework, and a summary of Q4 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.

2. Introduction and Background

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

Figure 1 – Q4 2017/18 IAF Dashboard

NHS South Sefton CCG




2017/18 Year End Rating:

Requires improvement

Better Health		Period	CCG	Peers	England	Trend
R	102a % 10-11 classified overweight	2014/15 to 2016/17	35.1%	↓	5/11	130/207
	103a Diabetes patients who achieved	2016-17	41.3%	↑	5/11	66/207
	103b Attendance of structured education	2016-17 (2015 cohort)	8.6%	↑	5/11	65/207
R	104a Injuries from falls in people 65+	17-18 Q3	3,018	↑	11/11	204/207
R	105b Personal health budgets	17-18 Q4	19.40	↑	9/11	76/207
R	106a Inequality Chronic - ACS & UC	17-18 Q3	3,759	↑	11/11	202/207
R	107a AMR: appropriate prescribing	2018 01	1.175	↑	4/11	179/207
R	107b AMR: Broad spectrum prescribing	2018 01	8.0%	↓	7/11	72/207
	108a Quality of life of carers	2017	0.69	○	3/11	29/207

Sustainability		Period	CCG	Peers	England	Trend
R	141b In-year financial performance	17-18 Q4	Red	↓		
R	144a Utilisation of the NHS e-referral	2018 02	24.4%	↑	11/11	197/207

Leadership		Period	CCG	Peers	England	Trend
R	162a Probity and corporate governance	17-18 Q4	Fully Compliant	○		
R	163a Staff engagement index	2017	3.72	↑	8/11	164/207
R	163b Progress against WRES	2017	0.05	↓	2/11	5/207
R	164a Working relationship effective	17-18	69.96	↑	7/11	90/207
R	166a CCG compliance with standards	2017	Green	○		
R	165a Quality of CCG leadership	17-18 Q4	Amber	↔		

Key	
	Worst quartile in England
	Best quartile in England
	Interquartile range

Better Care		Period	CCG	Peers	England	Trend
R	121a High quality care - acute	17-18 Q4	58	↓	9/11	146/207
R	121b High quality care - primary care	17-18 Q4	65	↔	10/11	149/207
R	121c High quality care - adult social care	17-18 Q4	61	↑	4/11	115/207
	122a Cancers diagnosed at early stage	2016	51.5%	↑	5/11	127/207
R	122b Cancer 62 days of referral to treatment	17-18 Q4	90.9%	↑	2/11	9/207
	122c One-year survival from all cancer	2015	72.7%	↑	2/11	71/207
	122d Cancer patient experience	2016	8.8	↑	7/11	54/207
R	123a IAPT recovery rate	2018 02	42.6%	↓	10/11	191/207
R	123b IAPT Access	2018 02	3.6%	↓	8/11	143/207
R	123c EIP 2 week referral	2018 03	78.3%	↓	7/11	88/207
	123d - CYP mental health (not available)					
R	123f MH - OAP	2018 02	104.0	○	10/11	135/207
	123e MH - Crisis care and liaison (not available)					
R	124a LD - reliance on specialist IP care	17-18 Q4	64	↓	3/11	145/207
	124b LD - annual health check	2016-17	28.3%	↑	11/11	202/207
	124c Completeness of the GP learn	2016-17	0.45%	○	11/11	120/207
	125d Maternal smoking at delivery	17-18 Q3	17.2%	↑	7/11	185/207
R	125a Neonatal mortality and stillbirth	2016	3.3	↓	5/11	34/207
	125b Experience of maternity services	2017	81.8	○	10/11	139/207
	125c Choices in maternity services	2017	63.6	○	2/11	48/207
R	126a Dementia diagnosis rate	2018 03	63.1%	↓	10/11	160/207
	126b Dementia post diagnostic support	2016-17	74.6%	↑	9/11	187/207
R	127b Emergency admissions for UC	17-18 Q3	3,468	↑	10/11	198/207

127c	A&E admission, transfer, disc 2018 Q3	83.4%	↓	7/11	87/207		
R 127e	Delayed transfers of care per 1000 2018 Q3	13.9	↑	10/11	157/207		
R 127f	Hospital bed use following emergency 17-18 Q3	614.1	↑	11/11	198/207		
R 105c	% of deaths with 3+ emergency admissions 2017	7.84%	↑	10/11	200/207		
128b	Patient experience of GP services 2017	83.9%	↑	9/11	127/207		
128c	Primary care access	2018 Q1	0.0%	↔			
128d	Primary care workforce	2017 Q9	0.87	↓	9/11	170/207	
R 129a	18 week RTT	2018 Q3	89.8%	↓	8/11	78/207	
R 130a	7 DS - achievement of standard 2017	1	○				
R 131a	% NHS CHC assessments taking 17-18 Q4	5.0%	↓	7/11	79/207		
R 132a	Sepsis awareness	2017	Amber	○			

3. Key Issues

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

To note:

105a Personal health budgets are recognised in the KLOE as having an improving position in Q4 with a rate of 19.4 per 100,000 population.

107b AMR: broad spectrum prescribing is recognised in the KLOE as having an improving position with 92% of all broad spectrum antibiotic prescriptions being appropriately prescribed.

122a Cancers diagnosed at early stage have improved in Q4 with the CCG no longer in the worst quartile nationally (51.5%).

122b Cancer 62 days of referral to treatment is recognised in the KLOE for having improved performance in Q4 with 90.9%.

122c One-year survival from all cancers is recognised in the KLOE for having improved performance with 72.7%.

125a Neonatal mortality and stillbirth has improved in the 2016 data release and is now in the best quartile in England with 3.3.

164a Working relationship effectiveness has improved in the 2017/18 data release and is no longer in the worst quartile nationally (69.96).

Indicator No.	Indicator Description	Q4 2017/18 Performance	SLT/ Clinical/ Managerial Lead	Reasons for underperformance	Actions to address underperformance	Expected Date of Improvement
104a	Injuries from falls in people	Worst quartile, and declining	Jan Leonard/ TBC/ Janet	Falls has been identified as a priority for the CCG with clear	Work is underway on behalf of the CCG by Deloitte in collaboration with the CCG to scope	2019/20

	aged 65yrs +	(3,018 falls in over 65s Q3 17/18)	Spallen	opportunities identified from Rightcare to improve care delivery.	existing services identify gaps in provision against population need, and to recommend improvements. Key stakeholders including acute, community, mental health providers, health and social care and the community voluntary and faith sector are engaged in this work. The work undertaken by Deloitte will conclude in Q3 with implementation to start Q4.	
106a	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS)	Worst quartile and deteriorating (3,759 in Q3 17/18)	Jan Leonard/ TBC/ Janet Spallen	Nationally there are large inequalities in the rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions when comparing the most and least deprived areas. The most deprived decile has about three times as many emergency admissions compared to the least deprived decile at a national level.	Primary Care Streaming service commenced in Aintree 2/10/17 initially utilising winter monies ANP cover during core hours and UC24 OOH service based at Aintree. As the service develops the volume of primary care eligible patients, and therefore a number of the non-complex ACS presentations, is expected to increase. This development will reduce the volume of ACS admissions into the acute Trust. There is low uptake of primary care streaming within Aintree and the Royal and work is being undertaken to increase awareness of criteria and also communication with patients. Based on this improvements will be deferred to late in year. This is an area of review within North Mersey A&E Delivery action plan with an audit being undertaken within S&O, Aintree and Royal to inform how best to shape ambulatory care pathway. The CCG are awaiting data from Aintree relating to the Acute Frailty Unit (AFU) Service. This will support a review of attendances to the AFU which are all classified as admissions.	December 2018
107a	Anti-microbial resistance – appropriate prescribing in primary care	Worst quartile and declining (1.175 antibacterial drug items per STAR PU January 2018)	Jan Leonard/ Anna Ferguson/ Susanne Lynch	National evidence suggests that antimicrobial resistance (AMR) is driven by over-using antibiotics and prescribing them inappropriately. Locally there have been issues with prescribing codes. CCG Medicines Management	Antimicrobial resistance is within the CCG local quality contract facilitated by the CCG medicines management team (MMT). Discussions at Practice Quarterly meetings of prescribing of antimicrobials using data. Implementation within the practice of a process for the issue of delayed / deferred / back-up prescriptions where appropriate, for specific clinical areas, and inclusion of the processes to support this within the practice prescribing policy.	January 2019

				Team identified a need to liaise with other primary care prescribing services attached to the CCG not just GP practices (e.g. sexual health)	Audit on the diagnosis and treatment of urinary tract symptoms in general practice and the out of hours providers against the Pan Mersey Area Prescribing Guidelines. Audit results discussed at the quarterly practice meeting and peer reviewed at locality meetings. Root cause analysis of clostridium difficile infection cases to identify and share learning in relation to inappropriate antimicrobial use.	
121a	Provision of high quality care: hospitals	Q4 2017/18 shows a decline in performance with a downward trend.	Debbie Fagan/ Gina Halstead/ Brendan Prescott	58 reported in Q4 2017/18. This falls within the interquartile range; 146/207 CCGs.	A Quality Improvement Plan incorporating both CQC actions post inspection and actions related to the Quality Risk Profile Tool risks / Key Lines of Enquiry (KLOE) from the initial Single Item Quality Surveillance Group (SIQSG) held in April 2018 and June 2018 was submitted by the Trust for the purposes of assurance. A review of the Aintree University Hospital CQPG meeting has taken place to re-focus on the necessary assurance associated with both the contract and KLOEs identified in the Quality Improvement Plan. The CCG Accountable Officer will chair CQPG for an initial 6 month period. The CCG will be present at an AQUA facilitated event commissioned by the Trust to review themes, lessons learned and actions from the Root Cause Analyses linked to the recent Never Events. A Royal College of Surgeons review has been agreed for October 2018.	October 2018
123a	IAPT recovery rate	Worst quartile, and declining (42.6% in February 2018)	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	February 2018 performance of 42.6% was reported in the Q4 IAF release (rolling 3 months). More up to date information available locally shows an improvement with a rate of 48.9% in June 2018 (rolling 3 months). Recovery rates dipped as the IAPT provider has worked to bring the patients who have been waiting longest into the service. These patients are more likely to disengage without	Recruitment of additional staff, increased opening times with late evening sessions, Practitioners have undergone NHSE Long Term Condition training and EMDR training (specific therapy for trauma clients) to meet population needs. Pre-therapy groups offered to waiting list patients waiting for CBT based on feedback that clients are not always prepared for therapy. Anxiety workshops, telephone system upgrade. Online referral has been refreshed to enable quicker access to treatment. Group work has been developed.	March 2019

				completing treatment.		
123b	IAPT Access	February 2018 reporting a decline in performance with 3.6%	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	CCG is within the interquartile range; 143/207 CCGs. Locally more recent information is available. Q1 2018/19 is showing a slight improvement with 3.7%.	Recruitment of additional staff, increased opening times with late evening sessions, Practitioners have undergone NHSE Long Term Condition training and EMDR training (specific therapy for trauma clients) to meet population needs. Pre-therapy groups offered to waiting list patients waiting for CBT based on feedback that clients are not always prepared for therapy. Anxiety workshops, telephone system upgrade. Online referral has been refreshed to enable quicker access to treatment. Group work has been developed. The provider has developed links with Southport KGV College.	March 2019
124b	LD Annual Health checks	Worst quartile, no update since last report.	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	2016/17 performance is reported in the Q4 2017/18 IAF and at 28.3% South Sefton is ranked one of the lowest CCGs nationally at 202nd of 207 CCGs. Some practices have signed up to DES with NHS England. Capacity to conduct checks across all practices has been cited as a challenge.	Working with practices with low uptake, to identify any difficulties or support issues with access to the LD health checks by people with learning disabilities. Promote awareness and importance of the LD Annual Health Checks Scheme with stakeholders. Community LD Team to develop a strategy to ensure that systems are in place to maintain relationships with GP practices, and that people with learning disabilities known to team are receiving Health Checks. GP Practices are commissioned through NHSE to deliver the DES, however through joint commissioning arrangements there is agreement locally, for South Sefton CCG to manage the funding associated with the LD DES. The CCG has formulated a plan to improve local delivery, which includes an option for practices to deliver the DES themselves, or to opt for the DES to be delivered to their eligible registered patients by the local GP Federation.	March 2019
125d	Maternal Smoking at Delivery	Worst quartile and declining (17.2% in Q3 17/18)	Debbie Fagan/ Wendy Hewitt/ Peter Wong	Performance for this indicator has dropped again and so the CCG has fallen back into the worst quartile, ranking 185 out of 207 CCGs, with 17.2% in Q3 2017/18. Q4 information available locally shows a further	Contract requires providers to comply with NICE re: smoking. This corresponds also to Public Health projects commissioned by the Local Authority and specifically smoking cessation services. There has been an issue about e-referrals into this service. The CCG does support Public Health in their discussions with providers in	December 2018

				slight decline at 17.4%.	this regard i.e. ensuring correct and timely referrals to the stop smoking service.	
126a	Dementia Diagnosis Rate	Worst quartile and declining (63.1% in March 2018).	Jan Leonard/ Sue Gough/ Kevin Thorne	March 2018 performance shows a decline in performance, ranking the CCG 160 th out of 207 CCGs. July 2018 information is available which shows a performance of 63.8%.	Initiatives have been put in place at practice level and CCG Level to address possible causes of underperformance. This includes Information Facilitator support to identify and rectify coding registry errors. A 'to do' list will also be generated requiring practices to recall patients who might benefit from further assessment / possible diagnosis and care planning which would include signposting into Voluntary Community and Faith sector services.	December 2018
126b	Dementia post diagnostic support	Worst quartile, but improving	Jan Leonard/ Sue Gough/ Kevin Thorne	2016/17 performance is reported in the Q4 2017/18 IAF and at 74.6%. South Sefton is ranked 187 of 207 CCGs nationally. Low uptake by some practices.	Practices should develop a planned programme of activity to establish internal routines to appropriately conduct a timely review of patient's needs. Sefton wide Dementia resource information has been sent to all practices. Dementia remains an on-going agenda item at all Locality Meetings. GP bulletins contain details and link to Dementia services in the VCF Sector that people with dementia and their carers can be signposted to as part of their care plan.	2016/17 data 74.6% which is improving and still above QOF requirement of 70%.
127b	Emergency admissions for urgent care sensitive conditions (UCS)	Worst quartile and declining, 3,468 in Q3 17/18	Jan Leonard/ TBC/ Janet Spallen	Q3 2017/18 performance is 3,468 admissions. There are large inequalities in the rate of emergency admissions for urgent care sensitive conditions when comparing the most and least deprived areas nationally. A well performing urgent and emergency care system should minimise the rate of emergency admission for urgent care sensitive conditions in more as well as less deprived areas.	Locally a Primary Care Streaming service commenced in Aintree on 2nd October 2017. There is a limited resource to support initiative with winter monies being used initially along with the UC24 OOH service based at Aintree. As the service develops the volume of primary care eligible patients, and therefore a number of the non-complex UCS presentations, is expected to increase. This development will, over time, reduce the volume of ACS admissions into the acute Trust. This is an area of focus within the North Mersey A&E Delivery action plan with engagement from all CCGs and acute Trusts. The CCG are awaiting data from Aintree relating to the Acute Frailty Unit (AFU) Service. This will support a review of attendances to the AFU which are all classified as admissions.	December 2018

127c	A&E admission, transfer, discharge within 4 hours	Deteriorating position	Jan Leonard/ Andy Mimmagh/ Janet Spallen	March 2018 performance reported in the Q4 2017/18 IAF at 83.4%. May 2018 information is available which shows an improvement at 87.4%.	Continue to embed all aspects of the Emergency and Acute Care Plan and regularly monitor performance to ensure delivery performance. Complete review of the medical workforce establishment. Additional sessions are being arranged to cover gaps in the existing rotas. This project is being supported by Ernst & Young to ensure realignment of current workforce is undertaken prior to business case completion. Following financial agreement for PCS, fully implemented NWAS 90 day project completed. Awaiting start date agreement for direct conveyancing to AEC. Progress the recruitment of Acute Physicians. Interview date scheduled for January. Complete full ED nurse establishment review, including a dependency study within the department which will complete on 19/11. The findings will be fed into the review. EY and Exec support is in place to ensure the delivery the KPI's to improve quality and performance. A rapid improvement event with focus on the See & Treat area is planned for week commencing 20/11. Develop series of PDSA cycles to test improvements in the following elements of the EACP:- See and Treat- Board rounds - 60 minute to first clinician- Direct pathways to assessment areas.	September 2018
127e	Delayed Transfers of Care per 100,000 population	Worst quartile, but improving	Jan Leonard/ Andy Mimmagh/ Janet Spallen	March 2018 performance 13.9 per 100,000. 157 th of 207 CCGs nationally.	The Urgent Care Commissioning Lead participates in a weekly system wide teleconference to review DTOC's, with the acute Trust, Local Authorities and CCG's. This aims to remove blockages which prevent a patient being discharged to their chosen place of care. In addition there is also CCG representation at the weekly focused MADE (Multi Agency Discharge Event) on the Aintree site. This has representation from system partners and focuses on providing targeted support to inpatient wards with a high number of health and social care delays.	October 2018

					The Intermediate Care, Reablement and Assessment Service (ICRAS) model, which using a lane model with development of trusted assessor roles in the acute setting and transfer of Social Work support to the community setting.	
127f	Population use of hospital beds following emergency admission	Worst quartile, and deteriorating	Jan Leonard/ Andy Mimmagh/ Janet Spallen	Q3 2017/18 performance is 614.1 admissions. Emergency admissions per weighted population (age, sex, deprivation).	The North Mersey ICRAS service went live on 2nd October and aims to deliver a discharge to assess model which will ultimately reduce the number of bed days in hospital once a patient is medically and therapy safe for discharge. SSCCG have increased the number of ICB beds by 11 (+44%) on 2nd October 2017. This is additional capacity designated to step up (admission from primary care) and step down (admission from Acute Trust) patients. CCG Quality Team and Urgent Care Operational Team visit Aintree weekly to review and, where required, progress all Sefton CHC and Fast Track referrals. Weekly Delayed Discharge Teleconferences and weekly MADE meetings continue to take place with all local CCG and LA's represented to support providers.	October 2018
105c	% of deaths with 3+ emergency admissions in last 3 months of life	Worst quartile nationally and declining	Jan Leonard/ Andy Mimmagh/ Janet Spallen	Q3 2017/18 performance shows 7.84%, placing the CCG 200 th out of 207 CCGs nationally.	The CCG has the following services in place: <ul style="list-style-type: none"> • Hospice at Home services to prevent hospital admissions and reduce length of stay • TRANSFORM who identify people at end of life in hospital and arrange fast transport to home if appropriate and support families/patient until normal services take over • Care home education via the Education Facilitator • Telehealth in a number of care homes to prevent hospital admissions • Commissioning of end life beds, proposal to increase • Additional GP sessions for the commissioned beds • Two clinical leads for end of life 	Q3 2018/19

					<ul style="list-style-type: none"> • Two hospices supported by the CCG • CCG work closely with community/hospital teams 	
128d	Primary care workforce	Worst quartile nationally and declining	Jan Leonard/ Craig Gillespie/ Angela Price	<p>September 2017 is the latest reported period within the Q4 IAF, at 0.87 per weighted population.</p> <p>Declining performance can largely be attributed to increasing numbers of GP's retiring.</p> <p>Salaried GP's are fewer in Sefton, as in other parts of the country, due to the attraction of working as a locum- offering greater flexibility for GP's.</p> <p>There are difficulties recruiting due to a number of factors, including more GP's choosing to work as locums, and a lack of trainee posts has also been cited anecdotally.</p>	<p>The work being undertaken to address the recruitment crisis in Sefton is as follows:</p> <ul style="list-style-type: none"> • International Recruitment programme- we held an event in June 2018 which was attended by representatives from 13 Sefton practices. • Targeted Recruitment scheme- there was one Sefton practice who expressed interest in participating in this scheme. • LQC- as part of the Phase 4 LQC, we are asking practices to submit a completed "Wessex Toolkit" which will give us an accurate baseline of current workforce. The completion of this toolkit has been 100% across practices meaning we have a more accurate picture across the area. We have met to discuss the results of this toolkit and any necessary next steps in order to monitor results and support practices. This piece of work may be repeated in the future to monitor workforce across the two CCG areas. • GP Fellowship- we have one practice in South Sefton who have successfully applied to this scheme. <p>Other work includes looking at schemes which support practice systems and processes to improve workload, which, it is hoped, will make General Practice more manageable on a day to day basis. This includes schemes such as Document Management High Impact Action; Online Consultations software; APEX Insight Tool; and implementing a Digital Programme Training post which will support practices to adopt digital solutions that support efficiencies in workload.</p>	September 2018
129a	18 week RTT	March 2018 shows a decline in performance	Jan Leonard/ John Wray/ Sarah	<p>Although this shows a decline in performance and a breach of the 92% standard, the CCG falls</p>	<p>The CCG position is contributed to by RTT failures predominately at Aintree Hospital, Royal Liverpool and Broadgreen Hospitals, and</p>	September 2018

		at 89.8%.	McGrath	within the interquartile range. June 2018 information shows a slight improvement at 90%.	University Hospital of North Midlands. Aintree Hospital has reported that the significant non-elective pressure experienced at the Trust circa November 2017 had greatly impacted on RTT performance from which the Trust has not yet fully recovered. The increase in non-elective demand continues to be compounded by an increase in the number of elective list's being cancelled for more urgent trauma cases. Not only does this impact the elective patient negatively in terms of their experience, it also places increased pressure on the Trust to deliver more activity than plan in relation to the NHS constitutional 28 day cancelation guarantee which the Trust is continuing to maintain. Trust actions to address underperformance are monitored and shared with the CCG on a monthly basis.	
144a	E-Referral utilisation	Worst quartile nationally but improving	Jan Leonard/ Andy Mimmagh/ Sarah McGrath	February 2018 is the latest reported period within the IAF, at 24.4%. More recent information for June 2018 shows an improvement at 47%. Paper Switch off at Aintree from 20th August will yield a step change in utilisation rates.	Small improvements month on month. Aintree is undergoing a paper switch off programme with NHS Digital, which will be fully implemented by August 2018. This is supported by a CQUIN in relation to all service being available on the E-Referral system and appointment slot issues minimised through alignment of appointment polling ranges with waiting times at specialty level; a re-launch and training for E-Referral with GP practices, and a communications plan. In addition, the Local Quality Contract for General Practice supports the period prior to full paper switch off (October 2018) by asking practices to identify training needs, monitor utilisation rates, and be aware of the timetable for local Providers becoming paper free.	Q3 2018/19 in line with national ambition
163a	Staff engagement index	Worst quartile, and deteriorating (no data refresh from previous IAF publication)	Tracy Jeffes	To signal the expectation that CCGs demonstrate leadership across the organisations in their part of the NHS. The indicator of workforce engagement will show the extent of progress in good engagement across the patch which will inform discussions	This is a composite measure from NHS Staff Survey results for the main Providers the CCG commission from. The variation nationally is small; the CCG composite score (last reported 2016) is flagged as being in the lowest quartile with a staff engagement index of 3.7 whilst the peer group average and indeed national average is 3.8. South Sefton CCG results are consistently higher	2018/19

			<p>between the CCGs and their provider organisations on how further progress can be made. Measured as the level of engagement reported by staff in the NHS staff survey for providers in the NHS footprint of the CCG weighted according to the financial flows.</p>	<p>than those of our Providers with the latest at 4.01 demonstrating good engagement with CCG staff setting an example to our Providers.</p>	
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4. Clinical Priority Areas

Assessments have been undertaken by independent panels for cancer and maternity for the CCG. These were based on clinical indicators used in the CCG IAF for cancer and maternity. NHS England shared the outcomes of these assessments with CCGs on 13th August. These were made available publically on the NHS England website on 16th August and subsequently on MyNHS.

Cancer

The CCGs overall rating for cancer is 'Good'. This is based on four indicators; early diagnosis, 62 day waits for treatment after referral, one year survival and overall patient experience. The four cancer metrics have been chosen based on the key priorities agreed by the Cancer Transformation Board, led by Cally Palmer, National Cancer Director for England, and charged with implementing the NHS Cancer Strategy for England.

NHS South Sefton CCG 2017/18 Performance

<u>Cancer indicator</u>	<u>Indicator value</u>
Cancers diagnosed at early stage	51.5%
People with urgent GP referral having definitive treatment for cancer within 62 days of treatment	87.4%
One-year survival from all cancers	72.7
Cancer patient experience	8.8 out of 10

Maternity

The CCGs overall rating for maternity is 'Requires Improvement'. The overall rating for maternity is based on four indicators;

- Stillbirth and neonatal mortality rate
- Women's experience of maternity services
- Choices in maternity services
- Rate of maternal smoking at delivery

The four maternity metrics were chosen to align with a number of themes from Better Births, the report of the National Maternity Review, and to provide a broad representation of the various aspects of the maternity pathway.

NHS South Sefton CCG 2017/18 Performance

<u>Maternity indicator</u>	<u>Indicator value</u>
Stillbirth & neonatal mortality rate	3.3 per 1,000 births
Women's experience of maternity services	81.8 out of 100
Choices in maternity services	63.6 out of 100
Rate of maternal smoking at delivery	15.4%

The CCG are supporting full implementation of the Saving Babies Lives Care Bundle. We seek assurance from maternity providers via data collection and requesting information such as implementation of policies and procedures e.g. use of foetal weight charts, supporting mothers who smoke, seek evidence of case note audits). Providers are also engaged within the Children & Maternity Vanguard developments regarding neonatal and maternity care. The CCG are committed to supporting improvements in safety towards the 2020 ambition to reduce still births, neonatal

deaths, maternal death and brain injuries by 20% and by 50% in 2025, including full implementation of the Saving Babies Lives Care Bundle by March 2019.

5. Conclusions

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

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

Financial Quarter	Estimated dashboard release by NHSE
Q1	18/10/2018
Q2	24/01/2019
Q3	18/04/2019
Q4	TBC

6. Recommendations

The governing body is asked to receive the contents of the exception report.

Becky Williams
Strategy & Outcomes Officer
September 2018

MEETING OF THE GOVERNING BODY SEPTEMBER 2018

Agenda Item: 18/143	Author of the Paper:
Report date: September 2018	Document produced by Grant Thornton. To be presented by: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 317 8350
Title: Annual Audit Letter	
Summary/Key Issues: The Annual Audit Letter summarises the key findings from the external audit work for NHS South Sefton CCG for 2017/18. As this is a public document, the Annual Audit Letter will be displayed on the CCG website.	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive the Annual Audit Letter.	

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			Audit Committee – 25 th July 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



Annual Audit Letter

Year ending 31 March 2018

NHS South Sefton CCG
July 2018



Contents



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3. Value for Money arrangements

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- A Reports issued and fees

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Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at South Sefton Clinical Commissioning Group (the CCG) for the year ended 31 March 2018.

This Letter is intended to provide a commentary on the results of our work to the CCG and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the CCG's Audit Committee as those charged with governance in our Audit Findings Report on 25 May 2018.

Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the Local Audit and Accountability Act 2014 (the Act). Our key responsibilities are to:

- give an opinion on the CCG's financial statements and regularity assertion (section two)
- assess the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the CCG's financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Our work

Materiality	We determined materiality for the audit of the CCG's accounts to be £4.93 million which is 2% of the CCG's gross revenue expenditure.
Financial Statements opinion	<p>We gave an unqualified opinion on the CCG's financial statements on 25 May 2018, confirming that they presented a true and fair view of the CCG's financial position.</p> <p>As well as an opinion on the financial statements, we are required to give a regularity opinion on whether expenditure has been incurred 'as intended by Parliament'. Failure to meet statutory financial targets automatically results in a qualified regularity opinion.</p> <p>We found that expenditure included in the financial statements has been applied for the purposes intended by Parliament except for the fact the CCG reported a deficit of £2.99 million for the year ending 31 March 2018, thereby breaching its duty to break even on its commissioning budget. We therefore issued a qualified regularity opinion.</p>
NHS Group consolidation template (WGA)	We also reported on the consistency of the accounts consolidation template provided to NHS England with the audited financial statements. We concluded that these were consistent in relation to 2017/18, although there was an inconsistency carried over from 2016/17 which we reported. This made no overall difference to the CCG reported figures and was just a classification movement.
Use of statutory powers	We referred a matter to the Secretary of State, as required by section 30 of the Act, on 9 March 2018 because the CCG was planning to breach its revenue resource limit for the year ending 31 March 2018.

Executive Summary

Value for Money arrangements

We were satisfied that the CCG put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources except for the arrangements for planning finances effectively to support the sustainable delivery of strategic priorities. Despite the CCG's efforts to provide increased financial stability through the 'Acting as One' contracts, the financial position within the local health economy remains challenging. The CCG recorded a deficit in the year and failed to meet its original agreed control total. Further progress needs to be made with local partners to develop a coherent plan to address the underlying deficit in the local health economy.

We therefore issued a qualified 'except for' Value for Money conclusion.

Certificate

We certify that we have completed the audit of the accounts of NHS South Sefton CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Working with the CCG

During the year we have delivered a number of successful outcomes with you:

- An efficient audit – we delivered an efficient audit with you in May releasing your finance team for other work.
- Understanding your operational health – through the value for money conclusion we provided you with assurance on your operational effectiveness.

- Sharing our insight – we provided regular audit committee updates covering best practice. We also shared our thought leadership reports

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the CCG's officers and Governing Body members. We look forward to continuing to work with you going forward.

Grant Thornton UK LLP
July 2018

Audit of the Accounts

Our audit approach

Materiality

In our audit of the CCG's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the CCG's accounts to be £4.93 million which is 2% of the CCG's gross revenue expenditure. We used this benchmark as, in our view, users of the CCG's financial statements are most interested in where the CCG has spent its allocation in the year.

We also set a lower level of specific materiality for related party transactions and senior officer remuneration.

We set a lower threshold of £160,000, above which we reported errors to the Audit Committee in our Audit Findings Report.

The scope of our audit

Our audit involves obtaining enough evidence about the amounts and disclosures in the financial statements to give sufficient assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and are adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the CCG and with the accounts included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the CCG's business and is risk based. We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Accounts

Significant Audit Risks

These are the significant risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Operating expenses – purchase of secondary healthcare A significant percentage of the CCG's expenditure is on contracts for healthcare with NHS providers and non-NHS providers, such as operations and hospital care. This expenditure is recognised when the activity has been performed, with accruals raised at the year-end for completed activity for which an invoice has not been issued.</p> <p>We identified the accuracy and occurrence of contract variations as a risk requiring special audit consideration.</p>	<p>As part of our audit work we undertook the following in relation to this risk:</p> <ul style="list-style-type: none"> ▪ gained an understanding of the financial reporting processes used for the purchase of secondary healthcare and evaluate the design of the associated controls ▪ substantively tested secondary healthcare costs including: <ul style="list-style-type: none"> ▪ for a sample of high value contracts reconciling the closing contract expenditure to the original contract price. ▪ testing contract payment variations to underlying information ▪ testing post year end payments to underlying information 	<p>Our audit work did not identify any significant issues in relation to the risk identified.</p>
<p>Management override of internal controls Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The CCG faces external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report performance. Management over-ride of controls is a risk requiring special audit consideration.</p>	<p>As part of our audit work we completed;</p> <ul style="list-style-type: none"> – review of accounting estimates, judgements and decisions made by management – testing of journal entries – review of unusual significant transactions – review the completeness of expenditure focusing on cut-off testing and transactions posted in the early weeks of the 2018/19 financial year 	<p>Our audit work did not identify any issues in respect of management override of controls.</p>

Audit of the Accounts

Significant Audit Risks Continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Revenue cycle includes fraudulent transactions</p> <p>Under ISA (UK) 240 there is a rebuttable presumed risk that revenue may be misstated due to the improper recognition of revenue.</p>	<p>We rebutted this presumed risk for the CCG because:</p> <ul style="list-style-type: none"> • revenue does not primarily involve cash transactions • revenue is principally an allocation from NHS England 	<p>As we were able to rebut this presumed risk, no specific audit procedures were required</p> <p>We therefore did not consider this to be a significant risk for the CCG.</p>

Audit of the Accounts

Audit opinion

We gave an unqualified opinion on the CCG's financial statements on 25 May 2018, in advance of the national deadline.

As well as an opinion on the financial statements, we are required to give a regularity opinion on whether expenditure has been incurred 'as intended by Parliament'. Failure to meet statutory financial targets automatically results in a qualified regularity opinion.

Our review of the CCG's expenditure highlighted the following issue which gave rise to a qualified regularity opinion.

- As has already been noted the CCG reported a deficit of £2.99m in its financial statements for the year ending 31 March 2018, thereby breaching its duty under the National Health Service Act 2006, as amended by paragraph 223I of Section 27 of the Health and Social Care Act 2012, to break even on its commissioning budget. As such we issued a qualified regularity opinion.

Preparation of the accounts

The CCG presented us with draft accounts in accordance with the national deadline, and provided working papers to support them. The finance team responded well to our queries during the course of the audit.

Issues arising from the audit of the accounts

We reported the key issues from our audit to the CCG's Audit committee as those charged with governance on 24 May 2018.

Annual Report, including the Governance Statement

We are also required to review the CCG's Annual Report and the Governance Statement included within the Annual Report. We provided comments on the original draft of the Annual Report and the Annual Governance Statement which were addressed in a final revised versions. A number of amendments were made to the remuneration report to ensure disclosures complied with guidance.

Whole of Government Accounts (WGA)

We issued a group return to the National Audit Office in respect of Whole of Government Accounts, which did not identify any issues for the group auditor to consider.

Other statutory powers

We are also required to refer certain matters to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014. We referred a matter to the Secretary of State, as required by section 30 of the Act, on 9 March 2018 because the CCG was planning to breach its revenue resource limit for the year ending 31 March 2018.

Certificate of closure of the audit

We are also certified that we have completed the audit of the accounts of NHS South Sefton CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Value for Money arrangements

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in November 2017 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the key risks where we concentrated our work. The key risks we identified and the work we performed are set out overleaf.

Overall Value for Money conclusion

Despite the CCG's efforts to provide increased financial stability through the 'Acting as One' contracts, the financial position within the local health economy remains challenging. The CCG recorded a deficit in the year and failed to meet its original agreed control total. Further progress needs to be made with local partners to develop a coherent plan to address the underlying deficit in the local health economy.

We concluded that except for the matter we identified in respect of the deployment of resources to achieve strategic objectives, the CCG had proper arrangements in all significant respects. We therefore issued a qualified 'except for' conclusion on your arrangements for securing economy, efficiency and effectiveness in your use of resources.

Value for Money arrangements

Key Value for Money Risks

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Financial position</p> <p>We identified a risk that the CCG is unable to deploy its resources in a sustainable manner because it is unable to secure a stable and sustainable financial position.</p>	<p>We reviewed the CCG's 2017/18 financial outturn position and performance during the year.</p> <p>We examined the CCG's arrangements for putting together and agreeing its Financial Plan from 2018/19 onwards. This included considering savings and efficiency plans, mitigating actions and contingencies.</p> <p>We considered the steps the CCG has taken to seek to manage the situation and whether it is engaging with partners to help develop longer-term solutions.</p>	<p>The CCG, along with the wider Cheshire and Merseyside Health economy, continues to face an increasingly significant financial challenge in 2017/18 and beyond. The 2017/18 control total was to break even, however the CCG has reported a £2.99m deficit for 2017/18.</p> <p>The financial plan for 2017/18 set out that there were significant cost pressures that needed to be addressed if the forecast position was to be delivered. During 2017/18 the Governing Body has received regular finance reports that set out key financial forecasts and risks alongside analysis of progress toward the required QIPP target.</p> <p>The CCG began the year with a QIPP requirement of £8.48m and identified key schemes to support delivery of the required position. As at 31st March 2018 the CCG reported that £2.765m of the QIPP requirement had been delivered and this represents 33% of the requirement.</p> <p>In 2017/18 in an effort to reduce cost pressures, the CCG implemented Acting as One contracts with its main providers for 2 years. These contracts have a positive effect in that they protect against over performance but there is also reduced opportunity to achieve QIPP savings.</p> <p>The CCG has put into place a financial plan for 2018/19 with the target of a £1m surplus in the year. To achieve this the CCG needs to deliver QIPP savings of £5.329m. The CCG has identified these savings of which around £3.3m are high risk.</p> <p>It is clear that the CCG faces a considerable challenge to deliver the required 2018/19 financial position and it remains our view the CCG has more to do to demonstrate that there is a sustainable plan to deliver health care services going forward.</p>

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and **confirm there were no fees for the provision of non audit services.**

Reports issued

Report	Date issued
Audit Plan	April 2018
Audit Findings Report	May 2018
Annual Audit Letter	July 2018

Fees for non-audit services

Service	Fees £
None	Nil

Fees

	Planned £	Actual fees £
Statutory audit	38,000	38,000
Total fees	38,000	38,000



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MEETING OF THE GOVERNING BODY SEPTEMBER 2018

Agenda Item: 18/144	Author of the Paper: Debbie Fagan Chief Nurse Debbie.fagan@southseftonccg.nhs.uk 0151 317 8360
Report date: August 2018	
Title: Joint Quality Committee Terms of Reference	
Summary/Key Issues: The Joint Quality Committee Terms of Reference have been reviewed and discussed at the sub-committee of the Governing Body. The changes are detailed within this paper and the Joint Quality Committee has recommended presentation to the Governing Body for approval.	
Recommendation	
The Governing Body is asked to approve this report.	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			Via the Joint Quality Committee
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Joint Quality Committee

Links to National Outcomes Framework (<i>x those that apply</i>)	
	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

SEPTEMBER 2018

1. Executive Summary

The Joint Quality Committee Terms of Reference have been reviewed and discussed at the sub-committee of the Governing Body. The changes are detailed within this paper and the Joint Quality Committee has recommended presentation to the Governing Body for approval.

2. Amendments to the Joint Quality Committee Terms of Reference

Following the Quality Committee review of the Terms of Reference, the comments have been discussed with the CCG's QIPP programme lead and governance lead who has considered the feedback and provided additional advice. The TOR will now be presented to the Governing Bodies for approval. The following changes have been incorporated into the final version that will be submitted to governing body for final approval.

Principle Duties:

- Change 'Corporate Performance' to 'Clinical Performance'
- Information governance will remain as a duty as this function has not formally been delegated to any other committee
- Specify duties in respect of looked after children (LAC). Whilst this is covered as part of the safeguarding programme it is recommended it is described specifically.

Membership:

- The Committee agreed Deputy Chief Nurse to be added to the membership
- Lay Members cannot nominate a deputy
- Spelling error 'Programme Manager Contract Performance'

Frequency of Meetings & Reporting Arrangements:

- The requirement to submit an annual report to the governing body has been removed as the committee submits ratified minutes and key issues reports on a routine basis providing assurances to the governing body that relevant duties are being discharged.

3. Recommendations

The governing body is asked to approve the changes to the revised Terms of Reference.

Debbie Fagan
Chief Nurse
August 2018

MEETING OF THE GOVERNING BODY SEPTEMBER 2018

Agenda Item: 18/145	Author of the Paper:						
Report date: September 2018	Karen Garside Designated Nurse Safeguarding Children Karen.garside@southseftonccg.nhs.uk 0151 317 8456						
Title: Safeguarding Supervision Policy (v4)							
<p>Summary/Key Issues:</p> <p>Halton CCG Quality Committee, prior to the transfer of the Safeguarding Service to the individual CCGs, ratified the Safeguarding Supervision Policy (V3, February 2018).</p> <p>A short review date of August 2018 was applied, to facilitate a prompt review and ensure that this remained fit for purpose following the service transfer.</p> <p>Minor updates have been made primarily to reflect the change from 'hosted' to 'in-housed' safeguarding service.</p> <p>Approval is requested for the updated document (v4) and a subsequent review date in August 2020</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve this report.</p>	<table border="0"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives *(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

SEPTEMBER 2018

1. Executive Summary

Halton CCG Quality Committee, prior to the transfer of the Safeguarding Service to the individual CCGs, ratified the Safeguarding Supervision Policy (V3, February 2018).

A short review date of August 2018 was applied, to ensure that this remained fit for purpose following the service transfer.

Minor updates have been made primarily to reflect the change from 'hosted' to 'in-housed' safeguarding service.

Approval is requested for the updated document (v4) and a subsequent review date for August 2020.

2. Key Issues

The current version of the Safeguarding Supervision Policy (v3) has been reviewed by the CCG Safeguarding Service to ensure that it remains fit for purpose following transfer of a 'hosted' safeguarding service to being 'in-house'.

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
- Change of terminology from Sefton Safeguarding Adult Board to Merseyside Safeguarding Adult Boards
- Update of references to reflect Working Together (2018)
- Minor amendments to definition of Looked after Children (section 3.5) and Adult at Risk (section 3.7)

3. Recommendations

The Governing Body is asked to approve the revised Safeguarding Supervision Policy (v4)

Appendix 1: Safeguarding Supervision Policy (v4)

Appendix 2: Equality Analysis and Assessment Report

Karen Garside
Designated Nurse Safeguarding Children
20th August 2018

Safeguarding Supervision Policy

Acknowledgements

Greater Manchester Safeguarding Collaborative.

Version Control

Reference Number	V. 1 December 2014 V.2 August 2016 V.3 February 2018 V.4 August 2018
Approving Committee(s) And Date	NHS South Sefton and NHS Southport and Formby CCG Governing Bodies
Author(s) / Further Information	Adopted from Greater Manchester Safeguarding Collaborative. CCG Hosted Safeguarding Service Members
Lead Director	Chief Nurse
This Document Replaces	Safeguarding Children and Adults at Risk Safeguarding Supervision Framework February 2018
Review Due Date	August 2020
Final Ratification Date	

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1.0 INTRODUCTION

1.1 Effective supervision is essential to professional development. It provides opportunity to analyse and reflect on concerns resulting in outcome focussed action planning. This in turn enhances decision making. Supervision is an arena for celebration and challenge.

1.2 Supervision can be defined as:

*"an accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes."*¹

1.3 Supervision is vital within the field of safeguarding due to:

- Ambivalence and ambiguity
- Conflicting interests/principles between stakeholders
- Managing power and authority issues
- Importance of relationships and use of self
- Complexity
- Degree of discretion and judgement
- Strong emotional issues
- Powerful values/moral dilemmas

1.4 The key functions of supervision are:

- Management (ensuring competent and accountable performance/practice)
- Development (continuing professional development)
- Support
- Engagement/mediation (engaging the individual with the organisation)²

1.5 Safeguarding supervision should:

- ensure that practice is soundly based and consistent with local Safeguarding Children partnership arrangements and Combined Safeguarding Adult Boards, organisational procedures and national guidance

¹ Providing Effective Supervision 2007, Skills for Care and Children's Workforce Development Council page 5

² Morrison, T (2005) Staff Supervision in Social Care. Third Edition. Brighton: Pavilion

- that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority
- help to identify the training and development needs of practitioners, so as to ensure that each has the skills to provide an effective service³

1.6 Safeguarding supervision is separate from but complimentary to other forms of management and clinical/professional supervision.

2.0 RATIONALE FOR POLICY

2.1 The notion of safeguarding supervision is not new; Standard 5 of the National Service Framework (NSF) for Children, Young People and Maternity Services (2004)⁴, identified high quality supervision as the cornerstone of effective safeguarding of children and young people, because working to ensure that children are protected from harm requires sound professional judgements.

2.2 Laming (2003)⁵, following the death of Victoria Climbié, referred to supervision as the ‘cornerstone of good practice’ and Munro (2011)⁶ in her review of child protection services described how effective supervision can improve outcomes for children, young people and their families.

2.3 Based on the work of Sonya Wallbank the Department of Health identifies restorative supervision as a support for community practitioners to “*restore their capacity to think and make decisions, potentially reducing risk*”⁷. Safeguarding supervision supports practitioners to make sound and effective judgements in relation to outcomes for children, families and adults with complex needs.

2.4 All NHS services are required to fulfil their legal duty under section 11 of the Children Act 2004 and statutory responsibilities as set out in Working Together (2018). and the Accountability and Assurance Framework (2015)⁸ outlines that safeguarding supervision should be an integral part of practice for all health care practitioners but particularly for named and designated professionals within their role of

³ Working Together to Safeguard Children 2018

⁴https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf

⁵ Report into the death of Victoria Climbié: Laming (2003)

⁶ The Munro Review of Child Protection: Final report; A Child centred System (2011)

⁷ DH 2013 Using Restorative Supervision to improve clinical practice and safeguarding decisions

⁸ <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

supporting other professionals in their agencies to recognise the risk to children/adults.

- 2.5 Many inquiries into child and adult deaths and serious incidents have highlighted an absence of effective supervision as a feature of the case^{9,10,11,12,13}

3.0 DEFINITIONS

- 3.1 **Children:** in this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout.

- 3.2 **Safeguarding and Promoting the Welfare of Children** is defined in Working Together to Safeguard Children (2018) as:

- Protecting children from maltreatment
- Preventing impairment of children's health and development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes

- 3.3 **Child Protection:** refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

- 3.4 **Young Carers:** Are children and young people who assume important caring responsibilities for parents or siblings, who have a disability, have physical or mental health problems, or misuse drugs or alcohol.

- 3.5 **Looked After Children/Children in Care:** The terms 'looked after children' and 'children in care' are generally used to mean those looked after by the state, according to relevant national legislation, which differs between England, Northern Ireland, Scotland and Wales. This includes those who are subject to an interim care order, full care order (The Children Act 1989 section 31, 38) or temporarily classed as looked after on a planned basis for short breaks or respite care. The

⁹ The Victoria Climbié Inquiry Summary and Recommendations Lord Laming 2003 (Training & Supervision)

¹⁰ Haringey Local Safeguarding Children Board: Serious Case Review "Child A" November 2008

¹¹ Munro E 2010 The Munro Review of Child Protection. Interim report: the child's journey

¹² Institute of Public Care, Skills for Care 2013 Evidence Review – Safeguarding Adults

¹³ Surrey County Council: Safeguarding Adults Board 2014 The death of Mrs A A Serious Case Review

term is also used to describe children who are looked after on a voluntary basis at the request of, or by agreement with, their parents (section, 20).

3.6 **Adult Safeguarding:** The Principles of Adult Safeguarding and Making Safeguarding Personal

- **Empowerment** – Presumption of person led decisions and informed consent.
- **Protection** – Support and representation for those in greatest need.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding

3.7 **Adult at risk:** the Care Act (2014) has replaced the term “vulnerable adult” with the term “adult at risk”. An Adult at Risk is defined as a person aged 18 years or older: *“who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”*.

Safeguarding duties apply to an adult aged 18 or over and who:

- Has needs for care and support (whether the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of abuse or neglect; and
- As a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

4.0 **AIMS OF THE POLICY**

4.1 The aim of this policy is to promote and develop a culture that values and engages in regular safeguarding supervision.

- 4.2 The policy will lay out the requirement for supervision and identify a matrix for supervision across organisations.
- 4.3 Safeguarding supervision must be delivered within a competence matrix (Appx 3).

5.0 REQUIREMENT FOR SAFEGUARDING SUPERVISION

- 5.1 The provision of safeguarding supervision must be undertaken by practitioners who are trained to deliver supervision and who have expert knowledge of safeguarding.
- 5.2 Designated professionals will provide safeguarding supervision to the Named professionals in provider organisations.
- 5.3 Named professionals will provide safeguarding supervision to local safeguarding practitioners who in turn will ensure supervision arrangements are in place for the relevant provider organisation. These arrangements will be locally determined; however, this must comply with national guidance (this will be included in the safeguarding element of contract monitoring).
- 5.4 GPs, Practice Nurses, Dentists, Dental Nurses, Pharmacists and Optometrists should seek safeguarding supervision/advice as required to discuss individual cases. These professionals should have access to their GP Safeguarding Leads, Named GPs, Designated Professionals or Safeguarding Advisors, depending on local arrangements.
- 5.5 This also applies to any member of the CCG (or clinicians who have an affiliation with CCG's e.g Nurse Commissioner CHC – Disability Nurse) whether or not they have direct contact with children and adults in their day to day work.
- 5.6 The supervisory relationship is not a mode of performance monitoring; however, where issues around capability arise these must be addressed (Appx 4).
- 5.7 The provider organisation is required to have in place a Safeguarding Supervision Policy for adults and children including Looked After Children/Children in Care. In addition, an annual safeguarding supervision schedule should be in place which in turn will inform the provider safeguarding assurance framework.

6.0 COMMISSIONING ORGANISATIONS

- 6.1 All staff working within the CCG who hold a leadership safeguarding role are responsible for securing supervision external to their organisation and this supervision should occur quarterly as a minimum.
- 6.2 This group of staff include a wide range of specialists involved in broad safeguarding activity including, but not exclusively:
- Designated Nurses/Professionals
 - Safeguarding Adult Leads
 - Designated Doctors
 - Named GP's
- 6.3 Supervision may take the form of:
- Planned safeguarding supervision which is recorded with clear action planning. (Appx 1-2)
 - Supervision and professional support within established professional meetings (e.g. Children, Adult and Looked After Children/ Children in Care Networks)
 - 1:1 supervision – face to face and/or telephone contact
 - mentorship¹⁴
 - shadowing – within peer groups and/or with external bodies e.g. Department of Health, Care Quality Commission
- 6.4 Line managers in the CCG should ensure that protected time and sufficient resource is available to access supervision in keeping with this policy.
- 6.5 All staff working within the CCG's are expected to approach Designated professionals to discuss individual cases or related issues where necessary.

¹⁴ Mentor: 'experienced and trusted adviser' Oxford Dictionary (2010)

7.0 COMMISSIONING ORGANISATIONS TO PROVIDER ORGANISATIONS

- 7.1 Named Nurses or Professionals for Safeguarding should receive planned safeguarding supervision from a Designated Professional or specialist safeguarding practitioner within a commissioning organisation, as per a safeguarding supervision agreement.
- 7.2 Named Doctors for Safeguarding Children should receive safeguarding children supervision from a Designated Doctor. The detail of this should be determined locally depending on organisational delivery and as a minimum 4 times a year

8.0 SUPERVISION MATRIX

- 8.1 The supervision matrix below sets out safeguarding supervision requirements:

STAFF GROUP	SUPERVISOR	TYPE OF SUPERVISION	FREQUENCY (minimum)
Designated Nurses for Safeguarding Children and Looked After Children/Children in Care	Locally determined/choice	Individual and/or group	3 Monthly
Designated Doctors for Safeguarding Children and Looked After Children/Children in Care	Locally determined/choice	Individual and/or group	3 Monthly
CCG Designated Safeguarding Adult Manager	Locally determined/choice	Individual and/or group	3 Monthly
CCG Safeguarding Advisors (or equivalent)	Designated Nurse	Individual and/or group	3 monthly
Named GP	Designated Doctor	Individual	3 Monthly
Commissioned Services Named Nurses (children and adult/or equivalent for adults)	Designated Nurse and Adult Safeguarding Leads	Individual	3 Monthly
Other CCG clinical staff (e.g. CHC)	Designated Nurse /Adult Safeguarding Lead	Individual	3 Monthly

Appendix 1

SAFEGUARDING SUPERVISION CONTRACT

Between: Name of Supervisee

Name of Supervisor

As a supervisee I agree to:

1. Prepare for the sessions appropriately.
2. Take responsibility for making effective use of the time, including punctuality and any actions I take as a result of supervision.
3. Be willing to learn, to develop my clinical skills and be open to receiving support and constructive feedback.

As a safeguarding supervisor I agree:

1. To keep all information revealed in the supervision sessions confidential with the following exceptions:
 - The practitioner discloses, or the supervision uncovers, any unsafe or unethical practice the practitioner is unwilling or unable to address.
 - The practitioner repeatedly fails to attend sessions.
 - Disclosure of a safeguarding incident that has not been reported through the appropriate channels.
 - In the case of concerns regarding professional abuse, the supervisor will follow internal and external protocols related to the management of allegations of professional abuse.
2. In the event of an exception arising, the supervisor will attempt to support the supervisee to deal appropriately with the issue. If the supervisor remains concerned he/she will inform the supervisee's line manager only after informing the supervisee of this.

- 3. To offer the supervisee advice, support and supportive challenge to facilitate in depth reflection on issues affecting their practice.
- 4. The supervisor will be committed to continually develop their competencies as a professional and safeguarding supervisor.

ARRANGEMENTS AGREED FOR SUPERVISION:

Frequency	
Length	
Location:	

Signed:

Supervisor: **Date:**
Designation:

Supervisee: **Date:**
Designation:

Appendix 2 Supervision Plan & Decision Making Record

Named Nurse Safeguarding Children Supervision Record	
Date of supervision session:	
Venue:	
Name and designation of supervisee:	

Agenda items:	Agreed actions:	Evidence / confirmation of actions:
Minutes and matters arising from last session:		
Standing agenda items:		
Risk issues		
Competency & professional development		

Quality improvement/ performance management/ clinical governance		

KPI / Audit tool		
Multi-agency working – developments and / or implications		
Issues raised by Named Nurse		

Other practice/specific case issues	Agreed actions	Evidence / confirmation of previous actions

Named Nurse signature:	
Designated Nurse/Professional signature:	
Date/ time and venue of next session:	

Appendix 3 Competence Matrix

<p>Conscious Competence</p> <p>What I <i>know</i> I know and can do</p> <p>Clear transferable skills</p> <p>Can be explained to others</p> <p>Firm ground zone</p>	<p>Conscious Incompetence</p> <p>Areas of openly acknowledge gaps or Weaknesses</p> <p>Challenge zone</p>
<p>Unconscious Competence</p> <p>What I know or can do without being conscious of how I know it</p> <p>Hard to explain to others</p> <p>May be lost in conditions of turbulence or disruption</p> <p>Development zone</p>	<p>Unconscious incompetence</p> <p>Things which I am unaware I don't know</p> <p>Others may see these gaps or weaknesses but I do not</p> <p>Roots of performance problems</p> <p>Danger zone</p>

Appendix 4

Performance management Framework (after Tony Morrison)

Clear discipline

Staff care resource

Capability framework

Appraisal throughout

Training – based on workforce planning

SUPERVISION

Clear standards/competences

Clear policies and practice guidance

Effective induction – to goals and values of organisation

Appropriate recruitment and selection

Equality Analysis and Assessment report NHS Southport and Formby CCG and NHS South Sefton CCG

Date of start: 20/8/18

Date of update: 22/8/18

Date of update:

Date of final report:

Signature:

Signed off (senior manager):

1) Details of service / function: (Clearly identify the function & give details of relevant service provision and or commissioning milestones (review, specification change, consultation, procurement) and timescales -

Safeguarding supervision policy

Effective supervision is essential to professional development. It provides opportunity to analyse and reflect on concerns resulting in outcome focussed action planning. This in turn enhances decision making. Supervision is an arena for celebration and challenge.

- What is the legitimate aim of the service change / redesign

The CCG has a responsibility to deliver safe and effective services. In order to achieve this, staff need to be competent and capable within their defined roles. To ensure that staff are adequately equipped to work in the NHS environment and to provide safe and effective care, they must receive effective clinical and management supervision on an ongoing basis.

Clinical and management supervision brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to, address and identify solutions to problems, improve practice and increase understanding of professional issues, and most importantly, to improve standards of care.

A formal process, for staff responsible for the care of patients/service users, of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance patient protection and safety of care in a wide range of clinical areas

- Key milestones and timescales include:

2) What is the Change to service

To incorporate and update policy to with new legal and regulatory requirements.

3) Effects of change.

To areas of focus will be:

1. How supervisors can support supervision process for people across relevant protected characteristics
2. Safeguarding Issues linked to protected characteristics that can support robust and sound investigation and decision making

Protected Equality Group / Group	Issue / barrier	Mitigations
Age	<p>1. Supervisor and organisational requirement to meet supervisee needs within working age environment those at the youngest and oldest end of the spectrum are more likely not to be provided with the same opportunities. Policy will incorporate a E&D section with some guidance on planning and implementing supervision.</p>	<p>1. Ensure diversity and cultural competency are considered</p>
Disability	<p>1. National evidence highlights that Disabled staff and those staff with impairment are less likely to access training opportunities , promotion and other benefits when compared to non disabled staff. Both Sefton CCGs have a developed guidance on how to apply reasonable adjustments and include a section to prompt managers to ensure reasonable adjustments are applied in communication, venues and supervision times, to enable access needs to be met.</p>	<p>1. Ensure needs are met and reasonable adjustment are in place 2. Ensure diversity and cultural competency are considered</p>

Sexual Orientation	LGBT status has an impact on safeguarding issues. Evidence consistently states that sexual orientation increases poor mental health and suicide.	Ensure issues are discussed in any investigation Ensure needs are met and reasonable adjustment are in place Ensure diversity and cultural competency are considered
Gender Reassignment	1, meet need of supervisee. 2. has an impact on safeguarding issues. Evidence consistently states that sexual orientation increases poor mental health and suicide.	1. CCG to develop HR transgender policy 2. Ensure issues discussed and considered if relevant
Sex (Gender)	x	Supervision times need to be accessible to those with caring responsibility
Race	1 Evidence highlights that staff from Black minority Asian and ethnic communities are less likely to access training opportunities .	Ensure needs are met and reasonable adjustment are in place Ensure diversity and cultural competency are considered
Religion or Belief	Religion and belief can impact on safeguarding	Ensure needs are met Ensure diversity and cultural competency are considered
Pregnancy and Maternity	x	Supervision policy and Equality and Diversity policy
Marriage and Civil Partnership	x	
Carers		Ensure diversity and cultural competency are considered
Deprived Communities	x	x
Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans		Ensure diversity and cultural competency are considered

Quality leads and equality team to discuss and consider issues and mitigations above and how best to implement them.

MEETING OF THE GOVERNING BODY SEPTEMBER 2018

Agenda Item: 18/146	Author of the Paper:						
Report date: September 2018	Karen Garside Designated Nurse Safeguarding Children Karen.garside@southseftonccg.nhs.uk 0151 317 8456						
Title: Safeguarding Children Annual Report (2017-18)							
<p>Summary/Key Issues: The Safeguarding Children Annual Report provides assurance that the Clinical Commissioning Group is fulfilling its statutory duty in relation to safeguarding children and young people within Sefton. The report takes into account both national and local drivers that direct and influence local developments, activity, and governance arrangements.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table border="0"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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 "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

SEPTEMBER 2018

1. Executive Summary

The purpose of the Safeguarding Children Annual Report is to assure the Governing Body and members of the public that the NHS South Sefton Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to safeguarding children and young people within Sefton.

There is a separate report in respect of Children in Care (CIC) / Looked After Children and Safeguarding Adults at Risk.

The CCG annual report takes account of national changes and influences and local developments, activity and governance arrangements.

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Sefton Safeguarding Children and Adult Boards.

2. Introduction and Background

This report provides assurance that the CCG has safely discharged its statutory responsibilities to safeguard the welfare of children and young people and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004.

This report summarises achievements and activity undertaken in 2017-18, highlights recommendations for 2018-19 and provides information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including Sefton Safeguarding Children Board and this report should be read in conjunction with Sefton Safeguarding Children Board's annual report.

3. Key Issues

The Annual report provides the Quality Committee with an update of the developing and emerging safeguarding agenda which the CCG has supported throughout the 2017-18 reporting period.

This includes updates on:

- The National Context including the implications and implementation of Children and Social Work Act (2017) in respect of future safeguarding partnership arrangements and Child Death review partnerships

- Local Context including Safeguarding Governance and Accountability Arrangements
- Progress against last year's priorities
- Effectiveness of Safeguarding Arrangements
- Learning and Improvement including training compliance
- Business priorities for 2018/19

4. Recommendations

The Governing Body is asked to receive the Safeguarding Children Annual Report.

Karen Garside
Designated Nurse Safeguarding Children
20th August 2018

Staying **local**
& **together**



South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Safeguarding Children Annual Report 2017/18

Karen Garside
(Designated Nurse Safeguarding Children)

September 2018



Foreword by the Chief Nurse

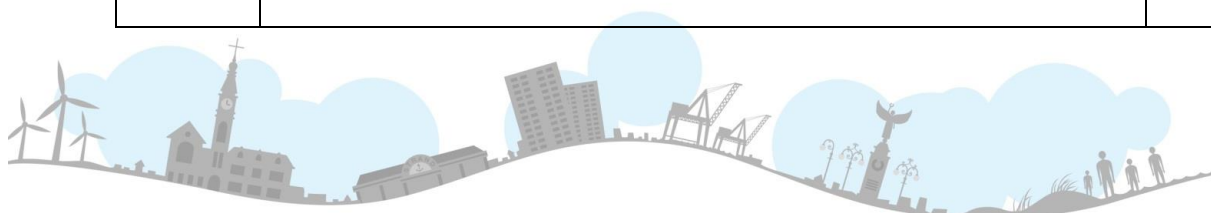
NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby Clinical Commissioning Group (CCG) demonstrate a strong commitment to safeguarding children within the local communities. There are strong governance and accountability frameworks within the organisations which clearly ensure that safeguarding children and young people is core to the business priorities. The commitment to the safeguarding agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCGs is to actively improve outcomes for children, young people and their families and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.



Debbie Fagan



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Executive Summary

This is the annual safeguarding report to NHS South Sefton Clinical Commissioning Group Governing Body and NHS Southport and Formby Clinical Commissioning Group Governing Body. The purpose of the report is to assure the Governing Body and members of the public that the NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups (to be referred to as the CCGs throughout the remainder of the report) are fulfilling their statutory duties in relation to safeguarding children and young people in the Borough of Sefton.

The CCGs Safeguarding Children annual report takes account of national changes, influences and local developments, activity, governance arrangements and any challenges to business continuity.

The CCGs have in place governance and accountability arrangements including regular reporting via the CCGs Joint Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCGs makes a significant contribution to the work of the Sefton Safeguarding Children Board and its sub groups.



1 Purpose of the report

This report provides assurance that the CCGs have safely discharged their statutory responsibilities to safeguard the welfare of children at risk of abuse and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004. There is a separate report in respect of Children in Care (CIC) / Looked After Children and Safeguarding Adults at Risk.

Key areas of priority were established and reported in the Safeguarding Annual Report 2016-17 and progress against the children elements of these priorities will be highlighted within this report. A number of areas will continually be prioritised for the CCGs as they are a core component of providing safeguarding assurance and therefore they will remain ongoing on future work plans.

This report will summarise arrangements, achievements and activity undertaken in 2017-18, highlight recommendations for 2018-19 and will provide information about national and local changes and influences, local development, performance, governance arrangements, activity and any challenges to business continuity.

The CCGs works in partnership with Sefton Local Authority and other agencies including Sefton Local Safeguarding Children Board and this report should be read in conjunction with Sefton LSCB annual reports.



2 Response to Business priorities 2016/17

- Ensure that the CCGs are compliant with statutory safeguarding responsibilities and requirements, including the oversight and management of progress against action plans for section 11 scrutiny, NHSE assurance and other safeguarding frameworks.

Progress and updates against action plans including Section 11 Children Act (2004), NHS England Safeguarding Assurance and regulatory inspection frameworks have been provided in section 6.1.

- Support the implementation and development of national and local safeguarding arrangements in accordance with guidance, learning from reviews and the LSCB improvement plans and priorities. This will include supporting the CCGs in implementing the Children and Social Work Act / Wood Report and the Kennedy review (CDOP)

Progress and updates against the implementation of national arrangements are provided in section 3.1; learning from reviews including CDOP and practice reviews are provided in section 7.2 and 7.4 respectively.

- Continue to support the agenda, the implementation of guidance and improve quality in practice in relation to Harmful Practices, Asylum, Refugee programme, Trafficking with an increased focus on Modern Slavery

Progress and updates against this work stream are provided in section 5.1 (Modern Slavery Act Statement) and section 5.3

- Support the SEND inspection plan and implementation.

Progress and updates against this work stream are provided in 6.1.



3 National Context

3.1 Children & Social Work Act (2017)

Children & Social Work Act (2017) received Royal Assent on 27th April 2017. As a consequence of the legislative changes within the Act, revisions were proposed to Working Together (2015) to reflect the:

- Replacement of Local Safeguarding Children Boards (LSCBs) with local Safeguarding partners
- Establishment of a new national Child Safeguarding Practice Review Panel
- Transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners

In respect of safeguarding, LSCBs must continue to carry out their statutory functions until safeguarding partner arrangements begin to operate in their area. LSCBs must also continue to ensure that a review of each death of a child normally resident in the LSCB area is undertaken by the established Child Death Overview Panel (CDOP) until the new child death partner arrangements are in place.

In June 2017, Sefton LSCB held a Development Day where members expressed a wish to continue arrangements with the current LSCB structure and await the revision of Working Together to Safeguard Children. Following publication of the draft guidance, the CCGs supported the LSCB in providing a response to the consultation prior to the 31st December 2017 deadline.

In December 2017, Sefton LSCB Independent Chair wrote to the Chief Executive (Sefton MBC), Chief Officer (CCGs) and Chief Constable (Merseyside Police) to request consideration to the preparations for the new Multi-Agency Safeguarding Arrangements that would replace LSCBs. The 'Safeguarding Partners' met in March 2018 to agree the principles of the future working arrangements and proposed timetable for implementation. Further consultation and discussion will be undertaken with the wider partnership and LSCB in order to finalise a structure that will support the safe transition to Multi Agency Safeguarding Arrangements by April 2019.

3.2 Working Together (2018)

The launch of the revised Working Together (2018) had been anticipated since early 2018 and would support the revision and update of CCG Safeguarding Policy, Strategy and guidance. Although outside the reporting period, it was finally published on 4th July 2018 and necessary updates within the CCG are underway.



4 Local Context

Sefton has a population of 274,000, approximately a quarter are aged 0-19. Ethnic minorities represent 4.3% of the borough's young people (under 18), representing 6% of children in need (0-18 year old) and 4.3% of children subject of a Child Protection Plan. Amongst 0-24 year olds the greatest number of percentage of non UK born residents is amongst Eastern European countries admitted to the EU since 2001, including Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Bulgaria, Romania and Slovenia.

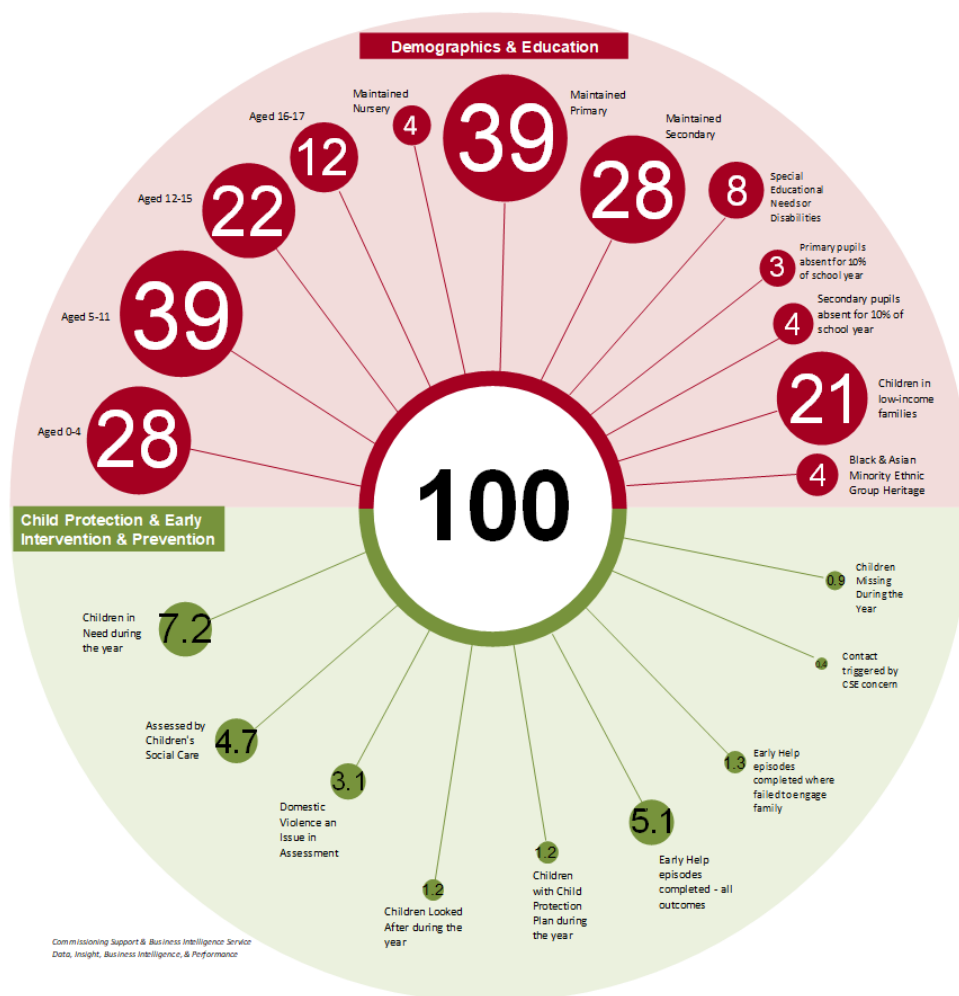
In total there are approximately 10,455 children living in workless households in Sefton, approximately 19% of 0-19 year olds. Approximately one in five children live in low income families. Nearly three quarters of all low income families are also a lone parent family which is higher than the national rate of 68%.

There is a high concentration of low income families in the South of the Borough particularly around the area of Bootle.

If the 53,201 children aged 0-17 in 2015 were represented by just 100 children then 51 of them would be boys, 49 would be girls.

So if Sefton were a village of 100 children.....





On 31st March 2017 there were 235 children subject to a Child Protection Plan. On 31st March 2018 there were 238 children subject to a Child Protection Plan.

The highest category continues to be emotional abuse (57%), as has been the case for the last 5 years. Neglect has risen by 4% (now 30%), physical has reduced by 4% (now 8%) and sexual abuse has increased by 1.5% (now 4%).

The CCGs and partner agencies continue to work together to ensure that this information is available to inform future commissioning arrangements.



4.1 NHS South Sefton and NHS Southport and Formby CCGs Safeguarding Governance and Accountability Arrangements

To meet with national safeguarding requirements, the CCGs commissioned a Hosted Safeguarding Service. The hosting arrangements remained with the CCGs as per the original terms agreed in 2013, using a Memorandum of Understanding and Service Specification. Throughout the reporting period the hosted safeguarding arrangements were reviewed and the CCGs declared their intention to take 'in house' and employ their own safeguarding provision. Following a consultation period and TUPE (Transfer of Undertakings- Protection of Employment regulations) processes, the service transferred on 1st March 2018. Support arrangements remained in place from Liverpool CCG until recruitment processes for the Designated Safeguarding Adults Manager and Designated Nurse Children in Care were completed. Although outside the reporting period, the Safeguarding Team became fully resourced on 2nd July 2018.

Separate commissioning arrangements ensure the provision of the expertise of a Designated Doctor Safeguarding and Looked After Children and Named GP. All of these professionals act as clinical advisors to the CCGs on safeguarding matters and support the Chief Nurse to ensure that the local health system is safely discharging safeguarding responsibilities.

Accountability for the safe discharge of safeguarding responsibilities remains with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCGs on Sefton Local Safeguarding Children Board, Merseyside Combined Safeguarding Adults Board and Sefton Corporate Parenting Board who is also a member of the CCGs Governing Body. In addition, the Deputy Chief Nurse represents the CCGs on Sefton Youth Offending Team Management Board and Sefton Safer Community Partnership Board.

The safeguarding team meets on a monthly basis with the Chief Nurse to review emerging safeguarding concerns, ongoing work streams and agendas from a children and adult perspective to ensure CCGs oversight of activity.

Safeguarding reports are presented to the Joint Quality Committee on a quarterly basis to appraise the CCGs of current safeguarding activity and developments and includes performance reports for commissioned services against the specific safeguarding Key Performance Indicators (KPIs).

The CCGs continue to work in partnership with statutory agencies and the third sector to support safe and effective delivery of services against the safeguarding agenda.



4.2 Multi agency Safeguarding Arrangements

Each CCG has a statutory duty to work in partnership with LSCBs in conducting Serious Case Reviews (SCR) in accordance with Working Together to Safeguard Children (2015).

The CCGs Designated Professionals coordinate and evaluate health sector input into SCRs providing professional scrutiny and where necessary, relevant challenge to the process. The CCGs support in ensuring that all health related actions following the review are carried out according to the timescale set out by the SCR panel. Activity in respect of SCRs and practice reviews will be highlighted in section 7.4.

Sefton LSCB is the key statutory body overseeing multiagency child safeguarding arrangements across Sefton. The Board is comprised of senior leaders from a range of organisations as defined within Children Act (2004)

- To coordinate the safeguarding work of agencies
- To ensure that this work is effective

CCGs therefore have a statutory duty to be members of the LSCB, working in partnership with the Local Authority to fulfil their safeguarding responsibilities.

The Designated Safeguarding Professionals and CCGs Quality Team are members of Sefton LSCB (main and executive Board) and the sub groups including the Practice Review Panel (chaired by the Chief Nurse), Policy & Procedures (chaired by the Designated Nurse Safeguarding Children), Performance & Quality Assurance, health sub group, Child Exploitation, Learning Development, all of which have a function of developing and scrutinising frontline practice across all partner agencies.

This overview adds further dimension to the CCGs performance information received within the contractual process which supports assurance or the identification of risk within the system.

4.3 National Institute for Health and Care Excellence (NICE) Guidance

NICE provides national guidance, advice and quality standards to improve health and social care. Guidance published during this reporting period has included Child abuse and neglect NICE guideline (NG76), which has been shared across the health economy and included within the Sefton Liverpool LSCB Health sub group.



5 Summary of Progress and areas of work supported in 2017/18

5.1 Policy Reviews

The Safeguarding Service has ensured the CCGs remain compliant with its policies including the following updates:

- Safeguarding Policy (v9): minor amendments made and an extension to review date (from November 2017 to July 2018) agreed through Joint Quality Committee in order that review could incorporate imminent publication of Working Together (2018)
- Safeguarding Declaration (2017)
- Safeguarding Supervision Policy (updated March 2018)
- Modern Slavery Statement:
 - The [Modern Slavery Act 2015](#) has introduced changes in UK law focused on increasing transparency in supply chains, to ensure they are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking). As leaders in commissioning health care services and as employers, the CCGs are required to publish a statement providing assurance of its commitment to, and efforts to, prevent slavery and human trafficking practices in the supply chain and employment practices. This statement is present on the CCGs website.

Further updates and revisions will be required in 2018-19 and include:

- Safeguarding Strategy
- Safeguarding Policy (in line with revised Working Together, 2018)
- Management of Allegations Policy & Procedures

5.2 Child Exploitation (CE)

The CCGs Safeguarding Service continues to be represented at National, Regional and local forums to ensure national and local developments are embedded within the local health economy.

Nationally, the Designated Nurse Safeguarding Children is a member of the Child Sexual Abuse & Exploitation Health forum, accountable to NHS England's National Safeguarding Steering Group.

Regionally, the Pan Merseyside Child Exploitation sub group has continued to meet on a bi monthly basis chaired by a Detective Superintendent of Merseyside Police with the CCGs having representation through the Designated Nurse Safeguarding Children.



Key work streams of the group have included

- Development of a PAN Merseyside Child Exploitation Strategy and Child Exploitation Protocol to cover sexual exploitation, criminal exploitation, trafficking and other forms of exploitation, ensuring links to missing children protocols
- Development of a communications strategy in relation to all elements of exploitation aimed at key groups:
 - Professionals
 - Young People
 - Parents and Carers
 - Wider community
- Agree a PAN Merseyside Child Exploitation multi-agency data set and co-ordinate collation of data, in order to provide the Strategic Exploitation Group with oversight of the issue in Merseyside.

The Designated Nurse Safeguarding Children has ensured that representatives from across the health economy have had the opportunity to review and influence the development of the policy and risk assessment tools. Although outside the reporting period, the work of the group culminated in a half day conference on 1st May 2018, launching the developed Child Exploitation and Missing Children protocols.

The Child Sexual Exploitation (CSE) Health sub group continues to meet on a 6 monthly basis in order to share and disseminate key learning and guidance both nationally and regionally.

Specific CSE KPI data continues to be collated by commissioned services to evidence engagement in the agenda. The CSE data required for submission throughout 2018-19, will be further strengthened to include reference to Child Exploitation (Child Sexual Exploitation and Child Criminal Exploitation) as per national developments.

The LSCB Child Exploitation and Missing sub group has continued to be supported with CCGs' representation from the Designated Nurse Safeguarding Children.

The CCGs have continued to support the CSE agenda through financial contribution to the CSE business analyst post to support Sefton's Multi Agency Child Sexual Exploitation (MACSE) pathway

5.3 Harmful Practices including Female Genital Mutilation (FGM)

During the reporting year the CCGs Safeguarding Service was represented at Regional and local forums to ensure national and local developments are embedded within the local health economy.



Regionally, the Pan Merseyside Harmful Practices sub group has continued to meet on a quarterly basis chaired initially by NHS England and for the later part of the year a Designated Nurse for Safeguarding Children from the Merseyside area. The CCGs representation was through the Designated Nurse Safeguarding Children within the hosted service.

Key work streams of the group have included:

- Development of a PAN Merseyside Forced Marriage and Honour Based Violence protocol.
- Updating the PAN Merseyside Female Genital Mutilation Protocol to ensure the document was legislatively compliant.
- Agreeing Terms of Reference and Work Plan to use moving forward into 2018-19 with clear governance arrangements.

The CCG Safeguarding Service was also represented at the Regional NHS England North FGM Meeting. This meeting was chaired by the Regional Designated Nurse for Safeguarding Children from NHS England.

Key work streams of this group have included:

- Health provider readiness for the roll out of the FGM – RIS (Risk Indication System) now referred to as the FGM – IS (Indication System). Provider Trusts locally are included in Phase 2 of the roll out planned for 2018-19.
- Ensuring and monitoring data that all providers are undertaking FGM mandatory reporting. Provider organisations locally are all completing mandatory reporting.
- Influencing and developing a set of commissioning standards for FGM which will be implemented in 2018-19.

5.4 Lessons learned from NHS investigation into matters relating to Jimmy Savile

The Safeguarding Service has continued to seek assurances from commissioned health services around compliance against the Lampard report recommendations throughout this reporting year and enabled the CCGs to provide update reports to NHS England Cheshire and Merseyside Quality Surveillance Group.

The CCGs commissioned services report compliance in all areas with the exception of Recommendation 7 in respect of the need for 3 yearly Disclosure and Barring Service (DBS) checks. As this is not a statutory recommendation, the Safeguarding Service has



continued to monitor progress against this and consider mitigating actions in place where full assurance cannot be provided.

5.5 Child Protection Information Sharing (CP-IS)

CP-IS is an NHS England sponsored work programme dedicated to delivering a higher level of protection to children who have been identified as affected by abuse or neglect when they visit NHS commissioned unscheduled care settings such as emergency departments, Urgent Care Centres and Walk in Centres. CP-IS features within the NHS Standard Contract (section 32.8 of Service Conditions) which is mandated by NHS England for use by commissioners for all contracts for health care services other than primary care.

Sefton Local Authority went live with CP-IS in January 2016

The Named GP has initiated contact with NHS Digital in order to progress CP-IS within the unscheduled urgent and primary care providers (GTD Healthcare and Integrated Care Sefton) within Sefton and the NHS England position statement from May 2018 reported that they were now live.

A priority area for 2018-19 will be for the CCGs Safeguarding Service to consider the impact of these systems on the outcomes for children and young people, through work with the Local Authority Business Intelligence teams in respect of alerts generated for Sefton children.

5.6 Sefton LSCB Priorities

The CCGs have supported the priorities of the LSCB throughout 2017-18. These priority areas included:

- Early Help

Engagement of commissioned health services within the Early Help agenda is overseen and monitored through Safeguarding KPI's which are reviewed by the CCGs Safeguarding Service.

The Chief Nurses for Liverpool and Sefton's CCGs are Chair and Vice Chair of the joint LSCB Health Sub Group. The sub group's work plan includes updates from all member health organisations of Sefton LSCB in line with specific Early Help standards.

The Designated Nurse Safeguarding Children, as a member of Sefton LSCBs Performance & Quality Assurance sub group, receives and scrutinises data in respect of the Early Help. The CCGs contribute to this dataset on a quarterly basis to support evidencing the effectiveness of Early Help services and to support understanding of the data.



The Designated Nurse Safeguarding Children has also supported the LSCB's scrutiny function of partner agencies through being a member of the Early Help Gateway 'challenge' sessions.

The Designated Nurse Safeguarding Children presented at the launch of the revised LSCB Level of Need guidance, attended by over 300 delegates, where key early help principles were communicated to the partnership.

- Neglect

The LSCB Health Sub Group's work plan features neglect as a priority area and includes updates from all member health organisations of Sefton LSCB in line with specific Neglect standards.

The low referral rates by health agencies in respect of neglect (& domestic abuse) was raised at the health sub group including specific MASH referral data to support this. This was explored in respect of referral data and the need to clearly include in referral narrative where neglect is a factor. The LSCB data set has subsequently highlighted an increase in the number of referrals from 'health' in respect of neglect that have progressed to assessment.

The CCGs Named GP for Safeguarding Children has promoted the terminology of 'was not brought' as opposed to Did not Attend to support consideration of neglect as a factor when children miss scheduled health appointments. This was also included in the GP Safeguarding training event in July 2017.

The Designated Nurse Safeguarding Children has also supported the LSCB's scrutiny function of partner agencies through being a member of the 'Use of the Graded Care Profile tool (GCP2) for neglect' challenge sessions. Findings were shared with the health sub group and included updates on key LSCB documents, tools and briefings and commissioned services have ensured that this agenda is included within NHS provider internal Safeguarding Assurance Groups.

- Vulnerable groups

The Designated Nurse for Safeguarding Children chairs the LSCB Policy & Procedure sub group. This group has provided oversight to the development of a Disabled Children policy and the LSCB Criminal Exploitation protocol.

The Deputy Chief Nurse is a member of the Sefton Youth Offending Management Board, overseeing performance of assessment and outcomes of CYP in the justice system.

- Child Exploitation

Activity in respect of this work stream has been highlighted earlier in the report (see section 5.2).



6 Effectiveness of Safeguarding Arrangements

The CCGs have a statutory requirement under Section 11 of the Children Act 2004 to actively demonstrate that safeguarding duties are safely discharged. Throughout the previous reporting period the scrutiny of this function has been reviewed through external oversight including:

LSCB Section 11 Audit and action plan:

- The one remaining action, in respect to supervision, was completed within this reporting period. A further Section 11 data submission will be requested by the LSCB in 2018

NHS England Safeguarding Assurance process:

- The one remaining action, in respect of an annual review of safeguarding capacity, has been completed within this reporting period. This has resulted in a review of the 'hosted' safeguarding service model, the 'in housing' of the team, an increase in capacity and recruitment to vacant posts as a consequence of TUPE (Transfer of Undertakings- Protection of Employment regulations) processes (see section 4.1).

6.1 Inspection Frameworks

Ofsted Single Inspection Framework of Sefton Local Authority's services for children in need of help and protection, Looked After Children and Care Leavers was published in July 2016. The LSCB Improvement Plan was produced to address the areas that required strengthening. This has been progressed throughout the reporting period, with input from the LSCB statutory partners including the CCGs and Designated Professionals, and signed off as completed in July 2017. As part of the improvement plan, the LSCB formed a separate Policy & Procedures subgroup which has been chaired by the Designated Nurse Safeguarding Children.

A Joint local area Special Educational Needs and Disability (SEND) inspection was conducted by Ofsted and the Care Quality Commission in 2016, to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The CCGs have continued to work in partnership with key stakeholders to progress the improvement plan for the local area around key areas for action. A Health SEND Strategic Working Group, chaired by the CCGs Chief Nurse, meets regularly to progress this agenda.

A Care Practice Diagnostic by the Local Government Association was undertaken in Sefton at the request of the Director of Social Care with a specific focus on:



- The effectiveness of the front door
- The impact of the restructure of children's social care
- Improving the health of children looked after
- The impact of the implementation of Signs of Safety
- A review of Sefton's 'Self-Assessment'

The CCGs and commissioned health services supported the preparation process initiated in March 2018 and engagement in the multiagency audit and specific focus groups with inspectors which were scheduled in April 2018.

The CCGs have continued to support commissioned NHS health providers to be 'inspection ready' for the variety of inspections that both the CCGs and services could be required to contribute to.

Briefing updates have been delivered to health providers in respect of the Joint Targeted Area Inspection (JTAI) themes with Intra Familial Sexual Abuse having been anticipated from January 2018. However it was announced that the JTAI programme will now return to previous topics to review how practice has moved forward since the publication of the thematic overview reports on the experiences of children at risk of sexual exploitation and children living with domestic abuse.

In order that the CCG's remain 'inspection ready' the Safeguarding Service has attended a recent planning meeting led by Local Authority with partner agencies. In addition the CCGs 'Health Response Procedure' has been updated to ensure it is fit for purpose with required pathways and contact numbers to support coordination of commissioned and partner health services, should an inspection be announced.

6.2 Multi Agency Audit

As a statutory member of the LSCB, the CCGs are fully engaged in the multiagency audit cycle, through the Designated Nurse for Safeguarding Children and Named GP membership of the audit pool. Throughout the reporting period the CCGs and its commissioned services have supported the following LSCB multiagency audits:

- Child Criminal Exploitation
- Children with Disabilities

Recommendations relating to commissioned NHS health services are overseen by the Safeguarding Service at a number of forums including the LSCB Health sub group, Performance and Quality Assurance sub group and Trust Safeguarding Assurance Groups.



6.3 Performance Monitoring

As highlighted earlier the CCGs have a statutory duty to ensure that all health providers from whom services are commissioned promote the welfare of children and are able to demonstrate that outcomes for children, young people and their families are improved. The CCGs remain committed to working collaboratively with commissioned services and utilise a number of approaches to ensure that there is an acceptable level of assurance provided within the system to demonstrate safe, efficient and quality services are being delivered and that safeguarding responsibilities are safely discharged. Where the level of assurance has not been evidenced and agreed progress has not been achieved then contractual levers have been evoked all of which have been agreed and monitored via the Clinical Quality and Performance Group or Contract Clinical Quality Review meetings. In more exceptional circumstance the CCGs will work collaboratively with NHS England and other regulatory partners within a Quality Surveillance Group to gain a shared view of risks to quality through sharing intelligence.

During the reporting year NHS Southport and Formby CCG was able to close a performance notice with one Trust and NHS South Sefton CCG continued to apply a notice on a separate Trust.

6.4 NHS England Development of a Strategic Direction for Sexual Assault Services

The CCGs Safeguarding Service has supported NHS England's Commissioning Committee in their development of a strategy to ensure effective pathways for survivors of sexual abuse. The Designated Nurse Safeguarding Children engaged in discussions with the National Lead for SARCs & Partnership Working in order to highlight current services, provision and needs within the local area

7 Learning and Improvement

7.1 Training

The CCGs continue to promote the learning and development of staff with safeguarding training being part of the mandatory schedule for all CCG employees.

The CCG sets a compliance threshold of 90% for commissioned services for Safeguarding Children, Adults and Prevent training.

A review of the CCG training data highlighted compliance as of 31st January 2018:

Safeguarding Children Level 1: 91% (85.7%, March 2017)

Safeguarding Adults Level 1: 87% (89.8%, March 2017)



Although outside the reporting period, a briefing was provided to the senior Management Team and actions taken resulting in an increase in training compliance as of 20th July 2018:

Safeguarding Children Level 1: 93%

Safeguarding Children Level 2: 94%

Safeguarding Adults Level 1: 93%

Safeguarding Adults Level 2: 89%

Prevent: 94%

Specific training has also been delivered in August 2017, to Governing Body members to ensure compliance as per Intercollegiate Document (2014) requirements.

The Designated Nurse Safeguarding Children, as a member of the LSCB Training sub group, has completed the submission on behalf of the CCGs in supporting the development of the LSCB Training Needs Analysis,

In July 2017 the Named GP organised the Safeguarding Protected Learning Time Event, supporting 164 GPs and primary care staff in achieving their level 3 Safeguarding Children training requirements. The event was supported by the wider Safeguarding Service and included presentations from the multi-agency partnership on domestic abuse, Child Exploitation, Looked After Children and hoarding.

In October 2017 the Designated Nurse Safeguarding Children supported the launch of the LSCB Level of Need Document, including delivering a short presentation of the work and developments of the LSCB Policy & Procedure sub group.

In November 2017, Sefton's Designated Doctor presented at NHS North England National Safeguarding Conference, sharing learning from a Reflective Review conducted in Sefton, in respect of obesity.

7.2 Child Death Overview Panel (CDOP)

Sefton LSCB has a statutory responsibility to ensure that a review of all child deaths (residents of the borough) is conducted. This is achieved within the Pan Merseyside Child Death Overview Panel (CDOP), a sub group of Sefton LSCB, to enable learning to be gained and analysed across a broader footprint. The CCGs are committed to the work of CDOP and has membership through the Safeguarding Service (Designated Nurse Safeguarding Children and Named GP) at both business and panel meetings which includes separate meetings for neonatal deaths (0-27 days).

During the period 1st April 2017 to 31st March 2018, 115 child deaths were notified to CDOP across the five LSCB areas in Merseyside with 17 of these being Sefton children (compared to 16 in 2016-17). Of these 17 deaths, 11 were expected, 3 sudden unexpected deaths in infancy and 3 sudden unexpected deaths of children aged 2-18 years.



During the reporting period, 11 of the deaths were reviewed by CDOP and 5 were identified as having modifiable factors which included:

- Suboptimal care identified by hospital
- Behaviours issues, gang and knife crime, vulnerability to criminal exploitation and poor parenting
- Social integration and support, increased vulnerability
- Increased vulnerability due to stomach issue not being identified

Task and Finish groups have also been developed under the governance of CDOP arrangements and have progressed 2 key areas of work.

i. Safe Sleep Audit

In October 2017, the audit report (March 2017) compiled by the Merseyside Safe Sleep group was presented to Sefton LSCB by the CDOP Business Manager and shared with Heads of Midwifery, Nursing, CCG and Public Health Commissioners.

The results highlighted varying levels of compliance against the pan Merseyside Safe Sleep Guidance from maternity and community health services.

As a consequence, the LSCB Chair requested assurances back to the Board that the findings and subsequent actions relevant to the partnership have been addressed.

A further audit has been commenced to evidence changes following the dissemination of the initial results findings. These results, once complied, will be shared and communicated with commissioners.

ii. Suicide prevention group

This group has been formed to progress development of materials and plan timescales to develop a suite of suicide prevention training and materials for staff

7.3 CCG response to Kennedy Report

Following a letter from the Independent Chair of the Merseyside Child Death Overview Panel (CDOP), the LSCB requested partner agencies, particularly the police and CCGs, consider and note that the current Merseyside Joint Agency Sudden Unexpected Death in Childhood (SUDiC) Protocol is not fully compliant with the guidelines. A number of proposals were highlighted in the letter, which LSCB's were asked to accept.

A formal response to the letter and proposals was requested from the CCGs and agreed through the Senior Management Team meeting as:

The CCGs acknowledge that following the unexpected death of a child, multi-agency



rapid response processes are in place, which fully involve health partners. This response is clearly documented within the Merseyside Joint Agency Protocol Sudden Unexpected Death in Childhood (SUDIC) (January 2017) and ratified by Sefton LSCB.

The current practice and policy does not however reflect the requirement for a lead health professional (designated paediatrician, specialist nurse or on call paediatrician) and police investigator to jointly visit the home or site of the infant's death as proposed in Baroness Kennedy's report (2016) as part of the 'assessment of environment and circumstances of death' stage.

Within Sefton there is no specific multiagency 'rapid response team' to carry out this function, which is the same throughout Merseyside region. With 16 child deaths throughout Sefton (2016-17) this may not be a practicable use of resources. However the Merseyside protocol ensures that the requirements and principles of the 'assessment of environment and circumstances of death' stage are fulfilled. Sleeping arrangements, home conditions and the circumstances of the death are shared at various stages of the SUDI process including the multi-agency strategy meeting where photographs / videos of the scene and first-hand accounts of the circumstances are shared.

The CCGs would be in agreement with the current proposals within the CDOP Chairs report and would ask whether consideration be given to ensuring the proforma for the multiagency SUDI meeting includes the specific heading of assessment of environment and circumstances of death to evidence that the principles of the Kenney Report have been fully considered.

Work to deliver against the CDOP priorities will continue to be supported through the Safeguarding Service membership of the group and will include supporting transition of responsibility for child death reviews from LSCBs to new Child Death Review Partners.

7.4 Practice Reviews

From May 2017 the CCGs Chief Nurse has chaired the LSCB Practice Review Panel (PRP) which includes membership from Designated Nurse safeguarding Children, Designated Doctor and Named GP.

A number of cases have been reviewed throughout the reporting year and learning shared throughout the partnership:

- Obesity case review (health & social care)
- Child B escalation case
- Young Person in Custody
- Derbyshire Serious Case Review

In December 2017, the PRP made a recommendation to the chair of the LSCB for a Serious Case Review (SCR), which was accepted. The subsequent SCR Panel included



representation from the CCGs through the Chief Nurse (Chair of Panel), Designated Nurse Safeguarding Children and Named GP. Although outside the reporting period, the review was completed within the agreed time frames, an action plan developed and learning will be shared through the LSCB.

Reviews highlighted in last year's annual report have been progressed via action plans and monitored through the Practice Review Panel.

7.5 Voice of the Child

Young Advisors from Sefton Council for Voluntary Service (CVS) took control of the CCGs' Engagement and Patient Experience Group (EPEG) in November 2016 to mark the launch of the Children's Commissioner for England's Takeover Challenge. Outcomes from this engagement event included the development and publication by Young Advisors of a 'Top 10 Tips for involving young people' which the CCGs will use when engaging with young people. Although outside this reporting period, the CCGs focussed throughout the year on developing a Young Persons EPEG, which was successfully delivered in July 2018 to focus on experiences of local GP services, and will become an annual engagement event for young people.

'The Voice of the Child: practice guidance for health professionals' was developed by the LSCB in November 2017 in response to a recent Practice Learning Review to support health professionals in capturing the voice of the child. This has been shared to commissioned health services through the LSCB Health sub group.

In January 2018, the LSCB received a presentation from Sefton Young Advisors in respect of a commissioned piece of work which engaged children, young people and their families to ascertain their views on Child in Need and Child Protection plans. The CCGs Chief Nurse requested that this be presented to the Health sub group in order that the wider health economy could receive and consider the recommendations made by children and young people, within their own organisations. This was completed in March 2018.



8 Business priorities 2018/19

- Respond to changes required as a result of the Children and Social Work Act 2017
 - CCG Policy & Procedure to be reviewed (incorporating Working Together 2018)
 - LSCB transition arrangements to Multi Agency Safeguarding Arrangements (MASA's)
 - CDOP changes: transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners
- Ensure that the CCGs are compliant with statutory safeguarding responsibilities and requirements, including the oversight and management of progression against any action plans including section 11, SEND Improvement Plan, NHSE assurance, NICE guidance and other safeguarding inspection frameworks
- Continue to enhance and develop arrangements to gain assurance from commissioned providers through established contract management processes
- Continue to support the agenda and the implementation of relevant guidance to improve quality in practice in relation to harmful practices, asylum seeker and refugee programmes, trafficking and modern slavery
- Embed the newly developed Safeguarding Team (children, LAC and adults) within the CCGs and ensure development of:
 - clear Safeguarding Strategy and work plan
 - a comprehensive safeguarding page on the CCGs intranet
 - robust supervision provision to support the service

9 Conclusion

This annual report provides a summary of progress against the safeguarding priorities set for 2017-18. It demonstrates the contribution to multi agency partnerships across the borough of Sefton and provides assurance to the Governing Bodies that NHS South Sefton and NHS Southport and Formby CCGs are fully committed to ensuring they meet the statutory duties and responsibilities for safeguarding children and young people.

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On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages.



MEETING OF THE GOVERNING BODY SEPTEMBER 2018

Agenda Item: 18/147	Author of the Paper:	
Report date: September 2018	Helen Case Designated Nurse Children in Care helen.case@southseftonccg.nhs.uk 0151 317 8456	
Title: Children in Care Annual Report (2017-18)		
Summary/Key Issues: The Children in Care Annual Report provides assurance that the Clinical Commissioning Group is fulfilling its statutory duty in relation to Sefton's Children in Care. The report takes into account both national and local drivers that direct and influence local developments, activity, and governance arrangements.		
Recommendation The Governing Body is asked to receive this report.		Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

	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 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 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

SEPTEMBER 2018

1. Executive Summary

The purpose of the Children in Care Annual Report is to assure the Governing Body and members of the public that the NHS Southport and Formby Clinical Commissioning Group (to be referred to as the CCG throughout the remainder of the report) is fulfilling its statutory duties in relation to Sefton's Children in Care.

There is a separate report in respect of Safeguarding Children and Safeguarding Adults at Risk.

The CCG annual report takes account of national changes and influences and local developments, activity and governance arrangements.

The CCG has in place governance and accountability arrangements including regular reporting via the Quality Committee and to the Governing Body; there is direct access by the Designated Professionals to the Chief Officer.

The CCG makes a significant contribution to the work of the Corporate Parenting Board in Sefton.

2. Introduction and Background

This report provides assurance that the CCG has safely discharged its statutory responsibilities to Children in Care and the duty to ensure that the health services it commissions are compliant in this respect as outlined in the Children Acts 1989 and 2004.

This report summarises achievements and activity undertaken in 2017-18, highlights recommendations for 2018-19 and provides information about national and local changes and influences, local development, performance, governance arrangements and activity and any challenges to business continuity.

The CCG works in partnership with the Local Authority and other agencies including Sefton Corporate Parenting Board and this report should be read in conjunction with the Sefton Corporate Parenting Board annual report.

3. Key Issues

The Annual report provides the Quality Committee with an update of the developing and emerging Children in Care agenda which the CCG has supported throughout the 2017-18 reporting period.

This includes updates on:

- Local context including Children in Care Governance and Accountability Arrangements
- Progress against statutory timescales for Initial and Review Health Assessments
- Effectiveness of Children in Care arrangements
- Business priorities for 2018/19

4. Recommendations

The Governing Body is asked to receive the Children in Care Annual Report.

Helen Case
Designated Nurse Children in Care
21st August 2018

Staying **local**
& **together**

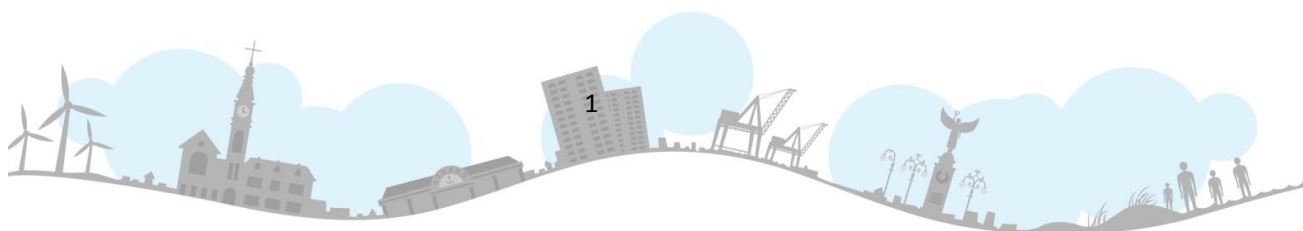


South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Children in Care Annual Report 2017/18

Author: Helen Case

Designated Nurse Children in Care



Foreword by the Chief Nurse

NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group demonstrate a strong commitment to Children in Care within the local communities. There are strong governance and accountability frameworks within the organisations which clearly ensure that Children in Care are core to the business priorities. The commitment to the Children in Care agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCGs is to actively improve outcomes for children, young people and their families and that this supports and informs decision making with regard to the commissioning and redesign of health services within the Borough.



Debbie Fagan



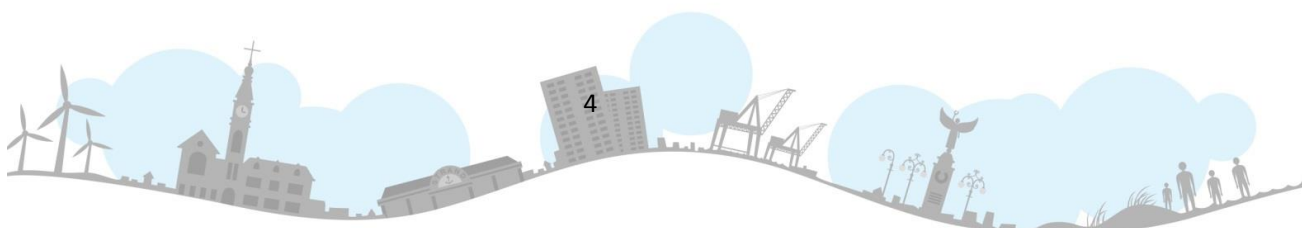
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1. Executive Summary

- 1.1 This is the third Annual Report for NHS South Sefton and NHS Southport & Formby CCGs (to be referred thereafter as Sefton CCGs). The report is in relation to Children in Care (CiC) and is authored by the CCG's Designated Nurse for CiC who commenced in post in May 2018. The role of the Designated Nurse CiC for Children in Care is a strategic role and separate from any clinical responsibilities as detailed in the *Intercollegiate Role Framework for Looked after Children (RCPCH, 2015)*.
- 1.2 In April 2016 Sefton Metropolitan Borough Council (Sefton MBC) was subject to an Ofsted inspection of the services for children in need of help and protection, Looked After Children (LAC) and care leavers; a review of the effectiveness of the Local Safeguarding Children Board ran concurrently. The findings in relation to Looked After Children and care leavers indicated that provision required improvement. Timeliness of Initial and Review Health Assessments was found not to be good enough and delays for some children in receiving Child and Adolescent Mental Health Services (CAMHS) was highlighted.
- 1.3 In November 2016 Ofsted and the Care Quality Commission (CQC) conducted a joint Special Educational Needs and/or Disabilities (SEND) inspection in Sefton to judge effectiveness in the area of implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. As a result of the findings of this inspection Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action was required due to significant areas of weakness in the local area practice. Areas of improvement were identified in relation to LAC with timeliness of Initial Health Assessments (IHA's). In addition, it was recognised that the alignment of LAC statutory health plans with Education and Health Care Plans (EHCP) was required to appropriately inform the overall care planning process.
- 1.4 It is the role of Sefton CCGs and commissioned services to address the unmet health needs of LAC by working in collaboration to empower young people and enable them to reach their full potential. Health, in its broadest sense, is the key to allowing children and young people to benefit from life enhancing opportunities. The expected outcome is that all LAC, for whom the Sefton CCGs are responsible, will experience improved health, be motivated and inspired to continue to take responsibility for their own health care.
- 1.5 This report will provide an overview of population, outline the performance of NHS commissioned services, evidence good practice and key achievements, recognise challenges and identify developments for 2018/19.
- 1.6 It is produced in line with duties and responsibilities outlined in *Statutory guidance on Promoting the Health of Looked after Children (DfE/DH, 2015)* issued to Local Authorities and NHS Clinical Commissioning Groups under sections 10 and 11 of the Children Act. It is written in the context of a holistic model of health, which ensures the wider determinants of health and well-being are considered. Consideration will be given to the key messages and recommendations of the *CQC report Not Seen, Not Heard (July 2016)* alongside the findings of the *NHS England CCG Benchmarking Exercise*



2016; a piece of work commissioned by NHS England to provide insight into commissioning practice across the North of England in relation to CiC.

2. Introduction

2.1 The purpose of the report is to provide Sefton CCGs and key partners with an overview of the progress and challenges in supporting and improving the health of Sefton LAC and those placed in borough by other Local Authorities. The report has been produced in partnership with NHS commissioned health providers and covers the period from 1st April 2017 to 31st March 2018.

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

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

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

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

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

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



Strategy, March 2017). The Chief Nurse and the Designated Nurse for CiC are partners and active members of the Sefton Corporate Parenting Board.

3. Governance, Accountability and Assurance

- 3.1 The NHS has a major role in ensuring the timely and effective delivery of health services to CiC and care leavers. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and The NHS Constitution for England (2015) make clear the responsibilities of CCGs and NHS England to this vulnerable group.
- 3.2 Accountability for Designated Professionals for CiC is set out within the 2015 NHS England Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework. Designated Professionals for Children in Care take a strategic and professional lead across the whole health community providing clinical expertise to Clinical Commissioning Groups and partner agencies on the specific health needs of the cohort.
- 3.3 The Designated Nurse for CiC has been hosted within the Shared CCGs Safeguarding Service during the majority of 2017-18. However on 1st March 2018 the Sefton CCGs moved from the Shared arrangement to bringing the Designated Nurse CiC post 'in house'. This has resulted in the existing Designated Nurse CiC, who has been in post since December 2016, covering the post whilst recruitment of a new Designated Nurse CiC was undertaken. Although outside of the reporting period, the new Designated Nurse CiC commenced in post on 21st May 2018.
- 3.4 Strategic oversight of services is essential to the role to ensure that robust clinical governance of NHS health services for CiC are in place. As a result assurance can be provided to the CCG's Governing Body's that clear commissioning arrangements are in situ and that services are fit for purpose.
- 3.5 Performance of NHS commissioned provider services is determined via analysis of Key Performance Indicators (KPIs) and scrutiny of the adherence to the agreed standards for CiC. The current KPI schedule for providers is monitored quarterly and reported to the CCGs Joint Quality Committee.

4. National Profile of Children in Care

- 4.1 The demographics for CiC nationally are taken from the Statistical First Release (SFR) England. The full SFR is due to be published for the year ending 31st March 2018 in November 2018. The data below relates to the SFR data published in March 2017.

Key Findings:

- There were 72,670 Children in Care in England as of 31st March 2017; an increase of 3% on 2016 figures and continues the trend of the last nine years
- The number of children entering the care system in 2016-17 has also risen in recent years and has increased by 2% compared with the previous year



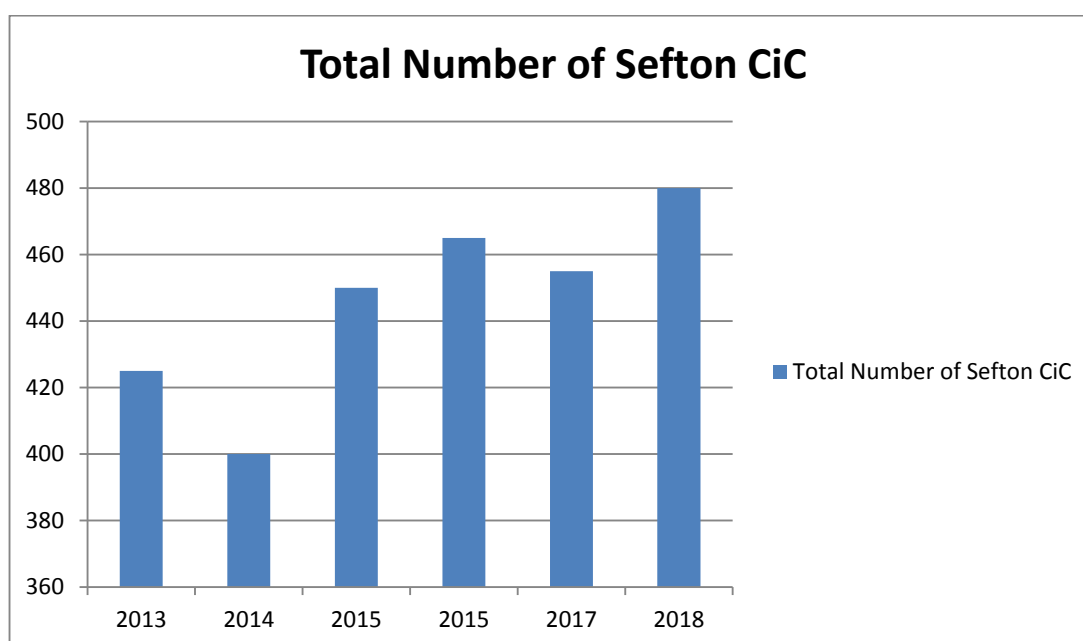
- The number of children ceasing to be 'looked after' in 2016-17 has fallen by 2% compared with the previous year
- In 2016 adoptions fell for the first time since 2011 (12%) and in 2017 the number of CiC being adopted has fallen again by 8% to 4,350

5. Overview of Sefton's Children in Care

5.1 The overall number of CiC for Sefton MBC has remained above the national average per 10,000 populations; a consistent finding since 2012. This upward trend mirrors the national picture.

5.2 Graph 1 below, indicates total number of CiC across the borough of Sefton at the end of each financial year. As of 31st March 2018 the total cohort of children in the care of Sefton MBC was **480**. Of these **250** were boys and **230** were girls.

Graph 1 Sefton Children in Care Cohort



5.3 Whilst the end of year figures above provide an overview, consideration must be given to children who may enter and leave the care system throughout the year so the total number of children cared for over the period that this report covers is higher.

5.4 The cohort of children who have been new into care has been identified as **184**, who have required initiation of a care episode by Sefton MBC.

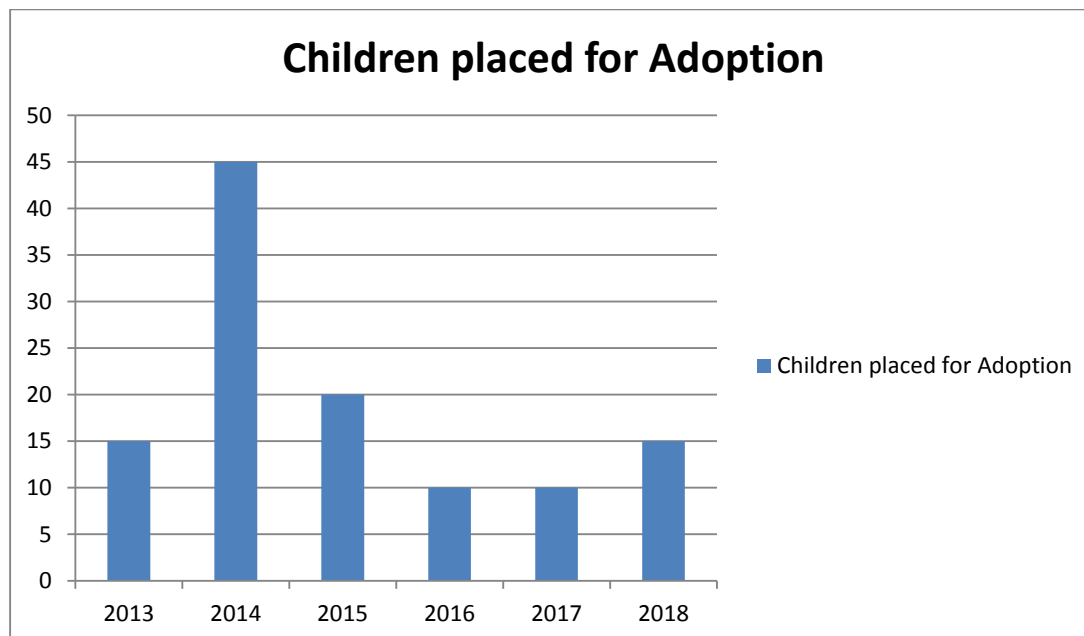
5.5 The number of children ceasing to be in the care of Sefton MBC by the end of reporting period was **163**; this is a decrease of **17** from the previous year. Children's care episodes end for a variety of reasons with the majority for Sefton children achieving permanency returning to their family. The Ofsted inspection in 2016 raised concerns regarding the high proportion of CiC in Sefton who are placed at home with parents



(21%); as a result, Sefton MBC have focused on this group resulting in 26 children's 'placed with parents' Care Orders being discharged between September 2016 to the end of March 2017. At the end of March 2018 17% of CiC are placed with parents.

5.6 Sefton has seen a slight increase in children being placed for adoption during the year, with 9% of those ceasing to be looked after and achieving permanency via this route.

Graph 2 Sefton children placed for adoption

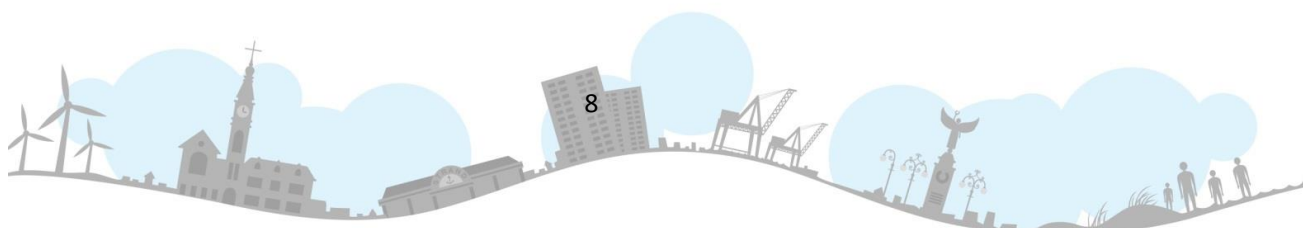


6. Sefton Children placed out of Borough

6.1 Where a CCG or a Local Authority, or both where they are acting together, arrange accommodation for a CiC in the area of another CCG, the "originating CCG" remains the responsible CCG, and as such retains commissioning responsibilities. Sefton MBC place approximately **150** children (**31%**) out of Borough but for whom Sefton CCGs are the originating CCG. In most cases, placements within a small radius will be sought; Sefton place the majority of these children in the Merseyside area with a high proportion identified as living in the borough of Liverpool.

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

6.3 During 2017/18 the Designated Nurse CiC was made aware of **14** requests for Initial Health Assessments (IHA's) and **309** requests for repeat health Assessments (RHA's) for Sefton children placed out of area. A number of these were duplicate requests for children under 5 years of age. However, it must be recognised that the number of



requests for health assessments over the year does not equate exactly to the number of CiC as the number of CiC over the year changes.

7. Children placed in Sefton from other Authorities

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

7.2 During 2017/18 the Designated Nurse CiC was made aware of **27** requests for IHA's for Children in Care Other Local Authorities (CiCOLAs) and **194** requests for RHA's for CiCOLA's. A small number of these were duplicate requests for children under 5 years of age. However, on average **120** CiCOLA's will be the responsibility of Sefton CCGs at any one time. Again, it must be recognised that the number of requests for health assessments over the year does not equate exactly to the number of CiC as the number of CiC over the year changes.

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

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

8. Ethnicity

8.1 CiC are predominantly white according to national statistics; **75%** of children at 31 March 2017 were white, **9%** were of mixed ethnicity, **7%** were black or black British, **5%** were Asian or Asian British and **3%** were other ethnic groups.

8.2 Sefton MBC have not previously submitted data regarding ethnic origin however data for 2017-18 indicates that Sefton's CiC were **95%** white, **3%** mixed ethnicity, less than **1%** Asian or British Asian and just over **1%** were identified as other ethnic groups.

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

9.1 Sefton CCGs are responsible for commissioning the dedicated CiC health services in Sefton which include the 16-19's CiC health team in North West Boroughs Healthcare NHS Foundation Trust (NWBH) (see 9.2). In 2017/18 reporting period statutory IHA provision was commissioned from Alder Hey Children's NHS Foundation Trust (AHCH) (see 9.3). Child and Adolescent Mental Health Services (CAMHS) (see 12) are also



commissioned from AHCH Trust and Sexual Health services from Southport and Ormskirk Hospital NHS Trust (see 13). It is worthy of note that the majority of statutory Review Health Assessments for CiC are undertaken by the 0-19's service by NWBH. The 0-19's service is a Public Health (Local Authority) commissioned rather than a CCG commissioned service. However the CCGs receive and monitor KPI's that includes the 0-19's service performance in relation to CiC. This fragmentation of commissioning can lead to some confusion to external agencies about who has overall responsibility for the commissioning of health services to CiC in Sefton.

9.2 Merseycare NHS Foundation Trust / North West Boroughs Healthcare NHS Foundation Trust - Children in Care Health Team

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

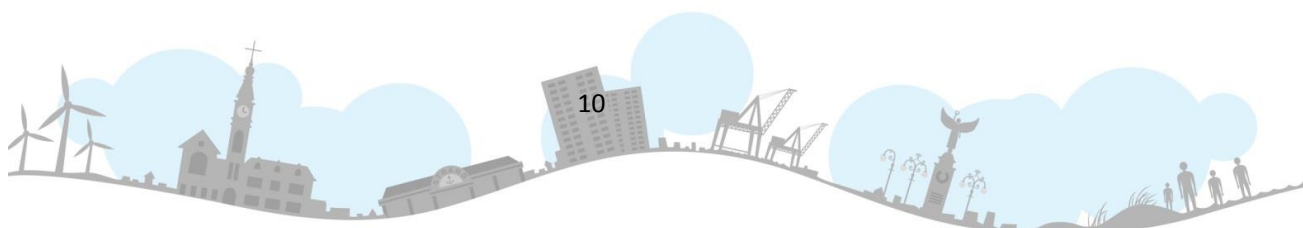
9.2.2 In June 2017 the Children in Care Health team transacted to Merseycare NHS Foundation Trust (Merseycare), with an agreed subcontracted arrangement to NWBH. Sefton CCGs were supportive of this arrangement on the basis that any risk in the system would be reduced. This was following the major shift in local health services as the 0-19s Public Health service commissioned by Sefton MBC had also seen the award of this contract to NWBH.

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

9.2.4 The 16-18 year old 'care leaver' cohort continue to have access to a dedicated Link Nurse (1 WTE Band 6). Administrative support (1 WTE Band 3) specifically for CiC is in place to manage data flow relating to care status, health assessments and placement changes.

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

9.2.6 The team has experienced significant challenges during the reporting period with areas such sickness and capacity impacting on the stability of the service. However, the dissolution of LCH as an organisation, and resultant transaction of all services to alternative health trusts via the NHS Improvement plan, restricted the ability of both provider and Sefton CCGs to make any adjustments to the agreed service specification. During the reporting period Sefton CCGs have not been consistently assured that NWBH have been able to deliver on the commissioned service for CiC and there has been significant CCGs scrutiny and activity by CCGs in relation to preparing to make



changes to service delivery. These changes will occur outside of this reporting period.

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

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

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

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

9.3.4 Sefton CCGs have been in negotiation with the Trust to secure the provision of a Designated Doctor for CiC. This post is being undertaken by one of the Senior Paediatric Consultants at AHCH and is jointly commissioned with Liverpool CCG and Knowsley CCG.

10. Statutory Assessments

10.1 Initial Health Assessments

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

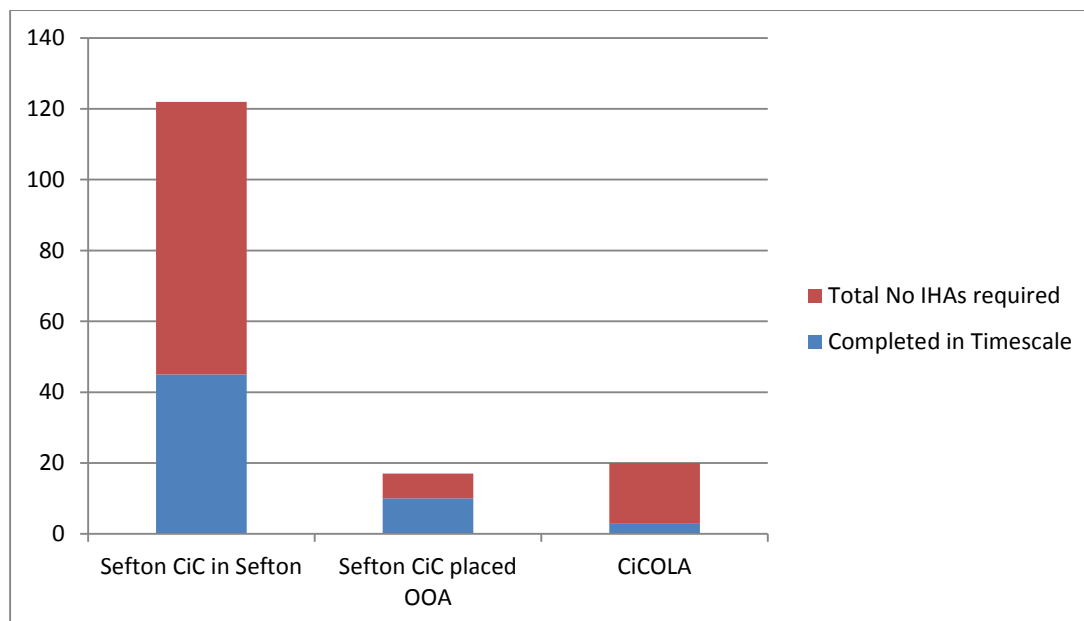
10.1.2 To succeed with the 20 working day target, there is a reliance on the establishment of partnership working and excellent communication pathways. Children's social care and commissioned health services must work proactively together to facilitate timely assessments. Improvements in notification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

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



10.1.4 In the year April 2017 - March 2018, **184** children entered the care of Sefton MBC however only **154** children were reported as requiring an IHA by NWBH Sefton CiC team during the reporting timeframe. This discrepancy may relate to children who entered care briefly and left before the 20 day assessment timeframe alongside those who entered the system late in the reporting period therefore requiring IHA in the following financial year.

Graph 3 Timeliness of Initial Health Assessment



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

10.1.6 From the information available **39%** of Sefton children new into care had their IHAs completed in a timely manner, irrespective of placement area. This is a slight reduction from the **40%** total compliance rate achieved last year and the **51%** achieved the year before but above the current national average of **35%** (NHSE, 2018).

10.1.7 There is a clear requirement for improvement in performance. Joint audit between the CCGs and Sefton LA was completed in 2017/18. This mapped performance across all parts of the IHA pathway against an adapted NHS E IHA exemplar pathway (Appendix 1). Initial findings highlighted process concerns from a community health provider perspective. An action plan to improve performance was agreed and has been monitored by the Designated Nurse for CiC and reported to the Joint Quality Committee.

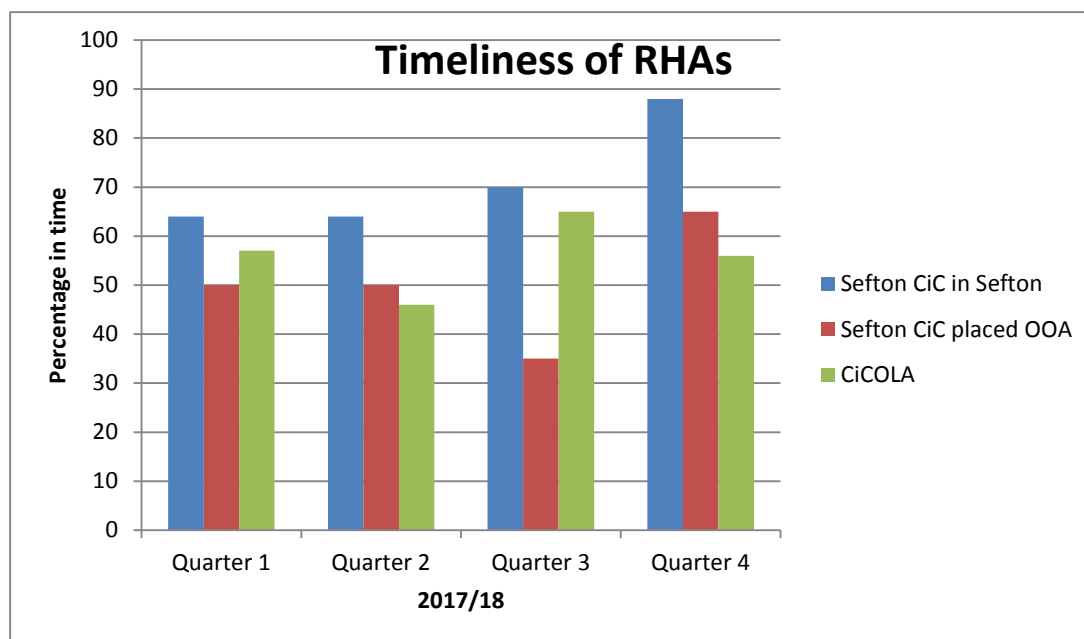


10.2 Review Health Assessments

- 10.2.1 RHAs are a statutory requirement for all CiC, and are required to be completed every six months for children under the age of 5 years and annually for children over this age. The RHA is a holistic assessment including emotional wellbeing and physical health. The recommendations and health plan from all RHAs are shared with the child's social worker (SW) and IRO.
- 10.2.2 Health Visitors and School Nurses within the 0-19 service complete the assessments for the majority of the children, whilst the CiC Link Nurse completes assessments for young people aged 16-18 years. The 0-19 service commissioned via Public Health transferred across to NWBH from 1st April 2017. Completion of, or contribution to, RHAs is included in the contract specification for this service.
- 10.2.3 In April 2016 the Health Practitioner Checklist/Audit assessment tool was implemented and all RHAs continue to be quality assessed via this tool (Appendix 2). The tool was developed by the previous Designated Nurse for CiC and has been adopted regionally as standard, promoted via NHS E National CiC subgroup as an exemplar tool. RHA's which do not meet the required standard continue to be returned to the assessing practitioner for amendment. As of 1st April 2017 the Designated Nurse for CiC initiated a process to oversee the quality assurance process from the CCGs perspective for assessments that are completed under the guidance of the Responsible Commissioner (children placed out of area/CiCOLA).
- 10.2.4 Completion of the RHA's in a timely manner has been a challenge for NWBH CiC health team; quarterly KPI data identifies performance that is significantly below the 100% compliance threshold, although demonstrates an improving trajectory for Sefton children placed in Sefton (see Graph 5 below). Similarly to IHA, the RHA process is reliant on the performance of external practitioners/services. The service specification is explicit in identifying responsibility for improving performance is with the specialist team with the support of the Designated Nurse for CiC.



Graph 4 Timeliness of Review Health Assessment



10.2.5 The number of children who have been looked after for a period of twelve months or more, who have received their statutory health assessment, is recorded by the Local Authority as part of the SSSDA903 return to Central Government.

10.2.6 Performance for 2017/18 showed a decrease in relation to RHA's from the previous year from **89%** to **88%**. It must be noted however that this performance is related to completion of assessment within year and not timeliness of that assessment.

10.2.7 Whilst the publication of National SSSDA903 health data is not available until November 2018, it is possible to provide a projection of the anticipated return using information provided by both NWBH 0-19 service and Sefton MBC.

10.2.8 A cohort of **334** children was identified as being 'Looked After' for a period of more than one year and therefore eligible for reporting within the 903 return; **298** children had a RHA undertaken within the reporting period (**88%**), a decrease of **1%** on last year which equates to **2** health assessments. The current national average for completion of annual health assessments is **89%**.

11. National Health Indicators – Sefton Children

11.1 Children who have remained in care for a period of more than one year should experience an improved quality of life, not least of all evidencing improvements in holistic health. The SSSDA903 return provides crucial data to both the LA and CCGs in understanding the needs of this cohort to enable the commissioning of health services which are able to focus on improving outcomes.



11.2 Dental Health

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

11.2.2 Unverified figures suggest that **280** children out of **334** were up to date with recommended dental examination (**84%**); this is an **11%** increase on last year and is slightly above the current national average of **83%**.

11.3 Immunisations

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

11.3.2 A total **285** children (**85%**) out of the 903 cohort were identified as being up to date as per current immunisation schedule at the end of March 2018; this is a slight improvement of **1%** on last year and is comparable with the current national average for CiC of **84%**.

11.4 Strengths and Difficulties Questionnaire

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

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

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



regard to the SDQ findings for individual children.

11.4.4 During the 2017/18 reporting period the Local Authority reported that **184 (70%)** children out of eligible cohort had a Carer's SDQ completed. It is clear from quality assurance of health assessments that the findings of individual SDQs are not effectively shared with health colleagues. This often impacts on the ability to effectively coordinate care in relation to improving emotional health and wellbeing. This has been identified as a priority area for review in 2018/19.

12. Child and Adolescent Mental Health Service (CAMHS)

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

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

12.3 Children who need an emergency service are assessed the same day at A&E. Average waiting times for CiC who require a 'less urgent' assessment was **4.69** weeks in 2017/18. This is an improvement on 2016/17 whereby average waiting times were **5.37** weeks.

12.4 CAMHS received **43** referrals for Sefton CiC in 2017/18 and **76%** of the referrals were accepted and progressed to therapeutic treatment.

12.5 The CiC assessed by CAMHS often presented with multiple difficulties, emotional dysregulation and self-harm. In addition, challenging and aggressive behaviour were common themes noted from referral with a high prevalence of attachment issues, low mood, and anxiety being diagnosed.

13. Sexual Health

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

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

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



dysfunction.

- 13.4 The clinic service is supported by a clinical outreach service (by referral only) and sexual health promotion team. The availability of an outreach service has proved invaluable for some CiC who have faced challenges in engaging with, and accessing clinical services
- 13.5 Sexual Health is assessed routinely as part of the annual RHA. This provides a prime opportunity to deliver key public health messages and provide young people information around accessing services and addressing their sexual health needs. Assessing practitioners are additionally guided to discuss healthy relationships, puberty, and to consider risk of Child Sexual Exploitation (CSE).

14. Safeguarding Children in Care

- 14.1 The *Real Voices* report on CSE (Coffey, 2014) stressed that CiC are particularly vulnerable due to their higher levels of emotional health difficulties and special education needs. Additionally, it highlighted the risks to children who go missing from care raising concerns that despite legislation, independent children's home often fail to notify local authorities when children move in from other areas.
- 14.2 Children who are considered to be at high risk of being sexually exploited, and those who are considered as currently being sexually exploited, continue to be referred for discussion at the Multi Agency CSE Panel (MACSE). Representatives from agencies working directly with the child are invited to attend to ensure the Multi Agency CSE Plan is appropriate.
- 14.3 In April 2016 NHS England directed all CCGs and Provider services to identify a nominated lead for CSE. The nominated lead for Sefton CCGs is the Designated Nurse for Safeguarding Children.
- 14.4 One in five children and young people who go missing from home or care are at risk of serious harm (Coffey, 2014). There are major concerns about the links between children running away and the risks CSE. Missing children are also vulnerable to other forms of exploitation, violent crime, gang exploitation, and drug and alcohol misuse.
- 14.5 Sefton MBC is required to submit data on an annual basis with regard to CiC who are reported as 'missing' or 'absent/away'. A total of **79** CiC were recorded as missing from care in 2017/18; **471** episodes of 'missing' were recorded against these children with an average of six incidents per child.
- 14.6 There were **106** episodes of 'absence/away' reported by the Sefton MBC relating to **35** individual children. Children are deemed to be absent if they are away from placement without agreement but professionals are aware of their whereabouts.

15. Care Leavers

- 15.1 *Promoting the Health of Looked after Children (DfE/DH, 2015)* states that CCGs have a role in commissioning health provision taking into account the specific requirements for



young people identified as care leavers in the Leaving Care Act (2000). They are required to ensure that plans are in place to enable children leaving care to continue to obtain the healthcare they need and that arrangements are in place to ensure a smooth transition for those moving from child to adult health services.

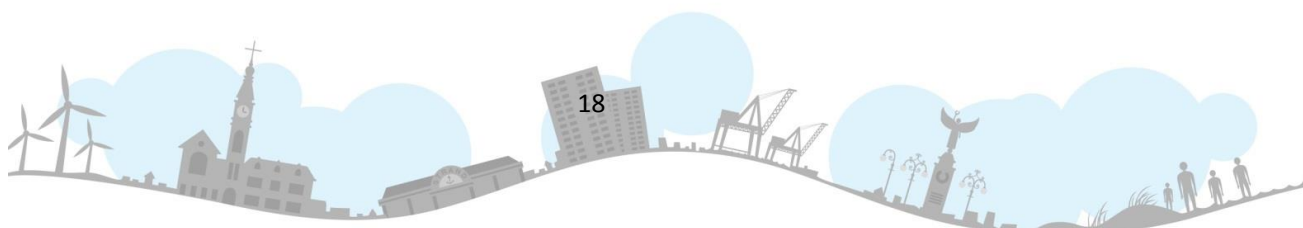
- 15.2 There are approximately **131** care leavers aged between 19-21 years within Sefton. National data return requires the Local Authority to report outcomes for this group in relation to education, training and employment. Figures indicate that **32** of these care leavers are recorded as having an illness or disability, and a further **11** are pregnant or parenting which has resulted in them being unable to access employment or education.
- 15.3 Further review of the current `offer` from commissioned health services is required to ascertain compliance with statutory guidance. On leaving care, young people are provided with a health passport providing details of their medical history and advice on navigating universal health services, with health provision now provided within Primary Care.
- 15.4 CCGs and Local Authority responsibility for the transition arrangements of young people leaving care to adults services is set out in *Nice Guidance - Transition for YP using health and social care services* and *Statutory Guidance on promoting the health of LAC and Care leavers (DfE/DH, 2015)*. In 2016/17 commissioned health teams were not required to submit performance data in relation to care leavers however in the 2017/18 reporting period a metric was introduced within the KPI schedule in relation to health passports and **21** health passports were issued to Sefton children placed in Sefton by NWBH. This is lower than the number that should have been issued and identified as a priority area for 2018/19.

16. Role of Primary Care

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

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

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



16.3 Copies of individual health action plans should be provided to GP practices via the Sefton CiC Health Team in NWBH, to ensure that the lead clinical record is updated and health needs followed up within the Primary Care setting. Whilst this is happening in some cases the process has not been fully audited. Review of the robustness of this process is required with provider teams needing to clearly demonstrate that information sharing pathways are effective. Evaluation of sharing of health action plans with GP's has been identified as a priority for 2018/19.

17. The Responsible Commissioner

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

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

18. Payment By Results (PBR)

18.1 The Department of Health with NHS England, Monitor, the Royal Colleges and other partners, have developed a mandatory, national currency and tariff for statutory health assessments for CiC placed out of area. In 2016/17, a standard letter was devised informing all CCGs across England that Sefton CCGs would charge for statutory health assessments in line with the national tariff.

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

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

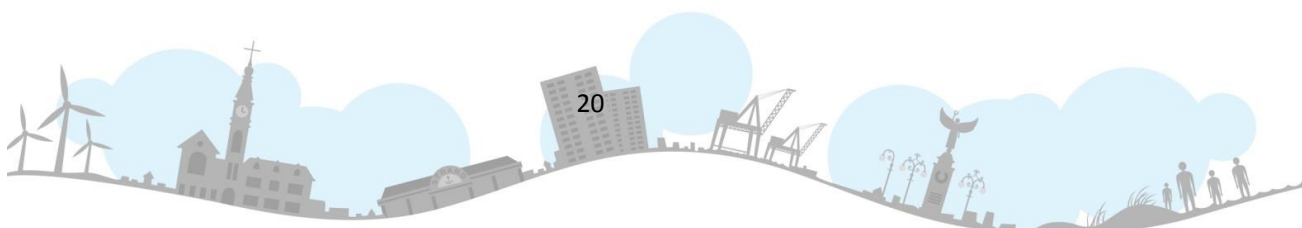
19. Conclusion

19.1 Services provided to CiC in Sefton have been under intense scrutiny during 2017/18. Inspection of Local Authority Services in April 2016, closely followed by the Joint SEND Inspection in November 2016 generated a set of 'must do' actions to ensure



CiC are safe, healthy and are encouraged to achieve their full potential. The on-going progression of these actions during 2017/18 has not been at the pace desired or required due to a number of complex and complicating factors.

- 19.2 Sefton CCGs have worked in partnership with the Local Authority and partner agencies to ensure robust arrangements are in place within commissioned services, in line with national guidance and to fulfil the health needs of this group of children. The performance of commissioned services to deliver the statutory standards for CiC has at times, been inconsistent.
- 19.3 The dissolution of LCH has affected the ability of provider services to maintain a consistent, high standard of service to CiC. The transition of services to new organisations occurred in April 2017 (June 2017 for the Safeguarding and LAC Service) and performance has been monitored throughout 2017/18 with limited, or no significant improvement. This has been high on the agenda for the CCGs with a number of measures undertaken in 2017/18 and planned for 2018/19. The Chief Nurse of the Sefton CCGs has maintained oversight of the situation and reported through to the Joint Quality Committee and Governing Body.
- 19.4 The role of the Designated Nurse for CiC has now been withdrawn from the CCGs Shared Safeguarding Service and brought 'in house' (March 2018). It is anticipated that this new arrangement will provide the opportunity for increased scrutiny of many aspects of health care delivery to this vulnerable group of children during 2018/19 and onwards.
- 19.5 In depth analysis of KPIs has informed the priorities for the coming year and they are written using recommendations from *Not Seen, Not Heard (CQC, 2016)* to ensure a child-centred approach. The triangulation of this information, in conjunction with a review of the *NHS E CCG Commissioning Compliance Tool for Looked after Children and Care Leaver Health Services 'Right People, Right Place, Right Time, Right Outcomes'* has helped to provide a contextual view to assist Sefton CCGs in ensuring effective commissioning to meet the health needs of children in care.



20. Key Priorities for 2018/19

Children & Young People should have a voice
<ul style="list-style-type: none"> • Consultation with CiC and care leavers to inform services design and delivery and address barriers for young people accessing health services • Alignment of EHCP/CiC Health plans for CiC with SEND supported by the development of robust communication pathway and complimentary training programme for health practitioners
Improving outcomes for children: the 'so what' factor
<ul style="list-style-type: none"> • Improved performance around national performance indicators – greater compliance by commissioned services around KPIs • Development of a bespoke CiC Nursing Team to sit under CCG commission and focus on improving health outcomes for CiC • Improved quality of CiC health assessments, particularly RHA's • On-going implementation of Responsible Commissioner and associated quality assurance • Review of current SDQ process to facilitate meaningful contribution to the RHA process
Quality of multi-agency information sharing
<ul style="list-style-type: none"> • Evaluation of information sharing within Primary Care Services and GP contribution to inform the statutory health assessment process • Review of training for health care staff including Primary Care Practitioners on their roles & responsibilities as corporate parents as commissioners of health services • Implementation of 'Care Leaver Code' to identify patients registered with GPs whom are defined as care leavers to enable them provide timely access to services where appropriate
Transition and access
<ul style="list-style-type: none"> • Review of care leaver <i>Health Passport</i> process; utilisation of this to inform transition plan and improve pathways between services • Review of commissioned services in providing extended provision to care leavers and Sefton CiC placed out of area
Leadership
<ul style="list-style-type: none"> • Review of NHS E Benchmarking Exercise to ensure full compliance with the 33 standards • Contribute to review of Safeguarding/CiC contractual safeguarding standards and KPI's across the Mersey region • New Designated Nurse CiC to develop an action plan to include the above priorities

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

Rebekah, Sefton Care Leaver

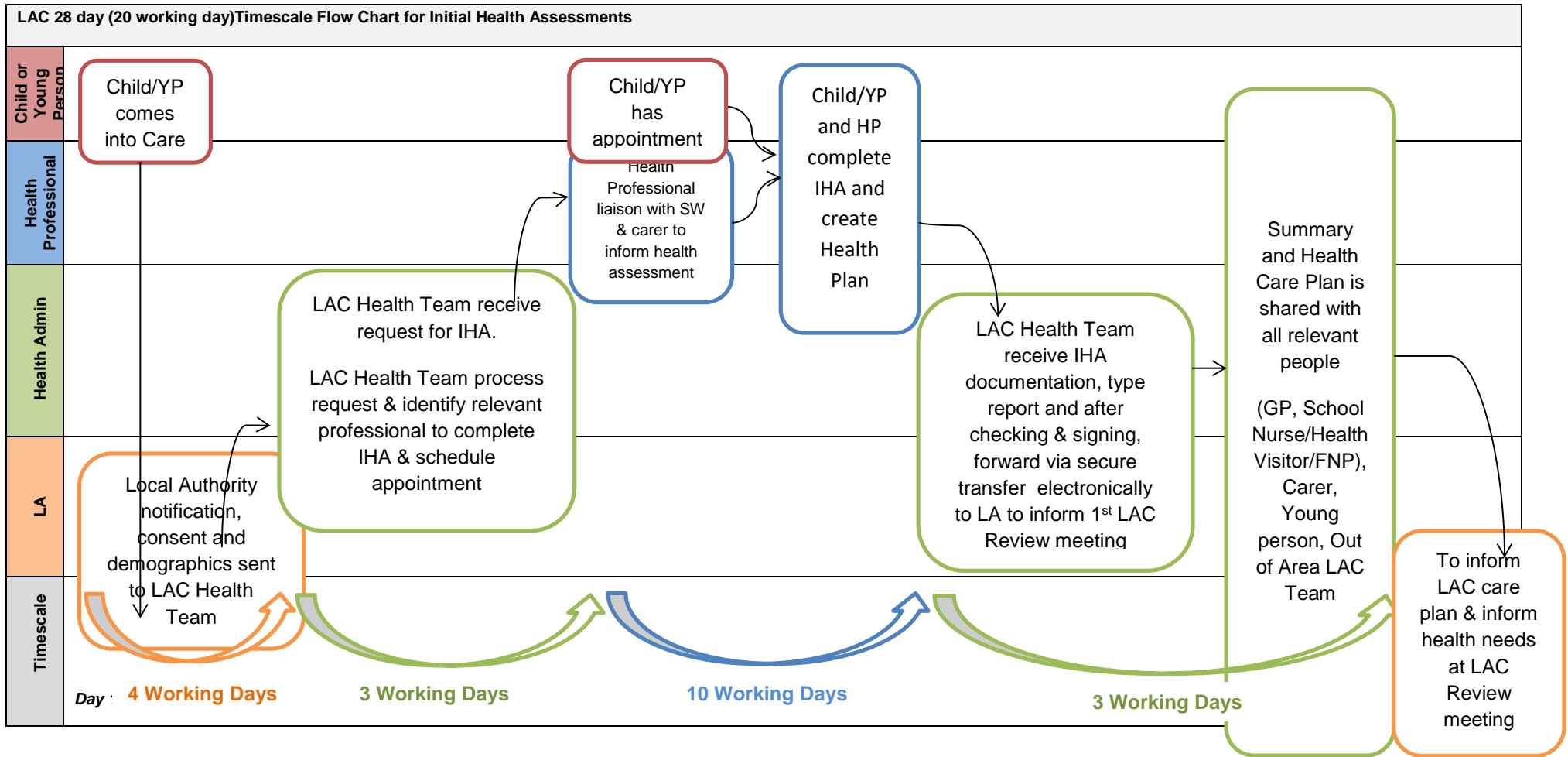


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Appendix 1



Appendix 2

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

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

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

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

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

GP and Dental Practice: names of both noted		
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The Children in Care Health Team are required to input certain data within Social Care Systems, it imperative that a copy of all requested documentation is returned with original copies remaining within the child's health record

Return Documents Check	YES/NO	Comments
Childs name, DOB & NHS Number on every page		
Full Health Assessment with Summary & Plan (PartC) being typed		
Immunisation Printout – For children placed in or placed by external trusts (where available)		
SDQ questionnaire Carers Report – 2 page complete document (not score only) for children age 4-16yrs inclusive (If requested – not standard for all assessments)		
Substance Misuse 'Drugs, Alcohol & Me' screening tool (Age 10-18yrs inclusive) – Return completed tool		
Universal developmental checks up to date (for children under 5yrs)		

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

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

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

¹RCGP, RCN, RCPCH (2015) Looked after children: Knowledge, skills and competences of health care staff: Intercollegiate role framework.

http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf

MEETING OF THE GOVERNING BODY SEPTEMBER 2018

Agenda Item: 18/148	Author of the Paper: Debbie Fairclough QIPP Programme Lead Debbie.fairclough@southseftonccg.nhs.uk 0151 317 8456						
Report date: September 2018							
Title: Sefton Acute Sustainability Joint Committee							
<p>Summary/Key Issues:</p> <p>The purpose of this paper is to share with the governing body for information the latest report and terms of reference of the Sefton Acute Sustainability Joint Committee and as presented to the Southport & Formby CCG PTI Public Governing Body meeting held 5 September 2018.</p> <p>At a meeting of the South Sefton CCG Wider Group in May 2018, the members confirmed they did not wish to become full voting members of the Joint Committee but it was agreed that the CCG would be apprised of any progress.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report by way of information.</p>	<table style="border: none;"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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.
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.
	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			Sefton Transformation Board, April 2018 Wider Group May 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

MEETING OF THE GOVERNING BODY SEPTEMBER 2018

Agenda Item: 18/149	Author of the Paper: Fiona Taylor Chief Officer Fiona.taylor@southseftonccg.nhs.uk 0151 317 8456
Report date: September 2018	
Title: Establishing a Sefton Acute Sustainability Joint Committee	
Summary/Key Issues: This paper sets out a proposal to establish a Joint Committee between NHS Southport and Formby CCG and NHS West Lancs CCG.	
Recommendation <div style="float: right;"> Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/> </div> <p>The Governing Body is asked to</p> <ul style="list-style-type: none"> Support the establishment of a Sefton Acute Sustainability Joint Committee; Recommends for approval by the wider constituent group, the Terms of Reference for the Joint Committee Receive the Sefton Acute Sustainability Decision Making Framework 	

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.
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				
Presented to other Committees				

Links to National Outcomes Framework (<i>x those that apply</i>)	
	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

SEPTEMBER 2018

1. Purpose

The purpose of this paper is to propose the establishment of a Sefton Acute Sustainability Joint Committee, to enable joined-up, effective decision-making for acute services that are commissioned collectively by NHS Southport and Formby CCG and West Lancs CCG.

The full (draft) governance and decision making framework (GDMF) for the acute sustainability programme are provided at Appendix A.

2. Background

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

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

The CCGs serving the populations of Southport and Formby and West Lancashire form the footprint for the Joint Committee as NHS Southport and Ormskirk Hospitals Trust predominantly provide services for that patient cohort.

3. Progress to date

Both CCGs have engaged in extensive discussions about the potential role and function of the committee and further discussions have also been had previously with the governing body and wider group. Throughout the year there has also been further discussion at the Sefton Transformation Programme Board and consultation has taken place with those CCGs that also have a identified patient flow into the Trust.

Those CCGs that were consulted have responded positively to the establishment of the Joint Committee with the request that they are consulted and engaged in discussions about services that may have an impact on their populations.

St Helens CCG have specifically asked they are fully updated on the work of the Joint Committee and have formally requested that they are formally involved in any decisions that affect their population. Work is underway to understand what this means in terms of percentage of patient flow and future decision making.

4. Purpose of the Joint Committee

The purpose of the joint committee is to make decisions in respect of the provision of acute services for the specified populations. Individual CCGs remain accountable for meeting their

statutory duties, and the Joint Committee would undertake its delegated functions in a manner which complies with the statutory duties of the CCGs, as set out in the NHS Act.

Upon the establishment of the committee, should the wider group approve those arrangements, the Chief Officers of both CCGs will prepare a draft work plan for the committee that will require sign off by the Governing Body and Wider Group before the committee is able to fully take on any decision making responsibilities.

5. Recommendations

The governing body is asked to:

- Support the establishment of a Sefton Acute Sustainability Joint Committee
- Recommend the establishment of that committee to the wider group.

Appendices

Appendix 1 Governance and Decision Making Framework, Sefton Transformation Programme

Fiona Taylor
Chief Officer
September 2018

Sefton Acute Sustainability Joint Committee

Terms of Reference

NHS Southport and Formby CCG
 NHS West Lancashire CCG
 NHS St Helens CCG (service specific)

Introduction

The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.

The Five Year Forward View footprints were established in accordance with the NHS Shared Planning Guidance requirements 2015/16 which required every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the NHS Five Year Forward View.

Establishment

The NHS Southport and Formby CCG and West Lancashire CCG (the CCGs) have agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Sefton Acute Sustainability Joint Committee of Clinical Commissioning Groups (CCGs).

Role of the Committee

The overarching role of the Joint Committee is to take collective commissioning decisions about acute services, including specialised services provided for the Southport and Formby and West Lancashire.

Decisions will be appropriate and in accordance with delegated authority from each CCG Member. Members will represent the whole population.

Decisions will also support the aims and objectives of the Cheshire & Merseyside Healthcare Partnership, whilst contributing to the sustainability of the local health and social care systems. The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the Parties.

Remit of the Joint Committee

The Joint Committee will be responsible for decisions regarding the delivery of programmes of transformation across a defined range of services commissioned collectively by its members.

The services within scope will be defined and agreed by the CCGs.

The Joint Committee will take into account other commissioners whose populations may be affected as may be relevant to the transformation / service redesign under consideration.

The Joint Committee will take into account other service providers as may be relevant to the transformation / service redesign under consideration.

Functions of the Joint Committee

The Committee is a Joint Committee of NHS Southport and Formby CCG, NHS West Lancashire CCG and NHS St Helens CCG established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

Its primary function is to make collective decisions on the review, planning and procurement of acute health services within its delegated remit.

In order to deliver its delegated functions the Joint Committee will:

- Recommend the work plan for approval by each Governing Body
- Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit
- Approve individual programme and project briefs, initiation documents and plans. This will include agreeing the parameters at the start of each programme of work, governance and financial arrangements for individual programmes.
- Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes
- Approve future service reconfiguration, service models, specifications, and business cases up to the value as determined by each Party's CCG's Scheme of Reservation & Delegation
- Ensure appropriate patient and public consultation and engagement and compliance with public sector equality duties as set out in the Equality Act 2010 for the purposes of implementation.
- Ensure consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- Agree and oversee the communications and engagement framework relevant to areas of work of the Joint Committee.

Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:

- Management of the conflicts of interest (section 14O)
- Duty to promote the NHS Constitution (section 14P)
- Duty to exercise its functions effectively, efficiently and economically (section 14Q)
- Duty as to the improvement in quality of services (section 14R)
- Duties as to reducing inequalities (section 14T)
- Duty to promote the involvement of patients (section 14U)
- Duty as to patient choice (section 14V)
- Duty as to promoting integration (section 14Z1)
- Public involvement and consultation (section 14Z2).

In discharging its responsibilities the Joint Committee will provide assurance to Governing Bodies through the submission of minutes from each meeting and an annual report to inform CCG members' annual governance statements.

The Committee will conduct an annual effectiveness review which will be reported to the respective Audit Committees.

Membership

The Committee has two levels of membership, full members and associate members. Full member organisation means those which have the final 'vote' on agreements as the Committee is a Joint Committee of those organisations. Associate members are partners who have an interest in the work plan of the Committee but are not legally bound by the decisions of the Committee

The full member organisations are:

- NHS Southport and Formby CCG
- NHS West Lancashire CCG
- NHS St Helens CCG (service specific)

Each full member organisation will nominate four Governing Body representatives to sit on the Committee, one of which would be an Executive member, 2 GP members and one lay member representative.

Chairing of the Joint Committee will be managed on a three month rotation between the two CCG members.

Decisions made by the Joint Committee will be binding on its member Clinical Commissioning Groups.

Healthwatch will be invited to have one representative to be in attendance on behalf of the local Healthwatch Groups within the CCG footprints

Other organisations, including local authorities, may be invited to send representatives to the meetings. In attendance members represent other functions / parties/ organisations or stakeholders who are involved in the programmes of work of the Joint Committee and will provide support and advise the members on any proposals. Representatives from NHS England will be co-opted to attend as required.

Deputies

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

Decision-Making

The Joint Committee will aim to make decisions through consensus.

Exceptionality - where decision making by consensus is not possible, the Committee Chair will call on each voting member to cast a vote. Where a minimum of 75% of the voting committee membership in attendance at the meeting in question are in agreement, a recommendation/decision will be carried.

Quorum

For the Committee to undertake its business the following Committee membership attendance arrangements must be met:

- a minimum of two voting representatives from each member CCG must be present
- at least one Accountable Officer, one CCG GP and one CCG lay member must be present
- the Chair or deputy chair must also be present.

A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

Meetings

The Joint Committee shall meet at least quarterly and then as required in order to deliver the defined objectives; the Chair will have authority to call an extraordinary meeting with at least 2 days' notice.

Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

Meetings with other Joint Committees in the Cheshire & Merseyside Healthcare Partnership footprint will be arranged, as required. In the event that a sub group or working group is considered appropriate from such a meeting, all parties will need to agree the reporting arrangements.

Joint Committee meetings will be held in public, members of the public may observe deliberations of the Committee but do not have the right to contribute to the debate. Items the Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.

Conflicts of Interest

Individual members of the Joint Committee will have made declarations as part of their respective organisation's relevant policy and procedure; a register of the interests of all members of the committee (full and associate) will be compiled and maintained as a Joint Committee Register of Interests. This register shall record all relevant and material, person or business interest, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each organisation's website.

Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.

Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant party may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter.

Should the Joint Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.

Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.

Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

Attendance at meetings

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

Administration

Support for the Joint Committee will be provided on a rotation basis by the participating CCGs in line with the rotation agreed for Chairing the Joint Committee.

Papers for each meeting will be sent to the Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

Review

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

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 17th May 2018

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG financial statutory position is £3.0m deficit for 2017/18 subject to external audit review. 	<ul style="list-style-type: none"> Missed statutory duty. Section 30 LAA 2013 Act referral to Secretary of State made by External Audit. 	<ul style="list-style-type: none"> The organisation must continue to review all aspects of its expenditure to enable delivery of its financial duties for 2018/19.

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

- The Complaints Policy was approved.
- HR performance report noted / the committee asked for extra focus on improving mandatory training rates.
- The F&R risk register was approved.
- CHC Task and Finish Group – continue with DPS system. Review ongoing to ensure further improvements.
 - Further report once all information is received.
 - Review of expensive packages required on regular basis.
- Individual Funding Request (IFR) Annual Report 17/18 – CCG has higher levels of approved treatments than others due to application of Blueteq etc.
- CCG not eligible for quality premium in 17/18 as did not deliver its financial plan.
- ETTF (IT) bids reviewed and prioritised accordingly.
- Estates update noted applications for schemes under ETTF bids (Maghull, Crosby/Waterloo).
- The committee approved the Prescribing Rebate Scheme – AirFluSal MDI – Sandoz Limited.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 21st June 2018

Chair:
 Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> CCG likely case scenario is £3.5m deficit, compared with plan of £1.0m surplus for the financial year. 	<ul style="list-style-type: none"> CCG is forecast to be £4.5m adrift from its financial plan for the year and is not on target to deliver its statutory financial duty. 	<ul style="list-style-type: none"> All expenditure needs continuous review to ensure that CCG expenditure is utilised in an effective manner and opportunities to reduce expenditure have been taken.

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

- Meeting was not quorate due to number of apologies (GB, SL, SS, JW, JL).
- Further check and challenge sessions required to provide GB assurance in:
 - CHC / FNC
 - urgent care
 - other schemes
- A number of changes made to the F&R risk register including increasing risk of non-delivery of financial plan to 20 using the risk matrix, placing the issue amongst the highest risks facing the CCG.*
- Committee members in attendance agreed a 1% increase to all packages of care for 2018/19 that were commissioned prior to 1st April 2018. Packages of care that have gone live from 1st April 2018 are not subject to an uplift as they are at the current market rate and assumed to be within the price submitted. Jointly funded packages are to be subject to a joint review as appropriate, to provide assurances that commissioned care is meeting the needs and delivering the outcomes for patients.*
- Noted that 18/19 costs for top 30 packages of care are increasing compared with 17/18 results and contributing to reported pressures.
- CCG prescribing budget 17/18 underspent by £1.8m.

- The committee received the Q4 prescribing report, noting CCG performance against other C&M CCGs.
- Committee members in attendance approved the Pan Mersey APC recommendation for the commissioning of Flash Glucose Monitor (Freestyle Libre®) for Interstitial fluid glucose monitoring in Type 1 diabetes.*
- Committee members in attendance approved the Individual Funding Requests Decision Making Policy, Management Policy and Standard Operating Procedure.*

** Subject to approval by majority of committee members as meeting was not quorate. Email to be sent out post meeting to all committee members who were not present, requesting comments / approval for items that were agreed / approved at the meeting.*

Key Issues Report to SSCCG Governing Body

Joint Quality Committee Meeting held on 31 st May 2018 Southport & Formby CCG and South Sefton CCG	Chair: Dr Rob Caudwell
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Information Points for South Sefton CCG Governing Body (for noting)

<p>CCG Serious Incident Process</p> <ul style="list-style-type: none"> ➤ Updated Serious Incident Review Group Standard Operating Procedure was approved by the Committee ➤ The updated Terms of Reference for the CCGs' Serious Incident Review Group will be amended and brought back to the Committee in June/July 2018 ➤ Action plan in place reviewed at monthly Quality Team meeting and submitted for monitoring against progress at the Joint Quality Committee

<p>CCG Serious Incident Report</p> <ul style="list-style-type: none"> ➤ Report received and themes identified ➤ SI's open on STEIS for CCGs highlighted ➤ Concerns regarding Cervical Screening Test or Cure incident at LWH to be escalated to LCCG
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<p>LJMU Managing of Opioid Reduction in Chronic Pain; A qualitative study – received national and local ethical approval. The Quality Committee approved subject to agreement from Dr Rob Caudwell and Dr Jeff Simmonds.</p>

<p>AUH Never Events - Update provided to the Committee. GP Clinical Lead to raise issues in relation to report provided</p>
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Key Issues Report to SSCCG Governing Body

<p>Joint Quality Committee Meeting held on 28th June 2018 Southport & Formby CCG and South Sefton CCG</p>	<p>Chair: Dr Rob Caudwell</p>
<p>Information Points for South Sefton CCG Governing Body (for noting)</p>	
<p>CCG Serious Incident Policy – this was approved subject to EIA. Latest progress update report received including the CCG action plan on improvements to CCG</p>	
<p>Safeguarding Assurance – Assurance update received. CCG training compliance regarding level 2 Children’s and Adults raised at SMT for managers to promote training to be completed within their teams</p>	
<p>Provider Performance Reports received - Pace of Network Solutions for stroke care remains a concern. GH to follow up conversation regarding clinical lead for the Network</p>	
<p>High risk TIA imaging at S&O remains a concern. Previously discussed at S&O contract meeting. Chief Nurse to follow up with DoN, MD and COO at the trust</p>	
<p>Provider CQUIN performance - Q4 performance of all providers received by the Joint Quality Committee</p>	
<p>Contract Performance Notices – Report received on all open contract performance notices with providers</p>	
<p>Research Proposal – LJMU co-ordinated study (Investigating the aetiology of opioid prescribing in the North West of England). Approved subject to confirmation of GDPR and who will be undertaking some of the tasks detailed within the proposal</p>	

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 23rd April 2018
NHS South Sefton CCG

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions

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

- The CCG achieved L2 assurance (91%) satisfactory for its 2017/18 Information Governance Toolkit submission.
- General Data Protection Regulation (GDPR) update
 - Medicines Management / Safeguarding still to respond to requests for information from the CSU team.
 - HFMA have developed checklist for review – CCG will use as part of assurance process.
- Approved Accounting Policies update.
- Annual Governance Statement noted review that all CCG internal audit reports achieved either significant or high assurance.
- Small number of issues raised in draft annual report and accounts – approved draft accounts for 2017/18.
- Losses and special payments; CCG has made 4 payments totalling £44k to interim GP provider under LQC agreement. The companies have been liquidated with outstanding amounts not being able to be reclaimed. Will need to be written off as a loss. CCG made one special payment (£750) to cover issue raised following Parliamentary Health Service Ombudsman report.
- The revised Scheme of Delegation was approved.
- Audit Committee Terms of Reference recommended ratification to Governing Body.

- Director of Internal Audit Opinion for 17/18 has been reported as 'substantial assurance'.
- The Internal Audit Plan 18/19 was approved.
- The Anti-Fraud Plan 18/19 was approved.
- The Anti-Fraud Annual Report 17/18 was received – high number of green rated areas, following review of Self Review Toolkit.
- The External Audit Report was received.
 - General update outlining plan.
 - Section 30 referral to Secretary of State has been made given that the CCG has failed its statutory financial duty.

Key Issues Report to Governing Body

Audit Committee: Thursday 24th May 2018
NHS South Sefton CCG

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions

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

- External Audit report presented – advised that minor changes required due to further evidence having been received since publication.
- The committee approved:
 - Annual Report 2017/18
 - Annual Governance Statement 2017/18
 - Annual Accounts 2017/18
- The committee agreed the Letter of Representation 17/18 content – to be signed by the Audit Committee Chair and CCG Chief Officer.
- Governing Body Assurance Framework (GBAF) update approved.
- Infertility Policy and Commissioning Policy – update to Governing Body on timelines (July meeting).

Key Issues Report to Governing Body

South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 21 June 2018

Chair: Graham Morris

Key Issue	Risk Identified	Mitigating Actions
Access to GPs in Bootle. Healthwatch reporting patient complaints over accessing and making appointments.	Patients unable to access appointments, may access other services. Patient health needs not addressed. DNA rates also high therefore capacity being wasted.	Explore issues via locality to understand demand and capacity issues. Work with PPG and Healthwatch to progress.
Application for Delegated Commissioning.	CCG unable to exploit all transformation opportunities as not fully delegated in commissioning primary medical care.	Application process being worked through. Discussion scheduled for next wider group, ahead of membership support being sought.

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

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Finance and Resource Committee Minutes

Thursday 17th May 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), SS CCG	GM
Jan Leonard	Director of Commissioning and Redesign, SS CCG	JL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
In attendance		
Tracy Jeffes (Items FR18/62 – 67)	Director of Corporate Services, SS CCG	TJ
Paul Shillcock (Item FR18/74)	Primary Care Informatics Manager, iMerseyside	PS
Jenny White	Head of Financial Management & Planning, SS CCG	JWH
Apologies		
Graham Bayliss	Lay Member, SS CCG	GB
Debbie Fagan	Chief Nurse, SS CCG	DF
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Dr John Wray	GP Governing Body Member, SS CCG	JW
Minutes		
Tahreen Kutub	PA to the Chief Finance Officer, SS CCG	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	✓	A						
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	✓						
John Wray	GP Governing Body Member	A	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	A						
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓						
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	A						
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*						

No	Item	Action
General Business		
FR18/62	<p>Apologies for absence</p> <p>Apologies for absence were received from Graham Bayliss, Debbie Fagan, Susanne Lynch and Dr John Wray.</p> <p>Jenny White was in attendance as an observer and to report on item <i>FR18/70 Continuing Health Care – Update Report May 2018</i>.</p>	
FR18/63	<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> <ul style="list-style-type: none"> • FR18/70: GPIT and ETTF Funding SS declared that he is a partner GP at two practices in South Sefton which could potentially benefit from GPIT and ETTF bids. The ETTF bids were on the agenda to be approved and ranked in terms of priority. SS had an indirect pecuniary conflict of interest. The Chair reviewed the declaration and decided that SS can be present during this item but cannot participate in discussion due to potential bias. • FR18/79: Any Other Business GM noted he would be raising an issue under Any Other Business, relating to the financial position of Urgent Care 24 (UC24). He declared that he previously held the post of Director of Finance at UC24. It was noted that Debbie Fairclough (the lead for Governance at the CCG) had reviewed the pre meeting declaration form completed by GM and advised that as GM no longer held this post and given that the item is not for approval, he could raise this issue under Any Other Business at the meeting. • Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR18/64	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 22nd March 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>	
FR18/65	<p>Action points from the previous meeting</p> <p>FR17/144 - Access to Outpatient Appointments at Aintree University</p>	

No	Item	Action
	<p>Hospital 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) SS confirmed he has met with Sarah McGrath (Planned Care Manager at the CCG) to discuss his queries and examples of clinics which do not seem to be on the Choose and Book system. Action closed.</p> <p>FR18/32 - Implementation of Adam DPS – May to December 2017 A working group is in place to consider the future of the DPS. Action closed.</p> <p>FR18/47 - Action points from the previous meeting (FR18/35 - IM&T Draft Terms of Reference) MMcD is yet to approach the wider CCG membership to enquire about interest in joining the group as an IM&T portfolio lead. TJ reported that the CCG is looking to appoint for a casual vacancy on the Governing Body; she confirmed she would enquire about interest in joining the IM&T group as part of this process. This action is to supersede the existing action on the tracker.</p> <p>FR18/48 - Retirement Policy Lisa Gilbert (Corporate Governance Manager at the CCG) has confirmed to TK that the Leadership Team job titles have been updated in the Retirement Policy. Action closed.</p> <p>FR18/50 - iLinks Information Sharing Framework v4.0 MMcD has contacted Sefton LMC to check whether the organisation has approved the iLinks Information Sharing Framework v4.0 but has not had a response. As Sefton LMC is listed in the document as being one of the parties to the agreement, it was agreed to close this action.</p> <p>FR18/50 - iLinks Information Sharing Framework v4.0 The Head of System Development at iMerseyside has sent an explanation for codes relating to levels of access (S3, C2, D3 etc.), which TK has circulated to the F&R Committee. Action closed.</p> <p>FR18/51 - Finance Report - Month 11 2017/18 In reference to section 2 of the finance report, entitled <i>CCG Financial Forecast</i>, AOR confirmed finance reports for 2018/19 will include commentary on how financial pressures have changed since the last report was presented to the F&R committee. It was agreed to close this action.</p>	MMcD (TJ)
<i>Policies / frameworks for approval</i>		
FR18/66	<p>Complaints Policy TJ presented the updated CCG Complaints Policy, which has been reviewed by the CCG Engagement and Patient Experience Group and the CCG Corporate Governance Support Group.</p> <p><i>The committee approved the complaints policy subject to the amendment</i></p>	

No	Item	Action
	<i>as detailed above.</i>	
<i>HR</i>		
FR18/67	<p>HR Performance Report</p> <p>TJ presented the latest HR performance dashboard. The committee noted extra focus was required on improving mandatory training rates. TJ confirmed line managers are continuing to focus on completion of statutory and mandatory training.</p> <p>TJ reported that health and wellbeing was a key focus at the recent CCG annual staff away day. Staff members were informed about a North West Leadership Academy scheme to assist organisations to “Perform at Your Peak” through focusing on staff wellbeing. TJ noted that funding for this scheme has been confirmed by the academy.</p> <p>A discussion took place about the rates for absence due to stress / anxiety / depression. TJ stressed that the increased rate is related to individual circumstances and not a widespread issue.</p> <p><i>The committee received this report.</i></p>	
<i>Finance</i>		
FR18/68	<p>Finance Report - Month 12</p> <p>AOR provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st March 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> • The full year financial position is a deficit of £2.992m against the planned breakeven position. This position is subject to external audit review, which is currently progressing. • A Section 30 under 2013 Local Audit & Accountability Act referral has been issued by external audit to the Secretary of State, due to the CCG having missed its statutory financial duty. • The 0.5% risk reserve of £1.209m has been released in Month 12 as directed by NHS England. The Category M drugs rebate of £0.300m has also been released. These adjustments have improved the financial position from a £4.501m deficit position to a £2.992m. • The release of the 0.5% risk reserve and Category M funding reserve will not count towards NHS England financial performance management but will be reflected in the statutory accounts. • QIPP savings of £2.765m have been achieved in year, which is £5.715m below planned QIPP delivery for 2017-18. The Acting as One arrangements have reduced the CCG’s ability to reduce costs through addressing variation in secondary care. • The main financial pressures include cost pressures relating to Continuing Healthcare packages. An update report on CHC and the Adam DPS will be presented under item <i>FR18/70</i>. • The year to date performance for the Acting as One providers shows an overperformance spend against plan; this would represent an overspend of £0.732m under activity based contract arrangements. 	

No	Item	Action
	<ul style="list-style-type: none"> The CCG achieved its cash target as at 31st March 2018. <p>MMcD provided an update on the expert determination process relating to outstanding debt associated with Southport & Ormskirk NHS Trust. He noted a provision of £200k has been included in the year-end position. The outcome of the expert determination process had not been completed when the draft accounts were submitted to NHS England. The decision has now been received; the outcome and inclusion of the provision will be reviewed by external audit as part of their review.</p> <p>The finance report was discussed in detail. An error was noted on the Executive Summary page related to the cumulative CCG position in the second paragraph. It was agreed for the relevant sentence to be removed prior to submitting the report to the Governing Body.</p> <p>AOR confirmed there is no requirement to report the month one position to NHS England to allow teams to progress with final accounts processes. An update on the financial position for the 2018/19 year to date will be presented at the next F&R Committee meeting.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	AOR / MMcD
FR18/69	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the committee risk register and provided an update on the following risks and sub-risks that are proposed to be closed, as detailed on the register: FR001, FR001a, FR001b and FR003.</p> <p>It was noted that the finance risks and sub-risks FR001, FR001a and FR001b (which are related to 2017/18) are proposed to be renewed for 2018/19 as new risks FR005, FR005a and FR005b, as detailed on the register. MMcD provided commentary on these new risks.</p> <p>MMcD also provided an update on the following new risks:</p> <ul style="list-style-type: none"> FR006 - related to the introduction of GDPR. MMcD noted that a Data Protection Officer is yet to be appointed. He also reported that there have been discussions as to whether the CCG is a data controller or a data processor; the CSU are working with the CCG contracts team to clarify this issue. FR007 - related to potential changes required to some clinical lead payments which may impact on some clinical leads. <p>The committee discussed the changes to the risk register since it was last reviewed and approved by the committee on 22nd March 2018, and the proposed scores for the new risks.</p> <p><i>The committee approved the following:</i></p> <ul style="list-style-type: none"> <i>updates / amendments / additions made since the register was reviewed and approved at the last F&R Committee meeting on 22nd March 2018, as shown in blue on the register.</i> 	

No	Item	Action
	<ul style="list-style-type: none"> <i>the closure of the risks that are proposed to be closed.</i> 	
FR18/70	<p>Continuing Health Care – Update Report May 2018</p> <p>JWH and AOR presented a deep dive report on Continuing Health Care (CHC) and the Adam DPS system, which has been operational at the CCG since May 2017.</p> <p>AOR reported on immediate post implementation issues resulting from the introduction of the DPS and noted that significant effort has been put in by all parties to address these issues. She noted the system performance for end of life packages was initially unsatisfactory; the DPS was suspended in July 2017 for end of life packages to allow for a period of improvement and monitoring. The system was reinstated in November 2017 and performance continues to be closely monitored.</p> <p>JWH reported that a task and finish group has been set up to review issues with the Adam DPS system; the group includes representatives from the CCG, Adam and Midlands and Lancashire CSU.</p> <p>JWH reported on financial performance for CHC and FNC across 2016/17 and 2017/18. She noted that Adam have assessed savings at around 2%; internal calculations, however, do not show a level of saving. The reasons for this were discussed, including the effects of market forces, increases in rates of pay and inflation which may have been present regardless of the introduction of the DPS. JWH confirmed MIAA will be undertaking assurance work around savings calculated internally and the levels assessed by Adam.</p> <p>JWH referred to the appendices to the report and the work conducted by NHS England in conjunction with Deloitte. A discussion took place regarding the likelihood of achieving the savings indicated by the Deloitte report in the CCG.</p> <p>JWH reported on analysis of cost behaviours observed in the period in which the DPS has been operational and commented that during the last quarter of the 2017/18 financial year, some improvement is evident when assessing costs of packages procured via the DPS and those procured manually. JWH also highlighted that costs in November and December 2017 had been affected by a small number of high cost packages.</p> <p>AOR noted that the collective view of the task and finish group is that the Adam DPS system should be retained at this stage and continue to be closely monitored. She confirmed further work will be completed on quality indicators, forward planning and analysis of the care home market and further benchmarking. A paper will be brought to the next committee meeting on 21st June 2018 with a recommendation regarding proposed 2018/19 price uplifts.</p> <p>The committee discussed the report and agreed the following:</p> <ul style="list-style-type: none"> approved the recommendation to retain Adam DPS with continued close monitoring; the task and finish group to review the Adam DPS is to become a Check and Challenge Group for QIPP; the F&R committee is to have oversight of the top 20 packages of care. An 	AOR

No	Item	Action
	<p>anonymised report on top 20 packages of care is to be presented to the committee on a regular basis; and</p> <ul style="list-style-type: none"> A further update report on CHC is to be provided to the committee after activity data for the first quarter of 2018/19 is received. <p><i>The committee received this report and approved the recommendation to retain the DPS with continued close monitoring.</i></p>	<p>AOR</p> <p>AOR</p>
FR18/71	<p>Better Care Fund Update</p> <p>MMcD provided an update on the Better Care Fund (BCF), noting that the CCG has received a Section 75 document, which is under review. The CCG and Local Authority have been working collaboratively to agree financial aspects.</p> <p>The committee discussed the BCF and agreed for the standard quarterly update to the F&R Committee to be removed from the workplan and for updates to be provided as required.</p> <p><i>The committee received this verbal update.</i></p>	TK
FR18/72	<p>Individual Funding Request Service Annual Report 2017/18</p> <p>JL presented the Individual Funding Request (IFR) Service Annual Report 2017/18. She noted that 29% of applications received were approved in 2017/18 compared to 26% in 2016/17. She commented that the increased referral level to IFR was linked to the implementation of Blueteq.</p> <p>JL referred to the section on recommendations in the report; she confirmed that the recommendations have been reviewed and approved by the Corporate Governance Support Group.</p> <p><i>The committee received this report.</i></p>	
Estates		
FR18/73	<p>Sefton Place: Strategic Estates Progress Report</p> <p>MMcD presented the paper on the Sefton Place: Strategic Estates Progress Report.</p> <p>MMcD reported that a system wide strategic Sefton based estates plan is required to be in place by 16th July 2018 and that it needs to be finalised by 31st May 2018. He confirmed that the strategy would be presented to the Governing Body at its meeting on 7th June 2018 for a retrospective review and noted that there would be an opportunity to make amendments to the strategy following this meeting.</p> <p>MMcD provided updates on the status of the proposed ETTF bids for the Maghull and Crosby / Waterloo areas. He noted that the CCG has received a challenge regarding the Crosby / Waterloo proposed bid and confirmed this was under review.</p> <p><i>The committee received the report on strategic estates progress as well as the verbal estates update.</i></p>	

No	Item	Action
<i>IT</i>		
FR18/74	<p>GPIT and ETTF Funding</p> <p>It was noted that the committee would not be quorate for this item as a Clinical Governing Body Member (without a conflict of interest) was not present. SS could not take part in discussion or approval due to a conflict of interest, as detailed under item FR18/63. It was agreed that the decision made for this item would need to be approved by Debbie Fagan (Chief Nurse at the CCG and member of the F&R Committee and Governing Body) post meeting to ensure quorum.</p> <p>PS joined the meeting to report on this item. PS presented a list of potential IT bids for GPIT and ETTF funding circulated to the committee prior to the meeting. The list had been put together following feedback / issues reported by GP practices and the CCG. He asked the committee to shortlist and rank the ETTF (IT) bids in terms of priority in advance of submission on 31st May 2018.</p> <p>An extensive discussion took place on the proposed schemes and three bids were shortlisted. The following ranking in terms of priority was agreed:</p> <ol style="list-style-type: none"> 1. Share2Care Interoperability 2. Express Access Laptops and Express Access Device CALs (to be consolidated as one bid) and a further bid, Envisage & Automated Arrivals – to be prioritised equally. <p>It was agreed to proceed with MJOG text messaging but to treat it as a separate bid outside ETTF. The committee agreed not to proceed with the proposed bids for reception devices and GP websites as these were classed as being outside of the scope of CCG support / GP specification.</p> <p><i>The committee agreed a shortlist from the proposed list of ETTF (IT) bids and ranked these in terms of priority. This is to be approved by Debbie Fagan (Chief Nurse at the CCG and member of the F&R Committee and Governing Body) post meeting to ensure quorum.</i></p>	
<i>Performance</i>		
FR18/75	<p>Quality Premium Report</p> <p>JL presented the Quality Premium Report. It was noted that the CCG is not eligible for quality premium in 17/18 as it did not deliver its financial plan.</p> <p><i>The committee received this report.</i></p>	
<i>Prescribing</i>		
FR18/76	<p>Prescribing Spend Report – Month 11 2017/18</p> <p>JL provided a brief overview of the prescribing report for month 11. It was noted that at month 11, the CCG is forecast to be underspent by 5.8%, when the 1.5% efficiency factor is applied to the CCG prescribing budget of £28.640m.</p> <p><i>The committee received this report.</i></p>	

No	Item	Action
FR18/77	<p>Prescribing Rebate Scheme – AirFluSal MDI</p> <p>JL presented a paper with a recommendation to approve the following rebate scheme:</p> <p>AirFluSal MDI 25/125mcg (Sandoz Limited) – One of the recommended metered dose inhalers in the Pan Mersey Formulary</p> <p>AirFluSal MDI 25/250mcg (Sandoz Limited) - One of the recommended metered dose inhalers in the Pan Mersey Formulary</p> <p><i>The committee approved the above rebate scheme.</i></p>	
<i>Minutes of Steering Groups to be formally received (taken as read)</i>		
FR18/78	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – February 2018 <p>The committee received the minutes of the Sefton Property Estates Partnership (SPEP) Steering Group – February 2018.</p>	
Closing business		
FR18/79	<p>Any Other Business</p> <p>GM raised an issue regarding UC24's financial position, which was noted by the committee. JL confirmed she would raise the matters noted by GM at the Joint Commissioning Committee meeting.</p>	JL
FR18/80	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of Next Meeting</p> <p>Thursday 21st June 2018 1.00pm to 3.00pm 3rd Floor Board Room, Merton House</p>	

Finance and Resource Committee Minutes

Thursday 21st June 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), SS CCG	GM
Debbie Fagan (item FR18/85 onwards)	Chief Nurse, SS CCG	DF
Martin McDowell (items FR18/81-84 and FR18/86-91)	Chief Finance Officer, SS CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Ex-officio Member*		
Fiona Taylor (item FR18/85 and FR18/88-97)	Chief Officer, SS CCG	FLT
In attendance		
Janet Faye	Lead Pharmacist, SS CCG	JF
Apologies		
Graham Bayliss	Lay Member, SS CCG	GB
Jan Leonard	Director of Commissioning and Redesign, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray	GP Governing Body Member, SS CCG	JW
Minutes		
Tahreen Kutub	PA to the Chief Finance Officer, SS CCG	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	✓	A	A					
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	✓	A					
John Wray	GP Governing Body Member	A	A	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	A	✓					
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	A					
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	A	A					
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	✓					

No	Item	Action
General Business		
FR18/81	<p>Apologies for absence</p> <p>Apologies for absence were received from Graham Bayliss, Jan Leonard, Susanne Lynch, Dr Sunil Sapre and Dr John Wray.</p> <p>Apologies received up to the day of the meeting had resulted in attendance being under 50% and the meeting being inquorate. It was noted that items for approval at this meeting were subject to approval by the majority of committee members. It was agreed for an email to be issued post meeting to all committee members who were not present, requesting comments / approval for items that were agreed / approved at the meeting.</p>	TK
FR18/82	<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>	
FR18/83	<p>Minutes of the previous meeting and key issues</p> <p>Committee members in attendance (GM, MMcD and AOR) approved the minutes of the previous meeting held on 17th May 2018 as a true and accurate record. Committee members in attendance approved the key issues log as an accurate reflection of the main issues from the previous meeting. Approval is subject to agreement by the majority of committee members.</p>	
FR18/84	<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>FR18/65 - Action points from the previous meeting (FR18/35 - IM&T Draft Terms of Reference)</p> <p>Tracy Jeffes (Director of Corporate Services at the CCG) has notified that the CCG is awaiting applications to fill the casual vacancy on the Governing Body; she will enquire about interest in joining the IM&T group (as IM&T portfolio lead) as part of the appointment process. MMcD confirmed he would enquire about interest in joining the IM&T group at the next Wider Group meeting. Action to be updated on the tracker.</p> <p>FR18/68 - Finance Report - Month 12</p> <p>AOR confirmed the sentence related to the cumulative CCG position in the</p>	

No	Item	Action
	<p>Executive Summary of the report was removed prior to submitting the report to the Governing Body. Action closed.</p> <p>FR18/70 - Continuing Health Care – Update Report May 2018 A report with a recommendation regarding proposed 2018/19 price uplifts is on the agenda. Action closed.</p> <p>FR18/70 - Continuing Health Care – Update Report May 2018 A report on high cost packages of care is on the agenda and has been added to the meeting work plan so that an update is provided to the committee on a regular basis. Action closed.</p> <p>FR18/70 - Continuing Health Care – Update Report May 2018 A further update report on CHC will be provided to the committee after activity data for the first quarter of 2018/19 is received and has been included in the committee work plan. Action closed.</p> <p>FR18/71 - Better Care Fund Update The standard quarterly BCF update to the F&R Committee has been removed from the work plan; updates will be provided as required. Action closed.</p> <p>FR18/79 - Any Other Business GM confirmed the matters he had noted regarding UC24's financial position were raised at the Joint Commissioning Committee meeting, which took place this morning. Action closed.</p>	
<i>Policies / frameworks for approval</i>		
FR18/85	<p>Individual Funding Request (IFR) Policy Documents</p> <p>The following Individual Funding Request (IFR) documents were taken as read:</p> <ul style="list-style-type: none"> • IFR Decision Making Policy • IFR Management Policy • IFR Standard Operating Procedure <p>It was noted that the documents have been reviewed by the Senior Governance Manager (Equality & Inclusion Service) and the Corporate Governance Support Group, and recommended for onward approval by the Finance & Resource Committee.</p> <p><i>Committee members in attendance (GM, AOR and DF) approved the IFR Decision Making Policy, Management Policy and Standard Operating Procedure. Approval is subject to agreement by the majority of committee members.</i></p>	
<i>Finance</i>		
FR18/86	<p>Finance Report – Month 2</p> <p>AOR provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st May 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CCG likely case scenario indicates a forecast deficit of £3.5m for the year, compared with the financial plan for 2018/19, which requires the 	

No	Item	Action
	<p>CCG to deliver a £1.0m surplus.</p> <ul style="list-style-type: none"> • The CCG is forecast to be £4.5m adrift from its financial plan for the year. • AOR met with the Head of Finance, NHSE C&M today to discuss the May 2018 reported position. • The main financial pressures include cost pressures relating to Continuing Healthcare packages and cost pressures within Lancashire Care NHS Trust relating to continence products. <p>The finance report was discussed in detail and the following was noted:</p> <ul style="list-style-type: none"> • References to the likely case scenario in the finance report required amendment. AOR confirmed the references would be corrected prior to submission of the report to the Governing Body. • Amendments are required to the QIPP plan following recent Check and Challenge meetings. The plan will be fully updated within the finance report for July. • Further check and challenge sessions are required to provide the Governing Body assurance in CHC/FNC, urgent care and other schemes. • Due to fixed financial contract values, the Acting as One agreement has reduced the opportunity to achieve QIPP savings in the two year contract period covering 2017/18 and 2018/19. <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	
FR18/87	<p>2018/19 CCG Financial Control Total</p> <p>MMcD presented a letter from NHSE England, dated 4th June 2018, regarding 2018/19 CCG Financial Control Totals. The letter confirms that the 2018/19 control total for South Sefton CCG set by reference to the in-year allocation is an underspend of £1m. The committee noted the contents of this letter and discussed the control total.</p> <p><i>The committee received this letter.</i></p>	
FR18/88	<p>Finance & Resource Committee Risk Register</p> <ul style="list-style-type: none"> • <i>Risk FR002: Reputational risk to CCG resulting from delayed payment and ongoing difficulties experienced by service providers. Risk of inaccurate reporting due to poor data quality, which may impact on the ability to accurately quantify financial risk.</i> As this risk is not related to financial pressures, it was agreed to reduce the consequence post mitigation score from 3 to 2. • <i>Risk FR004: Lack of VPN access and off site working capability may impact CCG's ability to respond to any long term premises access issues with only limited capacity at second site.</i> Due to the increased cyber security measures that have been implemented since the cyber attack in May 2017, it was agreed to reduce the consequence post mitigation score from 3 to 2. • <i>Risk FR005: CCG fails to deliver its statutory breakeven duty (or financial target set through legal directions) in 2018/19.</i> It was agreed to remove the reference to <i>legal directions</i> in this risk, as it does not apply to South Sefton CCG. Following a discussion on delivery of the 	

No	Item	Action
	<p>financial plan, it was agreed to raise the likelihood post mitigation score from 3 to 4 and the consequence post mitigation score from 3 to 5, elevating the total post mitigation score to 20 - placing the issue amongst the highest risks facing the CCG.</p> <ul style="list-style-type: none"> • <i>Sub-risk FR005a: CCG fails to deliver its QIPP target in 2018/19.</i> It was agreed to raise the likelihood post mitigation score from 3 to 4 and the consequence post mitigation score from 3 to 5. • <i>Sub-risk FR005b: CCG fails to control expenditure against its opening budgets in 2018/19.</i> It was agreed to raise the likelihood post mitigation score from 3 to 4 and the consequence post mitigation score from 3 to 5. • <i>Risk FR006: CCG is not prepared for introduction of GDPR and faces possibility of being fined for breaches that may arise.</i> MMcD reported that M&L CSU are producing a fact sheet regarding GDPR which will be circulated to GP practices and shared with the LMC. It was agreed for the post mitigation scores (likelihood of 2 and consequence of 3) to remain. • <i>Risk FR007: A regional review of CCG remuneration of clinical leads has led to the requirement for a local review of arrangements. There is a risk there will be changes required to some clinical lead payments which may impact on some clinical leads.</i> AOR reported that the CCG is looking to work with Ernst & Young to support and assure actions to be taken by the CCG in resolving this issue. She also noted that the CCG is seeking advice from other CCGs regarding best practice and actions that have been taken in relation to this issue. It was agreed for the post mitigation scores (likelihood of 4 and consequence of 2) to remain. <p>Committee members in attendance (GM, MMcD, AOR and DF) agreed a number of changes to the F&R risk register as detailed above. This is subject to approval by the majority of committee members.</p>	
FR18/89	<p>CHC – Fee Rates 2018/19</p> <p>AOR presented a report with recommendations for Funded Nursing Care (FNC) and Continuing Health Care (CHC) fee rates for the financial year 2018/19. She presented the options detailed in the paper.</p> <p>An extensive discussion took place regarding the options, taking into account affordability, the recommendations of the Red Quadrant report in 2017, jointly funded packages of care and the impact of the Adam Dynamic Purchasing System for future fee uplifts. DF provided commentary from a quality perspective.</p> <p>Further to discussion, committee members in attendance agreed a 1% uplift to all packages of care for 2018/19 that were commissioned prior to 1st April 2018. Packages of care that have gone live from 1st April 2018 are not subject to an uplift as they are at the current market rate and assumed to be within the price submitted. Committee members in attendance agreed that jointly funded packages are to be subject to a joint review as appropriate, to provide assurances that commissioned care is meeting the needs and delivering the outcomes for patients.</p>	

No	Item	Action
	<p>It was noted that the costs of the uplift had been included within opening budgets and that there may be a further cost pressure relating to packages funded jointly by the CCG and Sefton Council.</p> <p><i>The above agreement by committee members in attendance is subject to approval by the majority of committee members.</i></p>	
FR18/90	<p>CHC – High Cost Packages: May 2018</p> <p>AOR presented a report on high cost packages. The committee noted that 18/19 costs for top 30 packages of care are increasing compared with 17/18 and contributing to reported pressures.</p> <p>DF provided a summary of the actions that have been implemented to manage and monitor high cost packages, as detailed within the report. Actions have included the appointment of a Complex Care Nurse who has been in post since early 2018 and is leading on the review of the high cost packages.</p> <p>DF reported that high cost packages are being reviewed by members of the CCG quality and finance teams. The CCG has been notified of inactive packages under £500 per week which are showing as live on the DPS system. This issue is being reviewed by the finance team to ensure that the level of accruals has not included these inactive packages.</p> <p>MMcD referred to table 1 in the report, which shows the financial position in relation to CHC and FNC as at 31st May 2018, and noted that this has been included in the CCG's financial recovery plan.</p> <p><i>The committee received this report.</i></p>	
FR18/91	<p>Benchmarking and VFM</p> <p>AOR reported that NHS England have arranged a CCG Finance Deputies monthly meeting, which she will attend. AOR will raise future benchmarking with this group.</p> <p><i>The committee received this verbal update.</i></p> <p><i>* MMcD left the meeting and was therefore not present when a decision was made regarding item FR18/94 and FR18/85; the latter item was covered at the end of the meeting.</i></p>	
<i>Prescribing</i>		
FR18/92	<p>Prescribing Spend Report – Month 12 2017/18</p> <p>JF provided a brief overview of the prescribing report for month 12. It was noted that at month 12, the CCG is forecast to be underspent by 6.2%, when the 1.5% efficiency factor is applied to the CCG prescribing budget of £28.640m.</p> <p>The Chair thanked the medicines management team for their work and achievements.</p> <p><i>The committee received this report.</i></p>	

No	Item	Action
FR18/93	<p>Quarter 4 Prescribing Performance Report 2017/18</p> <p>JF presented the quarterly report noting prescribing performance for the fourth quarter of 2017/18 for South Sefton CCG practices and provided commentary on individual items where costs have increased. It was noted that the South Sefton CCG actual cost growth is at 0.7% in the 12 months up to March 2018; item percentage growth is -1.0% for the same period.</p> <p><i>The committee received this report.</i></p>	
FR18/94	<p>APC Recommendations</p> <p>JF asked the committee to consider approving the following Pan Mersey APC recommendation:</p> <ul style="list-style-type: none"> Commissioning of Flash Glucose Monitor (Freestyle Libre®) for Interstitial fluid glucose monitoring in Type 1 diabetes. <p>It is anticipated that this will be cost-neutral or cost-saving if Freestyle Libre® is used in patients fitting the initiation and response criteria, with cost-savings from reduced blood glucose monitoring and reduced insulin pump requirement. The Medicines Management Team will monitor the spend.</p> <p>Committee members in attendance discussed the recommendation and approved it.</p> <p>Committee members in attendance (GM, AOR and DF) approved the Pan Mersey APC recommendation for the commissioning of Flash Glucose Monitor (Freestyle Libre®) for Interstitial fluid glucose monitoring in Type 1 diabetes. This is subject to approval by the majority of committee members.</p> <p><u>Post-meeting note</u></p> <p><i>For clarity, SL had noted post meeting that MMCD had used delegated authority ahead of the F&R Committee meeting on 21st June 2018, to approve the Pan Mersey APC recommendation for the commissioning of Flash Glucose Monitor (Freestyle Libre®) for Interstitial fluid glucose monitoring in Type 1 diabetes. This was reported at the committee meeting on 19th July 2018.</i></p>	
<i>Minutes of Steering Groups to be formally received (taken as read)</i>		
FR18/95	<p>Minutes of Steering Groups to be formally received</p> <ul style="list-style-type: none"> Information Management & Technology (IM&T) Steering Group – March 2018 Sefton Property Estates Partnership (SPEP) Steering Group – April 2018 <p>The committee received the minutes of the IM&T Steering Group meeting in March 2018 and the SPEP Steering Group meeting in April 2018.</p>	
Closing business		
FR18/96	<p>Any Other Business</p> <p>No items of other business were raised at this meeting.</p>	

No	Item	Action
FR18/97	Key Issues Review AOR 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 19th July 2018 1.00pm to 3.00pm 3rd Floor Board Room, Merton House	

Approved

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: 31st May 2018, 09:00 – 12:00

Venue: The Marshside Surgery, 117 Fylde Road, Southport PR9 9XP

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
Maira Harrison	Planned Care Lead (North)	MH
Tracey Forshaw	Assistant Chief Nurse (SSCCG / SFCCG)	TF
Colette Page	Practice Nurse Lead (SSCCG / SFCCG)	

Apologies

Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Susanne Lynch	Head of Medicines Management	SL
Billie Dodd	Head of Commissioning (SFCCG / SSCCG)	BD
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	✓	A							
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓	✓							
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓							
Martin McDowell	Chief Finance Officer	✓	✓	N	A	A							
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	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
18/62	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from AM, FLT, MMcD, SL and BD.</p> <p>The meeting was deemed quorate. GH agreed to chair the second part of the meeting.</p> <p>BP, HR, TF, MH and CP in attendance.</p>	
18/63	<p>Declarations of Interest</p> <p>Dr GH declared interest relating to action 18/57 in a personal not professional capacity having family experience of accessing some ADHD services.</p> <p>No other declarations were reported other than those staff holding dual roles within the CCGs.</p>	
18/64	<p>Minutes & Key issues log of the previous meeting</p> <p>Amendment to agenda item and action 18/54:</p> <p>‘TF to extend an invite to the NHSE assurance visit on the 25th May 2018 to GP Clinical Quality Leads and Lay member’</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection.</p>	

No	Item	Actions
18/65	<p>Matters Arising / Action Tracker</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: Action forms part of the action plan Outcome: Closed</p> <p>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>Update: Gordon Jones delivered paper to SMT, DF will request feedback Outcome: Carried forward</p> <p>18/42(ii) - Mersey Care Mental Health Contract – Deep Dive DF to discuss issues raised with JL and make FLT aware. Update: Complete Outcome: Closed</p> <p>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. Update: Included in the SI report Outcome: Closed</p> <p>18/43 - Chief Nurse Report – Discussion re: Stroke Services at S&O and AUH. DF to raise clinician concern with CCG Chief Officer. Update: Ongoing discussions happening between S&O Chief Executive, Silas Nicholls and AUH Chief Executive Steve Warburton. Update at next meeting. Outcome: Carried forward</p> <p>18/47 - Provider Quality Schedule TF will circulate the Quality Schedule across to the SIRG membership on receipt from EB Update: Complete Outcome: Closed</p> <p>18/49 - LeDeR Briefing Paper TF to include LeDER briefing paper in the July 2018 Joint Quality Committee papers. Update: July 2018 Outcome: Carried forward</p> <p>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 Update: Meeting to be rescheduled. Complete Outcome: Closed</p> <p>18/56 - BD and BP to arrange a visit to the Out of Hours service one evening or weekend Update: To be arranged Outcome: Carried forward</p>	

No	Item	Actions
	<p>18/57 - 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: The CCGs 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 support.</p> <p>Outcome: Closed</p>	
18/66	<p>Joint Quality Committee Terms of Reference</p> <p>The Committee reviewed the revised Terms of Reference. Some further suggested amendments required therefore not approved today and to be brought back to the next meeting.</p>	
	<p>Joint Quality Committee Terms of Reference Amended ToR to be brought back to the next meeting for approval</p>	DF
18/67	<p>Quality Work Plan 2018-2019</p> <p>The committee were asked to review and approve the work plan for 2018/2019 and suggested some amendments which will be actioned by the Quality Team.</p>	
	<p>Quality Work Plan 2018-2019 Quality Team to make necessary amendments to the Committee work plan</p>	DF/BP
18/68	<p>Chief Nurse Report</p> <p>DF presented the Chief Nurse Report which was received by the Committee. The Committee was requested to take particular note of the following update:</p> <ul style="list-style-type: none"> • <u>AUH Single Item Quality Surveillance Group</u> Details are contained within item 18/68, section 2. The AUH Single Item QSG (SIQSG) was held on 30 April 2018 Chaired by the DCO from NHSE C&M. The Trust remains at an 'enhanced' level of surveillance. The Trust provided a presentation regarding actions they are taking against the key areas of risk and their improvement plan. • <u>S&O Never Event</u> Details are contained within item 18/68, section 4. S&O have recently reported a Never Event on STEIS which involved a retained vaginal swab post-delivery. The Executive Nurse has informed commissioners of actions to be undertaken by the Trust in terms of review. The CCG Chief Nurse requested LocSSIPS / NatSSIPs feature in the Terms of Reference for the review as appropriate. • <u>LocSSIPS / NatSSIPS – Assurance</u> As part of the CCGs lessons learnt following the recent Never Events at AUH, further work has been undertaken regarding LocSSIPS / NatSSIPS in order to provide the necessary assurance to both the Joint Quality Committee and the Governing Bodies. The CCGs have contacted NHSE C&M, NHSE Specialised Commissioning and Liverpool CCG in order to facilitate this. 	

No	Item	Actions
	<ul style="list-style-type: none"> • <u>AUH MRSA</u> At the AUH CQPG held on 9 May 2018 commissioners were informed of a possible case of MRSA. Details of the Post Infection Review Meeting are awaited from the Trust due to a process change. The Quality team are working with providers around process now that there has been a change in the national guidance. • <u>Lancashire Care NHS Foundation Trust CQC report</u> The Care Quality Commission published its inspection report of Lancashire Care NHS Foundation Trust (LCFT) on 23rd May 2018 following the inspection in January / February 2018. The overall rating for the Trust was “requires improvement” . The CQC did not visit the community services provided by LCFT across the Southport and Formby locality. The Chief Nurse has been in contact with LCFT to discuss the report and the Director of Nursing for NHSE Lancashire and South Cumbria confirmed the findings will be discussed at the Lancashire and South Cumbria Quality Surveillance Group in May. <p>It was noted that Dave Warwick, Deputy Head of Clinical Quality & Safety has met with the Quality Lead at Lancashire Care and has been clear on areas that need reporting on going forward with regards to seeking assurance at CCQRM. BP stated that he would liaise with the CCG Locality Managers regarding LCFT performance across SFCCG over the last 12 months that may have been raised by local GPs.</p> <p>The Committee requested information on open contract queries at the next meeting.</p>	
	<p>Action 18/68(i) Chief Nurse Report</p> <p>Deputy Chief Nurse will provide a summary from the Lancashire care report to the next Joint Quality Committee including comments from locality managers around quality of services/what the feeling is 1 year into the change of provider.</p> <p>Action 18/68(ii) Chief Nurse Report</p> <p>Open contract queries and status paper to be presented at the next Committee meeting</p>	<p>BP</p> <p>DF</p>

No	Item	Actions
18/69	<p>SFCCG & SSCCG Internal Serious Incident Process</p> <p>The committee were asked to receive the report and approve the following;</p> <ul style="list-style-type: none"> • Updated Serious Incident Review Group Standard Operating Procedure • Updated Terms of Reference for the CCGs Serious Incident Review Group. <p>This paper also provided an update on the progress of the CCGs' internal serious incident management quality improvement processes and progress to date was discussed following the Chief Nurse reporting a lack of assurance. The Committee acknowledged the support given to S&O by the Quality Team which they stated had inevitably taken resource away from other areas of work.</p> <p>An SI summary sheet was requested for the next Joint Quality Committee and roles and responsibilities within the Quality Team when all appointments to the team have taken up in post.</p> <p>The Committee approved the updated Serious Incident Standard Operating Procedure and the updated Terms of reference for the CCG Serious Incident Support Group.</p>	TF and DF/BP
	<p>(Late item 18/83) Month 12 Serious Incident Performance Report</p> <p>This report provided the position on serious incidents for South Sefton CCG and Southport and Formby CCG at year end 2017/18 and actions taken. The Joint Quality Committee was asked to receive the report</p> <p>The GP Clinical Quality Lead requested Mersey Care themes are split between the local mental health and community divisions within the report.</p> <p>Cervical Screening Test or Cure – Liverpool Women's Hospital Trust (LWHT) reported an incident which occurred in November 2018 regarding patients being discharged from LWHT back to the care of the GP for follow up for test or cure smears. However the infrastructure and formal arrangements were not in place to transfer this activity across. LWHT was requested to cease this practice following concerns raised by Liverpool CCG GPs. In total 507 women were discharged back to Primary Care with 85 of these being Sefton residents.</p> <p>An investigation is underway and the CCGs will be notified by Wednesday 30th May 2018 of the number of patients who wish to have their smear followed up in Primary Care, including patient and registered GP details.</p> <p>Public Health England have requested that CCGs send out a letter to GPs requesting all women for this cohort as followed up in Primary Care and all subsequent women under this cohort to be discharged back to be managed in primary Care. This is in line with the Test or Cure guidance from 2016. The GP clinical leads have reported concerns of patient safety in terms of Primary Care screening and the CCGs and this will be raised to LCCG as coordinating commissioner.</p> <p>Quality Team representation at the NHSE Joint Commissioning Meetings was discussed.</p>	DF

No	Item	Actions
	<p>Action: 18/83(i) - SI summary sheet to be included in papers/reports</p> <p>18/83(ii) - A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee</p> <p>18/83(iii) - Chief Nurse to escalate to LCCG concerns raised by the committee in relation to Test or Cure.</p>	<p>TF</p> <p>DF/BP</p> <p>DF</p>
18/70	<p>AUH Never Event Update</p> <p>There was an update on the management of the Never Events which have occurred at Aintree University Hospital. The current action plan to mitigate further Never Events is also presented.</p> <p>The Committee was asked to receive the report and note the key issues.</p> <p>There has been a delay in the Trust identifying an independent aggregate review of the never events for learning purposes. Individual RCAs have been submitted to an external investigator to ensure any immediate lessons and actions are not delayed by an aggregate review.</p>	
	<p>The CCG, Trust and NHS England have met to discuss the progress on investigation and the development of a NatSSIP / LocSSIP policy for the Trust. The Trust paper sets out immediate actions taken by the Trust, ongoing work and the requirement to continue to work to mitigate the risk of reoccurrence at the Trust. An Associate Medical Director at AUH has been appointed to assess human factors and culture in relation to AUH policy implementation.</p> <p>The results of the theatre staff survey were discussed with reference to recent SI investigations for AUH and theatre staff time pressures. The GP Clinical Quality lead raised the issue of time pressures on surgeons potentially impacting on never events and the reports mention of the retirement of surgeons is not the issue but a change of culture is needed.</p>	
	<p>Action: The GP Clinical Quality Lead will raise comments and concerns at the next AUH CQPG in relation to the staff survey including the Medical Director's role in signing off the board report.</p>	GH
18/71	<p>S&O Improvement Board: CCG Quality Report</p> <p>The committee were asked to receive the report.</p> <p>The CCGs are responsible for presenting a Quality Report to the S&O Improvement Board which is Chaired by NHS Improvement. The CCGs are represented on the Improvement Board by the Chief Officer. The paper provided the Joint Quality Committee the key areas that required escalation following the April 2018 CRM/CQPG.</p> <p>The committee were asked to note not all areas of concern had been escalated in the paper as they would be managed for the purposes of assurance within the CCQRM.</p>	
	<p>Action: Item to be added to the JQC Work Plan</p> <p>Quality of Discharge to be added to the next report</p>	

No	Item	Actions
18/72	<p>RTT Lost to follow up review: S&O Hospital Trust</p> <p>Following a review by the Intensive Support Team (IST) and NHSI in late 2017 it was identified that in many specialties patients, who were due follow up appointments had passed their review date.</p> <p>Clinical teams carried out risk stratification on all patients and no patient harm was found to have been caused by the delays.</p> <p>Reviews are being carried out on the following specialities :</p> <ul style="list-style-type: none"> • Ophthalmology • Cardiology • Respiratory • Community Paediatrics • Haematology • Diabetes/Endocrinology 	
	<p>There are regular S&O RTT Pathway Development teleconference calls for assurance and to update on actions.</p> <p>A monthly update report is presented to the S&O Improvement Board containing a high level pathway development detailing key milestones and month on month tracker of current position with narrative. The monthly report will provide assurance with regard to audit processes, risk assessment and patient harm.</p> <p>The Chief Nurse requested confirmation that the level of assurance requested by NHSI to identify if any patients had suffered harm was sufficient or if consideration had been given to invoke through contract performance notice.</p>	MH
	<p>Action: 18/72(i) - MH will raise the question of sufficient assurance with Jan Leonard, Director of Commissioning and Redesign (SSCCG/SFCCG)</p> <p>18/72(ii) - Chief Nurse to discuss at Governing Body Development Session the process for stopping referrals to providers where concerns exist</p>	MH DF
18/73	<p>Practice Nurse Lead Report</p> <p>This paper presented the committee with an update involving practice nurse/ health care assistant workforce and protected learning time key issues.</p> <p>The committee were asked to receive the report.</p> <p>The committee agreed the report should be included bi-monthly and added to the JQC work plan.</p>	
	<p>Action: Practice Lead Nurse to provide bi monthly updates for JQC and also send report to localities for awareness of support mechanisms in place</p>	CP

No	Item	Actions
18/74	<p>Provider Quality and Performance QSG Report</p> <p>The Committee received the report which provided information regarding high level exceptions on Quality and Performance across the local health provider economy.</p> <p>The committee was asked to receive the report by way of assurance and the report had been presented to the NHSE Cheshire and Merseyside Quality and Surveillance Group (QSG) in May 2018</p>	
18/75	<p>Managing opioid reduction in chronic pain: Research Paper</p> <p>This paper presented the research proposal for a qualitative study coordinated by Liverpool John Moores University to explore perspectives of reducing or stopping opioid medication for chronic non-cancer pain.</p> <p>The Committee was asked to approve the study for patient participation in order to issue a letter of assurance to researchers to promote participation across NHS South Sefton and NHS Southport and Formby CCGs.</p> <p>The committee approved the study subject to agreement from Dr Rob Caldwell and Dr Jeff Simmonds.</p>	
18/76	<p>GP Quality Lead Update</p> <p>DC commented on the positive engagement of Dr Kevin Thomas, Deputy Medical Director at S&O NHS Trust on issues of ongoing concern for Primary Care. A further meeting is planned on 21st June 2018.</p> <p>The Committee are asked to note the following key issues:</p> <ul style="list-style-type: none"> • Clinical representation S&O at SIRG meetings • Discharge letter Quality from S&O AED regarding handover of care • A number of issues where work has been passed back to Primary Care such as delegation of prescribing ; DNAs discharged to GP; bowel prep fitness confirmation requests to GP; fitness to return to work notes, 2 week wait referrals back to GPs and some radiology reports not being GP friendly 	
18/77	<p>Corporate Governance Support Group Key Issues Report</p> <p>The committee were asked to receive the report highlighting key issues. Clinical leads requested the report be resent to the committee without abbreviations.</p>	
	<p>Action</p> <p>CGSG report to be reviewed for abbreviations before being sent</p>	CGSG
18/78	<p>EPEG Key Issues Log</p> <p>An update on EPEG issues was provided by the Lay Members.</p> <p>AUH presentation on patient engagement. AUH continue to make efforts to engage with public and patients. EPEG was impressed by progress made and willingness to learn from experience. Further reports to be received by EPEG. Repeat prescription scheme EPEG received draft leaflet and were asked for their comments prior to its release.</p>	

No	Item	Actions
18/79	<p>Locality Updates</p> <p>The paper provided an update of CCG Locality concerns raised by Constituent Practices and actions as result. Any key concerns are escalated to the Joint Quality Committee to discuss further.</p> <p>No issues were raised.</p>	
18/80	<p>AOB</p> <ul style="list-style-type: none"> • The Chief Nurse detailed a recent Lab incident relating to i-merseyside and the transmission of blood results across Liverpool and Sefton on the 18th January 2018. It was reported that 330 transmissions failed to send as a result of AUH rebooting the server at the same time as the transmissions. <p>Investigation underway and the Chief Nurse and GP Clinical Quality Lead for SSCCG and also LCCG will escalate regarding the reporting of this incident on STEIS.</p> <ul style="list-style-type: none"> • GP Clinical Quality Lead highlighted an issue with safeguarding referrals on the CCG homepage in terms of "2 clicks policy". <p>The Chief Nurse advised the Safeguarding team are currently meeting with the CCG Communications team to resolve this issue and the team will provide an update.</p>	

No	Item	Actions
18/81	<p>Key Issues Log (issues identified from this meeting)</p> <p>SFCCG and SSCCG:</p> <ul style="list-style-type: none"> • CCG Serious Incident Process <ul style="list-style-type: none"> ➢ Updated Serious Incident Review Group Standard Operating Procedure was approved by the Committee ➢ The updated Terms of Reference for the CCGs' Serious Incident Review Group will be amended and brought back to the Committee in June/July 2018 ➢ Action plan in place reviewed at monthly Quality Team meeting and submitted for monitoring against progress at the Joint Quality Committee • CCG Serious Incident Report <ul style="list-style-type: none"> ➢ Report received and themes identified ➢ SI's open on STEIS for CCGs highlighted ➢ Concerns regarding Cervical Screening Test or Cure incident at LWH to be escalated to LCCG • LJMU Managing of Opioid Reduction in Chronic Pain; A qualitative study – received national and local ethical approval. The Quality Committee approved subject to agreement from Dr Rob Caudwell and Dr Jeff Simmonds. <p>SFCCG</p> <ul style="list-style-type: none"> • S&O Overview follow up appointments - specialties patients follow up appointment's passed review date. Planned care lead to ask to discuss with CCG Director of Commissioning and Service Delivery • LCFT – locality discussion Doug Callow to ask Kevin Thomas. Discuss at Governing Body. Report received – Quality Committee concerned regarding backlog and new referrals being received - believes this is unsustainable <p>SSCCG</p> <ul style="list-style-type: none"> • AUH Never Events - Update provided to the Committee. GP Clinical Lead to raise issues in relation to report provided 	
18/82	<p>Date of Next Meeting and notice of apologies</p> <p>Date: Thursday 28th June 2018 Time: 0900hrs-1200hrs Venue: Boardroom, 3rd Floor, Merton House, Bootle L20 3DL Advanced apologies: AM, FLT</p>	
18/83	Discussed as part of item 18/69	

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: 28th June 2018, 09:00 – 12:00

Venue: Room 3A, Merton House, Stanley Road, Bootle L20 3DL

Membership

Graham Bayliss	Lay Member (SSCCG)	GBa
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
Tracey Forshaw	Assistant Chief Nurse (SSCCG / SFCCG)	TF
Karen Garside	Designated	KG
Helen Case		HC
Anthony Rowan	Project Manager (i-Merseyside)	AR

Apologies

Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Susanne Lynch	Head of Medicines Management	SL
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
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	L	✓	✓		N				
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	A	✓	A		N				
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N	✓	✓	✓		N				
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	✓	✓	✓		N				
Billie Dodd	Head of CCG Development	✓	✓	N	✓	A	✓		N				
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓	✓	✓		N				
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	✓		N				
Martin McDowell	Chief Finance Officer	✓	✓	N	A	A	A		N				
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	A		N				
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	✓	✓	A		N				

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
18/84	<p>Welcome, Introductions & Apologies</p> <p>All were welcomed to the meeting. Apologies were received from AM, FLT, MMcD, SL,GBa and HR with BP, TF, HC, KG and AR in attendance.</p> <p>The meeting was deemed quorate.</p>	
18/85	<p>Declarations of Interest</p> <p>No declarations were reported other than those staff holding dual roles within the CCGs.</p>	
18/86	<p>Minutes & Key issues log of the previous meeting</p> <p>Amendment to item 18/57. Update given by GBa not GBr.</p> <p>Item 18/72 - RTT Lost to follow up review: S&O Hospital Trust. Lay member requested a more detailed overview noted in the minutes.</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection.</p>	

No	Item	Actions
18/87	<p>Matters Arising / Action Tracker</p> <p>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>Update: Gordon Jones delivered paper to SMT who requested a deep dive scheduled to report back Outcome: Closed</p> <p>18/43 - Chief Nurse Report – Discussion re: Stroke Services at S&O and AUH. DF to raise clinician concern with CCG Chief Officer. Update: Ongoing discussions happening between S&O Chief Executive, Silas Nicholls and AUH Chief Executive Steve Warburton. Update at next meeting. Outcome: Carried forward</p> <p>18/49 - LeDeR Briefing Paper TF to include LeDER briefing paper in the July 2018 Joint Quality Committee papers. Update: July 2018 Outcome: Carried forward</p> <p>18/56 - BD and BP to arrange a visit to the Out of Hours service one evening or weekend Update: To be arranged Outcome: Carried forward</p> <p>18/66 - Joint Quality Committee Terms of Reference Amended ToR to be brought back to the next meeting for approval Update: Agenda item for discussion at today's meeting Outcome: Closed</p> <p>18/67 - Quality Work Plan 2018-2019 Quality Team to make necessary amendments to the Committee work plan Update: Complete Outcome: Closed</p> <p>18/68(i) - Chief Nurse Report Deputy Chief Nurse will provide a summary from the Lancashire care report to the next Joint Quality Committee including comments from locality managers around quality of services/what the feeling is 1 year into the change of provider. Update: BP to meet with Louise Taylor Outcome: Carried forward</p> <p>18/68(ii) - Chief Nurse Report Open contract queries and status paper to be presented at the next Committee meeting Update: Agenda item for discussion at today's meeting Outcome: Closed</p> <p>18/70 - AUH Never Event Update The GP Clinical Quality Lead will raise comments and concerns at the next AUH CQPG in relation to the staff comments including the Medical Director's role in signing off the board report. Update: Comments raised at CQPG Outcome: Closed</p>	

No	Item	Actions
	<p>18/71 - S&O Improvement Board: CCG Quality Report Item to be added to the JQC Work Plan. Quality of Discharge to be added to the next report Update: Complete Outcome: Closed</p> <p>18/72(i) - RTT Lost to follow up review: S&O Hospital Trust MH will raise the question of sufficient assurance with Jan Leonard, Director of Commissioning and Redesign (SSCCG/SFCCG) 18/72(ii) - Chief Nurse to discuss at Governing Body Development Session the process for stopping referrals to providers where concerns exist Update/Outcome: Carried forward</p> <p>18/73 - Practice Nurse Lead Report Practice Lead Nurse to provide bi monthly updates for JQC and also send report to localities for awareness of support mechanisms in place Outcome: Complete Update: Closed</p> <p>18/77 - Corporate Governance Support Group Key Issues Report CGSG report to be reviewed for abbreviations before being re sent Update: Complete. Item 18/101 Outcome: Closed</p> <p>18/83 - Month 12 Serious Incident Performance Report (i) SI summary sheet to be included in papers/reports (ii) A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee (iii) Chief Nurse to escalate to LCCG concerns raised by the committee in relation to Test of Cure Update/Outcome: Carried forward</p>	
18/88	<p>Joint Quality Committee Terms of Reference</p> <p>DF presented the paper containing the Terms of Reference for the Quality Committee which had been further revised to incorporate the suggested amendments from the previous meeting.</p> <p>The Committee recommended approval by the Governing Bodies subject to suggested amendments in the areas of principle duties, membership, frequency of meetings and reporting arrangements being considered by the CCGs governance lead.</p>	
	<p><u>Action – JQC Terms of Reference.</u></p> <p>DF to discuss suggested amendments with CCG governance lead prior to presentation to the Governing Body for approval.</p>	DF

No	Item	Actions
18/89	<p>Chief Nurse Report</p> <p>DF presented the Chief Nurse Report and members were asked to take particular note of the following:</p> <p><u>AUH Single Item Quality Surveillance Group</u> 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 provided to the Committee once known.</p> <p><u>AUH Never Event Update</u> 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.</p> <p><u>Lancashire Care NHS Foundation Trust Quality Risk Profile / Quality Summit</u> A date of 29 June 2018 has been set by the Lancashire Teams to meet to undertake the completion of the Quality Risk Profile Tool on the Trust and the Quality Summit date has been set for 6 July 2018. SFCCG will be represented at both of these meetings. Issue continues regarding the provider experiencing challenges in submitting data to commissioners.</p> <p>Lay member raised a concern regarding Lancashire Care FT still not providing performance data having given assurance this would be a priority.</p> <p><u>Kirkup Review of Liverpool Community Health – Lessons Learnt</u> 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 LCCG.</p> <p>The Committee received the report.</p>	
	<p>Action BD to report back to the Committee regarding the issue of lack of data submission from Lancashire Care.</p>	BD
18/90	<p>Provider Quality & Performance Reports</p> <p>The Provider Quality and Performance Report was presented and provided information by exception which was discussed by the members.</p>	

No	Item	Actions
	<p><u>Southport & Ormskirk Hospitals NHS Trust</u></p> <p>The committee reviewed the key areas of concern for the Trust which included : Hospital Standardised Mortality Ratio (HSMR) which remained outside of expected limits. It was noted the Trust has commissioned an external mortality review to be undertaken in June; Stroke performance in relation to patient spending 90 % of their hospital stay on a stroke unit. There was a discussion on the persistent issue of TIA assessment and treatment within 24 hours not achieving target. DF agreed to contact the Trust about TIA performance. The stroke therapy bay was reinstated in March 2018 to allow for rehab of patients ; completion of root cause analyses on cases of hospital associated VTE and the Trust action to make the process more robust and centralising the process.</p> <p>The committee also discussed operational pressures which are system wide in relation to increased pressure on urgent care.</p> <p><u>Aintree University Hospitals</u></p> <p>The committee reviewed the key areas of concern which included : 62 day cancer waits from GP referral to first treatment which had fallen below 80 % for April 2018. Escalation of delays were being presented at Trust weekly cancer performance meetings and escalation to divisional directors in terms of constraints in capacity ; RTT performance had dropped to below the 92 % target with the Trust experiencing significant non elective pressure impacting upon RTT performance. Theatre refurbishment has impacted on performance but was nearing completion. All referrals were being assessed for clinical risk ; stroke performance had dropped below the 80% target for stroke. Recruitment is underway for nurse and therapy staff for the stroke unit.</p> <p>The quality concerns regarding the Trust were discussed and DF stated the Trust Quality improvement plan would be presented to the Committee for assurance purposes. The plan incorporates both CQC actions to meet recommendations the regulator had set for the Trust post CQC inspection and actions to provide assurance to the commissioners over quality concerns. The plan was presented at the follow up SIQSG held on the 25th June and attended by the Accountable officer and Chief Nurse.</p> <p><u>LCCG & LWH</u></p> <p>CQPG minutes up to September 2017 in relation to concerns regarding LCCG and LWH discussed were reviewed and discussed by the committee. The Contracts and BI teams will report back to the Committee regarding a challenge that may potentially need to be raised with LWH on behalf of the Joint Quality Committee.</p> <p><u>Lancashire Care FT</u></p> <p>The issue of performance data was discussed by the committee and BP stated this had been highlighted a number of times at the CCQRM. BP stated the Trust had been working with the CCG BI team on production of validated metrics to allow for setting of performance baselines which will be available by month 3.</p>	

No	Item	Actions
	<p><u>Mersey Care Community Division</u></p> <p>The enhanced surveillance of staff who transitioned to Mersey care from Liverpool Community NHS Trust in 2017 was highlighted as well as the actions taken in terms of staff engagement as a result of the questions asked. The results are being triangulated by the Trust to ensure a robust plan is place to improve staff satisfaction levels.</p> <p>RTT for therapies were reviewed and the Trust has now completed service reviews which will be presented to the CCG to develop different ways of working.</p> <p><u>Mersey Care Mental Health</u></p> <p>Psychotherapy treatment targets have persistently failed to reach the 95 % target of treatment commencing within 18 weeks of referral. The trust is looking at introducing a more focused model to improve waiting times. The need to refer and bypass local waits will be eliminated and longest waiting numbers had reduced.</p> <p>Communication on inpatients on discharge was highlighted as failing the target set at 95 %. The trust are looking at reducing typing delays across the service and are implementing a new transcription model.</p>	
	<p>Action</p> <p>Chief Nurse to contact COO, Chief Nurse and Medical Director at the S&O FT to discuss performance concerns discussed at Joint Quality Committee</p> <p>Chief Nurse to circulate AUH Improvement paper and bring formally to next meeting for comment</p> <p>Chief Nurse to email Leadership Team and regarding the request to look at today performance across the system / place of Sefton.</p>	DF
18/91	<p>CQUIN Q4 Performance Reports</p> <p>BP presented the report which gave an overview of provider CQUIN achievement for Q4 2017/18 in relation to:</p> <ul style="list-style-type: none"> • Southport & Ormskirk Hospital NHS Trust • Renacres Hospital • Lancashire Care NHS Foundation Trust • Mersey Care Mental Health Division • Mersey Care NHS Foundation Trust (Community District Services) • Aintree University Hospital NHS Foundation Trust <p>The clear and concise nature of the report was commended by the Committee.</p> <p>The Committee received the report.</p>	

No	Item	Actions
18/92	<p>Safeguarding Q4 Report</p> <p>KG presented the report which provided an analysis of provider safeguarding assurance for Q4 (2017-18). Members were asked to note the following:</p> <ul style="list-style-type: none"> • Southport and Ormskirk Hospitals - 'reasonable' assurance rating. However, a drop in compliance in relation to training was noted. Discussion has been had with the Trust by the Designated Nurse Safeguarding Children regarding maintenance of training figures. • Aintree University Hospital - 'limited' assurance rating with an upward trajectory. Training data remains a limiting factor to the assurance rating applied. Challenges remain regarding data quality. DF reported that Safeguarding forms part of the Trust Quality Improvement Plan which has been presented to the SIQSG. • Lancashire Care NHS Foundation Trust - 'reasonable' assurance rating with an upward trajectory noted • North West Boroughs Health Care NHS Trust (0-19 Year/ Safeguarding/ LAC) - 'limited' assurance rating remains. A Clinical Services Review has been completed and shared with the CCG. It will be presented to relevant partners as part of the engagement process to support the necessary quality improvement and delivery model for the purposes of assurance. • Mersey care (South Sefton Community Division) - 'reasonable' assurance rating with an upward trajectory • Mersey care (MH & LD) - 'reasonable' assurance rating has been maintained and the contract performance notice remains in place • Alder Hey Children's NHS Trust - 'significant' assurance rating maintained • Liverpool Women's Hospital - 'reasonable' assurance rating with an upward trajectory • Royal Liverpool and Broadgreen University Hospital Trust - 'significant' assurance rating maintained • Liverpool Heart and Chest Hospital - 'reasonable' assurance rating maintained • Renacres - 'reasonable' assurance rating <p>Safeguarding Team Update</p> <p>Both the Designated Nurse for Children in Care and the Safeguarding Administrator have now commenced in post. The Designated Safeguarding Adults Manager is due to start in post at the beginning of July 2018. Support has continued to be provided from Liverpool CCG Safeguarding Service throughout this transition period.</p> <p>CCGs Training Compliance Update</p> <p>Further work is required within the CCGs in order for safeguarding training trajectories to be met. KG has worked closely with the Corporate Governance Support Officer to ensure the current figures are up to date and e-mail reminders have been sent to the line managers of staff who are not up to date with their training. DF confirmed the raising of this issue at SMT.</p> <p>CCG Safeguarding Policy</p> <p>A previous extension to the existing Safeguarding Policy was granted until June 2018 whilst the publication of Working Together to Safeguard Children was awaited which will inform any update. This guidance is still awaited and therefore the Governing Bodies will be asked to approve a further extension until the publication of this important national guidance and the team are able to review and update the CCG policy as required. KG stated that the team had reviewed the current policy and it remained fit for purpose.</p>	

No	Item	Actions
	<p>Committee Lay Member thanked the Safeguarding and Quality Team for all their hard work in relation to Looked After Children/Children in Care reporting to the Governing Body.</p> <p>The Committee received the report.</p>	
18/93	<p>SFCCG & SSCCG Internal Serious Incident Policy</p> <p>TF presented the CCG Serious Incident Policy for approval subject to an EIA.</p> <p>The Committee approved the policy subject to the completion of the EIA.</p>	
18/94	<p>Serious Incident Management Update</p> <p>TF presented the report which provided an update on the quality improvement work being undertaken by the Trust, the accompanying action plan and updated Terms of Reference for the Serious Incident Review Group for approval.</p> <p>The Programme Manager for Quality and Risk has now commenced in post along with some additional dedicated administrative support. Capacity issues still exist in relation to support for Root Cause Analysis (RCA) across the CCGs with this responsibility currently sitting with the Quality Team and this has been noted in the action plan and risk register.</p> <p>A follow up peer review visit from Bolton CCG and Bolton NHS Foundation Trust is planned for 2nd July 2018. The CCGs are awaiting contact from MIAA regarding the planned review towards the end of July 2018 as previously agreed.</p> <p>The feedback meeting with NHS E C&M for support and assurance purposes is planned for 6th July 2018. GP Clinical Leads requested the meeting with NHS E scheduled for 6th July 2018 be rescheduled to allow for their attendance.</p> <p>The Committee received the update report and accompanying action plan and approved the Terms of Reference subject to some minor amendments and feedback from the NHSE visit.</p>	
	<p>Action</p> <p>Chief Nurse to discuss with NHSE C&M an alternative date for the meeting to enable the attendance of GP Clinical Leads who attend the SIRG.</p>	DF
18/95	<p>Summary – Open Contract Performance Notices (Sefton CCG)</p> <p>BD presented the paper which gave an overview of the process for issuing of Contract Performance Notices as part of NHS Standard Contract Management Process and provided a summary of open Performance Notices issued by the CCGs. A query was raised as to the decision-making process regarding the issuing of a contract query in order to ensure consistent use of such a contract lever when similar performance challenges are faced by different providers. There was a discussion regarding support and escalation and the new escalation process that had been put in place within the CCGs to ensure consistent provider management in terms of issuing a Contract Performance Notice.</p> <p>The Committee received the report.</p>	

No	Item	Actions
18/96	<p>Investigating the aetiology of opioid prescribing in NW England – Research Paper</p> <p>BP presented the research proposals for a study coordinated by Liverpool John Moores University, starting in Spring 2018.</p> <p>The Committee received the report and gave approval for practices to be contacted by the research team subject to there being no excess treatment costs for the CCGs and a letter sent to LJMU requesting assurance the process to extract data fully complies with GDPR. It was noted that the decision to participate in the study lies with the practice and not the CCGs.</p>	
	<p><u>Action - Investigating the aetiology of opioid prescribing in NW England – Research Paper</u> BP to write to LJMU requesting assurances that the extraction of data complies with GDPR</p>	BP
18/97	<p>EPaCCS Update</p> <p>The paper provided the Committee with the regular update regarding EPaCCs and were asked to note that the uptake in the use of the EMIS Web template developed to enable practices to capture end of life preferences is perceived to be low despite engagement sessions taking place to encourage this. GP Clinical Leads felt that some GP's may be unaware of the existence of the template and questioned if it had been launched as effectively as possible. The recommendations within the report were noted and BD will contact Moira Harrison (MH) as the CCGs' identified commissioning lead for End of Life. It was agreed that I-Mersey will lead on the remaining recommendations within the report including the suggested baseline assessment and engagement with practices along with MH.</p> <p>The Committee received the report and supported the recommendations made within the report.</p>	
	<p>Action BD will request that Moira Harrison link in with the End of Life and EPaCCS Steering Group Meetings</p>	BD

No	Item	Actions
18/98	<p>GP Quality Lead Update</p> <p><u>SDGH Quality Issues - Meetings with Deputy Medical Director Kevin Thomas</u></p> <p>DC provided an update of his meeting with the S&O Deputy Medical Director at which the following issues were discussed:</p> <ul style="list-style-type: none"> • Breach of agreement in place which reflects the NHS standard contract regarding work General Practice is being expected to pick up which should be managed within the acute Trust • Terminology used within radiology reporting-and clarity of actions required • Clarity of CT/MRI Scan including referral forms, • DNA and discharge policy within the Trust • Formby locality has been asked to identify examples relating to discharge letters from the Trust. • Issues highlighted with adult Diabetes services within S&O (DC has had a conversation with Dr Nigel Taylor – GP Clinical Lead SSCCG). Moira Harrison (MH) has arranged a meeting to take place in August 2018 with the Trust, CO, NT, DC and Lancashire Community Care to discuss pathways and models. <p>DC stated that KT will raise the issues discussed back in the Trust due to the risks that may present.</p>	
18/99	<p>EPEG Key Issues Log</p> <p>Need to confirm if a meeting had been held</p>	
18/100	<p>Locality Updates</p> <p>No further updates received other than what has been previously discussed.</p>	
18/101	<p>AOB</p> <p>None reported.</p>	

No	Item	Actions
18/102	<p>Key Issues Log (issues identified from this meeting)</p> <p>SFCCG and SSCCG:</p> <ul style="list-style-type: none"> • CCG Serious Incident Policy – this was approved subject to EIA. Latest progress update report received including the CCG action plan on improvements to CCG • Safeguarding Assurance – Assurance update received. CCG training compliance regarding level 2 Children’s and Adults raised at SMT for managers to promote training to be completed within their teams • Provider Performance Reports received - Pace of Network Solutions for stroke care remains a concern. GH to follow up conversation regarding clinical lead for the Network • High risk TIA imaging at S&O remains a concern. Previously discussed at S&O contract meeting. Chief Nurse to follow up with DoN, MD and COO at the trust • Provider CQUIN performance - Q4 performance of all providers received by the Joint Quality Committee • Contract Performance Notices – Report received on all open contract performance notices with providers • Research Proposal – LJMU co-ordinated study (Investigating the aetiology of opioid prescribing in the North West of England). Approved subject to confirmation of GDPR and who will be undertaking some of the tasks detailed within the proposal <p>SFCCG Only:</p> <ul style="list-style-type: none"> • Lancashire Care NHSFT - CQC Inspection outcome ‘Requires Improvement’ overall (previously ‘Good’). Quality Risk Profile Tool to be completed on 29/06/18 (lead by Lancashire team). Quality Summit scheduled for 6th July 2018. CCG representation will be present at both meetings 	
18/103	<p>Date of Next Meeting and notice of apologies</p> <p>Date: Thursday 26th July 2018 Time: 0900hrs-1200hrs Venue: The Marshside Surgery Advanced apologies:</p>	

Audit Committees in Common

PART A: South Sefton CCG

Minutes

Monday 23rd April 2018, 11am to 12.30pm
3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

South Sefton CCG Members present		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member	GB
In attendance (regular)		
Martin McDowell	Chief Finance Officer, SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	AOR
Phil Rule	Interim Chief Accountant, SSCCG	PR
Adrian Poll	Audit Manager, MIAA	AP
Michelle Moss	Local Anti-Fraud Specialist, MIAA	MM
Robin Baker	Audit Director, Grant Thornton	RB
Georgia Jones	Manager, Grant Thornton	GJ
In attendance (guest)		
Jenny White	Head of Financial Management & Planning, SSCCG	JW
Emma Styles (Items A18/23-30)	Information Governance Manager, MLCSU	ES
Apologies		
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

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

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
Membership						
Graham Morris	Lay Member (Chair)	✓				
Graham Bayliss	Lay Member	✓				
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A				
In attendance						
Martin McDowell	Chief Finance Officer	✓				
Alison Ormrod	Deputy Chief Finance Officer	✓				
Leah Robinson	Chief Accountant [On maternity leave from October 2017]					
Phil Rule	Interim Chief Accountant	✓				
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓				
Adrian Poll	Audit Manager, MIAA	✓				
Robin Baker	Audit Director, Grant Thornton	✓				
Georgia Jones	Manager, Grant Thornton	✓				

No	Item	Action
General Business		
A18/23	<p>Introductions and apologies for absence Introductions were made. Jenny White was in attendance at this meeting as an observer.</p> <p>Apologies for absence were received from Dr Jeff Simmonds.</p>	
A18/24	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
A18/25	<p>Minutes of the previous meetings and key issues The minutes of the previous meeting on 10th January 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>	
A18/26	<p>Action points from previous meetings</p> <p>A17/106: External Audit Progress Report MMcD reported that the subject of GPs looking to transform and operate at scale has been considered for an upcoming Wider Constituent Group meeting agenda for each of the Sefton CCGs. Due to the large number of items on the agendas for recent meetings, however, it has not been possible to incorporate this item. Action still open.</p> <p>A17/123: Register of Interests Re. issue of whether every GP from a member practice is required to complete a CCG declaration of interest form - MMcD confirmed that only principal GP leads from member practices are required to complete a form, in addition to any GP member that is part of the Governing Body. Action closed.</p> <p>A18/04: Action points from previous meetings Part B: Joint CCG (A17/108: Review of Remuneration Committee Procedures 2013 – 2017) GM asked TK to contact Debbie Fairclough (QIPP Programme Manager) regarding progress on the below action. <i>The terms of reference for each Remuneration Committee are to be revised to ensure they are aligned with the scheme of delegation. The revised terms of reference are to be submitted to each of the CCG Governing Bodies for approval.</i> Action to stay on the tracker but the lead is to change from GM to TK.</p>	TK

	<p>A18/04: Action points from previous meetings Part B: Joint CCG (A17/111: Any other business - Format of Audit Committees in Common meeting) MMcD is still to seek guidance from Debbie Fairclough in relation to having more joint CCG papers for the Audit Committees in Common meeting rather than a separate paper for each CCG. MMcD to also seek guidance regarding the possibility of joint CCG policies. Action still open.</p> <p>A18/04: Action points from previous meetings Part C: South Sefton CCG (A17/32 Information Governance Toolkit Review) The issue regarding information governance and data processed / held outside the UK will be discussed under item A18/28 MIAA Information Governance Toolkit Assurance Report. Action closed.</p> <p>A18/05: Audit Committee Recommendations Tracker PR has reviewed the presentation of the Audit Committee Recommendations Tracker and has revised the format so that it is now a single tracker incorporating both of the Sefton CCGs. Action closed.</p> <p>A18/11: Governing Body Assurance Framework, Corporate Risk Register and Heat Map MMcD confirmed that concerns regarding the number of 'red rated' risks on the CRR and heat map have been escalated to the Governing Body for review. Action closed.</p> <p>A18/11: Governing Body Assurance Framework, Corporate Risk Register and Heat Map PR confirmed the error noted on the heat map, relating to the placing of risk SS039, was corrected prior to circulation to the Governing Body. Action closed.</p> <p>A18/14: Register of Interests MMcD confirmed the Register of Interests will be included as an item on Governing Body meeting agendas as appropriate, for members to review their individual entries and confirm any changes. Action closed.</p> <p>A18/14: Register of Interests MMcD confirmed a quarterly email is best practice in relation to the frequency of emails to request updates for declarations of interest and gifts and hospitality returns. Action closed.</p> <p>A18/14: Register of Interests MMcD confirmed that he will be liaising with Midlands and Lancashire CSU about a potential online system with the facility for individuals to update their own entries on the Register of Interests. Action still open. RB commented that Warrington CCG may be using a similar online system and suggested MMcD contact the relevant lead.</p> <p>A18/17: Information Governance Bi-Monthly Report PR is still to review the IG risks detailed in the Information Governance Bi-Monthly Report and assess whether they need inclusion in the CCG's corporate risk register. Action still open.</p> <p>A18/17: Information Governance Bi-Monthly Report GM and MMcD have reviewed and signed-off the IG toolkit submission for 2017/18. Further information on the IG toolkit will be provided under items</p>	MMcD
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	<p>A18/27 and A18/28. Action closed.</p> <p>A18/18: Committee Work Plan 2018/19 AOR confirmed a work plan has been put together for the production of the annual report. Action closed.</p> <p>A18/19: Committee Meeting Dates 2018/19 The start time of the South Sefton Audit Committee meeting scheduled for 24th May 2018 has been moved to 12.30pm to allow a half hour interval between the end of the Southport and Formby Audit Committee meeting and the start of the South Sefton Audit Committee meeting. Action closed.</p>	
Formal approval/receipt by Audit Committee		
<i>Governance</i>		
A18/27	<p>Information Governance Annual Report ES presented the Information Governance Annual Report for 2017/18. She noted that the CCG's IG toolkit overall submission for 2017/18 has achieved Level 2 (91%) rated as Satisfactory. She confirmed the new version of the toolkit for 2018/19 would be fundamentally different to previous versions.</p> <p>ES highlighted that General Data Protection Regulation (GDPR) audit returns had not been received from four departments / bodies in the CCG: Medicines Management, Safeguarding, Corporate Governance and Governing Body. She stressed that this was now an urgent issue and noted that concerns lay particularly with Medicines Management and Safeguarding due to the likelihood of those departments holding personal data. It was agreed for MMcD to liaise with the leads for these departments to ensure that the audit returns were sent to the Information Governance Team.</p> <p><i>The committee received this report.</i></p>	MMcD
A18/28	<p>MIAA Information Governance Toolkit Assurance Report MMcD presented the Information Governance Toolkit Assurance report for 2017/18 and noted that a <i>Significant Assurance</i> level has been provided in relation to information governance within the CCG.</p> <p>MMcD noted that there is a risk relating to assets / data maintained by 3rd parties on behalf of the CCG, which may be held outside the UK. He recommended that this risk be accepted by the committee and for it to be noted that the CCG is non-compliant in this area, as definite assurance cannot be obtained that CCG data is not held outside the UK. It was noted that the potential impact of this was likely to be minimal. The committee agreed to accept this recommendation.</p> <p><i>The committee received this report and agreed to accept the risk that assets / data maintained by 3rd parties on behalf of the CCG may be held outside the UK.</i></p>	
A18/29	<p>MLCSU Information Governance Toolkit Assurance Statement 2017/18 ES presented Midlands and Lancashire CSU's Information Governance Toolkit Assurance Statement 2017/18. She confirmed that MIAA have carried out a full assurance audit of ML CSU's IG Toolkit, with an outcome of Significant Assurance.</p> <p><i>The committee received this report.</i></p>	

A18/30	<p>GDPR – HFMA Briefing MMcD presented a HFMA briefing on the General Data Protection Regulation (GDPR), commenting it was a useful governance tool. The briefing includes a checklist of top ten actions for NHS organisations. MMcD confirmed the CCG will use this checklist as part of the GDPR assurance process.</p> <p><i>The committee received this report.</i></p>	
A18/31	<p>PHSO and LGO: Response to recommendations in letter to NHS South Sefton CCG PR reported that the CCG has made one special payment of £750 following recommendations within a joint decision letter from the Parliamentary and Health Service Ombudsman (PHSO) and Local Government Ombudsman (LGO) to the CCG. The report within the Audit Committee meeting pack details the appropriate procedures and governance processes that have been followed to make this payment.</p> <p>The committee discussed the lessons learnt from this case and noted that further CCG work is required to promote advocacy services to those who require them.</p> <p><i>The committee received this report.</i></p>	
A18/32	<p>Accounting Policies Update PR presented the accounting policies updates for 2017/18, as detailed in the report.</p> <p><i>The committee approved the accounting policies updates.</i></p>	
A18/33	<p>Annual Governance Statement 2017/18 PR presented the draft Annual Governance Statement (AGS) 2017/18.</p> <p>The committee discussed the statement and noted that the CCG practice membership list needs to be checked to ensure it is up to date. PR to action.</p> <p>RB noted that any CCG internal audit reviews with less than high or significant assurance would need to be highlighted in the AGS. The committee noted that all CCG internal audit reviews in 2017/18 have concluded either significant or high assurance.</p> <p><i>The committee approved the Annual Governance Statement 2017/18 in draft format subject to ensuring the CCG practice membership list is up to date.</i></p>	PR
A18/34	<p>Un-audited Annual Report and Accounts 2017/18 PR and AOR presented the headlines within the un-audited annual report and accounts 2017/18.</p> <p>The committee discussed the report and accounts and highlighted a number of amendments and checks to be actioned to ensure accuracy and clarity.</p> <p>AOR requested that the committee contact either herself or PR by close of play today if any further corrections / amendments are noted on the draft annual report and accounts.</p> <p>PR and AOR confirmed that the finance team will use the <i>HFMA Introductory</i></p>	PR

	<p><i>Guide - CCG Annual Report and Accounts</i> to provide supporting information to the Governing Body to assist with their understanding of the accounts prior to approval.</p> <p>AOR reported that the CCG year end surplus or deficit is not detailed in the statutory accounts and noted that the CCG was reporting a £2.99m deficit at the end of 2017/18.</p> <p>AOR referred to the provision of £200k within the accounts and noted that this relates to the ongoing dispute between the CCG and Southport & Ormskirk NHS Trust. MMcD provided an update on the NHSE expert determination process which has been progressing in order to resolve this dispute. He noted the process is likely to continue for longer than originally expected. AOR reported this issue has been disclosed as a post balance sheet event. RB explained the process of how this provision will be treated by external audit.</p> <p><i>The committee approved the draft annual report and accounts 2017/18 subject to the amendments noted at this meeting.</i></p>	
A18/35	<p>Losses, Special Payments and Aged Debt</p> <p>PR provided an update on losses, special payments and aged debt since the last report presented to the Audit Committee in January 2018. He reported that four losses have been identified for write-off totalling £44,046. The balances relate to four practices with a common interim GP provider. The companies have been liquidated with outstanding amounts not being able to be reclaimed. He also noted the CCG has made one special payment of £750, as reported under item A18/31.</p> <p>PR reported that outstanding debt has been reviewed up to last period end 31 March 2018 and there are six material items outstanding over six months, as detailed in Appendix 2 of the report.</p> <p>The committee discussed the losses identified for write-off and aged debt. MMcD answered queries raised by committee members relating to ongoing actions to address aged debt items.</p> <p><i>The committee received this report.</i></p>	
A18/36	<p>Scheme of Delegation Changes</p> <p>PR reported on changes to the Scheme of Delegation, as detailed in the report within the meeting pack.</p> <p><i>The committee reviewed and approved the updated Scheme of Delegation.</i></p>	
A18/37	<p>Macpherson Report</p> <p>PR presented the Macpherson report, which details how the CCG complies with the Macpherson review in relation to its estimation techniques. He noted the CCG has identified two business critical models in use that provide material accounting estimates for both the monthly management accounts and the year-end financial accounts; these are in the areas of prescribing and individual packages of care.</p> <p><i>The committee received this report.</i></p>	
A18/38	<p>Audit Committee Annual Report 2017/18</p> <p>GM presented the Chair's Audit Committee Annual Report 2017/18, the final</p>	

	<p>draft of which will be presented to the Governing Body for approval.</p> <p>The committee noted the following amendments to be made on the report:</p> <ul style="list-style-type: none"> Section 3 of the report is to note that Grant Thornton are in the early stages of their <i>first</i> audit. The Statement on Internal Control (SIC) has been replaced by the Annual Governance Statement (AGS). The report is to be amended to reflect this. <p>The above amendments are to be made prior to submission to the Governing Body.</p> <p><i>The committee received this report and agreed on changes, as detailed above, prior to submission to the Governing Body.</i></p>	GM / TK
A18/39	<p>Single Tender Action Forms</p> <p>MMcD reported on three Single Tender Action forms, noting that the contract values are in his delegated limits as Chief Finance Officer to sign off. The Single Tender Action forms are for:</p> <ul style="list-style-type: none"> Continuation of consultancy support to ensure delivery of recovery / QIPP plans and strengthening of governance capacity and capability Occupational Health Contract Delivery of a pilot High Intensity User Scheme <p>MMcD noted that all three Single Tender Action requests have been reviewed and approved and provided the rationale for approval. He confirmed the High Intensity User Scheme has been discussed and agreed by the Joint QIPP Committee. MMcD recommended the Audit Committee ratify the approval of the Single Tender Action forms.</p> <p><i>The committee ratified the sign-off of the Single Tender Action forms.</i></p>	
A18/40	<p>Register of Interests</p> <p>MMcD presented the updated Register of Interests as at 31st March 2018.</p> <p>It was noted that the entry for certain members of staff appeared outdated. TK to ask Judy Graves (Corporate Business Manager at the CCG) to undertake a further review.</p> <p><i>The committee received the Register of Interests.</i></p>	TK
A18/41	<p>CCG Conflicts of Interest Online Training</p> <p>MMcD reported that NHS England have launched new online training to further support CCGs to manage conflicts of interest. Relevant staff and all Governing Body Members have been identified to complete module one of the training, the deadline for which is 31st May 2018. GM and GB confirmed they have been notified of this training.</p> <p><i>The committee received this update.</i></p>	
A18/42	<p>Policy Tracker</p> <p>MMcD presented the policy tracker and provided an update on the four policies that are out of their review dates: Infertility Policy; Commissioning Policy; Safeguarding Children and Adults at Risk Policy; and the Information Governance Handbook. A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p>	

	<p>Concerns were raised about the length of time since the Infertility Policy and Commissioning Policy were due to be reviewed. GM requested a timeline, outlining the situation related to these two policies, be brought to the Audit Committee meeting on 24th May 2018. TK to ask Lisa Gilbert (Corporate Governance Manager at the CCG) to action.</p> <p><i>The committee received the policy tracker.</i></p>	TK
A18/43	<p>Audit Committee Terms of Reference PR presented an updated draft of the Audit Committee Terms of Reference and highlighted the changes since it was last reviewed and agreed in April 2017, as detailed in the report within the meeting pack.</p> <p><i>The committee approved the updates to the Terms of Reference and recommended ratification to the Governing Body. The Terms of Reference are to be put forward to the Governing Body.</i></p>	MMcD / TK
Audit and Anti-Fraud Specialist		
A18/44	<p>Audit Committee Recommendations Tracker PR presented the Audit Committee Recommendations Tracker. He noted the presentation of the tracker has been reviewed and amended so that it is now a single tracker incorporating both of the Sefton CCGs, as reported under item A18/26.</p> <p>PR reported that all amber rated actions are ongoing; he has been liaising with the relevant CCG leads about the progress of these actions.</p> <p><i>The committee received this report.</i></p>	
A18/45	<p>MIAA Internal Audit Plan 2018/19 AP presented the MIAA Internal Audit Plan for 2018/19 and noted that the fee and allocated time are the same as for the previous financial year.</p> <p>MMcD noted that the Leadership Team had commented on the proposed plan and that changes have been included in the revised plan being presented to the committee today.</p> <p>AP confirmed that the audit plan can be flexible depending on issues that may arise in 2018/19.</p> <p><i>The committee approved the MIAA Internal Audit Plan 2018/19.</i></p>	
A18/46	<p>MIAA Internal Audit Progress Report AP presented the MIAA Internal Audit Progress Report.</p> <p>AP reported that MIAA have undertaken a review to evaluate the effectiveness of CCG arrangements to manage conflicts of interest and gifts and hospitality, including compliance with NHS England's statutory guidance. The review has concluded that the CCG is fully compliant in all areas except decision making processes and contract monitoring, which has been assigned partially compliant. For this particular area, AP noted that there are mechanisms in place for the management of conflicts within meetings when making procurement decisions and in relation to contract management. Minutes, however, should clearly detail the magnitude of the conflict, how the conflict was to be managed or whether it</p>	

	<p>was managed as intended. It was agreed for MMcD to review improvements in this area.</p> <p><i>The committee received this report.</i></p>	MMcD
A18/47	<p>MIAA Head of Internal Audit Opinion 2017/18 AP presented the MIAA Head of Internal Audit Opinion 2017/18. He confirmed the following overall opinion for the period 1st April 2017 to 31st March 2018: <i>Substantial Assurance</i> can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.</p> <p><i>The committee received this report.</i></p>	
A18/48	<p>MIAA Anti-Fraud Services Annual Report 2017/18 MM presented the MIAA Anti-Fraud Services Annual Report 2017/18. She noted that during the year one fraud investigation, carried forward from the previous financial year, was concluded with no fraud being identified. Although not a fraud, the CCG is attempting to recover the loss.</p> <p>MMcD noted that two letters have been sent from the CCG to an individual highlighted in the Anti-Fraud Proactive Detection Exercise: Minor Ailment Review report, which was presented to the Audit Committee on 10th January 2018. A response has yet to be received.</p> <p>MM reported the CCG has a green RAG rating for the majority of standards, following completion of the CCG's self-assessment against the NHS Counter Fraud Authority Standards for Commissioners. She explained the reasoning behind the one amber rating for the CCG within the <i>Hold to Account</i> area, as detailed within the report. GM thanked MM and the MIAA team for the work put towards establishing the majority of green ratings.</p> <p><i>The committee received this report.</i></p>	
A18/49	<p>MIAA Anti-Fraud Services Workplan 2018/19 MM presented the MIAA Anti-Fraud Services Workplan 2018/19 and provided a summary of the headlines. She confirmed that sufficient resources are in place to deliver the plan.</p> <p><i>The committee approved the MIAA Anti-Fraud Services Workplan 2018/19.</i></p>	
A18/50	<p>External Audit Progress Report GJ presented the external audit progress report and noted Grant Thornton are on track with audit deliverables.</p> <p>RB explained that a referral has been issued to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 due to the CCG having failed its statutory financial duty.</p> <p><i>The committee received this report.</i></p>	
A18/51	<p>External Audit Management: Law, Fraud and Regulations Letter PR reported that in order to comply with International Auditing Standards (IAS), the CCG's external auditors need to establish an understanding of the management processes in place to prevent fraud and to ensure compliance with law and regulation. PR explained that the response schedule from the Chief</p>	

	<p>Finance Officer (CFO) and the letter from the Chair of the Audit Committee to the external auditors would ensure that this would be addressed.</p> <p>GM requested the final version of the response schedule from the CFO to be circulated to committee members.</p> <p><i>The committee received this report.</i></p>	PR / TK
Key Issues of other committees to be formally received		
A18/52	<p>Key Issues reports of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committee November 2017, January and February 2018 • Joint Quality Committee November 2017 and January 2018 • Joint Commissioning Committee November, December 2017 and January 2018 <p><i>The committee received the key issues of the Finance and Resource Committee, Joint Quality Committee and Joint Commissioning Committee meetings.</i></p>	
Closing business		
A18/53	<p>Any other business</p> <p>No items of other business were raised at this meeting.</p>	
A18/54	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p>Date and time of next meeting</p> <p>Southport and Formby Audit Committee Thursday 24th May, 10am-11.30am Room 3A, Merton House</p> <p>South Sefton Audit Committee Thursday 24th May, 12pm-1.30pm Room 3A, Merton House</p>	

Audit Committee South Sefton CCG Minutes

Thursday 24th May 2018
12.00-13.30
Room 3A, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL

South Sefton CCG Members present		
Graham Morris	Lay Member (Chair)	GM
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SSCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG	AOR
Phil Rule	Interim Chief Accountant, SSCCG	PR
Georgia Jones	Manager, Grant Thornton	GJ
Apologies		
Graham Bayliss	Lay Member	GB
Minutes		
Tahreen Kutub	PA to Chief Finance Officer	TK

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

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
Membership						
Graham Morris	Lay Member (Chair)	✓	✓			
Graham Bayliss	Lay Member	✓	A			
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A	✓			
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓			
Alison Ormrod	Deputy Chief Finance Officer	✓	✓			
Leah Robinson	Chief Accountant [On maternity leave from October 2017]					
Phil Rule	Interim Chief Accountant	✓	✓			
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓				
Adrian Poll	Audit Manager, MIAA	✓				
Robin Baker	Audit Director, Grant Thornton	✓	N			
Georgia Jones	Manager, Grant Thornton	✓	✓			

No	Item	Action
A18/98	<p>Introductions and apologies for absence Apologies for absence were received from Graham Bayliss.</p> <p>An email had been circulated prior to this meeting to note that the respective Audit Committees of the Sefton CCGs will be considering the annual report and accounts as separate statutory bodies today; therefore the committees will be operating as separate entities. The email had noted that the meeting pack circulated on 18th May 2018 had referred to this meeting as <i>Audit Committees in Common (Part B)</i>. A re-titled agenda was subsequently circulated, noting this to be a <i>South Sefton Audit Committee</i> meeting.</p>	
A18/99	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available via the CCG website at the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • 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. • JS declared he is a member of both of the respective governing bodies and audit committees for 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. 	
A18/100	<p>External Audit Report 2017/18 (ISA 260 Report) GJ presented the external audit report 2017/18, which was tabled at the meeting. It was noted that the report was in draft form and that minor changes were required due to further evidence having been received since publication. GJ provided a detailed overview of the headlines and individual sections of the report, as well as the further work required before conclusion of the audit and provision of the audit opinion.</p> <p>GJ reported that it was likely the following audit proposals would be issued for the CCG:</p> <ul style="list-style-type: none"> • An unqualified audit opinion on the accounts • A qualified 'except for' Value for Money (VFM) conclusion, reporting that the CCG delivered VFM in 2017/18 except for its financial performance and sustainability. <p>It was noted that a Section 30 under 2013 Local Audit & Accountability Act referral has been issued by external audit to the Secretary of State, due to the CCG having missed its statutory financial duty.</p> <p>MMcD referred to the section in the report on audit fees and confirmed that Grant Thornton did not undertake any additional work for the CCG outside of the</p>	

	<p>contract.</p> <p>The Chair and MMcD both thanked Grant Thornton for their work on the audit.</p> <p><i>The committee received this report.</i></p>	
A18/101	<p>Annual Report and Accounts 2017/18</p> <p>The draft 2017/18 annual report, annual governance statement, annual accounts and accounts briefing paper had been reviewed by members prior to the meeting. A further updated version of the annual report, annual governance statement and annual accounts was circulated at the meeting.</p> <p>A number of amendments to the annual report and governance statement were noted by the committee, which related to the following:</p> <ul style="list-style-type: none"> • Amendments and checks to ensure clarity and accuracy. • Changes to the committee attendance table for accuracy and to ensure it reflects committee attendance for Governing Body members only. <p>AOR presented the annual accounts and the accounts briefing paper, which contained supporting information relating to movements in the South Sefton accounts between 2016/17 and 2017/18 (HFMA Introductory Guide – CCG Annual Report and Accounts).</p> <p>The Chair thanked everyone involved in the production of the annual report and accounts.</p> <p><i>The committee agreed the following:</i></p> <ul style="list-style-type: none"> • <i>Approved the CCG’s 2017/18 Annual Report, 2017/18 Annual Accounts and 2017/18 Governance Statement subject to the review and amendments noted at the meeting.</i> • <i>Provided delegated approval of amendments to the documents to the Chief Finance Officer prior to submission by 9am on 29th May 2018.</i> • <i>Authorised the Chief Officer to sign the Annual Report, Accounts and associated certificates on behalf of the CCG.</i> 	
A18/102	<p>Letter of Representation 2017/18</p> <p>MMcD presented the draft Letter of Representation 2017/18.</p> <p>The committee agreed that the letter is to be signed by the Audit Committee Chair and the Chief Officer.</p> <p>GJ confirmed that electronic signatures could be used on the letter providing approval in writing is received from the signatories. GJ confirmed approval for his electronic signature to be used on the letter and noted he would send confirmation in writing after the meeting.</p> <p><i>The committee approved the draft Letter of Representation 2017/18.</i></p>	

A18/103	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map PR presented the Governing Body Assurance Framework (GBAF), the Corporate Risk Register (CRR) and the heat map; the latter summarises all the mitigated risks of the CCG with a score of 12 and above.</p> <p>The committee discussed the movements on the heat map. GM queried why key risk 16 on the heat map (related to non-delivery of recommendations - SEND/OFSTED team inspection) had not been rated lower after re-assessment. PR to review and report at the next committee meeting.</p> <p><i>The committee approved the updates to the GBAF, CRR and heat map.</i></p>	PR
A18/104	<p>Service Auditor Reports PR provided a brief overview of the service auditor reports.</p> <p>PR highlighted that the CSU service auditor report did not include an opinion on the HR services provided by the CSU. He confirmed he would follow this up with the CSU for the service auditor report for next year.</p> <p>It was agreed that a single overall report with highlights would suffice for this agenda item in future; individual service auditor reports did not need to be included as appendices.</p> <p><i>The committee received the service auditor reports.</i></p>	PR
A18/105	<p>Update on review of Infertility Policy and Commissioning Policy The committee received an update on the review of the Infertility Policy and Commissioning Policy. It was agreed for an update on the timeline to be provided to the Governing Body at its meeting on 5th July 2018.</p> <p><i>The committee received this report.</i></p>	MMcD
A18/106	<p>Any other business No items of other business were raised at this meeting.</p>	
A18/107	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues Report to Governing Body.</p>	
	<p>Date and time of next meeting Audit Committees in Common Wednesday 25th July, 1.30pm-4pm 3rd Floor Boardroom, Merton House</p>	

SS NHSE Joint Commissioning Committee APPROVED Minutes – Part I

Date: Thursday 19th April 2018, 10.00am – 11.00am
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
Alan Cummings	NHSE Senior Commissioning Manager	AC
Attendees:		
Colette Page	SSCCG Quality	CP
Angela Price	Primary Care Programme Lead	AP
Sharon Howard	Programme Manager General Practice Forward View	SH
Maureen Kelly	Healthwatch Sefton	MK
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	N
Brendan Prescott	Deputy Chief Nurse and Quality Officer	A	X	N	A
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	N
Joe Chattin	Sefton LMC	N	X	N	N
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	✓	X	A	N
Jan Hughes	NHSE Assistant Contract Manager	A	x	A	A

No	Item	Action
SSNHSE 18/37	<p>Apologies for absence Apologies were received as noted above.</p>	
SSNHSE 18/38	<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>	
SSNHSE 18/39	<p>Minutes of the previous meeting The minutes of the previous meeting held on 8 March 2018 were agreed as an accurate record.</p>	
SSNHSE 18/40	<p>Action points from the previous meeting The action tracker was discussed and updated.</p>	
SSNHSE 18/41	<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 – Crosby Pilot will remain in place. Healthwatch were informed of this. 	
SSNHSE 18/42	<p>GPFV Operational Plan/ Primary Care Programme Report</p> <ul style="list-style-type: none"> • 10 impact changes now complete. A celebration event is planned where practice can share their experiences • Resilience funding – expressions of interest are now being sought by NHSE • Admin and Clerical – training now complete and planning for future events will continue • International recruitment – the CCG is planning an event to invite all practices to promote this project now more detailed information is available. • Clinical pharmacy – the bid has now been approved • IT – all equipment has been rolled out • E-consultations – several practices have been identified to trial this software • 7 day extended access – procurement is now live • LQC phase 3 – Evaluation will take place during July 2018 • LQC phase 4 – Contract has been sent out to all practices • Practice Manager Development – a further session has been arranged for GDPR. Other suitable courses will be identified. • Apex – LMC have requested further assurances with how the data is dealt with once uploaded to software. LT looking into issues • Workforce steering group – is now up and running • Productive General practice - workshops will commence in May 2018 with 11 practices taking part 	

SSNHSE 18/43	<p>Delegation</p> <p>Views of wider membership to be sought if an application is to be submitted to NHSE. JL to progress.</p>	JL
SSNHSE 18/44	<p>Healthwatch Feedback</p> <p>Healthwatch wished to express their disappointment that they were not informed of the new provider for Hightown Practice before the letters went to patients. The committee apologised and agreed to take on board the comments. The CCG and NHSE will be reviewing communication processes and working with the OSC following the last OSC committee.</p> <p>A discussion took place regarding how in the future we help patients understand the nature of General Practice and the pressures facing it. It was suggested that working closely with PPG's may help in shaping how practices provide services in the future. Healthwatch confirmed they have started working with PPGs. The committee ask for patient feedback to be reported during subsequent Joint Commissioning Meetings.</p> <p>Healthwatch reported difficulties in finding someone to attend the meeting on a regular basis. It was agreed that if 2 representatives wanted to attend, that would be acceptable.</p>	
SSNHSE 18/45	<p>Key Issues Log</p> <p>The key issues report was discussed and updated.</p> <p>To note to GB that the pharmacy application was successful.</p>	
SSNHSE 18/46	<p>Any Other Business</p> <p>None.</p>	
SSNHSE 18/47	<p>Date of Next Meeting:</p> <p>Thursday 21st June</p> <p>2018 at 10:00am-11:00am, NHS South Sefton CCG, Room 5A Merton House, Stanley Road, Bootle L20 3DL</p>	
<p>Meeting Concluded.</p> <p>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>		