

## Governing Body Meeting in Public Agenda

**Date:** Thursday 7 February 2019, 13:00hrs to 15:10hrs  
**Venue:** Boardroom, 3<sup>rd</sup> 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
Lynne Creevy	Practice Manager Member	LC
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
<b>General</b>					<b>13:15hrs</b>
GB19/1	Apologies & Welcome	Chair	Verbal	Receive	20 mins
GB19/2	Declarations of Interest	Chair	Verbal	Receive	
GB19/3	Minutes of previous meeting: - 1 November 2018	Chair	Report	Approve	
GB19/4	Action Points from previous meeting: - 1 November 2018	Chair	Report	Approve	
GB19/5	Business Update	Chair	Verbal	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
GB19/6	Chief Officer Report	FLT	Report	Receive	
<b>Finance and Quality Performance</b>					<b>13:35hrs</b>
GB19/7	Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	MMcD	Report	Receive	45 mins
GB19/8	Integrated Performance Report	MMcD/DCF/ Karl McCluskey	Report	Receive	
GB19/9	Improvement and Assessment Framework: Q1 2018/19	Karl McCluskey	Report	Receive	
<b>Governance</b>					<b>14:20hrs</b>
GB19/10	Governing Body Assurance Framework, Corporate Risk Register and Heat Map Q3 2018/19	Debbie Fairclough	Report	Receive	25 mins
GB19/11	CCG Safeguarding Children and Adults at Risk Policy	Karen Garside	Report	Approve	
GB19/12	CCG Children in Care Policy	Helen Case	Report	Approve	
<b>Service Improvement/Strategic Delivery</b>					<b>14:45hrs</b>
GB19/13	Organisational Development Plan	Tracy Jeffes	Report	Approve	15 mins
<b>For Information</b>					<b>15:00hrs</b>
GB19/14	Key Issues Reports: a) Finance & Resource Committee (F&R) b) Quality Committee c) Audit Committee d) Joint Commissioning Committee PTI e) Locality Key Issues	Chair	Report	Receive	5 mins
GB19/15	Approved Minutes: a) Finance & Resource Committee (F&R) b) Joint Quality Committee c) Audit Committee d) Joint Commissioning Committee PTI e) CIC Realigning Hospital Based Care	Chair	Report	Receive	
<b>Closing Business</b>					<b>15:05hrs</b>
GB19/16	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB19/17	Date of Next Meeting  <b>Thursday 4 April 2019, 13:00hrs in the Boardroom, 3<sup>rd</sup> Floor, Merton House.</b>  <u>Future Meetings:</u> The Governing Body meetings are held on the first Thursday of the month. Dates				

No	Item	Lead	Report/ Verbal	Receive/ Approve	Time
	for 2019/20 are as follows:  6 June 2019 5 September 2019  All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3 <sup>rd</sup> Floor Merton House.				
	Estimated meeting close				<b>15:10hrs</b>

**Motion to Exclude the Public:**

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

## Governing Body Meeting in Public Draft Minutes

**Date:** Thursday 1 November 2018, 13:00 hrs to 15:20 hrs  
**Venue:** Boardroom, 3<sup>rd</sup> Floor, Merton House, Bootle, L20 3DL

### The Governing Body Members in Attendance

Graham Morris	Deputy Chair & Lay Member - Governance	GM
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Dr Peter Chamberlain	GP Clinical Director	PC
Lynne Creevy	Practice Manager	LC
Debbie Fagan	Chief Nurse	DCF
Dr Gina Halstead	GP Clinical Director	GH
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS

### Co-opted Members (or deputy) in Attendance

Helen Armitage	Consultant in Public Health, Sefton MBC	HA
Maureen Kelly	Chair, Healthwatch ( <i>co-opted Member</i> )	MK
Dwayne Johnson	Director of Social Services & Health, Sefton MBC	DJ

### In Attendance

Lyn Cooke	Head of Communications and Engagement	LC
Tracey Forshaw	Assistant Chief Nurse	TF
Steve Gowland	Public Health Lead, Sefton MBC ( <i>presentation</i> )	SG
Wayne Leatherbarrow	Performance and Intelligence Service Manager, Sefton MBC ( <i>presentation</i> )	WL
Jan Leonard	Director of Commissioning and Redesign	JL
Geraldine O'Carroll	Senior Manager – Commissioning & Redesign	GOc
Becky Williams	Strategy & Outcomes Officer	BW
Judy Graves	<i>Minute taker</i>	

### Member Apologies

Dr Craig Gillespie	Acting Chair
Dr Andrew Mimmagh	Chair & GP Clinical Director
Dr Jeff Simmonds	Secondary Care Doctor
Dr Ricky Sinha	GP Clinical Director
Fiona Taylor	Chief Officer
Dr John Wray	GP Clinical Director

**Quorum: Majority of voting members.**

Name	Governing Body Membership	Feb 18	Mar 18	May 18	July 18	Sept 18	Nov 18
Dr Andrew Mimmagh	Chair & GP Clinical Director	A	A	A	A	A	A
Dr Craig Gillespie	Clinical Vice Chair & GP Clinical Director	✓	✓	✓	✓	✓	A
Graham Morris	Vice Chair & Lay Member - Governance	✓	✓	✓	✓	✓	✓
Matthew Ashton <i>or deputy</i>	Director of Public Health, Sefton MBC ( <i>co-opted member</i> )	✓	✓	✓	✓	A	✓

Name	Governing Body Membership	Feb 18	Mar 18	May 18	July 18	Sept 18	Nov 18
Graham Bayliss	Lay Member for Patient & Public Engagement	✓	✓	✓	✓	✓	✓
Lin Bennett	Practice Manager						
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	✓	✓
Lynne Creevy	Practice Manager						✓
Debbie Fagan	Chief Nurse	✓	✓	✓	✓	✓	✓
Gina Halstead	GP Clinical Director	✓	✓	✓	✓	✓	✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	✓	A	✓	A	✓	✓
Maureen Kelly	Chair, Healthwatch ( <i>co-opted Member</i> )	✓	✓	A	A	A	✓
Dr Dan McDowell	Secondary Care Doctor						
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓	✓
Dr Ricky Sinha	GP Clinical Director	A	N	A	✓	✓	A
Dr Sunil Sapre	GP Clinical Director	A	✓	✓	✓	A	✓
Dr Jeff Simmonds	Secondary Care Doctor	A	✓	A	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><b>1. Question raised in relation to Macular Degeneration. West Lancs CCG want West Lancs patients to use a privately run eye clinic in Skelmersdale.</b></p> <p>It was suggested that the member of the public refer this question to West Lancs CCG.</p> <p><b>a. How will that affect the budgets for Aintree Hospital Macular Degeneration Clinic?</b></p> <p>Activity has grown exponentially, higher than expected, and a lot of work is being done to understand the reasons why.</p> <p>The public were briefed on the rulings in relation to the drugs that can be used and, when cheaper workable options are found, which gives the CCG options regarding planning and provision going forward. It is not expected to change service delivery at Aintree.</p> <p><b>b. What incentives have been offered to consultants at Aintree/The Royal to persuade patients to use the Skelmersdale clinic?</b></p> <p>The CCG were not aware of any incentives and would not expect that that was the case.</p> <p><b>2. Given the failure to meet the cancer targets on an ongoing basis, what explanations are there, what analysis of reasons and what actions are being taken by the Board?</b></p> <p>GH explained the complex landscapes in relation to cancer. There has been a shift in threshold for referral as a result of a significant increase in the number of cases. This increases the number of pressures on the system including staffing and capacity. People are presenting at hospital in poorer health so there is multiple health issues and this also adds to the delay.</p>	

No	Item	Action
	<p>Cancer remains a high priority for the CCG. The data received on the service is examined on a monthly basis by the Quality Committee. Any patient breaches are regularly reviewed and analysed on an individual basis in order to determine the cause. The CCG are committed to finding the best solution.</p> <p><b>3. Why have South Sefton CCG, along with Sefton Council, removed funding from Mersey Care to provide SLS in Sefton? How is this in the best interest of service users and staff?</b></p> <p>DJ responded and advised that Mersey Care, in 2017, issued a termination to cease the delivery of the SLS (Supported Living Service). Since then there have been meetings with the CCG and Mersey Care to reconsider that decision. There are currently a number of options however these are based on the outcome of the discussions with Mersey Care.</p> <p><b>4. Is it true that A&amp;E provision for West Lancashire and North Sefton will no longer be considered by Merseyside and Sefton CCG's and Trust Boards? If so, what is the reasoning behind this?</b></p> <p>MMcD confirmed that this was not the case. MMcD briefed on the membership and role of the Joint Committee established to discuss and agree on a collective footprint. Information on these discussions will be reported back through to the governing body.</p> <p><b>5. In relation to the Liverpool Women's Hospital as per the Chief Officers Report page 21:</b></p> <p><b>a. Have the consultation dates been decided (and not ideal over the Christmas period), as FLT has stated 'extremely important stages'. I agree given the public interest.</b></p> <p>MMcD clarified that he was not aware that any dates had yet been set for consultation but would clarify directly.</p> <p><b>b. Would the 'preferred option' of moving to the Royal site be reviewed? In view of changed circumstances i.e. improved facilities and delay to new Royal build?</b></p> <p>All options will be considered by the Joint Committee.</p> <p><b>c. Who sits on the Joint Scrutiny Body? What proportion are elected representatives i.e. Councillors, and are he meetings open to the public?</b></p> <p>Cllr Catie Page (CP), attending as a member of the public, agreed to take the question.</p> <p>CP confirmed the meeting as the Overview and Scrutiny Committee which is a committee of the local authority. CP outlined the process for information being presented to the committee and how this is considered.</p> <p><b>d. What follows the consultation period i.e. decision making is the final arbiter NHS England.</b></p>	

No	Item	Action
	<p>In all options where significant capital funding is required, evidence needs to prove that the funding will be used in the best interests of the population/taxpayer area. NHS England will have a significant role to play.</p>	
Presentations	<p><b>Joint Strategic Needs Assessment (JSNA) (Wayne Leatherbarrow, Performance and Intelligence Service Manager, Sefton MBC)</b></p> <p>The members and the public were presented with the detailed data for Sefton, compiled following data collection and analysis work carried out for the JSNA. The data included information on businesses, residences, current population and projected increase, adult social care clients, properties, income, working age, children and young people, area visitors and activities. The data results had concluded that Sefton has a complex area profile with high deprivation.</p> <p>The data had enabled a summary of themes to be pulled together which provided areas of focus. The members discussed the emerging themes presented. Concern was raised regarding the admissions in relation to self-harm and suicide rates. It was agreed that the information presented evidenced the need for carrying out further review into reasons behind the trends.</p> <p>A discussion was held on the next steps including the need to understand the statistics and how this is further reviewed including understanding the reasons in order to inform what needs to be done next. The complexity of doing this was recognised.</p> <p>Further discussion was had on the potential for using data to identify issues before they arose and how this might be used to support communities in making different choices. The difficulty of obtaining that early data was recognised as was the need for agreed local metrics.</p> <p>The information presented was a summary report of the full data which was available.</p> <p>The members and the public were informed of other uses for the data including; support for the third sector in obtaining funding to enable community development; supporting consultation and review as evidence of impact of changes; review of the Health and Wellbeing Strategy; assist in shaping a strategic and collective approach.</p> <p>WL was thanked on the informative presentation.</p> <p><b>Sefton Public Health Annual Report Steve Gowland, Public Health Lead, Sefton MBC</b></p> <p>The members and public were presented with the annual report for 2017/18 which had been produced in a short film format and explored the emotional wellbeing and mental health of children and young people and the services and resources available to support them.</p> <p>The film recognised the importance of building resilience, promoting good mental health and wellbeing, and enabling children and young people to live healthier, happier lives long into adulthood. The report also recognised the need to work more collaboratively, that diverse child experiences are affecting</p>	

No	Item	Action
	<p>those children through to adulthood, and the self-harm and suicide rates are on the increase. The members were advised that a training pilot being developed on a Merseyside footprint will be available to schools from January 2019 and looks at some of these areas. The work from the pilot will be evaluated by Liverpool John Moores University and a report from this will be produced later in 2019.</p> <p>The presentation is done so in conjunction with report GB18/178.</p> <p>It was noted that the report was Sefton based, being an equitable split between the South and North of Sefton.</p> <p>It was highlighted that the full report and film could be found at <a href="http://www.sefton.gov.uk/PHAR">www.sefton.gov.uk/PHAR</a> .</p> <p>Further discussions were held in relation to the need for connectivity across organisations and sectors, and the support needed for the 16-18 year age group for building resilience.</p> <p>The members were briefed on the differing methods of support provision that is being looked at by the commissioners as a collective. It was recognised that each generation accesses information in a different way and this needs to be built in.</p> <p>DJ, briefed on the role of the Emotional Health and Wellbeing Group, for which he is Chair. A synopsis of early intervention providers had been compiled and shared with the schools for the schools, teachers and parents. A copy of this will be made available to the gp members.</p> <p>SG was commended on the format of the Annual Report, noting the moving and positive content.</p>	DJ
GB18/169	<p><b>Apologies &amp; Welcome</b></p> <p>Apologies were given on behalf of Dr Craig Gillespie, Dr Andrew Mimmagh, Dr Ricky Sinha, Dr Jeff Simmonds, Fiona Taylor and Dr John Wray. Helen Armitage attended on behalf of the Director of Public Health.</p> <p>It was noted that the Director of Public Health position was vacant. The meeting documentation would be updated accordingly however, representation from Public Health would continue with the attendance of Helen Armitage.</p> <p>Graham Morris Chaired the meeting on behalf of Dr Craig Gillespie.</p> <p>The Chair confirmed the meeting as quorate.</p>	
GB18/170	<p><b>Declarations of Interest</b></p> <p>Those holding dual roles across both South Sefton CCG and Southport &amp; Formby CCG declared their interest; Martin McDowell and Debbie Fagan.</p> <p>PC declared an interest in relation to his secondment position with Mersey Care.</p>	



No	Item	Action
GB18/171	<p><b>Minutes of Previous Meeting 6 September 2018 and 4 October 2018</b></p> <p>The minutes of the meeting from 6 September 2018 and 4 October 2018 were approved as an accurate record.</p>	
GB18/172	<p><b>Action Points from Previous Meeting 6 September 2018 and 4 October 2018</b></p> <p>None.</p>	
GB18/173	<p><b>Business Update</b></p> <p>The Chair informed the members that the Draft Strategy for Primary Care is being circulated for comment. Any comments to be directed to Jan Leonard.</p> <p>The Chair confirmed that there were no further updates in addition to that already covered within the Chief Officer report, QIPP and Finance.</p> <p><b>RESOLUTION:</b> The governing body received the update.</p>	
GB18/174	<p><b>Chief Officer Report</b></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 members were reminded of the published update in September 2017 on the review of women's and neo natal services in relation to Liverpool Women's NHS Foundation Trust and the public consultation. The Clinical Senate report is currently underway. Following the completion of this report and due process, the consultation arrangements will then be considered.</p> <p>The CCG has submitted its annual self-assessment against the national standards for Emergency Preparedness Resilience and Response (EPRR) to NHS England. Due to the timescale the governing body approved submission at its informal meeting in October 2018, as per the minutes presented under item 18/171.</p> <p>A Recovery Director has been appointed on a short term basis to review decisions made in relation to QIPP, particularly those outlined in the CCG's menu of opportunity. A report on progress will be presented to the governing body at the December 2018 development session.</p> <p>The CCG is initiating preparatory work to review 2018/19 performance to inform plans for 2019/20 and across the next five years. The members and the public will start to see a trend as the plans link in with other partners. An example of this was given as Mental Health and children's. A report on progress is scheduled for the next governing body meeting.</p> <p>Further information on Mental Health is contained within the Integrated Performance Report, item 18/176.</p> <p>DCF updated on the quality aspects of the report under item 8 and highlighted the following items:</p> <p>A further Aintree University Hospital Single Item Quality Surveillance Group meeting has been held. Although improvements have been seen, the</p>	

No	Item	Action
	<p>outcome was to maintain the current 'enhanced' level of surveillance with a further meeting to take place before the end of 2018.</p> <p>Reference was made to the Never Events previously reported to the governing body. An update was provided on the theatre safety event facilitated by AQuA, held as a part of the quality improvement work as a result of the Never Events. The event proved positive, energetic and well attended and resulted in a number of work streams. These will be built into the Trusts action plan.</p> <p>The members were informed of a fourth Serious Case Review. The process has commenced and an external author will be commissioned for the review.</p> <p>It was noted that SEND 0-15 should read 0-25.</p> <p>The Wider Group members have voted in favour of the proposal for the CCG to take on delegated status for commissioning primary medical services. The required checklist and evidence has been submitted to NHS England. A new Primary Care Commissioning Committee will be established in place of the current Joint Commissioning Committee and the constitution updated to reflect the changes.</p> <p>The Sefton Transformation programme continues. Another meeting of the system leaders is to be held in order to evaluate the programmes progress.</p> <p>Additional funding has been secured to improve urgent care flow in South Sefton.</p> <p>The members were referred to report item 1, Excess Treatment Costs. It was explained that the CCGs have a responsibility via the government's mandate to NHS England to meet excess treatment costs (ETCs) in relation to non-commercial research through normal commissioning arrangements. A joint statement was published that committed to 12 actions to support and apply research in the NHS. To support and help manage the process of the ETCs it is proposed that the function is delegated to NHS Liverpool CCG as the lead for this work within the North West Coast LCRN region. The members were advised on the need to carry out additional research, the potential cost implications and the need to be cited on outcomes.</p> <p>MMcD raised a further item and informed the members and the public that the Extended Access Service had now gone live, operating over the weekend and 6:30pm to 8pm on weekdays.</p> <p><b>Resolution:</b> The governing body received the report. Furthermore the governing body agreed delegated authority to NHS Liverpool CCG in respect of its responsibilities of the management of ETCs.</p>	
GB18/175	<p><b>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</b></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>The dashboard shows the CCGs performance to date in respect of the QIPP plan and position as at month 6. The revised annual plan total has increased</p>	

No	Item	Action
	<p>to £6.711m. The year to date delivery at month 6 is £1.982m which falls short of the year to date plan of £2.4m.</p> <p>The members discussed the RAG breakdown and forecast position on pages 30 and 31 of the meeting pack. The review of opportunities continues and, as mentioned under the Chief Officers item, a report will be presented to the development session on potential areas. It was recognised that it would be unlikely that any schemes newly identified would impact on the CCGs current year QIPP position however, there was potential for impact on the plan for April 2019 going forward.</p> <p>It was highlighted that the CCG continues to take a cautious view so as to ensure no impact in relation to the quality and safety of services.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB18/176	<p><b>Integrated Performance Report</b></p> <p>Becky Williams (BW) presented the governing body with a report which provided summary information on the performance, quality and finance for South Sefton and highlighted the executive summary on pages 45 to 47 and summary performance dashboard from page 39 of the meeting pack.</p> <p>The members were taken through the report with the following areas highlighted;</p> <p><b>Planned Care</b></p> <p>The CCG did not achieve the target for E-referral Utilisation Coverage for 2018 nor for Q2 2017/18 although a marked increase had been seen from the previous month. Members were reminded of the recent paper switch-off by Aintree Hospital, the impact from which was expected to be seen in the next report.</p> <p>Both the CCG and Aintree Hospital failed the Diagnostic Test Waiting Times. The majority of breaches for both organisations were in relation to MRI and CT as a result of an increase in demand in excess of funded capacity. A number of initiatives have been put in place. These are detailed on page 59 of the report.</p> <p>MMcD made reference to the waiting list target and the continued concern regarding the number. Following this concern the CCG have established a group to review the figures and data. Assurance will be sought from the provider that the figures provided are correct, validation of that data and an action plan on how improvements will be made.</p> <p>BW referred the members to the summary data on page 66 which had been updated to include additional detail following review and comment.</p> <p>The CCG failed the 52+ week waiters with 6 South Sefton patients waiting on the incomplete pathway, the majority of which were as a result of the impact of the increased pressures on bariatric services across the North West. The University Hospital of North Midlands agreed to take on the service but demand has far exceeded capacity.</p> <p>Members were reminded of previous discussions regarding 62 day cancer performance measures. Reference was made to page 71 of the meeting</p>	

No	Item	Action
	<p>report which highlighted the CCGs on-going actions and the work being done to understand the reasons for this. An initial 'snapshot' review carried out by Aintree Hospital has evidence a number of inappropriate referrals resulted from difficulty accessing the referring GP to downgrade. A pilot is currently underway in Liverpool to look at mechanisms for managing this.</p> <p>The members were highlighted to the increase in referrals, diagnosis and treatment for prostate cancer.</p> <p><b>Unplanned Care</b></p> <p>Aintree Hospital has achieved the August target for A&amp;E following revision of their trajectory.</p> <p>Reference was made to the improvements in the Ambulance handover time performance which had seen a decrease in breaches against both the 30 and 60 minute targets.</p> <p>The CCG has 1 patient breach or mixed sex accommodation in August at Southport &amp; Ormskirk Hospital. The Trust has reported that the majority of breaches on Critical Care are as a result of patients awaiting transfer to acute beds within the hospital.</p> <p>The members were noted on the improvements made to the presentation of the HCAI data which enabled a better explanation of issues.</p> <p><b>Mental Health</b></p> <p>The IAPT recovery indicator failed to meet the monthly target although year to date is on target.</p> <p>There has been a decrease on patients entering treatment. Confirmation from NHS England has outlined that there will be a reduction on the aspired target rates from April 2019.</p> <p>A data quality issue was highlighted for the monthly CAMHS referrals. Concern was raised on the lack of data and the need to obtain assurance from the provider. It was added that this information formed part of the monitoring of priorities and evidence base, especially in relation to delivery and when considering additional funding.</p> <p><b>Quality</b></p> <p>DCF updated members on the quality aspects of the report and highlighted the following areas, in addition to that already discussed:</p> <p>DCF referred to the Serious Incident (SI) Management update provided on page 87 of the meeting report. The response to the process review has now been submitted to NHSE Cheshire &amp; Merseyside. The action plan, submitted as part of the review, continues to be monitored by the Quality Committee, with updates forwarded to NHS England. Mersey Internal Audit Agency has commenced an external review of the process. The CCG will receive a report on the review as soon as concluded.</p> <p>The members received an update on the recent NWAS presentation to the Leadership Team on the improvement plan being actioned. NWAS expect the plan to have an impact on a number of areas, including ARP performance.</p>	

No	Item	Action
	<p><b>Finance</b></p> <p>MMcD updated members on the financial aspects of the report as presented on pages 48 to 56 and highlighted the following areas, in addition to that already discussed:</p> <p>The financial data provided an update on performance as at 30 September 2018 with the full year forecast financial position being £1m surplus. It was noted that this position is reliant on QIPP plans being fully achieved and recognised that significant risk exists in delivering the plans in full.</p> <p>MMcD reported on the most likely financial out turn position for the CCG, as assessed at 30 September 2018, as a deficit of £2.953m</p> <p>The members were highlighted to the main financial pressures. This included the significant increase in CHC costs which were being partially influenced by the increased flow of patients through the hospitals and into the community setting. These costs are partially offset by the underspend in Funded Nursing Care.</p> <p>Further pressures were highlighted as detailed on page 50 and 51 of the report.</p> <p>The Acting as One agreement was proving to be a good decision having resulted in a reduced CCG cost pressure of £0.515m, although it was noted that the CCG would have been able to apply contract sanctions/penalties accordingly.</p> <p>A discussion was had on the work being done post March 2019 following conclusion of the Acting as One arrangements and the potential for alternative contract models.</p> <p><b>Resolution:</b> The Governing Body is received the report and finance update and, as detailed on page 57 of the report and noted:</p> <ul style="list-style-type: none"> <li>• The full year most likely financial position for the CCG is a deficit of £2.953m. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.</li> <li>• QIPP delivery at month 6 is £1.982m which relates to a 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.</li> <li>• The CCG has posted a balanced run rate for month 6 following losses in earlier months. As the CCG enters the second half of the financial year, its plan to deliver a surplus position in each month will prove challenging to deliver.</li> <li>• The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.</li> <li>• 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. All members of the CCG must contribute to the implementation of QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.</li> </ul>	

No	Item	Action
GB18/177	<p><b>Safeguarding Adult Annual Report 2017/18</b></p> <p>Tracey Forshaw (TF) presented the Safeguarding Adults Annual Report which provided assurance that the CCG is fulfilling its statutory duty in relation to safeguarding adults at risk within Sefton. The report takes into account both national and local issues that direct and influence local developments, activity, and governance arrangements</p> <p>It was noted that a significant period of the 2017/18 report was whilst hosted by Halton CCG prior to being brought in-house to the CCG in March 2018.</p> <p>Reference was made to the report recommendation which should read “approve” rather than “receive”.</p> <p>The members were asked to note the achievements and activity undertaken in 2017/18, as detailed within the report, the report and responsibilities in the national context and the CCGs accountability arrangements.</p> <p>The members were highlighted to item 2.1 which detailed the reforms to the Mental Capacity Act and Deprivation of Liberty Safeguards Amendment Bill. Advice had been sought with from Hill Dickinson Solicitors on likely expectations so as to ensure that, on the transfer of accountability from the local authority, the systems are correct. A lead-in time ahead of the transfer of accountability was expected for which an implementation plan will be needed. DJ highlighted the workforce issues that the local authority had experienced, including the retention of staff once trained and the impact of this on the service. DCF advised that there will be sessions organised for GPs and governing body members to highlight responsibilities.</p> <p>Work continues on the Multi-Agency Public Protection Arrangements between Mersey Care and the Joint Quality Committee, as detailed in item 5.2.</p> <p>DCF thanked TF for the work and support of the safeguarding service during its transition to the CCG.</p> <p>TF confirmed that the report was presented to the Quality Committee in September 2018.</p> <p><b>Resolution:</b> The governing body approved the report.</p>	
GB18/178	<p><b>Sefton Public Health Annual Report</b></p> <p>As indicated, the report had been submitted in support of the Sefton Public Health Annual Report presentation at the beginning of the meeting.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB18/179	<p><b>Transforming Care for people with Learning Disabilities</b></p> <p>Geraldine O’Carroll presented an update on the Transforming Care Programme which is aimed at improving the lives of people with a learning disability and or Autism. Reference was made to the inclusion of Southport and Formby CCG within the covering report and it was confirmed that this should read South Sefton CCG.</p> <p>The members were taken through the report and areas of work being carried out to support the programme.</p>	

No	Item	Action
	<p>Reference was made to the average length of stay, as detailed on page 138 of the pack, and the differing processes depending on the needs of the patient. The first step is to ensure that inpatients are admitted appropriately and are receiving proper support.</p> <p>The CCG, within the Transforming Care Programme, is making progress to ensure that people with a learning disability and/or autism are able to live in their own homes.</p> <p>Strong partnership working including co-production with patients, their families and carers is enabling real change to take place locally.</p> <p>Further discussion was had regarding the challenges with both the Speech and Language service (Adults) and the need to improve the pathway for ADHD (Adult) diagnosis. DCF emphasised the CCGs commitment to addressing the issues.</p> <p><b>Resolution:</b> The governing body received the report.</p>	
GB18/180	<p><b>Key Issues Reports:</b></p> <ul style="list-style-type: none"> <li>a) Finance &amp; Resource Committee (F&amp;R): July &amp; August 2018</li> <li>b) Quality Committee: July 2018</li> <li>c) Audit Committee: July 2018</li> <li>d) Joint Commissioning Committee PTI: August 2018</li> <li>e) Locality Key Issues: July to October 2018</li> </ul> <p><b>Resolution:</b> The governing body received the key issues reports</p>	
GB18/181	<p>Approved Minutes:</p> <ul style="list-style-type: none"> <li>a) Finance &amp; Resource Committee (F&amp;R): July &amp; August 2018</li> <li>b) Joint Quality Committee: July 2018</li> <li>c) Audit Committee: July 2018</li> <li>d) Joint Commissioning Committee PTI: June 2018</li> <li>e) CIC Realigning Hospital Based Care: June 2018</li> </ul> <p><b>RESOLUTION:</b> The governing body received the key issues reports</p>	
GB18/182	<p><b>Any Other Business</b></p> <p>None.</p>	
GB18/183	<p>Date of Next Meeting</p> <p>Thursday 7<sup>th</sup> February 2019, 13:00 hrs in the Boardroom, 3<sup>rd</sup> Floor, Merton House.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Thursday of the month. Dates for 2019 are as follows:</p> <p>4<sup>th</sup> April 2019 6<sup>th</sup> June 2019 5<sup>th</sup> September 2019</p>	

No	Item	Action
	All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3 <sup>rd</sup> Floor Merton House.	
	<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>	<b>15:05 hrs</b>

Draft



## Governing Body Meeting in Public Action Points

**Date:** Thursday 1 November 2018

No	Item	Action
Presentations	<p><b>Sefton Public Health Annual Report</b> <b>Steve Gowland, Public Health Lead, Sefton MBC</b></p> <p>DJ, briefed on the role of the Emotional Health and Wellbeing Group, for which he is Chair. A synopsis of early intervention providers had been compiled and shared with the schools for the schools, teachers and parents. A copy of this will be made available to the gp members.</p>	<p><b>DJ</b></p>

**MEETING OF THE GOVERNING BODY**  
**February 2019**

<b>Agenda Item:</b> 19/6	<b>Author of the Paper:</b> Fiona Taylor Chief Officer <a href="mailto:fiona.taylor@southseftonccg.nhs.uk">fiona.taylor@southseftonccg.nhs.uk</a> 0151 317 3456						
<b>Report date:</b> January 2019							
<b>Title:</b> Chief Officer Report							
<b>Summary/Key Issues:</b>  This paper presents the Governing Body with the Chief Officer's update.							
<b>Recommendation</b>							
The Governing Body is asked to:							
- To formally receive this report.	<table border="0"> <tr> <td>Receive</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

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

X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target 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**  
**January 2019**

**General**

**1. EU Exit Operational Readiness Guidance**

On 21st December 2018 the Department of Health issued guidance to commissioners, providers and local authorities on the steps that should now be taken to ensure the risks associated with a “no deal” exit are understood and as far as practicable, mitigated.

The CCG’s Chief Officer, Fiona Taylor has been identified as the Senior Responsible Officer (SRO) within the CCG and is supported in this role by members of the leadership team. In summary the key actions relate to ensuring there is a risk assessment of the likely impact undertaken by 31<sup>st</sup> January 2019, and at the time of writing that assessment was underway and will be presented to the leadership team on 4<sup>th</sup> February.

The CCG has written to all providers asking for confirmation and assurance that they are implementing the actions as prescribed for providers within the guidance; a note has been issued to staff advising of the process for applying for “settled status” should their circumstances require it; the head of medicines management is continuing to liaise with NHSE on a national level in terms of the supply of medicines and the CCG continues to engage in business continuity planning both a local and system level.

The full guidance is available at the link below:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/768077/eu-exit-operational-readiness-guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768077/eu-exit-operational-readiness-guidance.pdf)

A progress report has been provided to the senior leadership and there will be ongoing updates to the governing body.

**2. NHSE mandated reductions in running costs**

Matthew Swindells, NHSE Director of Information and Operations wrote to CCGs on 23<sup>rd</sup> November 2018 setting CCGs the challenge of reducing management and administration costs to meet a reduction of 20% in Running Cost Allowances (RCA) in the year ending 31<sup>st</sup> March 2021. There are number of principles underpinning the mandate including the requirement to improve efficiency, reduce unnecessary administrative burden, reduce duplication and remove some bureaucratic and expensive contracting processes. The CCG is now considering ways in which these requirements can be met and is in liaison with other local commissioners and Midlands and Lancashire Commissioning Support Unit to share thoughts on the ways in which this can be achieved.

The governing body will continue to receive updates on the work of the CCG in that respect.

**3. 2018 Staff Survey Results**

On 17<sup>th</sup> December the CCG received the draft results of the 2018 staff survey and these are currently under review by the leadership team, following which an action plan to address any

issues that may emerge will be developed. The formal publication of the results is due to take place end of February or early March 2019.

**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 CCG continues to implement its QIPP and financial recovery planning programme and a full update on QIPP will be provided later on the agenda by the Chief Finance Officer. The Programme Consultant for Recovery and PMO is working with commissioning leads to identify a credible QIPP plan for 2019/20 that will aim to ensure the CCG is financially sustainable by the end of that financial year.

All QIPP scheme leads are continuing to focus their efforts on ensure that the efficiencies planned do materialise and that work is closely monitored by the Joint QIPP and Financial Recovery Committee.

In addition the leadership team has been reviewing the capacity within the CCG to support QIPP schemes and the broader transformation programmes including acute sustainability and place base developments. Changes to roles have been agreed with some individuals so that there is a continued alignment to the demands of the emergent system as well as ensuring we are fit for purpose to support delivery of the NHS Long Term Plan.

Additional resource has been identified to enable the CCG to properly discharge its responsibilities in respect of GP practice delegated commissioning and that is summarised in a report from the Director of Commissioning and Re-design.

**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. Planning for 2019 - 2024

In December 2018 NHS England issued the operational planning guidance for 2019/20 and then in January the Long Term Plan<sup>1</sup> was published setting out the vision for how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting with a clear funding settlement to support that direction of travel. It sets out the actions that NHS will take to strengthen its contribution to prevention and health inequalities; describes the priorities for care quality and outcomes improvement over the next decade and sets out the intent to address and workforce deficits.

The CCG's operational plan for 2019/20 is being developed and early submissions had been shared with NHS England. The final plan needs to be submitted by April 2019 with a five plan, aligned to the objectives of the Long Term Plan being submitted in the Autumn. A final date has yet to be determined.

The leadership team have now established a planning programme involving all relevant stakeholders to ensure that our plans are prepared in accordance with the required deadlines.

<sup>1</sup> <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

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

## **6. 2017/18 Clinical Commissioning Groups assessments for mental health, dementia and learning disabilities**

On 14<sup>th</sup> January NHS England wrote to the CCG to share the outcomes of the above assessments of the above clinical priority areas that were undertaken by independent panels. The assessments are based on the relevant clinical indicators used in the CCG overall Improvement and Assessment Framework (IAF), and are additional to the headline assessment of the CCG.

The national assessments were published on 17<sup>th</sup> January 2019. For NHS Southport and Formby CCG the headline ratings (which are one of four ratings described as follows 'outstanding', 'good', 'requires improvement' and 'inadequate') are as follows:

Mental Health – Requires improvement  
 Dementia – Requires improvement  
 Learning Disabilities – Requires Improvement  
 Diabetes – Outstanding

The detailed assessments and rationale are currently being reviewed. The CCG lead for each area is now in the process of developing action plans to ensure that we are able to improve in those areas that require further attention.

## **7. North West Ambulance Service (NWAS)**

On 22<sup>nd</sup> November 2018 NWAS were pleased to announce that England's Chief Inspector of Hospital welcome the improvements the provider had made as validated during its Care Quality Commission (CQC) inspection.

In July 2018 the CQC visited NWAS to check the quality of three core services; emergency and urgent care; resilience and the emergency operation centres. Leadership and management arrangements and performance were also scrutinised.

The trust achieved a rating of "good" for the overall quality of its services as well as being rated "good" for being safe, caring, effective and responsive to people's needs.

The additional detail within the report articulates the great improvements the trust has made and it is a testament to efforts of front line staff, management and leadership in driving those improvements forward. Our public should be reassured by this report that they continue to receive of the excellent services quite often in a time of great need. The trust is commended for their work.

**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**

## **8. Delegated Commissioning – GP practice**

The Director of Commissioning and Re-design with support from the CCG's Programme Lead for Corporate Services are continuing to progress with the actions required to become fully delegated for GP practice commissioning. There is a substantive item for discussion on the private agenda.

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

## **9. Sefton transformation programme**

Progress is underway across a number of elements of the Sefton transformation programme including Acute Services Sustainability (Southport & Ormskirk), Provider Alliance, Primary Care Networks and the care workstreams. The latter are in the process of being finalised based on operational plans, Shaping Sefton's new Five Year plan and the NHS Long Term Plan and taking into account the refreshed JSNA.

The transformation agenda is also working towards integrated delivery models in the form of an integrated care system.

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

## **10. Local Government Association (LGA) Peer Review Outcome**

On 20<sup>th</sup> December Sefton Metropolitan Borough Council wrote to the CCG advising of the positive outcome of their Peer Review carried out by the Local Government Association.

The independent findings from the six-strong team of expert local government officers and councillors concluded that Sefton Council has shown it demonstrates real ambition for Sefton and has a strong track record of partnership working and place leadership. The report praised the Council for listening to and serving its communities well through a challenging period of austerity and commented on how impressed they were by the energy, commitment and appetite for change held by the workforce. They also highlighted the Council's knowledge of Sefton, strong partnership working combined with good political and managerial leadership.

The full report is available on the Council's website at the link below:

<https://www.sefton.gov.uk/media/1498641/Sefton-Council-Corporate-Peer-Challenge-Feedback-Report-Sept-2018-.pdf>

The findings of the report demonstrate that the Council are on the right track to deliver the ambitions set out in Vision 2030 and is a fitting commendation of the work of one of our key partners.

## **11. Recommendation**

The Governing Body is asked to:

- To formally receive this report.

**Fiona Taylor  
Chief Officer  
January 2019**

## MEETING OF THE GOVERNING BODY February 2019

<b>Agenda Item:</b> 19/7	<b>Author of the Paper:</b> Martin McDowell Chief Finance Officer <a href="mailto:martin.mcdowell@southseftonccg.nhs.uk">martin.mcdowell@southseftonccg.nhs.uk</a> 0151 317 8454
<b>Report date:</b> January 2019	
<b>Title:</b> Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report	
<b>Summary/Key Issues:</b>  The report provides the Governing Body with an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP Committee 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.	
<b>Recommendation</b>  The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

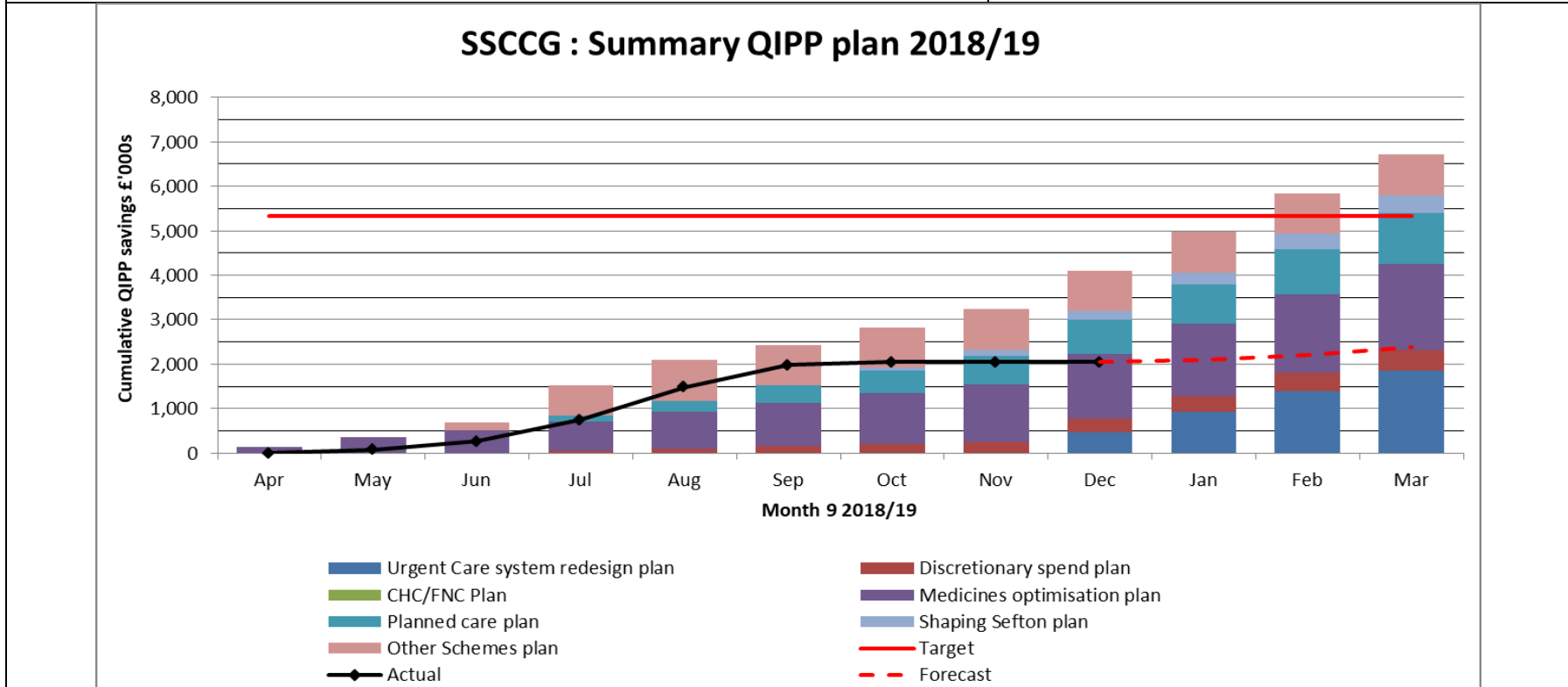
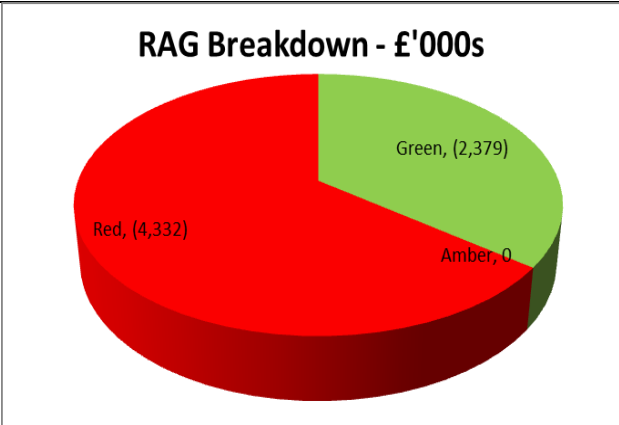


Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement	Y			
Clinical Engagement	Y			
Equality Impact Assessment	Y			
Legal Advice Sought	Y			
Resource Implications Considered	Y			
Locality Engagement	Y			
Presented to other Committees	Y			

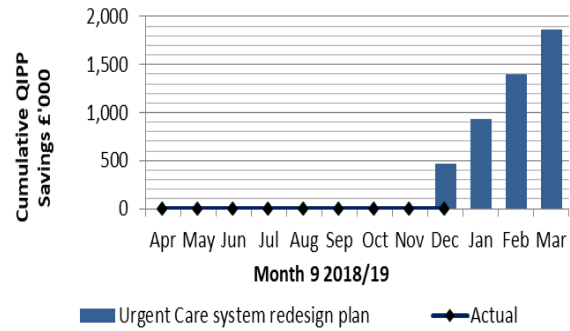
Links to National Outcomes Framework ( <i>x those that apply</i> )	
x	Preventing people from dying prematurely
x	Enhancing quality of life for people with long-term conditions
x	Helping people to recover from episodes of ill health or following injury
x	Ensuring that people have a positive experience 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 9

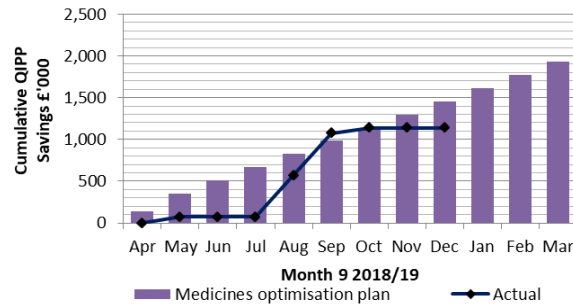
South Sefton CCG				
£'000s				
Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Planned care plan	1,146	764	0	(764)
Medicines optimisation plan	1,931	1,457	1,141	(316)
CHC/FNC Plan	0	0	0	0
Discretionary spend plan	456	304	0	(304)
Urgent Care system redesign	1,859	465	0	(465)
Shaping Sefton Plan	410	205	0	(205)
Other Schemes	909	909	909	0
<b>Total</b>	<b>6,711</b>	<b>4,104</b>	<b>2,050</b>	<b>(2,054)</b>



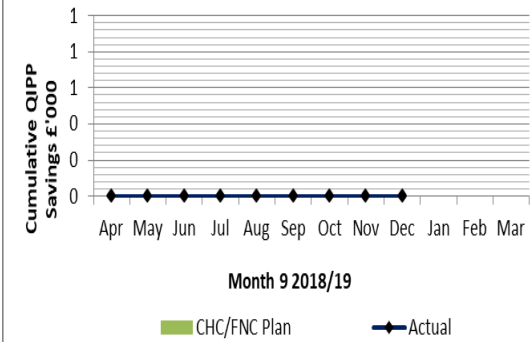
### SSCCG : QIPP target - Urgent Care



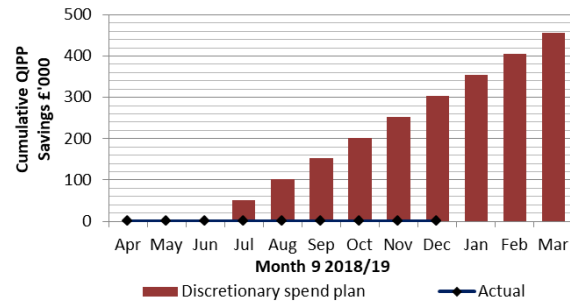
### SSCCG : QIPP target - Medicines Optimisation



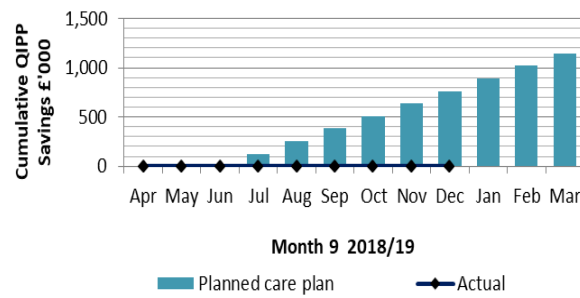
### SSCCG : QIPP target - CHC/FNC



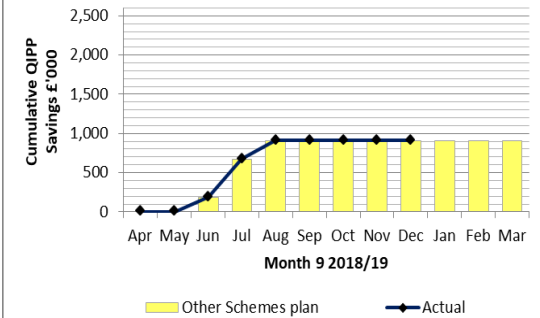
### SSCCG : QIPP target - Discretionary Spend



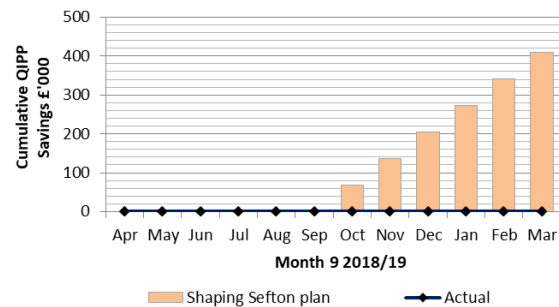
### SSCCG : QIPP target - Planned Care



### SSCCG : QIPP target - Other Schemes



### SSCCG : QIPP target - Shaping Sefton



## MEETING OF THE GOVERNING BODY

### February 2019

<b>Agenda Item:</b> 19/8	<b>Author of the Paper:</b> Karl McCluskey Director of Strategy & Outcomes Email: <a href="mailto:karl.mccluskey@southseftonccg.nhs.uk">karl.mccluskey@southseftonccg.nhs.uk</a> Tel: 0151 317 8468
<b>Report date:</b> February 2019	
<b>Title:</b> South Sefton Clinical Commissioning Group Integrated Performance Report	
<b>Summary/Key Issues:</b> This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group (note time periods of data are different for each source)	
<b>Recommendation</b>  The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives <i>(x those that apply)</i>	
	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
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	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		
<b>E-Referrals</b>																
<b>2142: <a href="#">NHS e-Referral Service (e-RS) Utilisation Coverage</a></b> Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R						R	
		Actual	32.129%	32.129%	47.013%	50.703%	62.07%	73.26%	73.12%							52.3%
		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%
<b>Diagnostics &amp; Referral to Treatment (RTT)</b>																
<b>1828: <a href="#">% of patients waiting 6 weeks or more for a diagnostic test</a></b> The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	2.733%	2.066%	2.254%	3.161%	3.009%	3.728%	3.76%	3.08%						2.95%
		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%	
<b>1291: <a href="#">% of all Incomplete RTT pathways within 18 weeks</a></b> Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	90.112%	90.458%	89.959%	89.296%	88.554%	87.882%	87.87%	89.32%						89.19%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	
<b>1839: <a href="#">Referral to Treatment RTT - No of Incomplete Pathways Waiting &gt;52 weeks</a></b> The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R	
		Actual	3	3	10	9	6	1	3	4						39
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Cancelled Operations</b>																
<b>1983: <a href="#">Urgent Operations cancelled for a 2nd time</a></b> Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE	RAG	G	G	G	G	G	G	G	G					G	
		Actual	0	0	0	0	0	0	0	0						0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level	2018-19													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>Cancer Waiting Times</b>															
<b>191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</b> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R	R	R	R	G	R	R	R					R
		Actual	90.40%	90.41%	88.6%	92.69%	93.84%	92.6%	88.9%	92.25%					91.24%
		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%
<b>17: % of patients seen within two weeks for an urgent referral for breast symptoms (MONTHLY)</b> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	G	G	G	R	R	G	G				G	
		Actual	92.06%	94.32%	96.1%	94.00%	87.84%	89.83%	100%	96.43%					93.6%
		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%
<b>535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</b> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	G	G	G	G	G	G	G				G	
		Actual	95%	100%	96.0%	97.26%	97.37%	96.9%	100%	98.8%					97.8%
		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%
<b>26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R	G	G	G	R	G				G	
		Actual	100%	100%	84.6%	100%	100%	100%	92.9%	100%					97.2%
		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%
<b>1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G				G	
		Actual	100%	100%	96.30%	100%	100%	100%	100%	100%					99.49%
		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%
<b>25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</b> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G				G	
		Actual	96.43%	100%	100%	100%	94.4%	100%	100%	96.77%					98.43%
		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%

Metric	Reporting Level	2018-19													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
<b>541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</b> % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG	RAG	R	R	R	G	R	R	R	R					R
		Actual	70%	63.636%	83.333%	88.889%	77.778%	75.00%	66.67%	66.7%					73.97%
		Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85%	85%	85%	85%	85%	85%
<b>540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</b> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	R	R	G	G	G	R	G					R
		Actual	-	66.667%	0.00%	100.00%	100.00%	100.00%	83.33%	100%					88.57%
		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%
<b>539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</b> 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	G	R	R	R					R
		Actual	82.759%	83.784%	82.927%	71.795%	88.235%	66.667%	79.41%	70.37%					78.34%
		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%

### Accident & Emergency

<b>2123: 4-Hour A&amp;E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio)</b> % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R					R
		Actual	86.6%	87.39%	88.3%	87.27%	89.76%	87%	83.5%	81%					86.39%
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%
<b>1928: 12 Hour Trolley waits in A&amp;E</b> Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE	RAG	G	G	G	R	G	G	G	G					R
		Actual	0	0	0	1	0	0	0	0					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

EMSA															
<b>1067: <u>Mixed sex accommodation breaches - All Providers</u></b> No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	R	R	G	R	G	G	R					R
		Actual	0	2	2	0	1	0	0	2					7
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>1812: <u>Mixed Sex Accommodation - MSA Breach Rate</u></b> MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	R	R	G	R	G	G	R					R
		Actual	0	0.30	0.30	0.00	0.20	0	0	0.3					
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

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

HCAI															
<b>497: <u>Number of MRSA Bacteraemias</u></b> Incidence of MRSA bacteraemia (Commissioner) (Cumulative)	South Sefton CCG	RAG	G	G	G	R	R	R	R	R					R
		YTD	0	0	0	1	1	1	1	1					1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>24: <u>Number of C.Difficile infections</u></b> Incidence of Clostridium Difficile (Commissioner) (Cumulative)	South Sefton CCG	RAG	R	G	R	R	R	R	R	R					R
		YTD	6	9	16	22	26	35	39	44					44
		Target	5	9	14	18	22	26	31	35	40	44	49	53	9

Mental Health															
<b>138: <a href="#">Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days</a></b> The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G	G										G	
		Actual	100%	96.774%											
		Target	95.00%	95.00%		95.00%		95.00%		95.00%		95.00%			
Episode of Psychosis															
<b>2099: <a href="#">First episode of psychosis within two weeks of referral</a></b> The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G	G	G	G	G	G	G	R				G	
		Actual	80.00%	100.00%	57.14%	100%	75.00%	66.67%	75.00%	50%					70.27%
		Target	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%	53.00%

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)														
<b>2183: <a href="#">IAPT Recovery Rate (Improving Access to Psychological Therapies)</a></b> 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								R	
		Actual	48.065%		46.046%								45.837%	
		Target	50.00%		50.00%		50.00%		50.00%		50.00%			
<b>2131: <a href="#">IAPT Access</a></b> 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								R	
		Actual	3.66%		3.70%								7.37%	
		Target	4.20%		4.20%		4.20%		4.20%		4.74%			
<b>2253: <a href="#">IAPT Waiting Times - 6 Week Waiters</a></b> 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								G	
		Actual	99.4%		99.7%								99.5%	
		Target	75.00%		75.00%		75.00%		75.00%		75.00%		75.00%	
<b>2254: <a href="#">IAPT Waiting Times - 18 Week Waiters</a></b> The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT	South Sefton CCG	RAG	G		G								G	
		Actual	100%		100%								100%	



treatment, against the number of people who finish a course of treatment in the reporting period.	Target	95.00%	95.00%	95.00%	95.00%	95.00%
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Metric	Reporting Level	2018-19												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	

### Dementia

2166: <a href="#">Estimated diagnosis rate for people with dementia</a> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R				R
		Actual	62.022%	62.05%	63.442%	63.796%	64.518%	64.706%	65.06%	64.7%				63.79%
		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%

### Children and Young People with Eating Disorders

2095: <a href="#">The number of completed CYP ED routine referrals within four weeks</a> The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G	G			G
		Actual	100%	100%			100%
		Target	100%	100%	100%	100%	100%
2096: <a href="#">The number of completed CYP ED urgent referrals within one week</a> The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G	R			G
		Actual	100%	100%			100%
		Target	100%	100%	100%	100%	100%

### Wheelchairs

2197: <a href="#">Percentage of children waiting less than 18 weeks for a wheelchair</a> 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	Nil Return	Nil Return		
		Target	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 8 (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 December 2018.

The year to date financial position is a deficit of £1.000m, which represents deterioration against the planned surplus of £0.200m.

As at 31 December 2018, the full year forecast financial position is £1m surplus. This position requires the QIPP plans to be achieved in full. 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 31 December 2018 is a deficit of £4.000m before mitigation, this includes the predicted QIPP delivery during the year forecast to be £2.379m. Agreed mitigations of £2.000m will reduce this position to £2.000m deficit.

### Planned Care

GP referrals for South Sefton CCG patients have now been below 2017/18 levels for four consecutive months. It is anticipated that the data quality issue identified at Aintree Hospital in month 6 may responsible for be partly this apparent reduction.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in November recording 3.1%, a slight improvement from last month when 3.76% was recorded. Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in November recording 3.3%, slightly higher than last month when 3.27% was reported.

In November, there were 4 South Sefton patients waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. Two of these patients were waiting for bariatric surgery at North Midlands and were treated in December. Two patients were waiting under gynaecology for treatment at Liverpool Women's Hospital; one patient's treatment completed on 19<sup>th</sup> December 2018, the other is yet to receive a TCI date.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, with 89.3% in November. This is an improvement on last month.

The CCG are failing 4 of the 9 cancer measures year to date. Aintree are failing 5 of the 9 cancer measures. The longest waiting patient in November at Aintree was 201 days.

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in November at 20.3%; this is a decline from last month when 21% was recorded. The percentage of patients who would recommend the Trust has not improved and is therefore still below the England average of 96% with 94%. The proportion who would not recommend has fallen from 4% in October to 2% in November and now in line with the England average.

Performance at Month 8 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show a minor under performance of -£104k/-0.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £600k/1.8%.

#### Unplanned Care

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust have failed their STP target of 91.7% in November reaching 84.49% (YTD 86.33%). 2,120 attendances out of 13,673 were not admitted, transferred or discharged within 4 hours.

NWAS continues to be monitored in regard to service improvement and performance requirements in line with the Ambulance Response Programme. There have been significant improvements against many areas of the agreed Performance Improvement Plan which needed to be demonstrated by the end of Quarter 2. We have been advised that a summary report is being developed to share with CCG Governing Bodies in regard to the performance position at the end of Quarter 2. However, comparative performance data on other ambulance services across the country is still awaited for inclusion in the report.

The CCG had 5 new cases of C.Difficile in November 2018 bringing the year to date total to 44, against a year to date plan of 35 (17 apportioned to acute trust and 27 apportioned to community). The CCG had no new cases of MRSA in November but the 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. Aintree had no new cases of MRSA in November but as they had a case in May they have also failed the 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 November there were 10 cases (112 YTD) against a year to date plan of 85. Aintree reported 25 cases in November (241 YTD). There are no targets set for Trusts at present.

Performance at Month 8 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1.4m/5.2%. 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 £360k/1.1%.

#### Mental Health

Mersey Care has reported below the 95% CPA follow up within 48 hours target in November with just 1 breach. The 53% target for Early Intervention Psychosis (EIP) 2 week waits was also failed with 50% due to 3 breaches.

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported 299 patients entering treatment in Month 8, which is a 16.9% decrease from the 360 reported in Month 7. The access rate for Month 8 was 1.23% and therefore failed to achieve the standard. The percentage of people moved to recovery was 55.2% in Month 8, which is higher than the 45.9% for the previous month and achieving the target of 50%.

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in November of 64.7%, which is under the national dementia diagnosis ambition of 66.7% and a slight decline on last month when 65.1% was reported.

### **Community Health Services**

The information leads from the CCG and Mersey Care continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding new ways of reporting for 2019/20 are being had. The service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. It has been agreed that reporting requirements and activity baselines will be reviewed alongside service specifications and transformation.

### **Better Care Fund**

A quarter 2 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Boards in November 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

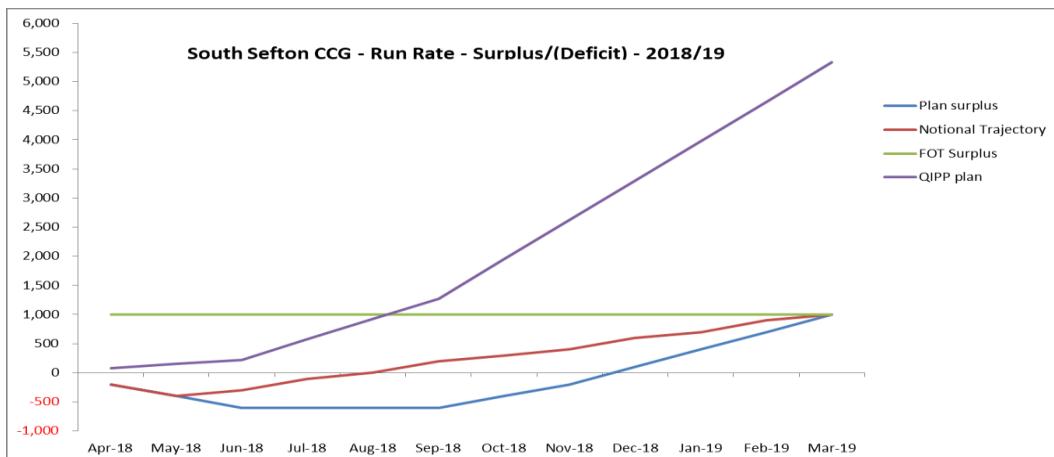
This report focuses on the financial performance for South Sefton CCG as at 31 December 2018.

**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	24,220	18,100	19,642	1,542	26,268	2,048
Corporate & Support Services: admin	3,263	2,402	2,237	(165)	3,082	(181)
Corporate & Support Services: programme	3,798	2,837	2,779	(58)	3,687	(110)
NHS Commissioned Services	181,092	135,556	136,789	1,233	182,606	1,515
Independent Sector	3,668	2,744	3,004	260	4,035	367
Primary Care	5,044	3,727	3,928	201	5,151	107
Prescribing	27,998	20,857	21,634	777	29,137	1,138
<b>Total Operating budgets</b>	<b>249,084</b>	<b>186,223</b>	<b>190,013</b>	<b>3,790</b>	<b>253,967</b>	<b>4,884</b>
Reserves	(2,495)	2,590	0	(2,590)	(7,379)	(4,884)
In Year (Surplus)/Deficit	1,000	200	0	(200)	0	(1,000)
<b>Grand Total (Surplus)/ Deficit</b>	<b>247,588</b>	<b>189,013</b>	<b>190,013</b>	<b>1,000</b>	<b>246,588</b>	<b>(1,000)</b>

The year to date financial position is a deficit of £1.000m, which represents deterioration against the planned surplus of £0.200m. 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 2018/19**



The CCG's plan for 2018/19 is summarised as:

- Q1 reported deficit position
- Q2 maintained the level of deficit

- Q3 plan was to deliver a surplus of £0.100m which has not been achieved due to emerging pressures, the actual position is a deficit of £0.778m.
- Q4 plan is to return to a surplus position through delivery of the QIPP plan and mitigating actions.

As at 31 December 2018, the full year forecast financial position is £1m surplus. This position requires the QIPP plans to be achieved in full. 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 31 December 2018 is a deficit of £4.000m before mitigation, this includes the predicted QIPP delivery during the year forecast to be £2.379m. Agreed mitigations of £2.000m will reduce this position to £2.000m deficit.

The CCG's financial recovery plan acknowledges 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 recurrent financial balance the CCG must align QIPP and other transformation programmes to that of acute sustainability and place based developments.

The financial recovery plan acknowledges the CCG's continued commitment to maintaining current levels of service however, realistically the CCG is likely to be facing significant risk and some difficult decisions in the near future.

Proposals for the 2019/20 QIPP plan were presented to the Governing Body in December 2018 following an external check and challenge exercise to reflect on CCG actions in response to the Menu of Opportunities. This work has been extended in January 2019 with further Governing Body work on prioritisation of QIPP opportunities and review of CCG operational processes. Prioritisation for 2019/20 schemes will be based on yield and risk to ensure a targeted approach to improving quality and reducing health inequalities within available resources.

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.

Cost pressures have emerged in 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 to a number of individual high cost cases in 2018-19 and the impact of improving the rate at which patients are assessed for packages of care outside hospital. The collective impact of this equates to a full year cost pressure of £2.291m.
- Overspend of £1.107m within prescribing due to NCSO and other prescribing cost pressures.
- Cost pressures within Aintree NHS Trust of £0.381m due to high cost drugs and devices outside the Acting as One contract agreement.
- Cost pressures of £0.258m on learning disabilities budget due to new individual high cost packages emerging during the year.
- Cost pressures of £0.209m within St Helens and Knowsley NHS Trust relating to overperformance in elective activity, notably plastics and trauma and orthopaedics.

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

The CCG's financial position remains at a critical point in terms of delivering the financial plan for 2018-19, and it is vital that the focus of CCG officers and membership remains upon delivery of QIPP plans and savings schemes to reduce current levels of expenditure within the CCG.

This risk of non-delivery of both its statutory duty and financial plan should be considered the highest risk facing the CCG and issues need to be addressed with this in mind. It is vital that the revised savings plan agreed by the Governing Body is fully supported; otherwise the CCG will need to consider alternative measures to contain expenditure.

## 2.2 Finance Key Performance Indicators

**Figure 3 – Financial Dashboard**

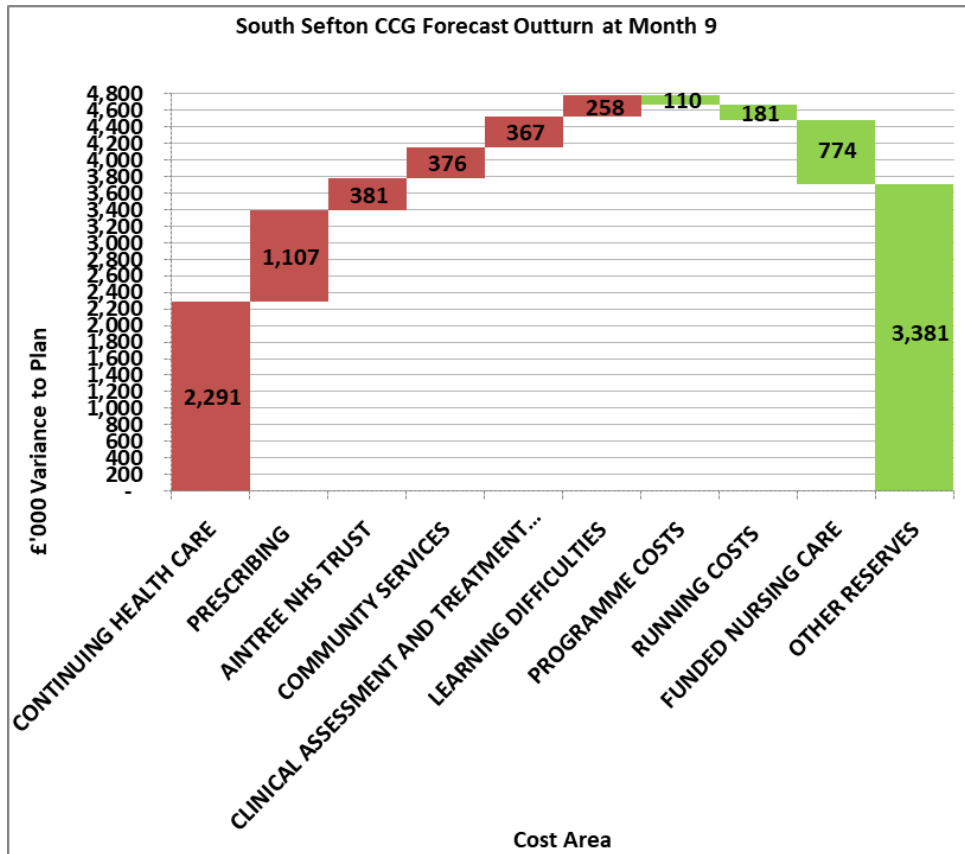
Key Performance Indicator		This Month
Business Rules	1% Surplus	✘
	0.5% Contingency	✔
0.4% Surplus (£1m)	Financial Balance	✔
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.050m
Running Cost	CCG running costs < 2018/19 allocation	✔
BPPC	NHS - Value YTD > 95%	98.89%
	NHS - Volume YTD > 95%	96.97%
	Non NHS - Value YTD > 95%	96.58%
	Non NHS - Volume YTD > 95%	95.71%

- 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 31 December 2018 for the financial year is a deficit of £2m.
- The QIPP target for 2018-19 is £5.329m. Delivery is £2.050m to date which is £1.185m below planned delivery at month 8.
- The forecast expenditure for the year on the Running Cost budget is below the allocation by £0.181m at month 9.
- All BPPC targets have been achieved year to date. Work to maintain this performance through robust cash management continues.

### 2.3 CCG Financial Position – Month 9 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 after the impact of mitigations is a deficit of £2.000m.
- The main financial pressures relate to
  - Cost pressures within continuing healthcare due to an increase in overall numbers of cases and a number of high cost cases.
  - Overspend within prescribing due to NCSO and other prescribing cost pressures.
  - Cost pressures within Aintree NHS Trust relating to high cost drugs and devices outside the Acting as One contract agreement.
  - Cost pressures within Community Services due to a contract variation for Neuro-Development, Dietetics & CAMHS.
  - Cost pressures within the Independent Sector due to Ramsay Healthcare, this is mostly in relation to T&O specifically very major knee procedures.
- The cost pressures are partially offset by underspends in running costs, programme costs, Funded Nursing Care budget 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			2.050		2.050
Primary care additional allocation	(1.400)	(0.100)			(1.500)
NCSO Adjustment	(1.500)			1.500	0.000
CAT M expenditure reduction	(0.300)	0.100			(0.200)
CCG Growth Reserve	0.789		(0.489)	(0.300)	0.000
CHC Growth Reserve	0.500				0.500
Better Care Fund	0.270		(0.235)	(0.035)	0.000
Intermediate Care	1.081			(1.081)	0.000
Community services	0.500				0.500
GPFV Improving Access	0.000	0.564	(0.111)	(0.453)	0.000
Other investments / Adjustments	0.162	0.579	(0.359)	(0.138)	0.244
0.5% Contingency Reserve	1.239				1.239
<b>Total Reserves</b>	<b>(3.988)</b>	<b>1.143</b>	<b>0.856</b>	<b>(0.507)</b>	<b>(2.496)</b>

- 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.
- A summary of monthly NCSO cost pressures for the CCG to date is sent to NHS England each month for monitoring purposes.
- The budget also includes an assumption for increased savings relating to CATM prescribing. The CCG will review the impact of CATM following the recent announcement regarding 2018/19 arrangements and will include an update in the next report.
- 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. A position statement is expected from NHSE in the next month.

## 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	1.427
Alder Hey Children's Hospital NHS Foundation Trust	(0.010)
Liverpool Women's NHS Foundation Trust	(0.570)
Liverpool Heart & Chest NHS Foundation Trust	(0.088)
Royal Liverpool and Broadgreen NHS Trust	0.163
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.018)
<b>Total</b>	<b>0.905</b>

- The CCG is included in the Acting as One contracting arrangements for the North Mersey LDS. Contracts have been agreed on a block contract basis for the financial years 2017/18 and 2018/19.
- The agreement protects against overperformance with these providers but does present a risk that activity could 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 overperformance spend against plan, this would represent an overspend of £0.905m under usual contract arrangements.
- It should be noted that both Aintree University Hospitals, and Royal Liverpool and Broadgreen NHS Trust have not agreed control totals for 2018-19 and therefore would be subject to potential contract sanctions which would be reclaimable if a PBR contract had been in place.

## 2.6 QIPP

Figure 7 – QIPP Plan and Forecast

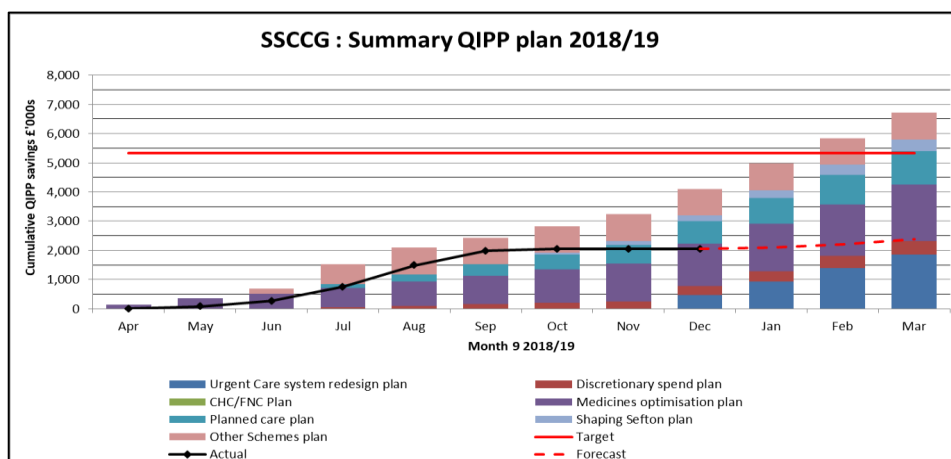


Figure 8 – RAG Rated QIPP Plan

	Rec	Non Rec	Total	Green	Amber	Red	Total
Planned Care plan	1,146	0	1,146	0	0	1,146	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	0	350	456
Urgent Care system redesign plan	1,859	0	1,859	0	0	1,859	1,859
Shaping Sefton Plan	410	0	410	0	0	410	410
Other Schemes Plan	489	420	909	909	0	0	909
<b>Total QIPP Plan</b>	<b>5,935</b>	<b>776</b>	<b>6,711</b>	<b>2,379</b>	<b>0</b>	<b>4,332</b>	<b>6,711</b>
QIPP Delivered 2018/19				(2,050)		0	(2,050)

- The 2018/19 QIPP target is £5.329m.
- QIPP schemes worth £6.711m have been identified; however £4.332m of the schemes are rated red which means that there is a high risk of non-delivery in year. This position needs to be addressed in order to deliver the CCG's financial plan.
- To date the CCG has achieved £2.050m 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
<b>Management action plan</b>			
QIPP Achieved	0.573	1.477	2.050
Remaining QIPP to be delivered	4.756	(1.477)	3.279
<b>Total Management Action plan</b>	<b>5.329</b>	<b>0.000</b>	<b>5.329</b>
<b>Year End Surplus / (Deficit)</b>	<b>0.000</b>	<b>1.000</b>	<b>1.000</b>

- 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
<b>Underlying Deficit</b>	(4.329)	(4.329)	(4.329)
Predicted QIPP achievement	5.329	2.379	2.579
I&E impact	(2.687)	(4.884)	(4.828)
<b>Forecast Surplus / (Deficit)</b>	<b>(1.687)</b>	<b>(6.834)</b>	<b>(6.578)</b>
Further Risk	0.000	(0.103)	(1.231)
Management Action Plan	2.687	4.937	4.837
<b>Risk adjusted Surplus / (Deficit)</b>	<b>1.000</b>	<b>(2.000)</b>	<b>(2.972)</b>

- 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 £2.000m and assumes that QIPP delivery will be £2.379m for the year with further risk in relation to the Sefton Transformation Board and mitigations relating to further actions agreed by the Governing Body in December 2018, the CCG contingency budget and other reserves.
- The worst case scenario is a deficit of £2.972m and assumes further pressures emerging in year.

## 2.9 Statement of Financial Position

**Figure 11 – Summary working capital**

Working Capital and Aged Debt	Q1 2018/19	Q2 2018/19	Q3 2018/19	Prior Year 2017/18
	M3	M6	M9	M12
	£'000	£'000	£'000	£'000
Non-Current Assets	115	155	155	115
Receivables	1,218	3,875	3,385	1,938
Cash	7,927	3,265	2,813	105
Payables & Provisions	(19,657)	(17,172)	(16,301)	(14,100)
Value of Debt > 180 days	707	489	77	506

- The non-current asset balance relates to the purchase of IT equipment in 2017-18. There has been an addition in month 6 due to Primary Care IT Funding from NHS England.
- The receivables balance includes invoices raised for services provided, accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.077m. The remaining balance comprises invoices to Manchester House (£0.031m) and Liverpool CCG (£0.028m). A repayment plan has been agreed with the supplier for the Manchester House debt, which will ensure the balance is cleared by the end of the financial year.
- The Annual Cash Drawdown (ACDR) is the annual cash drawdown is the estimated cash requirement for the financial year, previously known as the Maximum Cash Drawdown (MCD). Cash is allocated monthly following notification of cash requirements. The CCG

ACDR was set at £246.572m at Month 9. The actual cash utilised at Month 9 was £189.192m which represents 76.73% of the total allocation. The balance of ACDR to be utilised over the rest of the year is £57.379m.

### 2.10 Recommendations

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

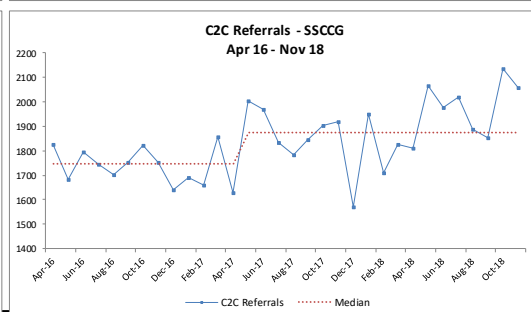
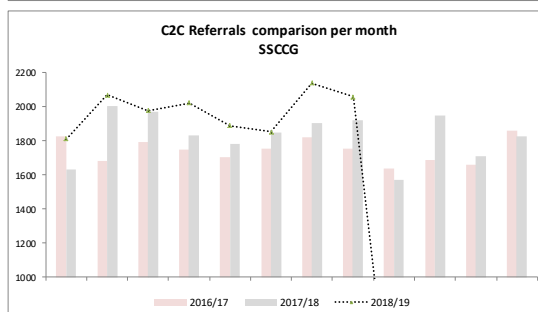
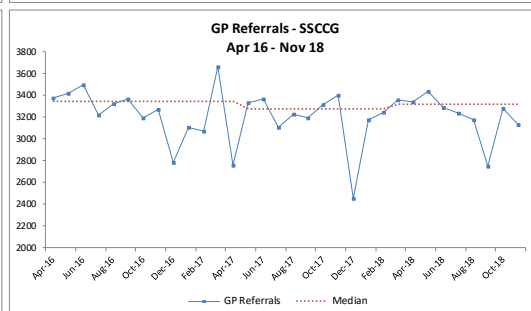
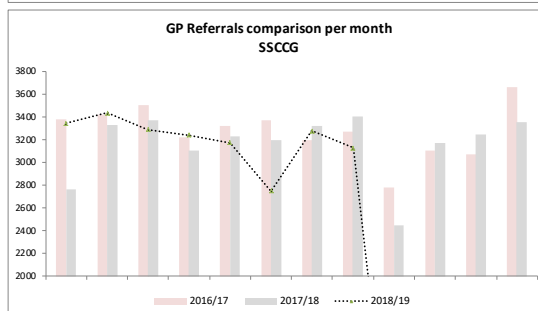
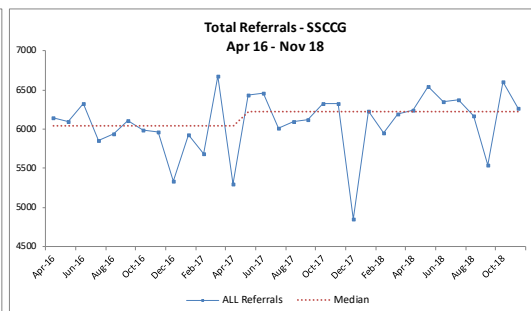
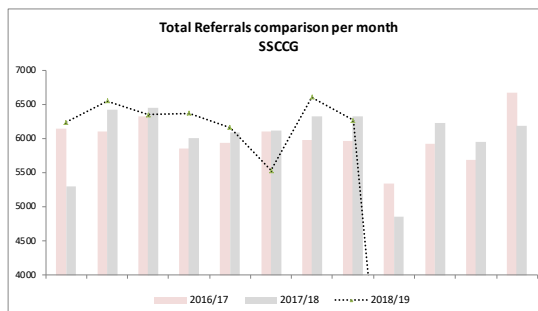
- The full year most likely financial position for the CCG is a deficit of £4.000m before mitigation. The impact of agreed mitigating actions will reduce this position to £2.000m deficit. The agreed financial plan for 2018-19 requires the CCG to deliver a £1m surplus.
- QIPP delivery at month 9 is £2.050m which relates to prior year non recurrent benefit arising from technical adjustments, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.329m.
- The month 9 financial position is a £1m deficit against a planned surplus of £0.200m. The year to date financial position is a variance from plan of £1.2m due to losses in month of £0.384m and not being able to deliver the planned surplus.
- The CCG's commissioning team must support member practices in reviewing their commissioning arrangements to identify areas where clinical variation exists, and address these issues accordingly.
- 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. All members of the CCG must contribute to the implementation of QIPP plans which deliver the required level of savings to meet its statutory financial duties into 2018-19 and in future years.

Leadership Team Lead	Clinical Lead	Managerial Lead
Martin McDowell	N/A	Alison Ormrod

### 3. Planned Care

#### 3.1 Referrals by source

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	+/-	%
	Month											
April	2762	3346	584	21%	1630	1812	182	11%	5298	6241	943	18%
May	3332	3436	104	3%	2006	2068	62	3%	6433	6552	119	2%
June	3372	3292	-80	-2%	1969	1978	9	0%	6459	6356	-103	-2%
July	3105	3241	136	4%	1833	2021	188	10%	6009	6376	367	6%
August	3233	3175	-58	-2%	1784	1889	105	6%	6096	6167	71	1%
September	3194	2751	-443	-14%	1847	1853	6	0%	6119	5537	-582	-10%
October	3319	3279	-40	-1%	1905	2138	233	12%	6333	6611	278	4%
November	3406	3130	-276	-8%	1920	2059	139	7%	6334	6268	-66	-1%
December	2452				1572				4858			
January	3175				1951				6228			
February	3246				1709				5953			
March	3357				1826				6197			
Monthly Average	3163	3207	44	1%	1829	1978	149	8%	6026	6265	239	4%
YTD Total Month 8	25723	25650	-73	0%	14894	15818	924	6%	49081	50108	1027	2%
Annual/FOT	37953	38475	522	1%	21952	23727	1775	8%	72317	75162	2845	4%



**Data quality note:** An issue has been identified with Aintree Hospital's month 6 referrals data. This was related specifically to the paper switch off in preparation for ERS implementation. Initial feedback suggests this may be a result of paper referrals potentially being rejected and a replacement electronic referral received after the end of the month. Referral patterns may be impacted in the immediate months following ERS implementation. Discussions regarding referrals are on-going via the information sub group and contract review meetings.

GP referrals for South Sefton CCG patients have now been below 2017/18 levels for four consecutive months. It is anticipated that the data quality issue identified at Aintree Hospital in month 6 (see above) may responsible for be partly this apparent reduction. However, notable year to date reductions in GP referrals to providers such as Royal Liverpool and Alder Hey are also evident in 2018/19 when compared to the equivalent period in 2017/18. In contrast, GP referrals to Southport & Ormskirk and Renacres Hospitals have increased with notable increases in Dermatology evident at the former and increases within T&O and ENT present at the latter. In relation to the priority of GP referred patients, 2018/19 has seen a 21% increase in those categorised as a two week wait when compared to the previous year.

Consultant-to-consultant referrals are currently 6% higher than 2017/18 when comparing year to date levels. Monthly referrals have consistently exceeded 2017/18 levels. Aintree Hospital are seeing increased consultant-to-consultant referrals year to date for South Sefton CCG as well as St Helens & Knowsley Hospital. The latter is predominantly a result of increased referrals within the Plastic Surgery speciality.

Total referrals for South Sefton CCG in 2018/19 are currently 2% higher when compared to the equivalent period in the previous year. On a monthly basis, referrals have exceeded 2017/18 levels in five of the eight months to date.

### 3.1.1 E-Referral Utilisation Rates

**Figure 12 - South Sefton CCG E Referral Performance**

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	18/19 - Oct	100%	73%	↔

The national NHS ambition is that E-referral Utilisation Coverage should have been 100% by end of Q2 2018/19. The latest data for E-referral Utilisation rates is October when the CCG achieved 73%, below the target of 100%. Although this shows no improvement from the previous month, performance has improved significantly over the previous 3 months.

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 13 - Diagnostic Test Waiting Time Performance**

Diagnostic test waiting times				
% of patients waiting 6 weeks or more for a Diagnostic Test (CCG)	18/19 - Nov	1.00%	3.10%	↑ ↓
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Nov	1.00%	3.30%	↑

#### Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in November recording 3.1%, a slight improvement from last month when 3.76% was recorded. In November, out of 2,793 patients, 86 patients were waiting at 6+ weeks and 3 at 13+ weeks. The majority of breaches were for Colonoscopy (25), MRI (22) and CT (22).

Aintree failed the under 1% of patients waiting over 6 weeks for a diagnostic test in November recording 3.3%, slightly higher than last month when 3.27% was reported. Out of 5,440 patients, 181 patients were waiting at 6+ weeks and 7 at 13+ weeks. The majority of breaches were in colonoscopy (75), MRI (46) and CT (26).

In October 2018 the Electronic Referral System (ERS) went live at AUH. This has contributed to an increase in demand for endoscopy procedures. The additional capacity created through waiting list initiatives (WLIs) has not been able to keep pace with this increased demand. However, since October 2018, Endoscopy staff from RLBUH have been given honorary contracts to cover additional lists at AUH. The Trust has commenced work with Medinet to provide high volume endoscopy lists. There have been 4 lists undertaken in December and in January, a further 7 all day lists are scheduled. Due to sickness within the endoscopy team the additional Medinet capacity is compensating for the lost in capacity, therefore there has been minimal impact from this additional capacity in terms of reducing the waiting list. All Cancer 2ww referrals have been scheduled within the required timescales unless the patient has chosen to wait a longer period of time.

#### How are the issues being addressed?

##### Aintree Proposed actions:

- Additional in house WLI activity continues along with a new partnership with Medinet to cover the Consultant vacancy and shortfall in capacity. RLBUH staff have been given honorary contracts to undertake WLIs at AUH.
- Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity.
- Additional bank administration support providing telephone reminders 3 days in advance and this will continue. This approach has seen a reduction of 5% in DNA's in line with the national average. To further reduce DNA's "go live" for the Trust's new DrDoctor text reminder service for Endoscopy is January 2019.
- The Cancer Alliance provided the Trust with a revised productivity tool in November 18. Due to staff sickness and consequential list reductions, the tool implementation has been delayed until Jan 2019. Following the review of the results produced by the tool, AQuA will support the CBU with a work stream to improve the utilisation of capacity. Meetings have taken place with AQuA in preparation for this workstream.



- Case of Need to support investment in the Gastro service has been agreed by the Executive Team with a maximum investment of £722k. A weekly Task & Finish Group chaired by Johnathan Lofthouse to oversee the implementation of the Case of Need. Recruitment to additional posts is underway.
- A capacity & demand model is under development by the transformation team. The first draft will be available at the beginning of January 2019.

### Radiology proposed actions:

- Weekly capacity meetings with operational and clinical teams to monitor performance and maximise capacity.
- Additional MR and CT sessions arranged for Cardiac and Colonoscopy.
- To support the replacement of 2 CT scanners activity will be relocated to prevent a reduction in activity.
- Mobile unit on site for 5 weeks and 4th CT scanner to be utilised Mon - Fri.
- Mobile MR Unit on site 1 weeks on 8. Recruitment of Locum Radiographers is underway in addition to Radiography appointments.
- Cardiology demand is being managed via detailed scheduling meetings held between Cardiology and Radiology led by the Divisional Directors.

### When is the performance expected to recover by?

Trust Forecast for improvement:			
Q1	Q2	Q3	Q4

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Billie Dodd

## 3.3 Referral to Treatment Performance

Figure 14 - 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)	18/19 - Nov	0	4	↑
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	18/19 - Nov	0	1	↑
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 - Nov	92%	89.30%	↑
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 - Nov	92%	90.00%	↑

Figure 15 – RTT Performance & Activity Trend

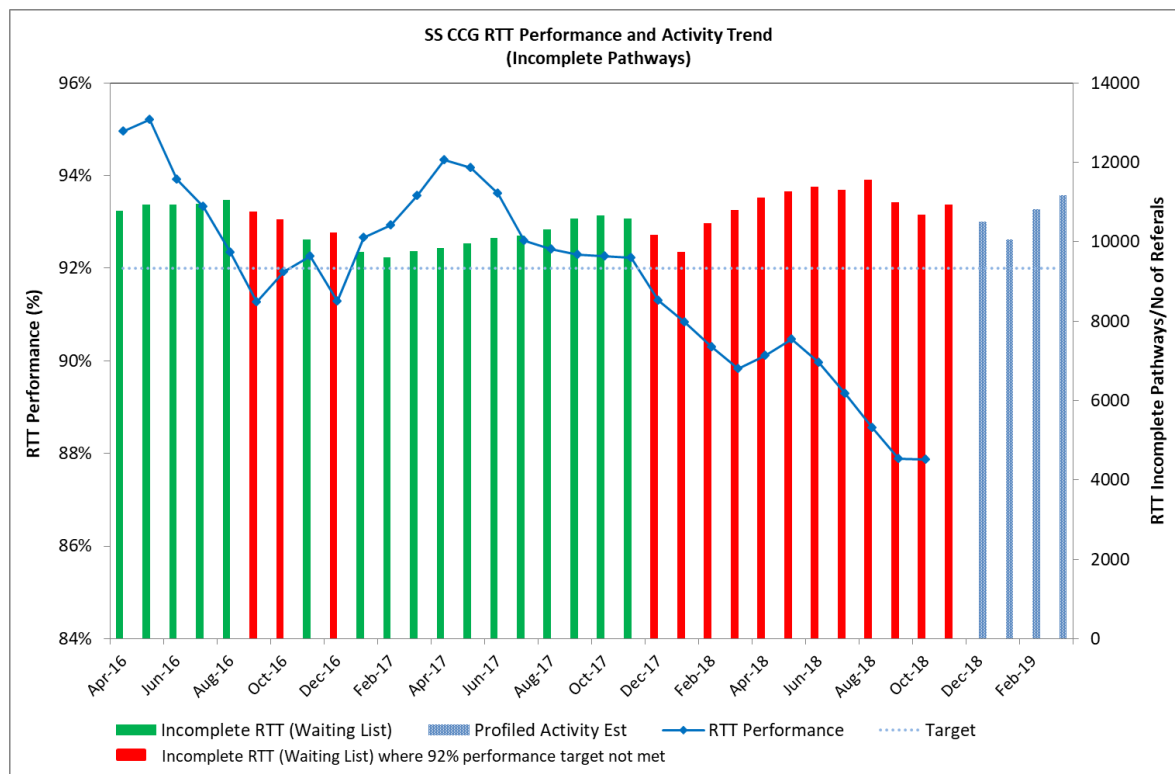


Figure 16 – South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Mar v Latest
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	10,806
2018/19	11,114	11,266	11,393	11,313	11,559	11,000	10,676	10,930					10,930
<b>Difference</b>	<b>1,269</b>	<b>1,315</b>	<b>1,292</b>	<b>1,152</b>	<b>1,249</b>	<b>423</b>	<b>18</b>	<b>352</b>					<b>124</b>
St Helens 17/18 Actuals	150	148	142	175	192	201	180	187					187
Revised 2018/19 Position	11,264	11,414	11,535	11,488	11,751	11,201	10,856	11,117					11,117
<b>Revised Difference</b>	<b>1,419</b>	<b>1,463</b>	<b>1,434</b>	<b>1,327</b>	<b>1,441</b>	<b>624</b>	<b>198</b>	<b>539</b>					<b>311</b>

**Performance Overview/Issues**

For 2018/19 CCGs have a new target 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.

In November, there were 4 South Sefton patients waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. Two of these patients were waiting for bariatric surgery at North Midlands and were treated in December. The Trust’s latest unvalidated weekly snapshot (06/01/2019) indicates that there are no South Sefton CCG 52 week waiters. Two patients were waiting under gynaecology for treatment at Liverpool Women’s Hospital; one patient’s treatment completed on 19<sup>th</sup> December 2018, the other is yet to receive a TCI date. The provider reported that vacancies in both Urogynaecology and General Gynae have impacted ability to treat within 18 weeks.

NHS England set CCGs the target for total RTT incomplete pathways in March 2019 to be no higher than in March 2018. Figure 16 (above) has been revised to include a proxy of South Sefton CCG patients waiting at St Helens & Knowsley Trust, based on 2017/18 data. The Trust have not been submitting RTT information nationally in 2018/19 due to known reporting issues during a change in their PAS system. Current performance for November 2018 (11,117) is higher than that of November of the previous year and is therefore not on target to achieve the year end position. Although the total waiting list has seen a reduction over the past few months this month shows a further increase. South Sefton CCG and Aintree Hospital have submitted a joint plan for delivery of the March 2019 position as part of a Liverpool system wide elective capacity analysis.

The CCG continues to report performance below the 92% standard for patients on an incomplete non-emergency pathway waiting no more than 18 weeks, with 89.3% in November. This is an improvement on last month. In November, of 10,930 patients, 1,167 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 November recording 90%. Out of 17,478 patients there were 1,747 waiting over 18 weeks on the incomplete pathway. The total number of incomplete pathways has shown an increase of 254 patients compared to October.

#### **How are the issues being addressed?**

In order to increase CCG assurance in respect of the safety of long waiting patients, CCGs have requested patient level commentary for all 36 week plus waiters across all providers.

The significant non-elective pressure experienced over the winter period 2017/18 greatly impacted on RTT performance, which the Trust had difficulty recovering from throughout the year. The continued increase in non-elective demand following a pathway change implemented by the Trust is being managed effectively and the Trust is monitoring the situation to ensure elective activity and patient experience is not negatively impacted.

From 1st October the Trust went live with e-RS and also offered a larger range of services to advice and guidance which has contributed to a reduction in referrals from general practice for routine consultations. The volume of two week wait urgent requests has not been reduced so this continues to add pressure into the system. This has been compounded by patients attending AED who subsequently are added to the elective waiting list. Cancellation and DNA rates continue to be monitored 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 arranging additional waiting list sessions.

#### Aintree Proposed Actions:

- Improve theatre utilisation at speciality level.
- Regularly review all long waiting patients within the clinical business units to address capacity issues and undertake waiting list initiatives (WLI's) where available in conjunction with weekly performance meetings with Planning and performance / Business Intelligence leads.
- Continue to support the reduction in Endoscopy waits by supporting WLI scope lists using dropped sessions in the week and additional sessions at weekends along with Insourcing extra capacity.
- Continued weekly monitoring of diagnostics waiting times to ensure delivery of the 6 week standard as a milestone measure for RTT performance. This to include horizon scanning and capacity / demand planning with Head of Planning and performance

- Continue to meet with clinical business managers (CBMs) on a weekly basis to focus on data quality, capacity & demand and pathway validation.
- Continue to support the clinical business units (CBUs) with their RTT validation processes and Standard Operating procedures with a special focus on inter Provider Transfers and data recording / Entry.
- Conduct a review of current processes, operating procedures and training revalidation at business unit level to ensure compliance with best practice and national guidance.

The Trust has had a strong track record of delivery against the 52 week standard and as such this case was not anticipated. A full RCA was carried out which identified that the breach occurred in general surgery as a result of a human error made when the patient was referred to another consultant within the Trust.

Under national RTT rules all events should have a national code associated with them to denote transition and enable tracking through the pathway. The patient in question was seen and referred on to a colleague with a view to listing for surgery and should have been discharged from the primary consultants clinic with an event code 20 but was actually discharged 21a (a local code expanding on the national code 21) to denote transfer of care to another health care provider for diagnostics or treatment). This closed the patient's pathway within the Trust and when transferred to the second consultant another RTT pathway was initiated and the clock restarted. This meant that the patients' true waiting time was not being monitored.

#### Trust Actions:

- Conduct a review of current processes, operating procedures and training revalidation at business unit level to ensure compliance with best practice and national guidance.
- Conduct a review of patients on the open incomplete RTT waiting list with events of 21 or 21a recorded in their pathway to ensure accuracy of wait times.
- 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 November (81.8%). 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 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 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. In November, for South Sefton CCG patients, just 3 patients out of 12 were waiting over 18 weeks (2 of these were 52+ week waiters as reported above). This is a significant improvement on last month when 22 out of 33 South Sefton CCG patients were waiting over 18 weeks. Interim contracts with alternative providers (Phoenix and Calderdale) are now in place for 2018/19. South Sefton and Southport & Formby CCGs are commissioners to these contracts. This has resulted in an improvement in the RTT position for the CCGs.

**When is the performance expected to recover?**

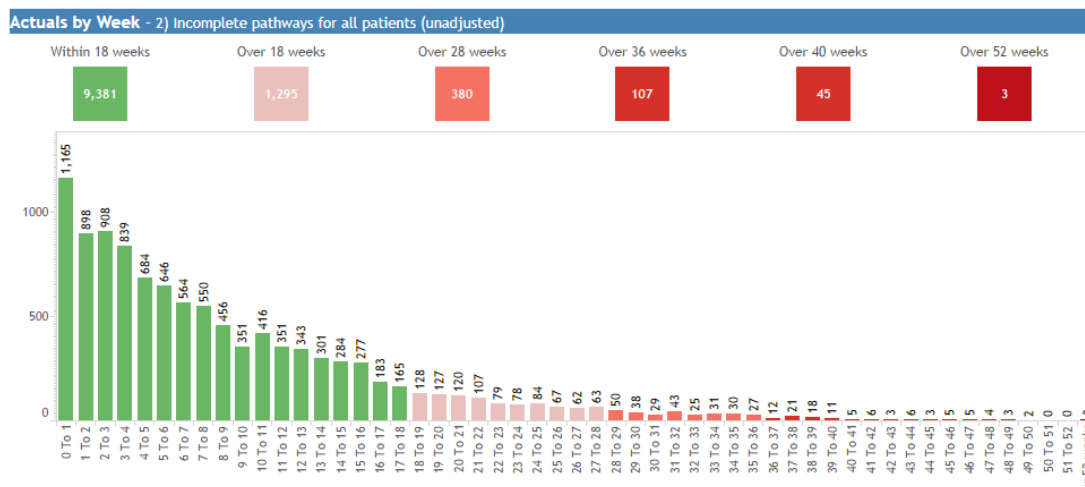
Aintree has submitted plans to NHSI to achieve the March 2019 RTT position.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	John Wray	Moira Harrison

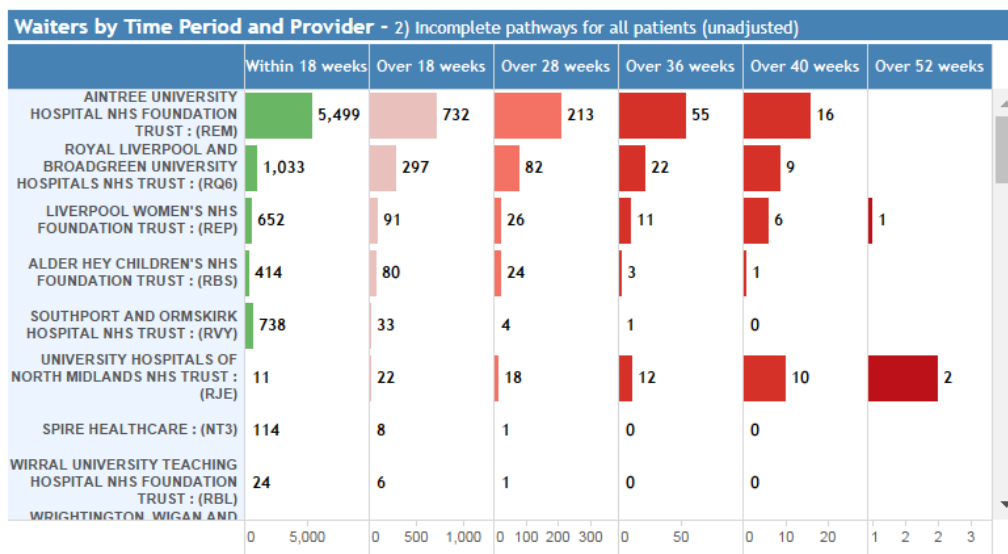
**3.3.1 Incomplete Pathway Waiting Times**

**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

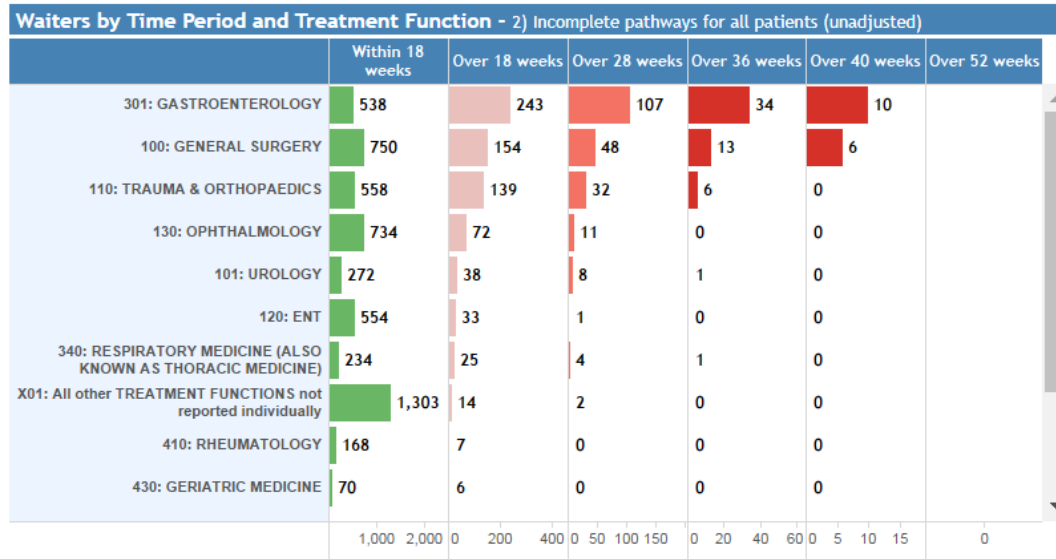
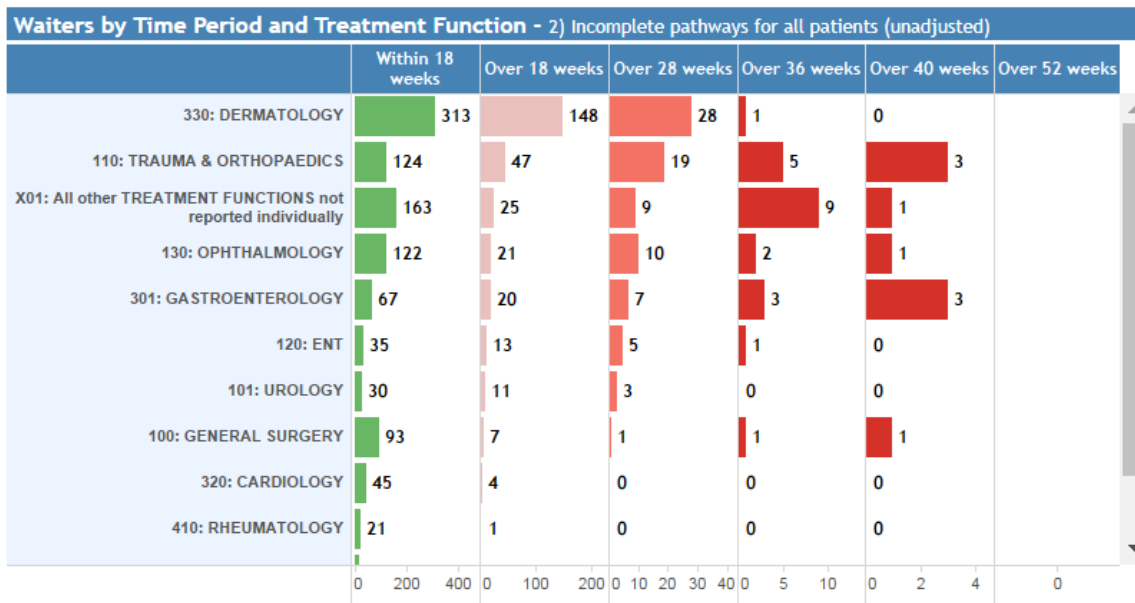


Figure 20 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



### 3.3.4 Provider assurance for long waiters

Figure 21 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band	Details
South Sefton CCG	Liverpool Womens	Gynaecology	52+ weeks	<b>2 patients</b> ; One patient had physiotherapy in November and December. Patient to be contacted for review. The provider reported that vacancies in both Urogynaecology and General Gynae have impacted ability to treat within 18 weeks. The other patient received treatment on 19th December 2018.
South Sefton CCG	North Midlands	General Surgery	52+ weeks	<b>2 bariatric patients</b> ; both were treated in December. The Trust's latest unvalidated weekly snapshot (06/01/2019) indicates that there are no South Sefton CCG 52 weeks waiters.
South Sefton CCG	Hull & East Yorkshire	Other	51 weeks	Patient was treated on 19th December 2018.
South Sefton CCG	Robert Jones	T&O	51 weeks	This patient has a TCI date in January 2019.
South Sefton CCG	Liverpool Womens	Gynaecology	37 to 50 weeks	13 patients waiting to be seen, ranging from 37 weeks to <b>50 weeks</b> . The Trust has stated they are only providing information on 52+ week waiters.
South Sefton CCG	Royal Liverpool	General Surgery	46 weeks	Patients pathway has been stopped. Delay due to capacity.
South Sefton CCG	Aintree	T&O	36 to 46 weeks	10 patients waiting; 7 received treatment in December 2018. Two patients at 36 weeks and 1 patient at 38 weeks with no appointment.
South Sefton CCG	Royal Liverpool	Gastroenterology	37 to 46 weeks	3 patients with delays due to capacity issues and long waiting lists. 1 patient has TCI date in January and 2 patients pathways have now been stopped.
South Sefton CCG	Aintree	General Surgery	36 to 44 weeks	9 patients waiting; all were treated in December 2018.
South Sefton CCG	Royal Liverpool	T&O	36 to 44 weeks	10 patients; 5 have had their pathways stopped. 3 have TCI dates. 2 have no dates yet. Delays due to long waiting list and capacity issues.
South Sefton CCG	Royal Liverpool	Other	44 weeks	Patients pathway has been stopped. Delay due to capacity.
South Sefton CCG	Aintree	Gastroenterology	36 to 43 weeks	17 patients waiting; 11 received treatment in December 2018, 1 received treatment on 2nd January 2019 and the remaining 5 have TCI dates in January.
South Sefton CCG	Alder Hey	Other	36 to 40 weeks	4 patients waiting due to capacity issues; 3 have TCI dates in the coming months (1 in January, 1 in February and 1 in March) and 1 patient is undated and has been highlighted to the service.
South Sefton CCG	Royal Liverpool	Urology	37 weeks	Long wait on waiting list. Patient has no date yet.
South Sefton CCG	Royal Liverpool	Dermatology	36 weeks	2 patients; 1 pathway stopped and 1 has TCI date in February 2019. Delays due to capacity issues and long wait on waiting list.

## 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 - <b>Aintree</b>				1
	18/19 - Nov	0	0	↔

### 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 - Nov	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 - Nov	93%	91.24%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	18/19 - Nov	93%	89.35%	↔
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 - Nov	93%	93.59%	↑
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 - Nov	93%	91.22%	↑

#### Performance Overview/Issues

The CCG failed the 93% target in November for patients referred urgently with suspected cancer with 92.25% and are failing year to date with 91.24%. 50 patients out of 645 waited longer than two weeks for a first outpatient appointment. 28 breaches were due to patient choice, 20 due to inadequate outpatient capacity and 2 due to admin delays. The maximum wait was 38 days and was due to patient choice.

Aintree also failed the 93% target in November for patients referred urgently with suspected cancer with 89.46% (89.35% year to date). 102 patients out of 968 waited longer than two weeks for a first outpatient appointment. 48 breaches were due to patient choice, 45 due to inadequate outpatient capacity, 7 due to admin delays, 1 clinic cancellation and 1 due to other reasons.

Aintree achieved the 93% breast target for November reaching 93.17% but are still failing year to date reporting 91.22%. In November, out of 161 patients there were 11 breaches. All breaches were due to patient choice.



**How are the issues being addressed?**

South Sefton CCG is looking into reasons behind the 5% shift from routine to 2 week wait priority in GP referrals since 2016/17. This will include the effect of the E-Referral System and conversion rates to a cancer diagnosis, taking into account the expectation of rising cancer rates in an ageing population and embedding of the 2015 NICE Guidance for the management of suspected cancer which would predict just a 3% cancer diagnosis rate from referral in line with its criteria.

The delivery of the 2ww for 1st OPD remains a challenge in specialties that have continued to experience an increase in 2ww referrals, especially in Breast (an increase of 17%) and Urology (an increase of 38%). Capacity remains a challenge for Histology, CTC / CT and support for the breast service is creating challenges for Diagnostic Services due to sickness.

See Trust actions below in section 3.5.3.

**3.5.2- 31 Day Cancer Waiting Time Performance**

**Figure 25 – 31 Day Cancer Performance measures**

<b>Cancer waits – 31 days</b>				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(CCG)</b>	18/19 - Nov	96%	97.80%	↑
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) <b>(Aintree)</b>	18/19 - Nov	96%	97.44%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(CCG)</b>	18/19 - Nov	94%	98.35%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) <b>(Aintree)</b>	18/19 - Nov	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(CCG)</b>	18/19 - Nov	94%	97.20%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) <b>(Aintree)</b>	18/19 - Nov	94%	98.11%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(CCG)</b>	18/19 - Nov	98%	99.49%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) <b>(Aintree)</b>	18/19 - Nov	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 - Nov	85% local target	73.97%	↓
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 - Nov	85% local target	84.33%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Nov	90%	88.57%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - Nov	90%	75.00%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Nov	85%	78.34%	↓
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - Nov	85%	77.61%	↓

#### Performance Overview/Issues

The CCG failed all 3 62 day measures in November year to date. For 62 day upgrade the CCG reported 66.67% in November (73.97% year to date) with 3 breaches out of 9. 1 delay was a haematology patient whose delay was due to a complex diagnostic pathway (this was the longest waiting patient at 92 days), 1 gynaecology patient with delays due to inadequate outpatient capacity and 1 lung patient with delay reason unknown. For 62 day screening the CCG achieved 100% but is failing year to date with 88.57%. For the 62 day standard, the CCG failed in November with 70.37% (8 breaches out of 27) and 78.34% year to date. In November, 3 breaches had no listed reason for delay. 2 were admin delays, 2 delays due to complex diagnostic pathways and 1 due to inadequate elective capacity.

Aintree also failed all 3 of the 62 day measures in November year to date. For 62 day upgrade the Trust reported 76.19% in November (the equivalent of 2.5 breaches out of 10.5 accountable patients) with a year to date performance of 84.33%. In November, 2 patients listed reasons were unknown, 1 admin delay and 1 complex diagnostic pathway. The longest waiting patient was a haematology patient with a complex diagnostic pathway, seen at 92 days. For 62 day screening the Trust reported 63.64% in November (75% year to date) with the equivalent of 2 breaches out of 5.5 accountable patients. 2 delays were due to complex diagnostic pathways and 1 patient initiated delay with advance notice given. 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. For the 62 day standard the Trust reported 66.32% in November (77.61% year to date) with the equivalent of 16 breaches out of 47.5 accountable patients. 12 patient's reasons for delay were not listed. 8 were delayed

due to complex diagnostic pathways, 2 delays initiated by healthcare provider, 2 delayed treatments for medical reasons, 1 admin delay and 1 inadequate elective capacity.

**How are the issues being addressed?**

North Mersey Cancer Partnership Group are addressing cancer performance against the constitutional cancer access standards, advising of the following at December:

- There remains work to be done to implement the colorectal, prostate and lung optimal pathways across the whole North Mersey system. Support from the Cancer Alliance will reduce over time, as local focus on implementation becomes increasingly key to sustained delivery.
- RLBUHT has received £50k of Cancer Alliance money to support urology service improvement activity for 12 months. The trust is to shortly finalise the Project Initiation Document, and is currently confirming timescale for recruitment
- Aintree has received £50k of Cancer Alliance money to support colorectal service improvement activity. The trust is shortly to finalise the Project Initiation Document, and confirm timescale for recruitment.
- Aintree has received £150k of Cancer Alliance money to review and make recommendations around the delivery of the head and neck pathway, and whether there is a requirement to change service configuration within Cheshire & Merseyside. The project documentation is being developed for this, and is close to sign off after which recruitment will commence.
- Non delivery of performance places a significant workload on commissioners and providers to account for the issues and to make improvements in pathways. Commissioners (CCGs and spec comm), NHSE, NHSI, Cancer Alliance and RLBUHT are testing a monthly meeting, with one action plan, for all partners, to attempt to enable collective focus and channel all issues and queries through one route, to reduce the reporting burden and maximise collaboration and shared responsibility for improvements. So far, this feels constructive, and is supporting a shared understanding of the issues and required actions.
- There remain long standing, systemic pressures in radiology, endoscopy, and histopathology. There is work at local level, and across Cheshire and Merseyside, but there are no immediate resolutions to pressures over workforce and capacity; these remain key enablers to pathway improvement, and are expected to remain major risks for consistent delivery for a number of years to come.
- There remains scope for further service improvement work in releasing capacity from risk stratified follow up and promoting straight to test pathways. Lung cancer has developed virtual working across the region, and is reporting that this had helped make best use of MDT time and preparation, made clinics more manageable and worked well for both patients and staff.
- There is some interest to explore whether some public facing communications may be helpful in addressing the apparently high numbers of patients who defer to attend their 2<sup>nd</sup> appointment due to other priorities. South Sefton CCG and StHK are exploring this with a view to development of a bid for Cancer Alliance Transformation funds.

**Trust Actions:**

- Reinforce leadership and workforce capacity within the Cancer Team, backfilling maternity leave and appointing to an Interim Head of Performance. A full time Cancer Manager will be appointed on the Aintree site. Interim Head of Performance commenced in post 19th Nov 18.
- Established RCA Review Group led by DDO Surgery and DMD Support services to validate RCAs and identify improvements that can be made to reduce delays for patients.

- SoP to be finalised for escalation of delays for access to diagnostic services and reporting to DDOs.
- Work on-going with the Cancer Alliance to review specific pathways and to highlight reasons for late referrals from other Trusts for areas such as Head and Neck. Funding has been received from Macmillan to introduce new posts to assist with the pre diagnosis phase of the patient Pathways. Funding is now secured for a project manager for colorectal pathway (£50k) and host employer for a region wide review of the H&N pathway (£150k). Recruitment to posts December 18 and PIDs under development.
- £94k awarded by NHSE to schedule additional diagnostic activity to improve 62 day performance November 18 - March 19. This will be used to support the urology and colorectal pathways and to fund additional MRI capacity. Activity underway, MRI capacity planned 4-15 January 2019.

**When is the performance expected to recover?**  
Quarter 1 2019/20.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Debbie Harvey	Sarah McGrath

### 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.

In November Aintree had 7 breaches, 3 of which were fully applicable to the Trust, 3 partly to the Royal and 1 to Clatterbridge. Delays to patient’s treatments were due to inadequate elective capacity (1), complex diagnostic pathway (2), admin delay (1) and other reason (3). The longest waiting patient was a urology patient at 201 days.

## 3.6 Patient Experience of Planned Care

**Figure 27 – Aintree Inpatient Friends and Family Test Results**

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
Inpatient	24.9%	20.3%		96%	94%		2%	2%	

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in November at 20.3%; this is a decline from last month when 21% was recorded. The percentage of patients who would recommend the Trust has not improved and is therefore still below the England average of 96% with 94%. The proportion who would not recommend has fallen from 4% in October to 2% in November and now in line with the England average.

The Trust presented an update on their FFT and patient to the CCG Engagement and Patient Experience Group (EPEG) in May 2018; a further update was due 21<sup>st</sup> November 2018 to EPEG. The Patient & Family Experience Plan 2018-2020 was shared at the September 2018 CQPG to align with the Safety and Quality Strategy and Strategy for Care.

### 3.7 Planned Care Activity & Finance, All Providers

Performance at Month 8 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show a minor under performance of -£104k/-0.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in there being an over spend of approximately £600k/1.8%.

At specific over performing Trusts, Royal Liverpool is reporting the largest cost variance with a total of £139k/4% followed by St Helens & Knowsley with a variance of £116/17%. In contrast, Aintree Hospital are under performing by -£583k/-3%.

**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	118,101	117,102	-999	-1%	£20,639	£20,056	-£583	-3%	£583	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	9,408	10,193	785	8%	£1,185	£1,179	-£5	0%	£5	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	830	917	87	11%	£283	£275	-£8	-3%	£8	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	10,850	9,606	-1,244	-11%	£2,068	£1,878	-£190	-9%	£190	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	20,730	22,226	1,496	7%	£3,474	£3,613	£139	4%	-£139	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	2,126	2,139	13	1%	£687	£630	-£57	-8%	£57	£0	0.0%
<b>ACTING AS ONE PROVIDERS TOTAL</b>	<b>162,045</b>	<b>162,183</b>	<b>138</b>	<b>0%</b>	<b>£28,335</b>	<b>£27,631</b>	<b>-£704</b>	<b>-2%</b>	<b>£704</b>	<b>£0</b>	<b>0%</b>
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	124	162	38	31%	£18	£30	£12	66%	£0	£12	66%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	104	104	0%	£0	£20	£20	0%	£0	£20	-
FAIRFIELD HOSPITAL	131	191	60	45%	£36	£62	£27	75%	£0	£27	75%
ISIGHT (SOUTHPORT)	362	538	176	48%	£64	£100	£35	55%	£0	£35	55%
RENACRES HOSPITAL	4,254	5,046	792	19%	£1,308	£1,419	£110	8%	£0	£110	8%
SALFORD ROYAL NHS FOUNDATION TRUST	0	109	109	0%	£0	£34	£34	0%	£0	£34	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	8,726	8,709	-17	0%	£1,485	£1,584	£99	7%	£0	£99	7%
SPIRE LIVERPOOL HOSPITAL	1,940	2,000	60	3%	£608	£629	£20	3%	£0	£20	3%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	3,196	3,303	107	3%	£684	£801	£116	17%	£0	£116	17%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	863	1,039	176	20%	£199	£207	£8	4%	£0	£8	4%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	150	150	0%	£0	£33	£33	0%	£0	£33	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	339	339	0%	£0	£65	£65	0%	£0	£65	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	907	1,097	190	21%	£359	£378	£19	5%	£0	£19	5%
<b>ALL REMAINING PROVIDERS TOTAL</b>	<b>20,505</b>	<b>22,787</b>	<b>2,282</b>	<b>11%</b>	<b>£4,763</b>	<b>£5,363</b>	<b>£600</b>	<b>13%</b>	<b>£0</b>	<b>£600</b>	<b>13%</b>
<b>GRAND TOTAL</b>	<b>182,550</b>	<b>184,970</b>	<b>2,420</b>	<b>1%</b>	<b>£33,098</b>	<b>£32,994</b>	<b>-£104</b>	<b>-0.3%</b>	<b>£704</b>	<b>£600</b>	<b>1.8%</b>

\*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	9,224	8,786	-438	-5%	£5,699	£5,481	£-217	-4%
Elective	1,359	1,067	-292	-21%	£3,869	£3,207	£-661	-17%
Elective Excess BedDays	451	357	-94	-21%	£109	£84	£-24	-22%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	297	190	-107	-36%	£62	£41	£-21	-34%
OPFANFTF - Outpatient first attendance non face to face	1,729	1,146	-583	-34%	£49	£33	£-16	-32%
OPFASPCL - Outpatient first attendance single professional consultant led	21,348	21,819	471	2%	£3,364	£3,505	£140	4%
OPFUPMPCPL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	961	506	-455	-47%	£81	£48	£-33	-41%
OPFUPNFTF - Outpatient follow up non face to face	2,176	5,072	2,896	133%	£53	£123	£71	134%
OPFUPSPCL - Outpatient follow up single professional consultant led	54,889	51,300	-3,589	-7%	£3,789	£3,696	£-93	-2%
Outpatient Procedure	15,123	15,835	712	5%	£2,036	£2,123	£87	4%
Unbundled Diagnostics	9,555	9,912	357	4%	£771	£866	£95	12%
Wet AMD	990	1,112	122	12%	£757	£848	£91	12%
<b>Grand Total</b>	<b>118,101</b>	<b>117,102</b>	<b>-999</b>	<b>-1%</b>	<b>£20,639</b>	<b>£20,056</b>	<b>£-583</b>	<b>-3%</b>

Underperformance within planned care at Aintree Hospital is evident against various points of delivery. However, the overall under spend of £-583/-3% is driven by reduced elective and day case activity. Electives are currently £-661/-17% under plan, which can be attributed to a 28% reduction in activity within the Trauma & Orthopaedics specialty. Very major knee procedures account for the majority of this under performance.

Outpatient first attendances (single professional consultant led) are currently £140k/4% above plan at month 8. Key over performing specialities for this POD include Acute Medicine, Transient Ischaemic Attack, Trauma & Orthopaedics, Geriatric Medicine and Respiratory Medicine.

Despite the indicative underspend at this Trust; 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	559	599	40	7%	£361	£397	£36	10%
Elective	96	89	-7	-7%	£225	£235	£10	4%
Elective Excess BedDays	3	26	23	786%	£1	£6	£5	512%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	85	128	43	50%	£15	£25	£10	69%
OPFASPCL - Outpatient first attendance single professional consultant led	1,167	1,298	131	11%	£191	£217	£26	14%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	192	187	-5	-3%	£15	£19	£4	23%
OPFUPSPCL - Outpatient follow up single professional consultant led	2,789	2,534	-255	-9%	£216	£204	-£12	-5%
Outpatient Procedure	3,285	3,235	-50	-2%	£419	£434	£15	4%
Unbundled Diagnostics	549	613	64	12%	£43	£48	£5	11%
<b>Grand Total</b>	<b>8,726</b>	<b>8,709</b>	<b>-17</b>	<b>0%</b>	<b>£1,485</b>	<b>£1,584</b>	<b>£99</b>	<b>7%</b>

\* 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 read just 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 £99k/7% at month 8 is due in part to increased day case activity and outpatient first attendances. Over performance is evident across a number of specialities in each of these points of delivery.

### 3.7.3 Planned Care Royal Liverpool & Broadgreen Hospital

**Figure 31 - Planned Care – Royal Liverpool & Broadgreen Hospital by POD**

Royal Liverpool & Broadgreen 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	905	1,036	131	14%	£768	£773	£5	1%
Elective	240	226	-14	-6%	£798	£854	£57	7%
Elective Excess BedDays	228	131	-97	-43%	£54	£32	£23	-42%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	194	249	55	28%	£36	£46	£10	28%
OPFANFTF - OP 1st Attendance non face to face	15	26	11	76%	£0	£1	£0	127%
OPFASPCL - Outpatient first attendance single professional consultant led	3,314	3,273	-41	-1%	£522	£529	£7	1%
OPFUPMPCCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	328	363	35	11%	£24	£24	£0	1%
OPFUPNFTF - Outpatient follow up non face to face	237	301	64	27%	£5	£7	£2	28%
OPFUPSPCL - Outpatient follow up single professional consultant led	10,031	10,328	297	3%	£709	£724	£15	2%
Outpatient Procedure	3,668	4,354	686	19%	£399	£463	£64	16%
All Other Outpatients	122	96	-26	-21%	£5	£4	£0	-9%
Unbundled Diagnostics	1,447	1,833	386	27%	£152	£153	£1	1%
AKI Unbundled	2	10	8	513%	£0	£1	£1	513%
<b>Grand Total</b>	<b>20,730</b>	<b>22,226</b>	<b>1,496</b>	<b>7%</b>	<b>£3,474</b>	<b>£3,613</b>	<b>£139</b>	<b>4%</b>

Over performance within planned care at Royal Liverpool & Broadgreen Hospital is evident against various points of delivery. However, the overall variance of £139/4% is driven by increased outpatient procedures and elective costs. In each area, over performance is focussed largely within the Dermatology speciality. This can be attributed to a shift in patients away from Aintree Hospital due to reduced service provision.

Despite the indicative overspend at this Trust; there is no financial impact of this to South Sefton CCG due to the Acting as One block contract arrangement.



### 3.7.4 Renacres Hospital

Figure 32 - 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	400	413	13	3%	£496	£484	-£12	-2%
Elective	107	99	-8	-7%	£499	£526	£27	5%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	749	1,018	269	36%	£124	£165	£41	33%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,124	1,331	207	18%	£72	£85	£14	19%
Outpatient Procedure	607	405	-202	-33%	£61	£68	£7	12%
Unbundled Diagnostics	298	435	137	46%	£29	£41	£13	44%
Physio	969	1,002	33	3%	£28	£29	£1	3%
OPPREOP	0	343	343	0%	£0	£20	£20	0%
<b>Grand Total</b>	<b>4,254</b>	<b>5,046</b>	<b>792</b>	<b>19%</b>	<b>£1,308</b>	<b>£1,419</b>	<b>£110</b>	<b>8%</b>

Renacres over performance is now evident across the majority of planned care points of delivery. Over performance is focussed largely within the Trauma & Orthopaedics speciality with elective and day case activity increasing in month 8 across a number of HRGs. Major knee procedures account for the majority of increased variance against plan as well as first and follow up outpatient appointments.

### 3.7.5 St Helens & Knowsley Teaching Hospitals NHS Trust

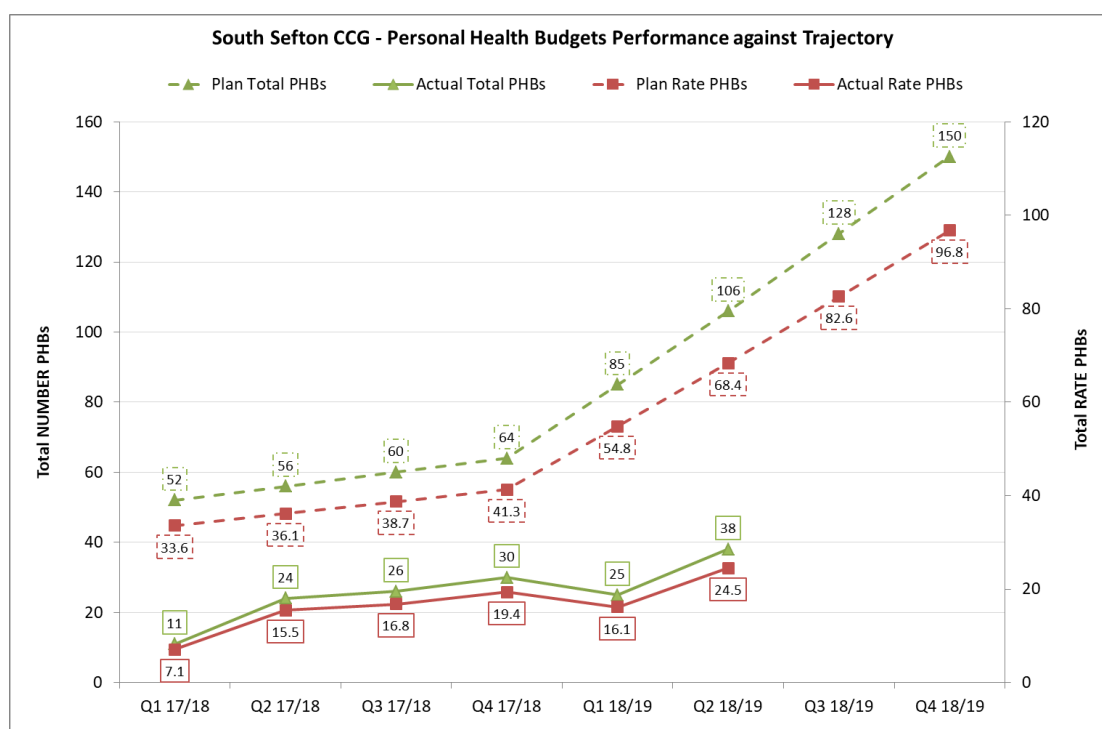
Figure 33 - Planned Care - St Helens & Knowsley Hospitals by POD

St Helens & Knowsley 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	399	416	17	4%	£337	£370	£33	10%
Elective	37	55	18	51%	£96	£180	£83	87%
Elective Excess BedDays	7	36	29	439%	£2	£10	£8	500%
OPFAMPCL - <i>OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)</i>	4	12	8	183%	£1	£3	£2	193%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	483	499	16	3%	£67	£67	£0	0%
OPFASPCL - <i>Outpatient first attendance single professional consultant led non face to face</i>	1	1	0	7%	£0	£0	£0	7%
OPFASPCL - <i>Outpatient first attendance single professional Non Consultant Led</i>	40	45	5	12%	£2	£3	£0	10%
OPFUPMPC - <i>Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).</i>	67	87	20	30%	£6	£8	£2	31%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,094	1,047	-47	-4%	£60	£58	-£2	-4%
OPFUPSPCL - <i>Outpatient follow up single professional non consultant led</i>	180	289	109	60%	£8	£8	£0	5%
OPFUPSPCL - <i>Outpatient follow up single professional non consultant led non face to face</i>	26	23	-3	-13%	£1	£1	£0	-13%
Outpatient Procedure	691	618	-73	-11%	£92	£80	-£12	-14%
Unbundled Diagnostics	167	175	8	5%	£12	£14	£2	18%
<b>Grand Total</b>	<b>3,196</b>	<b>3,303</b>	<b>107</b>	<b>3%</b>	<b>£684</b>	<b>£801</b>	<b>£116</b>	<b>17%</b>

St Helens & Knowsley over performance is apparent within Electives and Day Cases, with these two PODs showing a combined over spend of £117k. Variance against plan across the remaining points of delivery within planned care is minimal. Plastic Surgery is the key over performing specialty within both Electives and Day Cases with relatively small amounts of activity reported against a number of HRGs in both areas.

### 3.8 Personal Health Budgets

Figure 34 - South Sefton CCG – PHB Performance against Trajectory



#### Performance Overview/Issues

Quarterly plans for 2018/19 have been set with the expectation of the total number of PHBs for Quarter 2 to increase to 106 to reach 68.39 per 100,000 population. Quarter 2 cumulative position shows 38 PHBs and an actual rate of 24.5, whilst this is a slight increase this remains under trajectory set by NHS England. A briefing paper was submitted to Senior Management Team (SMT) in September 2018.

#### How are the issues being addressed?

- Adults CHC: PHBs for adults receiving Continuing Health Care will be a default position from April 2019. Discussions are taking place with Provider contracts teams in terms of the details with the service specifications to deliver against this element. Task and Finish Group is underway to support process mapping with all key stakeholders which reports into the CHC Programme Board as a sub-group of the Joint Committee.
- Wheelchairs: Progress on specialist wheelchair PHBs is currently on hold awaiting the outcome of the CCGs work prioritisation.
- Children Complex Care: Mentor CCG is yet to be confirmed by NHSE.

- End of Life Fastrack: The case for change has been reviewed internally prior to submission to QIPP; there are some aspects that need further clarification from a commissioning perspective. A revised proposal is being considered by Queens Court Hospice.
- Mental Health S117: The CCG will continue to consider how PHBs can be provided and achieved.

**When is the performance expected to recover?**

End of Quarter 1 of 2019/20.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Tracey Forshaw	Tracey Forshaw

**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 35 - 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**

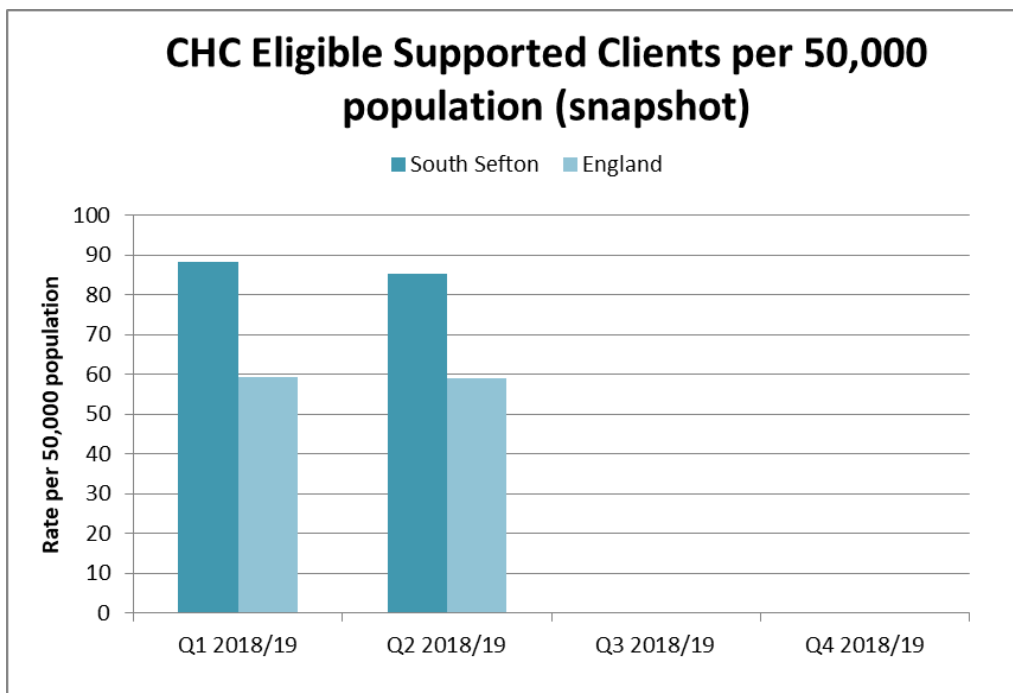


Figure 36 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

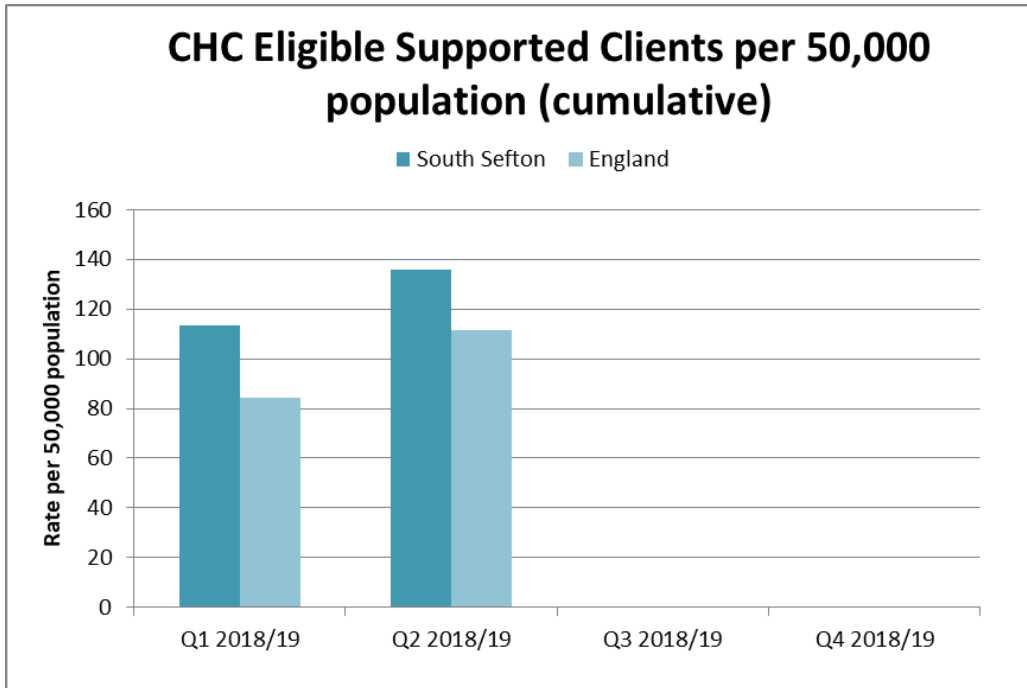
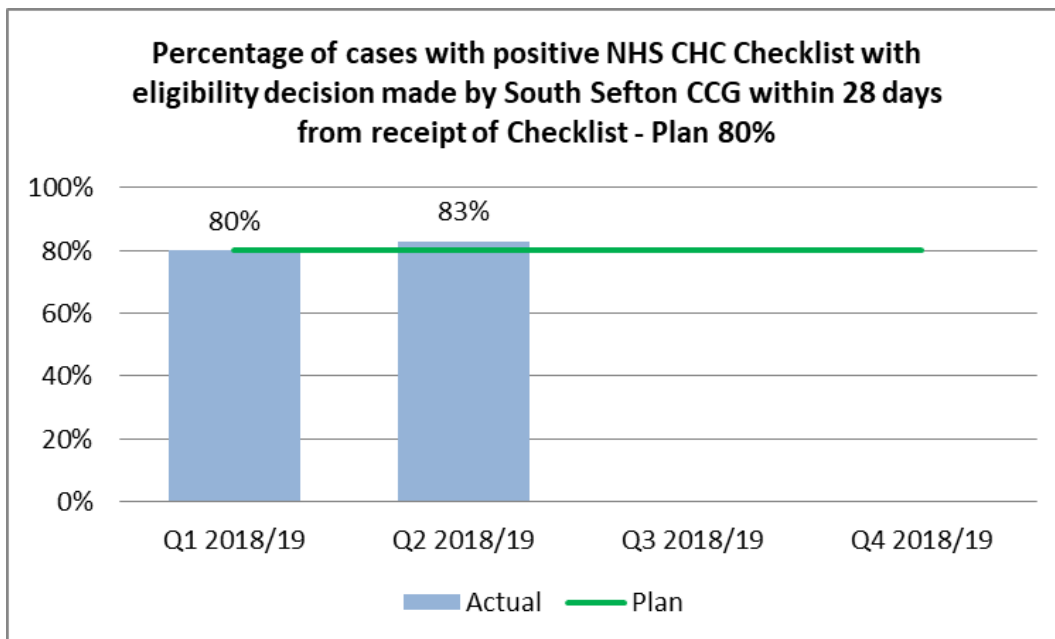
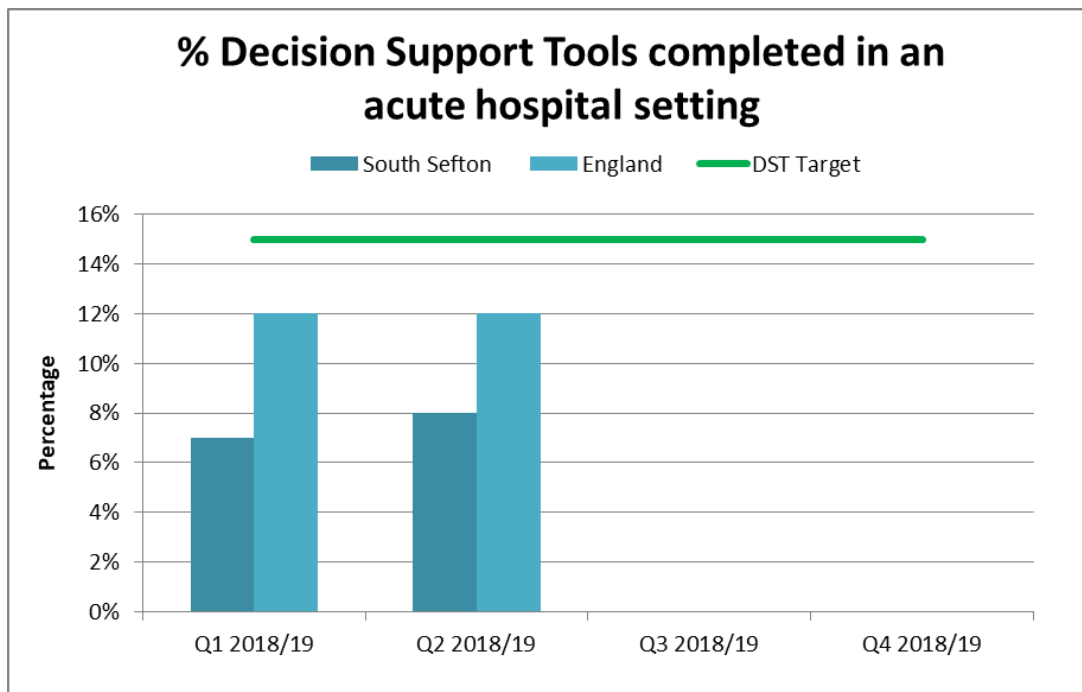


Figure 37 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist



**Figure 38 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed**



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

**Figure 39 - Smoking at Time of Delivery (SATOD)**

	South Sefton		
	Actual	YTD	FOT
Number of maternities	399	775	1550
Number of women known to be smokers at the time of delivery	60	115	230
Number of women known not to be smokers at the time of delivery	338	658	1316
Number of women whose smoking status was not known at the time of delivery	1	2	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 Q2, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

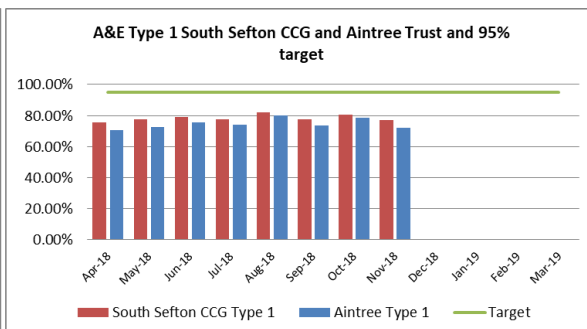
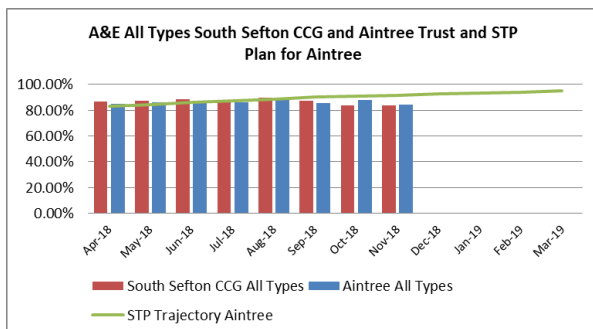
## 4. Unplanned Care

### 4.1 Accident & Emergency Performance

**Figure 40 - A&E Performance**

A&E waits				
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) All Types</b>	18/19 - Nov	95%	86.91%	↓
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(CCG) Type 1</b>	18/19 - Nov	95%	78.35%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) All Types</b>	18/19 - Nov	STP Trajectory Nov Target 91.7%	86.33%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) <b>(Aintree) Type 1</b>	18/19 - Nov	95%	74.65%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	87.2%	88.6%	90%	90.8%	91.7%	%
Aintree All Types	85.10%	85.82%	86.92%	85.92%	88.98%	85.50%	87.89%	84.49%	86.33%



#### Performance Overview/Issues

Aintree have revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust have failed their STP target of 91.7% in November reaching 84.49% (YTD 86.33%). 2,120 attendances out of 13,673 were not admitted, transferred or discharged within 4 hours. Whilst performance was poor in November it related to several significant dips such as issues around medical staffing in A&E and inability to secure locums which pulled the average down. Aintree's performance improved in December showing a positive turnaround, with 86.73%.

#### Trust Actions:

- Implement all actions from the 4 day Rapid Process Improvement Workshop that will improve the patient experience and reduce waste, and therefore increase patients through See and Treat by maximising clinical time. The next 3 day kaizen event will focus on improving the pit stop process in majors and has been scheduled for the 22nd to 24th January 2019. This event will also incorporate improving the turnaround times for ambulance handover and improving the safety and speed of handover releasing ambulance crews promptly from the department.

- Following the review of PCS, implement more effective staffing model incorporating the GP's already working in the department and review referral criteria to increase the numbers of patients to go to PCS. Contractual discussions are being progressed with the relevant doctors. The department is aiming to have concluded these in January 2019 so that the revised service provision can commence in February 2019.
- A review of medical staff rosters has confirmed there is limited scope for increasing the medical staff cover at weekends within the existing resource, mainly related to remaining roster compliant (weekend frequency and educational requirements for junior doctors). Options for achieving sufficient weekend cover have been reviewed and the CBU is preparing a case that will aim to reinvest existing expenditure to increase the WTE numbers of FY3 grades to achieve a sustainable roster at weekends. There may however, still remain a deficit in the number of doctors required and further consideration about how to increase the required number will be worked through.
- Complete Non Elective Flow (NEF) dashboard to enable reliable data to be used to drive decision making. Dashboard has been developed for ED, AEC and assessment areas - development for site team KPI's in progress to support flow from the department once decision is made to admit. ED quality & performance metrics will be displayed in ED to share regularly with staff during huddles. A first draft of the ED quality dashboard will be complete in early January and may require a significant amount of manual data collection initially.
- The department has taken part in a number of live tests for the newly developed Ambulance Handover protocol; test results so far have shown that up to 70% of patients were safe enough to be left by the crew so they can be released to respond to emergency calls. Further tests take place in early January to refine the model and Aintree will be conducting tests with the Super Six Trusts as part of the 90 day improvement project.

#### System Actions:

Action on A&E is supported by a system wide approach with significant involvement of the CCG Urgent Care lead, our community provider and local authority. Work has been refocused following the Newton Europe review with a wide range of work which focuses on improving patient flow within A&E and main hospital in regard to discharge planning that enables movement from A&E for appropriate admissions; as well as admission/attendance avoidance schemes to reduce A&E activity:

- CCG have taken a lead role in facilitating the Newton Europe DTOC project with system wide action plans now developed to support patient flow and enhance quality of care in three specific areas – decision making, placements and home care. Work is being undertaken with all health and social care providers and commissioners across North Mersey. Within Aintree Hospital there is specific focus on the decision making element of this work.
- An escalation plan has been agreed within North Mersey which outlines the expected roles and responsibilities of all providers with guidance as to when issues should be escalated outside of the Trust to commissioners. This has been developed to ensure that resources are used appropriately and that there is a clear understanding of the mutual aid and partnership working that is expected at provider level prior to commissioner engagement.
- The weekly Multi Agency Discharge Events (MADE) which involve representatives from health and social care have been revised to provide a greater focus on areas requiring immediate action. Instead they have been operating as MDT *Flying Squads* from the start of December targeting front of house areas e.g. AED, Frailty, Observation ward.

- Patient Flow Telecoms continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action.
- On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals. Aim to share good practice and roll out to Southport & Formby and Liverpool to ensure consistent offer to NWS.
- Pathway developments underway or being refocused to reduce A&E attendances e.g. Falls being progressed with plans to review DVT and Cellulitis as examples of admissions observed on MADEs.
- Collaborative work being carried out with Liverpool and Knowsley CCGs to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances.
- Weekly Aintree system calls are in place with NHSE and all partners to agree priority areas to progress each week reflecting local requirements. These are working well in maintaining operational and strategic communication across organisations.

### When is the performance expected to recover?

For achievement by March 2019 in line with agreed A&E trajectory.

### Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

**Figure 41 - 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 - Nov	0	1	↔

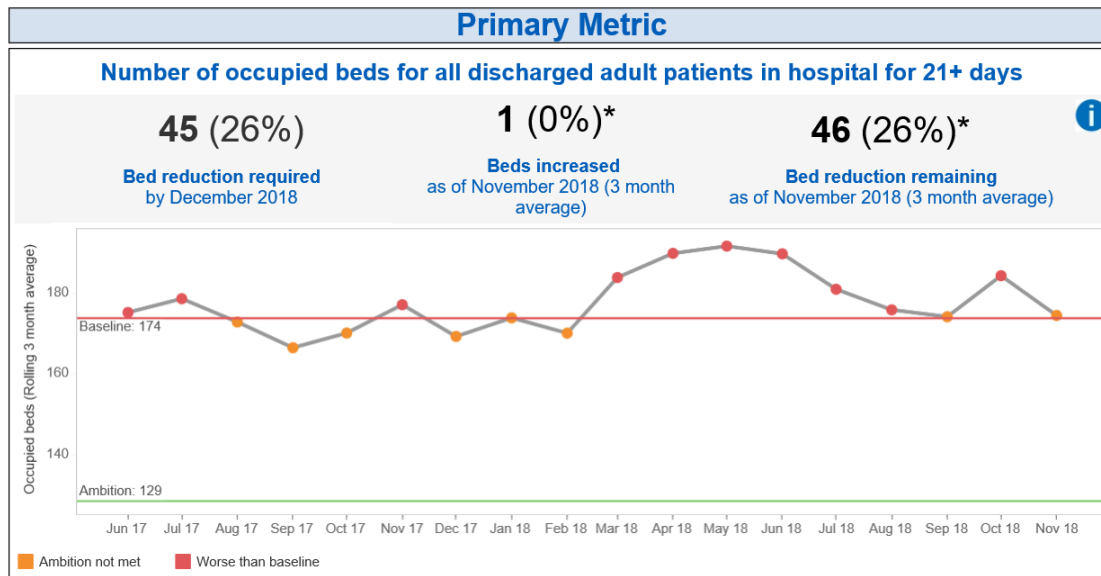
No 12 hour breaches were reported in November. However, Aintree reported one 12 hour breach in July, therefore the year to date total remains at 1, above the zero tolerance threshold.

## 4.2 Occupied Bed Days

NHS England and NHS Improvement expect to reduce long stay patients (as defined by LOS of 21+ days) by 25% and free up at least 4,000 beds by December 2018. The reduction will be monitored on a 3 month rolling basis and success will be judged against the average for Jan-Mar 2019.



**Figure 42 – Occupied Bed Days, Aintree Hospital**



Data Source: NHS Improvement – Long Stays Dashboard

The Trust’s target is to reduce total occupied beds by 45 (26%) by December 2018; therefore the target is 129 or less. This target is yet to be achieved as current reporting for November 2018 (rolling 3 months) shows 174 occupied beds (an increase by 1 bed). This is a decrease of 10 occupied beds compared to last month.

### 4.3 Ambulance Performance

In August 2017 North West Ambulance Service (NWS) 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 90<sup>th</sup> percentile (9 out of 10 times) for Category 1, 2, 3 and 4 incidents.

In November 2018 there was an average response time in South Sefton of 7 minutes 44 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 27 minutes against a target of 18 minutes, the slowest in Merseyside. The CCG also failed the category 3 and category 4 90<sup>th</sup> percentile, again both the slowest times in Merseyside. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

**Figure 43 – Ambulance handover time performance**

Handover Times				
All handovers between ambulance and A & E must take place within 15 minutes (between 30 - 60 minute breaches) - <b>Aintree</b>	18/19 - Nov	0	131	↑
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - <b>Aintree</b>	18/19 - Nov	0	45	↑

**Performance Overview/Issues**

Whilst there was deterioration in the number of delays in excess of 30 minutes from 89 in October to 132 (+43) and 60 minutes from 36 in October to 45 (+9) the number of ambulance attendances increased. The average time from notification to handover also saw a slight increase from 10.13 to 11.32 minutes (+1.19) and the median time to see 1st clinician increased to 72 minutes (+7) against the 60 minute clinical quality indicator. The % of patients seen from registration within 15 minutes decreased to 80.67% (-6.45%). The clinical quality indicators for the number of patients who leave the department before being seen increased from 3.44% in October to 4.12% in November (+0.68%). Patients re-attending in November decreased from 10.62% to 7.89% (-2.73%).

**How are the issues being addressed?**

The Ambulance Response Programme (ARP) is made up of a range of standards – some which are within the delivery of NWS with others that are dependant of acute provider performance in regard to ambulance handover times and the need to release vehicles from A&E on a timely basis. Feedback at the monthly NWS meeting has identified that significant strides are being made by NWS to improve their performance e.g. additional vehicles are now in operation, recruitment of call handlers and utilisation of advanced paramedic within control room on each shift to provide clinical leadership have all helped to improve performance. Focus has been on Aintree and the need to improve handover times. Aintree was identified as one of six sites within the North West and has worked in collaboration with NWS to improve against this standard. The six sites were chosen on the basis of their performance in regard to handover, against the four hour target and their volume of NWS activity. Further support was given to the improvement work from NHS Improvement.

Aintree Proposed Actions:

- Implement all actions from the 4 day Rapid Process Improvement Workshop that will improve the patient experience and reduce waste, and therefore increase patients through See and Treat by maximising clinical time. The next 3 day kaizen event will focus on improving the pit stop process in majors and has been scheduled for the 22nd to 24th January 2019. This event will also incorporate improving the turnaround times for ambulance handover and improving the safety and speed of handover releasing ambulance crews promptly from the department.
- Following the review of PCS, implement more effective staffing model incorporating the GP's already working in the department and review referral criteria to increase the numbers of patients to go to PCS. Contractual discussions are being progressed with the relevant doctors. The department is aiming to have concluded these in January 2019 so that the revised service provision can commence in February 2019.
- A review of medical staff rosters has confirmed there is limited scope for increasing the medical staff cover at weekends within the existing resource, mainly related to remaining roster compliant (weekend frequency and educational requirements for junior doctors).

Options for achieving sufficient weekend cover have been reviewed and the CBU is preparing a case that will aim to reinvest existing expenditure to increase the WTE numbers of FY3 grades to achieve a sustainable roster at weekends. There may however, still remain a deficit in the number of doctors required and further consideration about how to increase the required number will be worked through.

- Complete Non Elective Flow (NEF) dashboard to enable reliable data to be used to drive decision making. Dashboard has been developed for ED, AEC and assessment areas - development for site team KPI's in progress to support flow from the department once decision is made to admit. ED quality & performance metrics will be displayed in ED to share regularly with staff during huddles. A first draft of the ED quality dashboard will be complete in early January and may require a significant amount of manual data collection initially.
- The department has taken part in a number of live tests for the newly developed Ambulance Handover protocol; test results so far have shown that up to 70% of patients were safe enough to be left by the crew so they can be released to respond to emergency calls. Further tests take place in early January to refine the model and Aintree will be conducting tests with the Super Six Trusts as part of the 90 day improvement project.

### When is the performance expected to recover?

ARP performance is expected to demonstrate significant improvements from end of Quarter 2 with continued positive progress (incorporating ambulance handover times) against targets by March 2019. A summary report is being produced to share with CCG Governing Bodies to demonstrate performance against improvement plans at the end of Quarter 2. We are still awaiting information from other ambulance services across the country to ensure that feedback is presented within the context of comparative data.

### Trust Recovery Trajectory

Q1	Q2	Q3	Q4

### Who is responsible for this indicator?

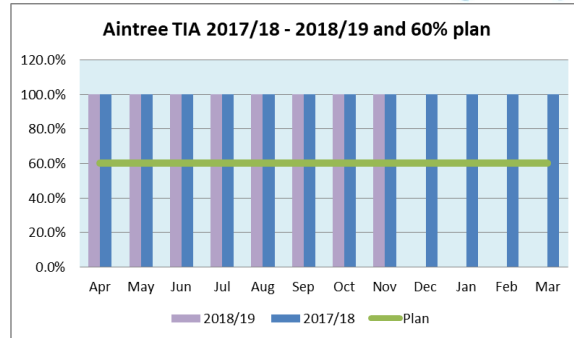
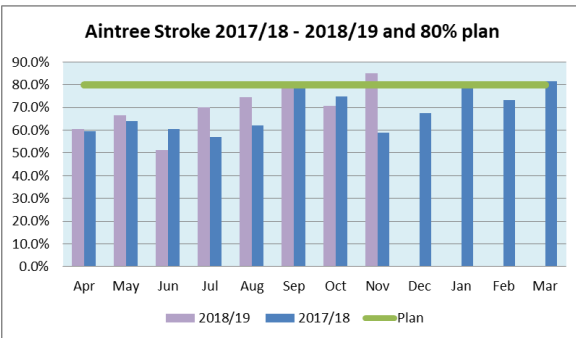
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimmagh	Janet Spallen

## 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 - Nov	80%	85.00%	↑
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	18/19 - Nov	60%	100%	↔



Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Fiona Taylor	Cheshire & Merseyside Lead	Geraldine O'Carroll

#### 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 - Nov	0.00	0.30	↔
Mixed Sex Accommodation (MSA) Breaches per 1000 FCE (Aintree)	18/19 - Nov	0.00	0.00	↔

The CCG reported 2 MSA breaches in November, a breach rate of 0.3. 1 breach was at Brighton & Sussex University Hospital Trust and 1 was at Lancashire Teaching Hospitals.

#### 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 - Nov	35	44	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Nov	30	24	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Nov	0	1	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Nov	0	1	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Nov	85	112	↑
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Nov	No Plan	241	↑

**Performance Overview/Issues**

The CCG had 5 new cases of C.Difficile in November 2018 bringing the year to date total to 44, against a year to date plan of 35 (17 apportioned to acute trust and 27 apportioned to community).

The CCG had no new cases in November but the 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. Aintree also had no new cases of MRSA in October but again have failed the zero tolerance threshold for 2018/19 due to the 1 case reported in May.

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 November there were 10 cases (112 YTD) against a year to date plan of 85. Aintree reported 25 cases in November (241 YTD). There are no targets set for Trusts at present.

**How are the issues being addressed?**

The Gram Negative Bloodstream Infection Steering Group continues to meet on a bi-monthly basis with specific work stream areas on surveillance and reporting; continence and hydration to prevent symptoms of Urinary Tract Infection (UTI). The outputs of the work streams should impact on HCAI outcomes (inclusive of both C.difficile and E.Coli).

**When is the performance expected to recover?**

Quarter 1, 2019/20.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Brendan Prescott	Amanda Gordon

**4.4.4 Hospital Mortality**

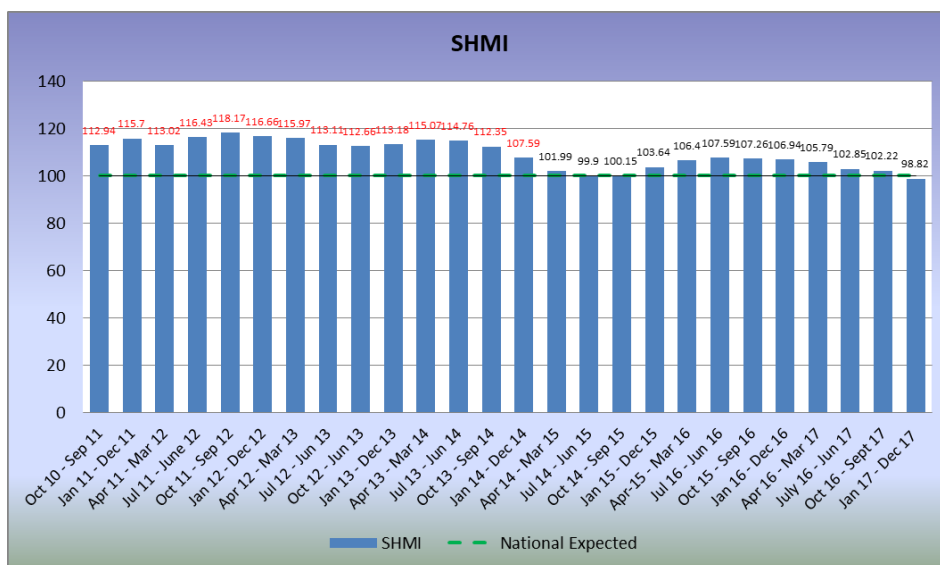
**Figure 47 - Hospital Mortality**

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Nov	100	98.21	↑ ↔
Summary Hospital Level Mortality Indicator (SHMI)	Jan 17 - Dec 17	100	98.82	↓

HSMR has decreased to 98.21 this month (99.30 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 98.82 is marginally better than previous period 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

The recommendations from the MIAA Serious Incident (SI) Review have been incorporated into the CCGs SI improvement plan. There are currently 5 actions that remain amber on the action plan which will continue to be monitored by the JQC on a monthly basis until all actions have been closed.

There are a total of 65 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or involve a South Sefton CCG patient. Those where the CCG is not the RASCI responsible commissioner are highlighted in green in the table below.

**Figure 49 – Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients**

Trust	SIs reported (M8)	SIs reported (YTD)	Closed SIs (M8)	Closed SIs (YTD)	Open SIs (M8)	SIs open >100days (M8)
Aintree University Hospital	5	32	6	49	28	13
Mersey Care NHS Foundation NHS Trust (SSCS)	0	9	1	14	12	5
South Sefton CCG	1	2	0	4	5	3
Mersey Care NHS Foundation NHS Trust (Mental Health)	1	13	8	22	9	5
Royal Liverpool and Broadgreen	1	1	0	0	1	0

North West Boroughs NHS Foundation Trust	1	3	0	0	4	3
Southport and Ormskirk Hospitals NHS Trust	0	2	0	5	1	1
Liverpool Women's Hospital	0	2	1	5	1	0
Liverpool Heart and Chest	0	1	0	0	1	0
Liverpool Community Health	0	0	0	4	2	2
The Walton Centre	0	0	0	0	1	1
<b>TOTAL</b>	<b>9</b>	<b>65</b>	<b>16</b>	<b>101</b>	<b>65</b>	<b>33</b>

Figure 50 – Timescale Performance for Aintree University Hospital

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)		RCAs Received (YTD)				
	Yes	No	Yes	No	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Aintree	22	10	7	24*	32	12	8	4	8

\*N.B. The trust performance against this target continues to improve following an increased emphasis on submission of 72 hour reports. The CCG continue to monitor this requirement and work with the providers to ensure reports are submitted on time or rationales are provided where a 72 hour report is not submitted.

The Trust reported 8 Never Events between August 2017 and April 2018. Individual incident investigations have taken place into each of these events and additional reviews have taken place that considered the incidents thematically. A response to the findings has been incorporated into an aggregated action plan.

A further Never Event was declared in November 2018 following a hip operation in which the wrong cement was used. Following this incident further assurances were sought by the Trust Board and by external partners. A paper outlining the assurances and measures put in place was presented at CQPG in January 2019. The CCG will continue to monitor the provider progress via the contract meetings.

Figure 51 – Timescale Performance for Mersey Care Foundation Trust (South Sefton Community Services (SSCS))

PROVIDER	SIs reported within 48 hours of identification (YTD)		72 hour report received (YTD)		RCAs Received (YTD)			
	Yes	No	Yes	No	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Mersey Care (Community)	9	1	0	10*	5	1	0	2

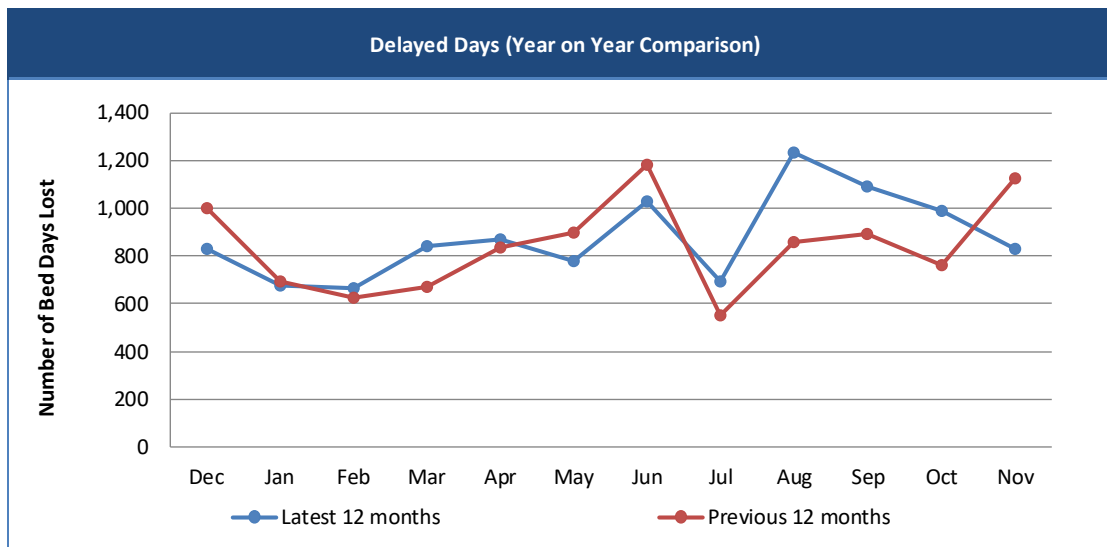
\*N.B. The trust performance against this target is monitored by Liverpool CCG, the Lead Commissioner for Mersey Care Trust.

The Trust provided a verbal update for quarter 2 2018/19 in relation to the Pressure Ulcer Reduction Programme at CCQRM in January 2019. There has been a link identified between staffing levels/staffing knowledge and the development/deterioration of pressure ulcers which has been incorporated into the overarching action plan. The action plan continues to be implemented and is monitored via the Liverpool and South Sefton Community Services Division Pressure Ulcer Harm Free Care Group on a monthly basis.

### 4.6 CCG Delayed Transfers of Care

The CCG Urgent Care lead works closely with Aintree and the wider MDT involving social care colleagues to review delayed transfers of care on a weekly basis. There is weekly telecom to review patients waiting over 7 and 21 days with the aim of ensuring movement against agreed discharge plans. There is opportunity within these interventions to identify key themes which need more specific action e.g. we are presently reviewing our discharge to assess pathway where we aim to ensure DSTs are undertaken outside of a hospital setting. We have also been able to ensure that ward staff are educated on community services which are available to facilitate early discharge with particular focus on ICRAS.

**Figure 52 – Aintree DTOC Monitoring**





DTOC Key Stats			
	This month	Last month	Last year
<b>Delayed Days</b>	<b>Nov-18</b>	<b>Oct-18</b>	<b>Nov-17</b>
Total	830	990	1,125
NHS	84.2%	68.2%	88.1%
Social Care	15.8%	31.8%	11.9%
Both	0.0%	0.0%	0.0%
Acute	55.1%	56.9%	58.0%
Non-Acute	44.9%	43.1%	42.0%

**Reasons for Delayed Transfer % of Bed Day Delays (Nov-18)**

AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	
Care Package in Home	15.8%
Community Equipment Adapt	0.8%
Completion Assessment	1.3%
Disputes	0.0%
Further Non-Acute NHS	41.9%
Housing	1.7%
Nursing Home	0.0%
Patient Family Choice	38.4%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTOC) reported in November was 830, a decrease compared to November 2017 with 1,125. Delays due to NHS have improved, with those due to social care worsening. The majority of delay reasons in November 2018 were due to patient family choice, further non-acute NHS and care package in home. Work has been carried out to review and promote the use of the Choice Policy. Work is also underway by social care to review and enhance capacity within domiciliary care market.

### 4.7 Patient Experience of Unplanned Care

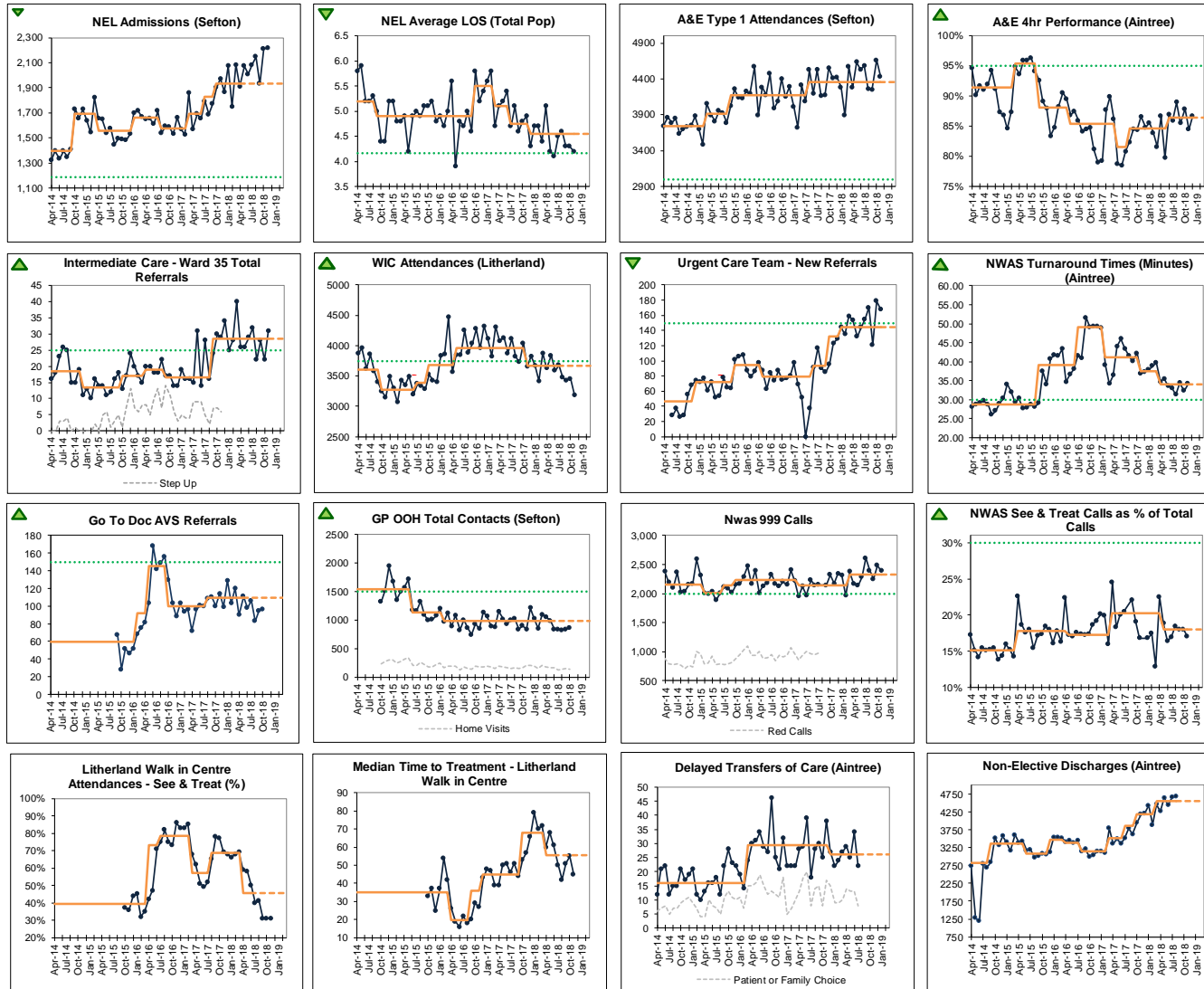
Figure 53 - Aintree A&E Friends and Family Test performance

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
A&E	12.2%	18.9%		87%	86%		8%	10%	

For the A&E friends and family test, the Trust has reported below the England average in November with 86%, a decline on last month. The percentage who would not recommend has also declined, increasing to 10%, above the England average of 8%.

### 4.8 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.



Measure	Description	Expected Directional Travel	
Non-Elective Admissions	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	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	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	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	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	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	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 AVS Referrals	All South Sefton referrals to the Alternative to Transfer (AVS) service.	↑	Commissioners aim to see an increase in referrals to the AVS service.
Go to Doc Out of Hours Activity	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	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	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	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.
Walk-in Centre See and Treat %	The percentage of attendances to Litherland Walk-in centre which were treated and discharged in the WIC with no onward referral.	↑	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.
Walk-in Centre Median Time to Treatment	The median time taken for patients to be treated from arrival at Litherland Walk-in Centre.	↓	Commissioners aim to see lower average time taken to treat patients.
Delayed Transfers of Care	The number of patients who are ready to be transferred from Aintree University Hospital which are delayed.	↓	Commissioners aim to see fewer delayed transfers of care.
Non-Elective Discharges	The number of discharges from Aintree University Hospital from patients who were admitted as Non-Elective.	↑	Commissioners aim to see more Non-elective discharges than admissions.

## 4.9 Unplanned Care Activity & Finance, All Providers

### 4.9.1 All Providers

Performance at Month 8 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £1.4m/5.2%. 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 £360k/1.1%.

At individual providers, Aintree represents the highest over performing provider for unplanned care at month 8 with a year to date variance of £1.6m/7%. In contrast, Liverpool Women's and Alder Hey hospitals are currently underperforming by -£237k/-8% and -£167k/-11% respectively.

**Figure 54 - Month 8 Unplanned Care – All Providers**

PROVIDER NAME	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var	Acting as One Adjustment	Total Price Var (following AAO Adjust)	Total Price Var %
AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	65,848	73,475	7,627	12%	£25,178	£26,867	£1,690	7%	-£1,690	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	6,570	6,177	-393	-6%	£1,458	£1,291	-£167	-11%	£167	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	189	82	-107	-57%	£284	£277	-£7	-2%	£7	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	2,316	2,272	-44	-2%	£3,012	£2,776	-£237	-8%	£237	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	3,636	3,679	43	1%	£1,369	£1,486	£117	9%	-£117	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	7	7	0	3%	£38	£44	£6	15%	-£6	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	78,566	85,692	7,126	9%	£31,339	£32,741	£1,402	4%	-£1,402	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	54	67	13	24%	£13	£32	£19	155%	£0	£19	155%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	65	65	0%	£0	£22	£22	0%	£0	£22	-
SALFORD ROYAL NHS FOUNDATION TRUST	0	28	28	0%	£0	£14	£14	0%	£0	£14	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST*	5,287	5,609	322	6%	£1,880	£2,027	£147	8%	£0	£147	8%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	748	778	30	4%	£302	£314	£13	4%	£0	£13	4%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	49	64	15	30%	£122	£156	£34	28%	£0	£34	28%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	33	33	0%	£0	£19	£19	0%	£0	£19	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	206	206	0%	£0	£93	£93	0%	£0	£93	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	44	35	-9	-21%	£28	£26	-£1	-5%	£0	-£1	-5%
ALL REMAINING PROVIDERS TOTAL	6,182	6,885	703	11%	£2,343	£2,703	£360	15%	£0	£360	15%
<b>GRAND TOTAL</b>	<b>84,748</b>	<b>92,577</b>	<b>7,829</b>	<b>9%</b>	<b>£33,682</b>	<b>£35,444</b>	<b>£1,762</b>	<b>5.2%</b>	<b>-£1,402</b>	<b>£360</b>	<b>1.1%</b>

\*PBR Only

### 4.9.2 Aintree University Hospital NHS Foundation Trust

**Figure 55 - Month 8 Unplanned Care – Aintree University Hospital NHS Foundation Trust by POD**

Aintree University Hospitals Urgent Care PODS	Plan to Date Activity	Actual to date Activity	Variance to date Activity	Activity YTD % Var	Price Plan to Date (£000s)	Price Actual to Date (£000s)	Price variance to date (£000s)	Price YTD % Var
A&E WiC Litherland	27,714	28,259	545	2%	£650	£650	£0	0%
A&E - Accident & Emergency	21,484	23,328	1,844	9%	£2,955	£3,253	£297	10%
NEL - Non Elective	10,312	11,925	1,613	16%	£19,322	£19,810	£488	3%
NELNE - Non Elective Non-Emergency	34	31	-3	-9%	£123	£105	£-18	-15%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	14	157	143	1005%	£4	£38	£34	849%
NELST - Non Elective Short Stay	1,406	1,667	261	19%	£951	£1,104	£153	16%
NELXBD - Non Elective Excess Bed Day	4,883	8,108	3,225	66%	£1,174	£1,908	£735	63%
<b>Grand Total</b>	<b>65,848</b>	<b>73,475</b>	<b>7,627</b>	<b>12%</b>	<b>£25,178</b>	<b>£26,867</b>	<b>£1,690</b>	<b>7%</b>

### 4.9.3 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. However, these plans have not been agreed by the commissioners. 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 £1.6m/7% is mainly driven by an over performance within Non-Elective Excess Bed Days, Non-Elective admissions and Accident & Emergency attendances. Acute Medicine and Geriatric Medicine account for the majority of over performance within Non-Elective Excess Bed Days.

Within A&E, both type 1 attendances and Litherland walk in centre attendances are above plan at month 8 (9% and 2% respectively). May 2018 and July 2018 saw some of the highest monthly attendances recorded at the Trust in the last three years.

Despite the 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 56 - NHS South Sefton CCG – Shadow PbR Cluster Activity

NHS South Sefton CCG	Caseload 2018/19 M8	2018/19 Plan	Variance from Plan	Variance from Caseload 2017/18 M8
0 Variance	61	106	-45	-42
1 Com Prob Low Sev	33	11	22	-8
2 Prob Low Sev/Need	24	7	17	5
3 Non Psychotic Mod	90	72	18	-1
4 Non Psychotic Sev	216	286	-70	-99
5 Non Psychot V Sev	88	84	4	1
6 Non Psychotic Dis	26	35	-9	-12
7 Endur Non Psychot	248	303	-55	-36
8 Non Psychot Chaot	130	133	-3	-7
10 1st Ep Psychosis	160	149	11	10
11 Ongo Rec Psychos	281	320	-39	-57
12 Ongo/Rec Psych	315	397	-82	-86
13 Ong/Rec Psyc High	97	107	-10	-8
14 Psychotic Crisis	27	32	-5	-8
15 Sev Psychot Cris	4	8	-4	-4
16 Dual Diagnosis	54	42	12	13
17 Psy & Affect Dis	34	40	-6	-11
18 Cog Impairment	145	245	-100	-84
19 Cognitive Impairment or Dementia Complicated (Moderate Need)	426	436	-10	-4
20 Cognitive Impairment or Dementia Complicated (High Need)	292	446	-154	-142
21 Cognitive Impairment or Dementia (High Physical or Engagement)	104	119	-15	-28
97	1275	116	1,159	732
98		147		
<b>Total</b>	<b>4130</b>	<b>3641</b>	<b>636</b>	<b>124</b>

### 5.1.1 Key Mental Health Performance Indicators

**Figure 57 - CPA – Percentage of People under CPA followed up within 7 days of discharge**

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

**Figure 58 - CPA Follow up 2 days (48 hours) for higher risk groups**

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
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	50.0%	83.3%	No Patients	87.5%	66.7%
Rolling Quarter				100%	50.0%	75.0%	75.0%	87.5%	81.8%

The breach in November resulting in just 66.7% of patients being followed up within 48 hours was due to both the Inpatient and community team deciding it was actually a 7 day follow-up, but information provided on hospital admission led to RiO classifying it as a 48 hour follow up. The follow up was carried out within the appropriate time frame.

The Trust has reported that coding issues account for these breaches whereby 7 day follow up has been requested from Community teams but RiO defaults to 48 hour follow up due to information recorded at the point of admission. A solution is being worked upon to change the data source for this indicator to a more appropriate place i.e. at the point of discharge to prevent these errors occurring in the future.

**Figure 59 - EIP 2 week waits**

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-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)	53%	80%	100%	57.1%	100%	80.0%	66.7%	75.0%	50.0%
Rolling Quarter				73%	100%	83.3%	77.8%	75.0%	60.0%

The 53% target was narrowly missed in November due to 3 breaches out of 6 Patients. One of these was due to an appointment being offered with 14 days but some confusion about the venue meant this did not take place as planned. Another breach was due to the Service User failing to attend the appointment offered, and the remaining breach was commenced their care package in 18 days although was not considered high risk at the time of triage.

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

Figure 60 - OAP Days

Period	Period Covered	Total number of OAP days over the period
Q4 2017/18	Jan 18 to Mar 18	95
	Feb 18 to Apr 18	80
	Mar 18 to May 18	35
Q1 2018/19	Apr 18 to Jun 18	0
	May 18 to Jul 18	0
	Jun 18 to Aug 18	0
Q2 2018/19	Jul 18 to Sep 18	0
	Aug 18 to Oct 18	0

### 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 workstream 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 has confirmed that through a combination of reorganisation and recruitment they are planning to have 50.3 WTE multi-disciplinary staff providing the CRHTT function from March 2020 onwards.

In November 2018 there were no mental health related 12 hour breaches reported.



### **Eating Disorder Service**

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal. In November 2018 31.25% was reported (5 out of 16 patients).

Trust reported that the number of referrals received has remained high and capacity has reduced with maternity leave, staff sickness and imminent vacancy. In December 2018 the capacity will be further reduced due to annual leave and bank holidays and due to the increase number of referrals in November the Trust created additional assessment slots and reduce therapy slots to accommodate demand and meet the assessment KPI.

The trust are working to address the above and explore alternative interventions to increase resources/capacity including the development a psychological skills/psycho-education group as a waiting list initiative and plan to implement this early in Quarter 4 2018/19.

### **Communication KPIs**

The following communication performance for quarter 2 was discussed at November CQPG and escalated within the Trust and commissioners are expecting significant improvements both in reporting and KPI performance in Quarter 4.

- Communication - (Inpatients). Appropriate Supply of Medication on Discharge (Target 95%): 36.84% (7/19)
- Communication - All discharge communication from In-patient episodes are sent to General Practice within 24 hours from discharge (Target 95%): 63.16% (12/19)
- Communication - Outpatients All clinic/outpatient correspondence/ letters sent to General Practice following the patient's appointment, including discharge from service within 10 working days, excluding weekends and bank holidays (Target 95%): 35% (14/40)
- The Provider must send the clinic letter as soon as reasonably practicable and in any event within 10 days following the service users outpatient attendance and 7 days from 2018 (Target 95%): 35% (14/40)

### **Adult ADHD**

The current adult ADHD service is operating at above commissioned capacity with 284 patients on the caseload against an original cap of 180 and in consequence wait times are on average 2 years duration. This situation is further exacerbated by the decision by Alder Hey to serve notice on commissioners that they will no longer prescribe to ADHD medication of patients aged 18+ on their caseloads and in consequence the prescribing responsibility for these patients need to transfer to adult services from April 2019. There are 56 young adults on the combined Sefton CCGs' footprint aged over 18 who are continuing to be followed up in Paediatric/CAMHS services.

As part of phased approach a business case is being developed with phase 1 being a proposal to increase capacity in the adult service to enable Alder Hey patients to transition across. The CQC review of health services for Children Looked After and Safeguarding in Sefton also identified capacity issues in the Adult ADHD service as having an impact on transition and this will prevent people not having their ADHD being effectively managed and leaving their needs unmet. A case for change was produced for Clinical Advisory Group meeting on 8th January but as this meeting was postponed the paper will be considered by Leadership Team on 22nd January 2019.

### **RiO and KPIs Reporting**

The Trust implemented its new RiO patient information system on 1st June 2018. As per the RiO plan agreed between the trust and Clinical Commissioning Group's (CCGs), the Trust was required to provide shadow data for M5, where available, in order to demonstrate the development work

undertaken by the trust extracting data from the new clinical information system. For M6 reporting the requirement was to report a full set of KPIs which would be used for contract monitoring purposes.

The Trust has reported in November that there are still some instances in which KPI are unable to be reported upon due to staff issues and/or data quality issues and consequently some local KPIs have not been reported upon despite a reporting mechanism being developed and some local KPIs have been reported as sub-optimal but not supported by a narrative. There has been extensive work undertaken within the Trust’s Business Intelligence team in relation to the rollout of the RiO system, however there are some instances whereby the processes have not been followed 100% by all staff and/or data quality issues have been identified.

This issue was discussed at November CQPG and escalated within the Trust and commissioners are expecting significant improvements both in reporting and KPI performance in Quarter 4. A meeting is being arranged with the Trust’s newly appointed strategic contracts lead in January 2019 to discuss the commissioners’ expectations with KPI and activity reporting.

**Safeguarding**

The contract performance notice remains in place in respect of training compliance. Bi-monthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory. The performance notice will remain open for a further 6 months to ensure sustainability.

**5.1.4 Patient Experience of Mental Health Services**

**Figure 61 – Mersey Care Friends and Family Test Performance**

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	3.4%	3.0%		89%	89%		4%	3%	

The Trust’s response rate for mental health services for November has shown a decline from 3.5% to 3%, falling below the England average of 3.4%.

## 5.2 Improving Access to Psychological Therapies

Figure 62 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

South Sefton IAPT KPIs Summary

Performance Indicator	Year	April	May	June	July	August	September	October	November	December	January	February	March	Total
National definition of those who have entered into treatment	2017/18	223	319	331	315	269	289	295	358	232	336	245	283	3,495
	2018/19	315	283	295	331	272	296	360	299					2,451
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%	1.21%	1.36%	1.12%	1.22%	1.48%	1.23%					10.08%
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	52.3%	49.2%	42.7%	47.7%	40.0%	40.8%	45.9%	55.2%					46.6%
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%	100.0%	99.5%	99.5%	99.5%	98.3%					99.5%
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%	100%	100%	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	200	219	203	200	193	214	178					1,632
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	8	10	5	2	5	4					50
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	95	90	92	78	78	96	96					738
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	90.2%	84.6%	93.8%	88.1%	88.6%	87.4%	88.8%	85.2%					88.1%

### Performance Overview/Issues

Cheshire and Wirral Partnership reported 299 patients entering treatment in Month 8, which is an 16.9% decrease from the 360 reported in Month 7. 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 3 2018/19 at 4.2% which equates to 1.4% per month. The access rate for Month 8 was 1.23% and therefore failed to achieve the standard.

The percentage of people moved to recovery was 55.2% in Month 8, which is higher than the 45.9% for the previous month and achieving the target of 50%.

### How are the issues being addressed?

Recovery – The newly appointed clinical lead is reviewing all cases that did not reach recovery to identify any learning.

Access – Group work continues to be rolled out so as to compliment the existing one to one service offer to increase capacity.

**When is the performance expected to recover by?**

The ambition is that the above actions will improve performance in line with the National target to achieve an annual Access rate of 19% in the last quarter of 2018/19.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Sue Gough	Gordon Jones

**5.3 Dementia**

**Figure 63 - Dementia casefinding**

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203	1221	1230	1240	1232
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7	1892.5	1900.9	1906	1904.8
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%	62.0%	63.4%	63.8%	64.5%	64.7%	65.1%	64.7%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

**Performance Overview/Issues**

The latest data on the HSCIC website shows South Sefton CCG are recording a dementia diagnosis rate in November of 64.7%, which is under the national dementia diagnosis ambition of 66.7% and a slight decline on last month when 65.1% was reported.

**How are the issues being addressed?**

The CCG need to find a further 31 patients to achieve the national target of 66.7%. At a meeting between CCG representatives and NHS England it was concluded that despite on-going initiatives it would be unlikely that the CCG would achieve the ambition by December 2018. The CCG will endeavour to achieve the National Ambition by March 2019. The CCG is completing the Dementia Self-Assessment Tool requested by NHS England, which will have full details of the planned actions being undertaken by the CCG. This will be available by the 9th January 2019.

**When is the performance expected to recover?**

The CCG will endeavour to achieve the National Ambition by March 2019.

**Who is responsible for this indicator?**

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Kevin Thorne

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

Figure 64 - NHS South Sefton CCG – Improve Access Rate to CYPMH 18/19 Performance

E.H.9	Q1 18/19		Q2 18/19		Q3 18/19		Q4 18/19		2018/19 YTD	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual
2a- Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	250	310	250	125	250		250		250	435
2b- Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121	3,121
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	8.0%	9.9%	8.0%	4.0%	8.0%		8.0%		8.0%	13.9%

The CCG failed the target of 8% in Q2 with just 4%; a total of 125 children and young people were receiving treatment out of a total 3,121 with a diagnosable mental health condition. This is a decline on last quarter when the target was exceeded with 9.9%.

### 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 65 - South Sefton CCG – Waiting Times for Routine Referrals to CYP Eating Disorder Services (Within 4 Weeks) – 2018/19 Plans (100% 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	21	4		4	
Number of CYP with a suspected ED (routine cases) that start treatment	3	21	6	21	4		4	
%	100.00%	100.00%	100.00%	100.00%	100.00%	-	100.00%	-

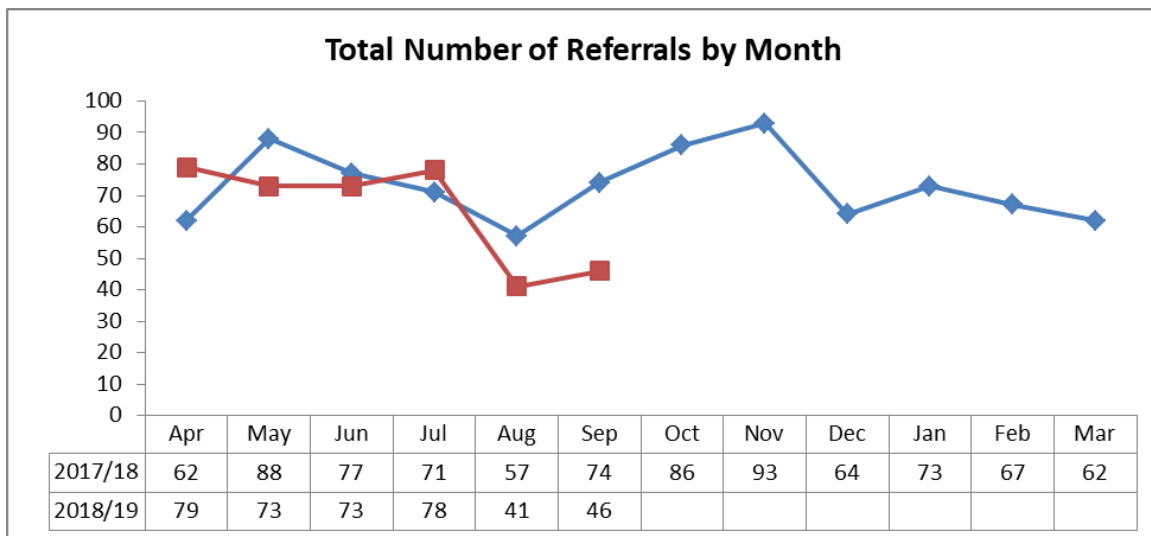
Figure 66 - South Sefton CCG – Waiting Times for Urgent Referrals to CYP Eating Disorder Services (Within 1 Week) – 2018/19 Plans (100% Target)

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

### 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 2 2018/19. The date period is based on the date of referral so focuses on referrals made to the service during July to September 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 67 – CAMHS Referrals**



Throughout quarter 2 2018/19 there were a total of 165 referrals made to CAMHS from South Sefton CCG patients. There was a decrease in referrals in August (from 78 in July to 41 in August) and the number remained low in September (46).

The following tables will focus on the 63 referrals that have been 'Allocated'.

**Figure 68 – CAMHS Waiting Times Referral to Assessment**

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	28	44.4%
2-4 Weeks	9	14.3%
4- 6 Weeks	2	3.2%
6-8 weeks	10	15.9%
8- 10 weeks	7	11.1%
Over 10 weeks	5	7.9%
Blank	2	3.2%
<b>Total</b>	<b>63</b>	<b>100%</b>

The biggest percentage (44.4%) of referrals where an assessment has taken place waited between 0 and 2 weeks from their referral to assessment. All allocated referrals waited 13 weeks or less from point of referral to an assessment being made.

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.

Alder Hey have received some additional funding for staff for CAMHS services, and additional funding for neurodisability developmental pathways (ADHD, ASD). These should contribute to reducing CAMHS waiting times.

**Figure 69 - CAMHS Waiting Times Assessment to Intervention**

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	7	11.1%	35.0%
2-4 Weeks	4	6.3%	20.0%
4- 6 Weeks	2	3.2%	10.0%
6-8 weeks	2	3.2%	10.0%
8- 10 weeks	3	4.8%	15.0%
10-12 Weeks	1	1.6%	5.0%
12- 14 Weeks	1	1.6%	5.0%
(blank)	43	68.3%	
<b>Total</b>	<b>63</b>	<b>100%</b>	<b>100%</b>

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.

68.3% (43) 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 43 referrals were discounted, that would mean 35.0% (7) of referrals waited 2 weeks or less from assessment to intervention. Collectively 75.0% (15) of those referrals where an intervention took place waited 8 weeks or less from assessment to first intervention.

## 5.7 Learning Disability Health Checks

**Figure 70 – Learning Disabilities Performance Measures**

2018/19			
CCG Name	Total Registered	Total Checked	Total % Checked
<b>Plan</b>	<b>675</b>	<b>126</b>	<b>18.7%</b>
Q1	200	37	18.5%
Q2	153	62	40.5%

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 in 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 2, the CCG reported a performance of 40.5%, above the plan of 18.7%. However, just 153 patients were registered compared to a plan of 675, with just 62 checked compared to a plan of 126.

## **6. Community Health**

### **6.1 Mersey Care Community Contract**

The information leads from the CCG and 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 new ways of reporting for 2019/20 are being had. The service reviews are now complete and the Trust and CCG community contract leads have had a number of meetings to discuss outcomes and recommendations. It has been agreed that reporting requirements and activity baselines will be reviewed alongside service specifications and transformation.

#### **6.1.1 Quality**

The CCG Quality Team and Mersey Care NHS Foundation Trust (MCFT) have agreed and signed off the Quality Schedule KPIs, Compliance Measures and CQUIN for 2018/19 for community services. Initial discussions with regards possible new indicators for inclusion in 2019/20 are underway. Providers are keen to align as much as possible with Liverpool CCG quality measures going forward. In terms of improving the quality of reporting, providers are given quarterly feedback on Quality Compliance evidence which will feed through CQPG/ CCQRM. Providers are asked to provide trajectories for any unmet indicators and or measures.

There have been a number of MCFT community quality site visits which have been well received by front line staff.

#### **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.

Diabetes DNAs were at 13.3% in October, a further decline on last month, showing a significant steady decline throughout the year. An update for November is currently unavailable due to a data reporting issue.

Dietetics performance has shown a decline with 14.6% and therefore remains above the threshold. The service has failed each month of 2018/19 and the trend continues. 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.



Provider Cancellations

The Trust monitors performance against a 3.5% threshold.

Treatment rooms continues to report above the threshold with 4.6% in November, a further decline on last month. Podiatry performance has also declined with 5.8% in November compared to October when it was achieved with just 2.3%.

### 6.1.3 Waiting Times

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

Physiotherapy: October's completed pathways reported a 95<sup>th</sup> percentile of 22 weeks, a further decline on last month when 21 weeks was reported. The longest waiter on the incomplete pathway was at 24 weeks.




Occupational Therapy: October's completed pathways reported a 95<sup>th</sup> percentile of 19 weeks, showing no improvement on last month. A steady increase in average waits over the past four months can be seen in this service for the completed pathways with the incomplete following the same trend. The longest waiter on the incomplete pathway in October was at 21 weeks.

Podiatry: October's completed pathways reported a 95<sup>th</sup> percentile of 24 weeks and 92<sup>nd</sup> percentile on the incomplete at 21 weeks, with the longest waiting patient at **48 weeks**. This shows a further decline compared to the previous month. The Trust has stated the decline in performance is due to staff sickness and an action plan is in place to improve. The CCG has received the action plan.

Nutrition & Dietetics: October's completed pathways position has shown no further improvement from 19 weeks reported in September, remaining at 19 weeks in November. The longest wait is currently recorded at 29 weeks.

### 6.1.4 Patient Experience of Community Services

**Figure 71 – Mersey Care Community Friends and Family Test Performance**

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	3.3%	1.6%		96%	96%		2%	2%	

For community services Mersey Care is reporting a response rate of 1.6% in November against an England average of 3.3%. The percentage who recommended the service was 96%, lower than last month but in line with the England average of 96%. The percentage who would not recommend increased to 2% but is still in line with the England average of 2%.

Currently all teams have a target of two friends and family cards to be completed for each practitioner per month. Completed cards are then shared with the Governance and Quality Team for reporting.

## **6.2 Any Qualified Provider Mersey Care Podiatry Contract**

At month 8 2018/19 the total year to date costs for the CCG were £169,595 with 4,350 contacts. There have been data quality issues in respects of follow ups reported by Mersey Care NHS FT and the Trust has advised of a methodology to produce a proxy split. The Merseyside AQP contracts for Podiatry expired on 30<sup>th</sup> 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 1<sup>st</sup> May 2017, therapy services were transitioned across to Alder Hey; the CCG will continue close monitoring of performance and patient safety particularly in relation to waiting times.

## **6.3 Alder Hey Community Services**

### **6.3.1 Services**

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

- Paediatric Continence
- Paediatric Dietetics
- Paediatric Occupational Therapy
- 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 October 2018.

Paediatric SALT: In October the Trust reported 38 weeks for the 92<sup>nd</sup> percentile for incomplete pathways, with 3 patients waiting as long as 45 weeks. Performance has steadily declined throughout the year. 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 Sefton CCGs. The CCGs have agreed some funding but not the full amount requested by Trust. Further discussion required re revised model. This issue is linked with the Autistic Spectrum disorder (ASD) pathway.

### **6.3.3 Patient DNA's and Cancellations**

Paediatric Dietetics: The Trust's performance has declined significantly in October and is now reporting below the threshold.

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

**Figure 72 - 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	Nil return	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	Nil return	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. Quarter 2 was also a nil return. 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 2 2018-19 Report* has been circulated to relevant commissioning leads. Referrals to some services have increased during Q2, whilst others remained more stable. Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on staffing and resources.

### Age Concern – Liverpool & Sefton

The Befriending and Reablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. During Q2 260 service users engaged with the service. 25 cases were closed and 55 referrals received. All referred clients were assessed within 14 days of initial referral, all received plans detailing Reablement outcomes, and 96 care plan reviews took place within 6 weeks of service commencement. A particularly pleasing aspect is that GP referrals in Q2 increased by 11% compared to Q1. Age Concern staff attended a locality meeting during the period and are scheduled to address a further meeting in Q3.

### Alzheimer's Society

The Society continued to deliver Dementia Support sessions in GP practices during Q2 (6 in South Sefton and 3 in Southport & Formby). Pre-arranged sessions are booked and run on an as-needed basis. 8 practices were actively engaged with during the period and a further 7 will be visited during the next 3 months. The Society received 75 new referrals. For the second quarter running more were received via the local health economy than self/carer referrals. 110 cases were closed. The Side-by-Side service presently has 20 people matched with volunteers enjoying a range of activities, conversations and social events. Dementia Community Support conducted 72 Individual

Needs Assessments. The Dementia Peer Support Group ran 11 Singing for the Brain, 5 Active & Involved and 12 Reading sessions, plus 12 Memory Cafes. Over four days at the annual road show in Southport Flower Show 750 people stopped to have a chat, pick up a leaflet or ask for advice or support.

#### Citizens Advice Sefton

Advice sessions to in-patients at Clock View Hospital, Walton continue. During Q2 51 new referrals were received. 51% were from Mental Health Professionals or GPs (a 22% increase on Q1) with 43% Self/Carers and 6% from other sources. 63% of new referrals had mental health problems, 17% another disability (or type not given), 14% a long-term health conditions and 6% multiple impairments. 83% of enquiries were for general benefits, with others comprising Universal Credit, debt, health and community care, housing, legal, relationships and family, travel and transport issues. 53% of service users were Female, 45% Male and 2% Other. During Q2 50 cases were closed. As a result of service interventions (in terms of benefit/tax credit gain e.g. a new award or increase following a revision, appeal or money put back into payments) financial outcomes totalled £346,533.

#### Crosby Housing and Reablement Team (CHART)

During Q2 the service received 63 new referrals, with the main source being Mersey Care NHS Foundation Trust 69%. Other referral sources included Sefton Metropolitan Borough Council (MBC) Adult Social Care, housing offices, self-referrals and floating support staff. Case outcomes during the period included accommodating 33 service users and supporting a further 32 people to stay in their current residence. The service helped 7 people avoid hospital admission (and enabled 15 patients to be discharged). It prevented 20 people from becoming homeless; moved 3 into less supported accommodation (and 8 into more); assisted 17 move into independent accommodation; and 8 into accommodation with the same level of support.

#### Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. 78% of new referrals were received from Mersey Care NHS Trust whilst 22% were Self/Carer referrals. All of Expect Limited's existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post Traumatic Stress Disorder etc. During Q2 there were 1,759 drop-in contacts (Monday to Friday). A total of 2,103 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*, together with outreach support.

#### Imagine independence

During Q2 Imagine Independence carried forward 37 existing cases. A further 121 were referred to the service via IAPT and 50 cases were closed during the period. Of the new referrals 53% were female and 47% male. All completed personal profiles and commenced job searches. A total of 40 service users attended job interviews; 22 managed to secure paid work for 16+ hours per week; and a further 2 secured paid work for less than 16 hours per week. The service supported 53 people in retaining their current employment, and liaised with employers on behalf of clients. Activities included completed job profiles 23%, employment courses attended 8%, commenced job search 23%, job interviews attended 29%, employment engagement meetings attended by service 1% and service contact with employers 16%.

#### Netherton Feelgood Factory

The service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). In Q2 three paid staff were employed together with a small number of volunteers. New

referrals together with existing cases saw 60 people accessing the service. Referral routes included GP practices and mental health professionals. The vast majority of clients were drawn from either Litherland (51%) or Netherton & Orrell (41%) electoral wards as well as Birkdale (4%), Harrington (4%) and Manor (2%). 54% of clients were female and 46% male, with an ethnicity of White British. Examples of work undertaken during Q2 included working with a client to tackle issues relating to domestic violence, his own troubled past and the effect on his children; and helping a client forced to leave work due to her poor mental health, anxiety and depression.

#### Parenting 2000

During Q2 the service received 14 adult and 107 child referrals. A total of 128 service users accessed counselling for the first time. Of the 912 appointments available during this period a total of 855 were booked and 635 were actually used. There were 103 cancellations whilst 117 did not attend their scheduled appointment. The top five referral sources during Q2 were Self/Carer/Parent 30%, GP recommendations 22%, Hospital 17% GP 8% and Other VCFSE 6%.

#### Sefton Advocacy

During Q2 248 existing cases were brought forward. A total of 131 new referrals were received and of these 17% were signposted to more appropriate support, whilst 5% comprised general enquiry /information-only queries. 79 cases were closed, the reasons being Cases completed 59%, Advocacy not wanted 22%, Advocacy not appropriate 1%, Service user deceased 4% and Unable to contact service user 14%. During Q2 there were a total of 1,826 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 24%, Representations made 17%, Information supplied 20%, Client empowerment 16%, Signposting 10% and Support 13%. During Q2 these case outputs resulted in financial outcomes worth a total of £232,010 being achieved.

#### Sefton Carers Centre

The Satisfaction Impact Survey revealed 65% of service users were 'extremely satisfied'. ICT systems implemented during Q2 will aid efficiency and security. The Centre is supporting Sefton MBC's Carers Strategy refresh. The Council is also considering Parent Carers, Carer Assessment arrangements, whilst Sefton Carers is reviewing Parent Carers support groups. Practices in Crosby are presently piloting the GP Carers Charter. The Centre reported tribunal cases are increasing whilst Universal Credit roll out means maintaining carers' income levels is now a key priority. During the period 259 new carers were registered (37 are Parent Carers). 263 Child Needs Assessments were completed or closed. £229k of additional or maintained annual income was secured, plus £34k back payments. 264 information and guidance contacts were made. 2 new volunteers were recruited to the (non-personal care) sitting service (that enables carers to have a short break). 140 hours of sitting service was provided with a volunteer value of £22k. Physical and emotional health and wellbeing is also provided by counselling and holistic therapies (with 91% of therapy users reporting this had a marked or significant positive impact on them). Skills training was provided for 80 carers, 45 Emergency Cards issued (for peace of mind) and 57 carers signposted to additional support.

#### Sefton Council for Voluntary Service

During Q2 the BME Community Development Worker supported 14 new referrals and 53 existing service users. People were helped to register with a GP and access mental health services. The majority of enquiries were around mental health, legal issues, safeguarding, benefits, finance, debt and general health. During the period Children, Young People and Families (CYPF) facilitated 3 network/forum meetings that had 24 attendees. The CYPF lead now has responsibility for management of VCFSE capacity building, volunteer co-ordination and collaborative working with Sefton MBC and the Clinical Commissioning Groups. Plans contributed to include the green paper

on health and social care. Health and Wellbeing Trainers saw 181 new referrals during Q2 with service users helped to address social exclusion, attitude/confidence issues, financial problems, accommodation needs, health issues (including smoking and weight loss), drug and alcohol problems and family and relationships issues. Total client contacts numbered 758. The Reablement/ Signposting service had 113 client contacts, with all enquiries resolved. The number of contacts at Strand By Me was 400 whilst there were 2,336 distinct users of the online service directory. Key areas of support included social inclusion 31%, everyday living/food 13%, health-related issues 8% and risk management 6%.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCFSE partnership working. During Q2 there were 624 new referrals. 172 assessments were completed and 84 are pending further action; 67 were already active in the service; 72 were placed on the waiting list; 8 were referred to a partner agency and 15 recorded under the Other category; 5 were found to be not within SWACA's remit and 4 subsequently moved out of the area; 188 were closed due to support being refused and a further 7 closed as SWACA was unable to contact the service user. There are currently 166 women and 75 children in receipt of support. During the period the refuge accommodated 2 women along with 3 children for 7 weeks. 91% were female service users and 9% male. Referrals came from various sources, with the top three being the police 41%, self-referrals 19% and CYPS Safeguarding Children 15%. Other sources included Adult Social Care, Children's Centres, family and friends.

#### Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During Q2 there were 79 referrals in South Sefton and 77 in Southport & Formby. Working age stroke survivors and carers figures were 29% and 16% respectively. These were given post-stroke information on going back-to-work, welfare benefits, available financial and emotional support, and help for young families. 179 stroke survivors were discharged. The top 5 outcome indicators were better understanding of stroke 19% (and stroke risk 8%), feeling reassured 17%, enabled to self-manage stroke and its effects 7% and improved physical health and wellbeing 7%. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the Communication Group, Peer Support Group and Merseyside Life After Stroke Voluntary Group. 130 volunteering hours were worked across Sefton during Q2 that equates to £1,691.00. The Association also assists with applications for grant payments/benefits, securing 9 recovery grants totalling £2,549.35.

#### Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q2 65 women were part-way through their 12 allocated counselling sessions whilst 10 have exceeded twelve weeks and are continuing. There were 78 new referrals for Counselling. The main referral sources were GP referral 38%, Self-referral/Carer 36%, Mersey Care NHS Trust 7% and Social Workers 5%. Of the counselling sessions available during this period 66% were booked and used, 29% were cancelled by the client and just 5% were recorded as Did Not Attend. 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. 2 referrals were made to the

Outreach Service (with 73 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. 5 new referrals were received during the period with 96 attendances in total.

## 8. Primary Care

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

**Figure 73 - 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). An extended hour's hub model will launch on 1<sup>st</sup> October 2018 to provide extended access in line with the GP Five Year Forward View requirements. The CCG is currently awaiting the release of October 2018 data.

### 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 was 1 recent inspection on 27<sup>th</sup> December 2018 at Crosby village surgery which achieved an overall rating of 'Good'. All the results are listed below:

Figure 74 - 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 Centre	05 June 2018	Good	Good	Good	Good	Good	Requires Improvement
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
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	27 December 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 November 2016	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	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)	31 July 2018	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	23 September 2016	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	07 September 2018	Good	Good	Good	Good	Good	Good
Y00446	Maghull Practice PC24	30 October 2018	Good	Requires Improvement	Good	Good	Good	Good
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 PC24	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 PC24	24 September 2015	Good	Requires Improvement	Good	Good	Good	Good

Key	
<span style="background-color: #92d050; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Outstanding
<span style="background-color: #4CAF50; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Good
<span style="background-color: #FFC107; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Requires Improvement
<span style="background-color: #F44336; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Inadequate
<span style="background-color: #9E9E9E; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Rated
<span style="background-color: #9E9E9E; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	= Not Applicable

## 9. Better Care Fund

A revised quarter 2 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in November 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 Q2 BCF performance is as follows:



**Figure 75 – BCF Metric performance**

Metric	Definition	Assessment of progress against the planned target for the quarter
NEA	Reduction in non-elective admissions	Not on track to meet target
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not 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	Not on track to meet target
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target

Figure 76 – BCF High Impact Change Model assessment

		Maturity Assessment				
		Q4 17/18	Q1 18/19	Q2 18/19 (Current)	Q3 18/19 (Planned)	Q4 18/19 (Planned)
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Plans in place	Established
Chg 2	Systems to monitor patient flow	Established	Plans in place	Plans in place	Plans in place	Established
Chg 3	Multi-disciplinary/multi-agency discharge teams	Established	Plans in place	Plans in place	Established	Mature
Chg 4	Home first/discharge to assess	Mature	Established	Plans in place	Plans in place	Established
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place	Established
Chg 6	Trusted assessors	Established	Plans in place	Plans in place	Plans in place	Established
Chg 7	Focus on choice	Plans in place	Not yet established	Plans in place	Plans in place	Established
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Plans in place	Established

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

### **10.1 Background**

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 8 performance and narrative detailed in the table below.

**Figure 77 - South Sefton CCG's Month 8 Submission to NHS England**

November Month 08 2018	Month 08 Plan	Month 08 Actual	Month 08 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%	
<b>Referrals (MAR)</b>					
GP	3,402	3,344	-1.7%	An issue has been identified with the CCGs main hospital provider regarding month 6 referrals data. This was related specifically to the paper switch off in preparation for ERS implementation. Feedback suggests this is a result of paper referrals potentially being rejected and a replacement electronic referral received after the end of the month. The provider has assured the CCG that refreshes of local referral data will continue to be received each month. However, referral patterns may be impacted in the immediate months following ERS implementation. Despite this, GP referrals in month 8 were within the 2% tolerance and year to date referrals are also within the 2% threshold. Month 8 saw 'other' referrals remain above average and plan and total numbers were comparable to the previous month. Despite this, referrals remain within the statistical norm and are expected to decrease in month 9 in line with plan. Discussions regarding referrals are also on-going via the information sub group and contract review meetings.	
Other	2,343	2,760	17.8%		
<b>Total (in month)</b>	<b>5,745</b>	<b>6,104</b>	<b>6.2%</b>		
Variance against Plan YTD	46,463	47,363	1.9%		
Year on Year YTD Growth			0.4%		
<b>Outpatient attendances (Specific Acute) SUS (TNR)</b>					
All 1st OP	4,939	4,943	0.1%		
Follow Up	10,874	11,658	7.2%		
<b>Total Outpatient attendances (in month)</b>	<b>15,813</b>	<b>16,601</b>	<b>5.0%</b>		
Variance against Plan YTD			0.0%		
Year on Year YTD Growth			-2.6%		
<b>Admitted Patient Care (Specific Acute) SUS (TNR)</b>					
Elective Day case spells	1,911	1,852	-3.1%	YTD elective activity is in line with planned levels. Seasonal variation in month has shown decreased levels for electives but nothing outside the statistical norm and activity variances are minimal and spread across various specialities. Day case trends are slightly higher to 1718 levels but with similar seasonal trends.	
Elective Ordinary spells	263	265	0.8%		
<b>Total Elective spells (in month)</b>	<b>2,174</b>	<b>2,117</b>	<b>-2.6%</b>		
Variance against Plan YTD	16,680	16,524	-0.9%		
Year on Year YTD Growth			0.5%		
<b>Urgent &amp; Emergency Care</b>					
Type 1	4,170	4,376	4.9%	Issues remain with the CCG unable to replicate TNR CAM in local information provided by DSCRO. Urgent care levels are closely monitored by our Urgent Care leads within the CCG who link closely with our local acute providers. Local monitoring suggests total A&E attendances are approx. 2.1% higher YTD when comparing to 17/18. Although increased activity levels have been noted in 1819, CCG's local monitoring of A&E activity show month 8 levels decreased to the previous month and were below an average for 18/19. However, the 4hr target position at the main hospital provider has decreased slightly at approx. 84.9% in month 8.	
Year on Year YTD			3.3%		
<b>All types (in month)</b>	<b>8,619</b>	<b>8,128</b>	<b>-5.7%</b>		
Variance against Plan YTD	69,841	67,670	-3.1%		
Year on Year YTD Growth			-1.3%		
<b>Total Non Elective spells (in month)</b>	<b>1,912</b>	<b>2,218</b>	<b>16.0%</b>	Changes in pathway at the CCG's main provider part way through 2017/18 resulted in higher levels of admissions and this trend has continued into 2018/19 with admission rates continuing to rise. The increase is focused predominantly with the zero length of stay / short stay categories. 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. On-going discussions with the Trust are taking place via contract routes to establish the nature of the increase. Local monitoring suggests a 3% decrease in emergency admissions in month 8 when compared to the previous month, which aligns to seasonal trends.	
Variance against Plan YTD	15,179	17,337	14.2%		
Year on Year YTD Growth			17.0%		

## MEETING OF THE GOVERNING BODY February 2019

<b>Agenda Item:</b> 19/9	<b>Author of the Paper:</b> Luke Garner Interim - Strategy & Outcomes Officer
<b>Report date:</b> February 2019	Email: <a href="mailto:luke.garner@southseftonccg.nhs.uk">luke.garner@southseftonccg.nhs.uk</a> Tel: 0151 317 8465
<b>Title:</b> South Sefton Clinical Commissioning Group Improvement and Assessment Framework 2018/19 Quarter 1 Exception Report.	
<b>Summary/Key Issues:</b> This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q1 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.	
<b>Recommendation</b>	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 "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** **February 2019**

### **1. Executive Summary**

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

An IAF dashboard is released by NHS England on a quarterly basis identifying areas of declining performance, or performance indicators which sit in the most adverse quartile nationally. The Q1 dashboard was released on My NHS in November 2018.

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 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 2018/19 CCG Improvement and Assessment Framework, and a summary of Q1 performance including exception commentary regarding CCG Improvement and Assessment Framework indicators for which the CCG is either ranked as performing in the lowest 25% of CCGs nationally, or where performance is consistently declining. The report describes reasons for underperformance, actions being taken by clinical and managerial leads to improve performance, and expected date of improvement.

### **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 – Q1 2018/19 IAF Dashboard  
**NHS South Sefton CCG**

2017/18 Year End Rating:

Requires improvement

Better Health		Period	CCG	Peers	England	Trend
102a	% 10-11 classified overweight	2014-15 to 2016-17	35.1%	↓	3/11	122/195
103a	Diabetes patients who achieve 2016-17		41.3%	↑	5/11	63/195
103b	Attendance of structured education (2016-17 cohort)		8.6%	↑	5/11	64/195
104a	Injuries from falls in people 65+	17-18 Q3	3,018	↑	11/11	186/195
R 105b	Personal health budgets	18-19 Q1	18.06	↓	9/11	78/195
106a	Inequality Chronic - ACS & UC	17-18 Q3	3,759	↑	10/11	184/195
R 107a	AMR: appropriate prescribing	2018 07	1.193	↓	6/11	183/195
R 107b	AMR: Broad spectrum prescribing	2018 07	7.9%	↓	7/11	64/195
R 108a	Quality of life of carers	2018	0.58	○	7/11	125/195

Sustainability		Period	CCG	Peers	England	Trend
R 141b	In-year financial performance	18-19 Q1	Amber	↑		
R 144a	Utilisation of the NHS e-referral	2018 07	50.7%	↑	11/11	182/195
R 145a	Expenditure in areas with higher deprivation	18-19 Q1	Amber	○		

Leadership		Period	CCG	Peers	England	Trend
R 162a	Probity and corporate governance	18-19 Q1	Fully compliant	↔		
163a	Staff engagement index	2017	3.72	↑	8/11	148/195
163b	Progress against WRES	2017	0.05	↓	2/11	5/195
164a	Working relationship effective	2017-18	69.96	↑	8/11	80/195
166a	CCG compliance with standards	2017	Green	○		
R 165a	Quality of CCG leadership	18-19 Q1	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	18-19 Q1	58	↔	8/11	141/195
R 121b	High quality care - primary care	18-19 Q1	66	↑	6/11	96/195
R 121c	High quality care - adult social care	18-19 Q1	62	↑	3/11	77/195
122a	Cancers diagnosed at early stage	2016	51.5%	↑	5/11	118/195
R 122b	Cancer 62 days of referral to treatment	18-19 Q1	83.2%	↓	8/11	83/195
122c	One-year survival from all cancer	2015	72.7%	↑	2/11	63/195
R 122d	Cancer patient experience	2017	9.0	↑	2/11	5/195
R 123a	IAPT recovery rate	18-19 Q1	48.3%	↑	10/11	164/195
R 123b	IAPT Access	18-19 Q1	3.8%	↓	6/11	142/195
R 123c	EIP 2 week referral	2018 09	74.1%	↓	7/11	112/195
123d - CYP mental health (not available)						
123f MH - OAP (not available)						
123e MH - Crisis care and liaison (not available)						
123g MH - health checks (not available)						
123h MH - cardio metabolic assessments (not available)						
R 123i	MH - investment standard		Compliant	○		
123j MH - DQMI (not available)						
R 124a	LD - reliance on specialist IP care	18-19 Q1	67	↑	4/11	135/195
124b	LD - annual health check	2016-17	28.3%	↑	11/11	190/195
124c	Completeness of the GP learning	2016-17	0.45%	○	11/11	116/195
R 125d	Maternal smoking at delivery	18-19 Q1	14.7%	↓	3/11	149/195
125a	Neonatal mortality and stillbirth	2016	3.3	↓	5/11	31/195
125b	Experience of maternity services	2017	81.8	○	9/11	133/195
125c	Choices in maternity services	2017	63.6	○	1/11	47/195
R 126a	Dementia diagnosis rate	2018 08	64.5%	↑	10/11	145/195
126b	Dementia post diagnostic support	2016-17	74.6%	↑	9/11	175/195
127b	Emergency admissions for UC	17-18 Q3	3,468	↑	10/11	183/195



R	127c	A&E admission, transfer, disc 2018 10	83.6%	↓	10/11	159/195	
R	127e	Delayed transfers of care per 12018 09	12.5	↓	9/11	138/195	
	127f	Hospital bed use following em 17-18 Q3	614.1	↑	11/11	182/195	
	105c	% of deaths with 3+ emergenc 2017	7.84%	↑	11/11	188/195	
R	128b	Patient experience of GP servi 2018	82.5%	○	8/11	127/195	
R	128c	Primary care access 2018 08	0.0%	↔			
R	128d	Primary care workforce 2018 03	0.85	↓	9/11	159/195	
R	128e	Primary care transformation i 18-19 Q1	Green	○	1/11	1/195	
R	129a	18 week RTT 2018 09	87.9%	↓	8/11	94/195	
	130a	7 DS - achievement of standar 2016-17	1	○			
R	131a	% NHS CHC assesments taking 18-19 Q1	6.7%	↑	8/11	91/195	
	132a	Sepsis awareness 2017	Amber	○			
R	133a	6 week diagnostics 2018 09	3.6%	↑	10/11	155/195	

### 3. Key Issues

Areas of performance which have been identified as deteriorating in performance or residing in the worst performing quartile (25%) 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:

**122a Cancers diagnosed at early stage is recognised in the KLOE for improved performance in Q1 with the CCG no longer in the worst quartile nationally (51.5%).**

**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.**

**127e Delayed Transfers of Care per 100,000 population have improved in August 2018 with the CCG no longer in the worst quartile.**

**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 aged 65yrs +	Worst quartile, and declining (3,018 falls in over 65s Q3 17/18)	Jan Leonard/ TBC/ Janet Spallen	Falls identified as a priority for the CCG with clear opportunities identified from Rightcare to improve care delivery.	Work is underway on behalf of the CCG by Deloitte in collaboration with the CCG to scope 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.	2019/20
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 undertaken to increase awareness of criteria and 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, also classified as admissions.	March 2019

107a	Anti-microbial resistance – appropriate prescribing in primary care	Worst quartile but improving (1.193 antibacterial drug items per STAR PU July 2018)	Jan Leonard/ Anna Ferguson/ Susanne Lynch	<p>National evidence suggests that antimicrobial resistance (AMR) is driven by over-using antibiotics and prescribing them inappropriately.</p> <p>Locally there have been issues with prescribing codes.</p> <p>CCG Medicines Management Team identified a need to liaise with other primary care prescribing services attached to the CCG not just GP practices (e.g. sexual health)</p>	<p>Antimicrobial resistance is within the CCG local quality contract facilitated by the CCG medicines management team (MMT).</p> <p>Discussions take place at Practice Quarterly meetings of prescribing of antimicrobials using data. Implementation within practices 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. 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.</p>	January 2019
121a	Provision of high quality care: hospitals	Q1 2018/19 shows no improvement in performance.	Debbie Fagan/ Gina Halstead/ Brendan Prescott	58 reported in Q1 2017/18. This falls within the interquartile range; 141/195 CCGs.	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.	March 2019
122b	Cancer 62 Day	Failing target and declining performance	Jan Leonard/ Debbie Harvey/ Sarah McGrath	The national standard was missed with 83.2% in Q1 2018/19.	<p>There have been significant pressures from increased demand in high volume specialties, specifically in Colorectal, Urology and Head and Neck. Patient choice to delay for various reasons. There also some capacity issues for surgery in other organisations to which we refer patients.</p> <p>The CCG have on-going actions around cancer, are undertaking a capacity and demand review. This will enable the CCG to understand the increases in demand and how to address these issues, where possible. All proposals to be taken to the Cancer Alliance.</p>	Q4 18/19

					Aintree have a had a National Support Fund for 62 day improvement to access additional funding to support the cancer performance for colorectal cancer services, the Cancer Alliance Programme Board has allocated £50k to support service improvement for the Trust over the next 12 months. To support this initiative Aintree will host and manage a project to deliver significant improvements for head & neck cancer services across Cheshire & Merseyside. It is proposed that funding of £150k is allocated to support project management and clinical leadership necessary to delivery improvements including implementation of an optimal pathway.	
123a	IAPT recovery rate	Worst quartile but improving (48.3% in Q1 2018/19)	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	Q1 2018/19 performance of 48.3% reported in the Q1 IAF release (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 completing treatment.	The service provider continues to report that complexity of new referrals has an impact on recovery levels. The newly appointed clinical lead is also undertaking a review of how recovery is recorded within internal systems. The Clinical Lead has reviewed one month of cases not recovered, and a number of learning points identified. Team Leads are working to implement actions in respect of these.	March 2019
123b	IAPT Access	Q1 2018/19 reporting a decline in performance with 3.8%	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	CCG is within the interquartile range; 142/195 CCGs.	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 Q1 2017/18 IAF and at 28.3% South Sefton is ranked one of the lowest CCGs nationally at	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.	March 2019

				190/195 CCGs. Some practices have signed up to DES with NHS England. Capacity to conduct checks across all practices has been cited as a challenge.	Community LD Team to develop a strategy to ensure that systems are in place to maintain relationships with GP practices, and that people with learning disabilities known to team are receiving Health Checks. GP Practices 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.	
125d	Maternal Smoking at Delivery	Worst quartile but improving (14.7% in Q1 18/19)	Debbie Fagan/ Wendy Hewitt/ Peter Wong	Performance for this indicator has improved but the CCG remains in the worst quartile, ranking 149 out of 195 CCGs, with 14.7% in Q1 2018/19. Q2 information available locally shows a further improvement at 14.6%.	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 this regard i.e. ensuring correct and timely referrals to the stop smoking service.	March 2019
126a	Dementia Diagnosis Rate	Failing target with 64.5% in August 2018. <b>This has been recognised in the KLOE for its improving position.</b>	Jan Leonard/ Sue Gough/ Kevin Thorne	August 2018 shows an improvement in performance, and a shift into the intermediate quartile range. Despite this, the target not achieved. October 2018 information is available locally, which shows further improvement with 65.1%.	The CCG need to find a further 31 patients to achieve the national target of 66.7%. At a meeting between CCG representatives and NHS England it was concluded that despite on-going initiatives it would be unlikely that the CCG would achieve the ambition by December 2018. The CCG is completing the Dementia Self-Assessment Tool requested by NHSE, which will have full details of the planned actions being undertaken by the CCG.	March 2019
126b	Dementia post diagnostic support	Worst quartile, but improving	Jan Leonard/ Sue Gough/ Kevin Thorne	2016/17 performance is reported in the Q1 2018/19 IAF and at 74.6%. South Sefton is ranked 175 of 195 CCGs nationally.	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 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	2016/17 data 74.6% which is improving and still above QOF requirement of 70%.

					and their carers can be signposted to as part of their care plan.	
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 limited resource to support initiative with winter monies 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, over time, will 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 all classified as admissions.	December 2018
127c	A&E admission, transfer, discharge within 4 hours	Deteriorating position	Jan Leonard/ Andy Mimmagh/ Janet Spallen	October 2018 performance reported in the Q1 2018/19 IAF at 83.6%. October 2018 information is available which shows an improvement at 87.9% in month and 86.6% YTD.	There has been focussed work to secure on-going improvements within Aintree A&E, which has involved embedding all aspects of the Emergency and Acute Care Plan with regular monitoring of performance to ensure delivery. Workforce remains a priority area of focus. There has been a complete review of the medical workforce establishment with additional sessions arranged to cover gaps in the existing rotas. Maintaining the medical workforce remains a challenge though with constant review required. In addition, a review of the ED nursing establishment also carried out including a dependency study within the department that will be considered alongside the findings of the nurse review. Recruitment is also underway concerning Acute Physicians to support AEC areas. Pathway development to support different cohorts of patients is a key feature in the Aintree plan. Primary care streaming fully implemented with the need to increase uptake in relevant patients seen. Aintree has also participated in an NWS 90 day project to improve ambulance turnaround performance and this	March 2019

					<p>now completed. There has been agreement of direct conveyancing of appropriate patients to A&amp;E without need for A&amp;E review. Other initiatives have included a rapid improvement event with focus on the See &amp; Treat area. Further work is being carried out to develop a 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. The A&amp;E 4 hour target remains a challenge but with the above initiatives starting to show benefits in December and particularly over the Christmas / New Year period with good performance within the context of continued high activity. The positive changes need to be maintained with work both within the A&amp;E but also with external partners within Aintree system to reduce A&amp;E attendances but also support patient flow for patients requiring admission with timely review and discharge processes.</p>	
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).	<p>There has been an increased focus by the Aintree system on stranded and super stranded patients involving partners from local authority, acute and community providers. There are weekly reviews of all patients to understand delays and agree discharge actions. In addition, recurrent themes identified to support longer term planning and resolution of issues. These are in the main incorporated within our Newton Europe action plans. Some of these can be progressed quickly e.g. in relation to decision making processes within hospital with introduction of MDT flying squad, DTOC weekly reviews. Medium to long-term work is also on going concerning Home Care and the review of domiciliary care and reablement by our local authority. There is a combined system approach to reviewing the quality and capacity within our care home sector along with the discharge pathways to access community beds. This is a priority area of focus for the CCG working with our system partners.</p>	March 2019
105c	% of deaths with 3+	Worst quartile nationally and	Jan Leonard/ Andy	2017 performance shows 7.84%, placing the CCG	<p>The CCG has the following services in place:</p> <ul style="list-style-type: none"> <li>• Hospice at Home services to prevent hospital</li> </ul>	Q3 2018/19

	emergency admissions in last 3 months of life	declining	Mimnagh/ Janet Spallen	188 <sup>th</sup> out of 195 CCGs nationally.	<p>admissions and reduce length of stay</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Care home education via the Education Facilitator</li> <li>• Telehealth in a number of care homes to prevent hospital admissions</li> <li>• Commissioning of end life beds, proposal to increase</li> <li>• Additional GP sessions for the commissioned beds</li> <li>• Two clinical leads for end of life</li> <li>• Two hospices supported by the CCG</li> <li>• CCG work closely with community/hospital teams</li> </ul>	
128d	Primary care workforce	Worst quartile nationally and declining	Jan Leonard/ Craig Gillespie/ Angela Price	March 2018 is the latest reported period within the Q1 2018/19 IAF, at 0.85 per weighted population.	<p>The work being undertaken to address the recruitment crisis in Sefton is as follows:</p> <ul style="list-style-type: none"> <li>• International Recruitment programme- we held an event in June 2018, which was attended by representatives from 13 Sefton practices.</li> <li>• Targeted Recruitment scheme- there was one Sefton practice who expressed interest in participating in this scheme.</li> <li>• 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.</li> <li>• Practices with no workforce data showing on the September 2018 NHS digital dataset have been contacted to ensure that data is updated prior to the December 2018 extraction (some practices who were</li> </ul>	March 2019



					<p>contacted sent screenshots of data available on the primary care web tool so this needs investigating)</p> <ul style="list-style-type: none"> <li>• GP Fellowship- we have one practice in South Sefton who have successfully applied to this scheme.</li> <li>•The training tracks across Sefton have increased</li> <li>• Primary care networks will be focusing on workforce across each network footprint</li> <li>• There is an opportunity to work with Edge Hill University re medical student placements (to be explored via networks)</li> <li>• All 3 South Sefton networks have applied for funding via NHSE to provide backfill for GP trainers to expand their roles, and funding to increase the numbers of GP trainers across South Sefton. Outcome of bid unknown.</li> </ul> <p>Other work includes looking at schemes, which support practice systems and processes to improve workload, which, 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>	
129a	18 week RTT	September 2018 shows a decline in performance at 87.9%.	Jan Leonard/ John Wray/ Moirra Harrison	Although this shows a decline in performance and a breach of the 92% standard, the CCG falls within the interquartile range.	The Trust have cited significant non-elective pressure experienced over the winter 2017/18 period impacted on RTT performance from which the Trust has not yet fully recovered. The increase in non-elective demand following a pathway change implemented by the Trust continues to be compounded by several factors; (a) an increase in the number of elective lists being cancelled to accommodate increased urgent trauma cases (b) increases in referral for urgent consultation under the two week rule, leading to displacement of routine appointments to accommodate this demand. Cancellations and Did Not Attend (DNA) rates continue to remain high and highlighted at internal performance meetings. The Trust is maximising its capacity with patients being booked into all available clinic capacity as well as	March 2019

					<p>additional waiting list sessions although this is adding to the overall waiting times. The CCG is currently reviewing this with the Trust to ensure this is rectified.</p> <p>Aintree have advised of the following actions taken to achieve the target.</p> <ul style="list-style-type: none"> <li>• Improve theatre utilisation at speciality level.</li> <li>• 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.</li> <li>• Business cases for two additional EGSU consultants has been agreed. This will provide additional theatre activity and ambulatory surgical clinics. Recruitment is currently underway.</li> <li>• Continue to meet with CBMs on a weekly basis to focus on data quality and pathway validation.</li> <li>• Continue to support the ACBU's with their RTT validation processes and Standard Operating procedures with a special focus on inter Provider Transfers and data recording / entry.</li> </ul>	
133a	6 week diagnostics	Worst quartile and declining performance, ranking 155/195 CCGs.	Jan Leonard/ John Wray/ Moira Harrison	September 2018 is the latest reported period in the IAF, at 3.6%. This is significantly above the <1% threshold.	<p>Aintree have advised the CCG of the following to support achievement of this target:</p> <p>Continued weekly monitoring of diagnostics waiting times to ensure delivery of the 6 week standard as a milestone measure for RTT performance. This includes horizon scanning and capacity / demand planning with Head of Planning and performance in all modalities.</p>	
144a	E-Referral utilisation	Worst quartile nationally but improving. <b>This has been recognised in the KLOE for an improving position.</b>	Jan Leonard/ Andy Mimmagh/ Moira Harrison	July 2018 is the latest reported period within the IAF, at 50.7%. More recent information for September 2018 shows a further improvement at 73%. Performance has increased significantly over recent months and the trend	Small improvements month on month. Aintree is undergoing a paper switch off programme with NHS Digital, which 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	December 2018

				continues.	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.	
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 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.	This is a composite measure from NHS Staff Survey results for the main Providers the CCG commission from. The variation nationally is small; the CCG composite score (last reported 2016) is flagged as being in the lowest quartile with a staff engagement index of 3.7 whilst the peer group average and indeed national average is 3.8. South Sefton CCG results are consistently higher than those of our Providers with the latest at 4.01 demonstrating good engagement with CCG staff setting an example to our Providers.	2018/19

## 4. Clinical Priority Areas

Independent panels have now completed assessments for 2017/18 for all clinical priority areas for CCG's nationally. NHS England initially published the outcomes of the cancer and maternity assessments in August 2018. In January 2019, further results were published for the remaining areas; mental health, dementia, learning disabilities and diabetes. Supporting documents have also been published, to offer support and improvement to CCGs. Further information on the methodologies used in these assessments is available on the NHS England website: <https://www.england.nhs.uk/commissioning/regulation/ccg-assess/clinical-priority-areas/>

### 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.

### **Mental Health**

The CCGs overall rating for Mental Health is 'Requires Improvement'. The overall rating is based on performance against five indicators:

- Improving Access to Psychological Therapies (IAPT) – recovery
- Improving Access to Psychological Therapies – access
- People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
- Inappropriate out of area placement bed days
- Crisis resolution and home treatment (CRHT) services provision

#### IAPT

Since the IAF rating which was based on a recovery rate of 43.0%, the recovery rate in 2018/19 has improved with a YTD rolling quarter recovery rate of 48.9% (Oct 2018 – Dec 2018).

Access rates remain challenging. The YTD rolling quarter for the CCG for 2018/19 is 3.50% (Oct 2018 – Dec 2018). The CCG has approved additional investment for the provider to achieve Mental Health 5 year forward view access targets which have been increased (22% in 2019/20, 22% in 2020/21).

#### Out of Area Placements (OAPs)

Recent information for OAPs shows that no OAPs have been reported since April 2018.

#### Early Intervention Psychosis (EIP)

EIP waiting times in 2017/18 were reported at 78% against the 50% standard. Current YTD performance for the CCG in 2018/19 is 75.4% against the revised standard of 53%.

#### Crisis Resolution and Home Treatment (CRHT)

The commitment in the Mental Health 5 year forward view is that all areas will have CRHT services that are fully compliant to the CRHT model prescribed by NHS England by 2020/21. The Trust completed its peer led fidelity review in March 2017 which identified deficiencies. In 2017/18 and the IAF score is reflective of this position at that time. The Trust confirmed in 2018/19 that it is working towards having a fully compliant CRHT by March / April 2019. The Trust has been updating commissioners on the work undertaken to create a Trust wide CRHT service with 53.0 WTE staffing.

### **Dementia**

The CCGs overall rating for Dementia is 'Requires Improvement'. The 2017/18 rating for dementia considers two indicators: dementia diagnosis rates and care plan reviews for people with dementia.

The diagnosis rate for the CCG in December was 64.1% which is an increase when compared to the IAF 2017/18 diagnosis rate of 63.1%. The CCG is now only 31 un-diagnosed patients away from achieving the National Ambition of 66.7%. The CCG is working to achieve the 66.67% by March 2019.

### **Learning Disabilities**

The CCGs overall rating for Learning Disabilities is 'Requires Improvement'. The 2017/18 rating for learning disabilities considers three indicators:

- Reliance on specialist inpatient care for people with a learning disability and/or autism. This indicator is reported at Transforming Care Partnership (TCP) level
- Proportion of people with a learning disability on the GP register receiving an annual health check.
- Proportion of the population on a GP learning disability register (New for 2017-18)

#### Reliance on specialist inpatient care

Mersey Care NHS FT is commissioned to provide inpatient learning disabilities at its 9 bedded Assessment Treatment Centre. South Sefton CCG commission a total of 2 beds at this facility. The CCG has underutilised its LD inpatient beds for at least the last 2 years. All individuals at risk of

inpatient admission have a Care and Treatment Review (CTR) in line with Transforming Care best practice requirements and are either appropriately placed for care and treatment in hospital bed or have an active discharge plan in place and are working towards living in the community with bespoke packages of care. The CCG has had a CTR process in place since 2016 to ensure that CTRs are being undertaken by an independent panel. The use of CTR has been an effective tool in reducing inpatient activity and informing individual care planning within South Sefton.

#### LD Health Checks

The CCG has consequently made a commitment to increase their uptake of annual health checks and is continuing to offer training and support to GPs. The CCG has also developed an SLA along with NHS England to agree for changes to payments for annual health checks. This will now be paid via the South Sefton GP Federation to allow for more flexibility in offering annual health checks to patients when their own GP is not signed up to the DES.

In September 2018 the GP Federation agreed to undertake health checks and up to November 2018 24.3% of patients on the register had received a health check.

#### **Diabetes**

The CCGs overall rating for Diabetes is '**Outstanding**'. The 2017/18 rating for diabetes considers two indicators:

- Diabetes patients that have achieved all the NICE-recommended treatment targets (HbA1c, blood pressure and cholesterol for adults and HbA1c for children)
- People with diabetes diagnosed less than a year who attend a structured education course.

South Sefton CCG was the lead in 2017/18 for the NHS England diabetes transformation project work which commenced at the start of 2018/19. Performance is being monitored and the expectation is that the uptake will have improved again.

## **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:

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

## **6. Recommendations**

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

**Luke Garner**  
**February 2019**  
**Interim - Strategy & Outcomes Officer**

## MEETING OF THE GOVERNING BODY February 2019

<b>Agenda Item:</b> 19/10	<b>Author of the Paper:</b>						
<b>Report date:</b> January 2019	Judy Graves Corporate Business Manager <a href="mailto:Judy.Graves@southseftonccg.nhs.uk">Judy.Graves@southseftonccg.nhs.uk</a> 0151 317 8352						
<b>Title:</b> Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map							
<p><b>Summary/Key Issues:</b></p> <p>The Governing Body is presented with the updated Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR) as at 31 December 2018. Also included is a heat map which summarises the mitigated risks with a score of 12 and above. This will aid an overview of the CRR.</p> <p>The GBAF and CRR have been updated by the risk leads. The CRR has also been reviewed by the respective committees.</p> <p>This report was presented to the Audit Committee on 16<sup>th</sup> January 2019.</p>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to receive this report.</p>	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives ( <i>x those that apply</i> )	
X	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.
X	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.
X	To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.
X	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.

X	To advance integration of in-hospital and community services in support of the CCG locality model of care.
X	To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			<ul style="list-style-type: none"> <li>- Respective committees</li> <li>- Audit Committee on 16<sup>th</sup> January 2019</li> </ul>

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



**Report to Governing Body  
February 2019**

**1. Executive Summary**

This paper provides the Governing Body with an updated Governing Body Assurance Framework and Corporate Risk Register as at 31 December 2018 (end of Quarter 3 2018/19).

The risks are managed on an on-going basis. However the report is presented at a point in time, as per the risk reporting process.

The GBAF has been updated by the risk leads.

The CRR has been updated by the risk leads and reviewed by the respective committees.

This report was presented to the Audit Committee on 16<sup>th</sup> January 2019.

**2. Position Statement December 2018**

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

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

**GBAF Risk Positions**

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

**GBAF Highlights**

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

GBAF Highlights	Update
1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position 1.2 There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements	Extreme Risk <ul style="list-style-type: none"> <li>The Financial Recovery Plan has been signed off and submitted to NHSE.</li> <li>Recovery Programme Lead has been appointed</li> <li>Continued prioritisation and QIPP events held with governing body.</li> </ul>

## 2.2. Corporate Risk Heat Map

Of the 50 South Sefton CCG operational risks on the CRR as at the end of Quarter 3 2018/19, there are 24 presented to the governing body rated high (score of 12) or above:

- Finance: 4
- Quality: 20

During this period:

- There is one new Quality risk. This is in relation to the CQC recommendations (QUA066)
- 20 risks have remained the same
- 1 risk has decreased
- 2 risks have increased

### CRR Risk Positions

Risk	Score	Number of Risks
High	(8-)12	16
Extreme	15 - 25	8

### CRR Highlights

The highlights are as shown in the Heat Map (Appendix B).

## 3. CRR Review: Update

The following provides an update against prior proposals and considerations:

- Review of the current reporting and monitoring to ensure the processes remain fit for purpose and are being correctly followed by risk owners:

A review of this is on-going and looks at the CCG committees, how often held, the dates of the meetings, the order of all the committees/meetings, where the documents are reviewed, how the review/comments are fed back or escalated from each of the committees, the process of merging back into one document for further review by the Corporate Governance Support Group and the Leadership Team.

The process and document will develop as the reviews progress.

- Risk workshops and training will be looked following at as would provide an opportunity to cover the areas identified in the review

Some of this has been carried out during the 1:1 risk review and will continue during the 1:1 sessions. The workshop training will be looked at further once the reporting and monitoring process review has concluded.

- Re-introduction of historic quarterly scoring.

This has been added back into the document as enables oversight of annual movement.

- The “risk theme” has been included within the CRR.

This will link to the review carried out by the risk leads and ensure consistent reporting across the reports.

Other considerations:

- Risk number log so as to ensure no duplication of numbers
- Risk owner and leadership team member to be assigned to each risk

#### 4. Audit Committee 16<sup>th</sup> January 2019

This report was presented to the Audit Committee on 16<sup>th</sup> January 2019.

Following review and scrutiny the committee:

##### Corporate Risk Register (CRR) and Heat Map

FR005b: The reasoning for the change in risk score has been updated on the heat map and CRR to reflect the discussion at a prior Finance and Resource Committee.

There has also been a process update. Any agreement minuted at committee in relation to the risk score will be added into the CRR update so as to ensure any reasoning is captured.

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

The Audit Committee highlighted the need for the GBAF to be reviewed in light of the changing environment in which the CCG is operating, and agreed for this to be carried out when the GBAF is reviewed for the next financial year.

##### Recommendations

The Audit Committee approved the report subject to the heat map change for FR005b, as well as moderation of the CRR by the Leadership Team.

The committee recognised that moderation by the Leadership Team was part of normal process and only hadn't been carried out due to the timing of the reports and New Year.

#### 5. Recommendation

The governing body is asked to:

- Receive the report
- Note the review, scrutiny and approval of the Audit Committee held 16<sup>th</sup> January 2019
- Make recommendation for any further actions.

#### 6. Appendices

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

**Judy Graves**  
**Corporate Business Manager**  
**January 2019**



**South Sefton**  
Clinical Commissioning Group

South Sefton CCG  
Governing Body Assurance Framework  
2018/19  
Update: 31 December 2018

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.	1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position  1.2 There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements	Debbie Fairclough	20	20	<ul style="list-style-type: none"> <li>At the end of Month 12 this risk had fully materialised and the CCG did not deliver its statutory financial duties or deliver the fully QIPP plan</li> <li>The CCG has developed a new QIPP plan</li> <li>The CCG has developed a draft Financial Recovery Plan</li> <li>QIPP and financial recovery remain a key risk for the CCG</li> <li>The Financial Recovery Plan has been signed off and submitted to NHSE for approval</li> <li>Recovery Programme Lead appointed</li> <li>Continued prioritisation and QIPP events held with governing body</li> </ul>
2. To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.	2.1 N/A		15	9	<ul style="list-style-type: none"> <li>Risk being assured through Strategic Objective 1 and QIPP.</li> <li>Consolidated “plans on a page” have been shared with the Provider Alliance</li> <li>OPS Plan “plans on a page” completed with outcomes and KPIs.</li> <li>OPS Plan signed off by NHSE</li> <li>Transformation Programme in place</li> <li>Shaping Sefton Strategy currently under review to ensure alignment of all programmes between acute sustainability, place based development and QIPP.</li> </ul>
3. To ensure that the CCG maintains and manages performance & quality across the mandated	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially	Karl McCluskey	16	8	<ul style="list-style-type: none"> <li>New national set performance metrics presented to the Governing Body in October 2017</li> </ul>

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
constitutional measures.	identified				<ul style="list-style-type: none"> <li>Monthly performance calls with NHSE to review all constitutional targets</li> <li>CCG Improvement and Assessment Framework performance reported to Governing Body quarterly</li> <li>Continued monthly performance meetings internally</li> <li>On-going review of all standards by governing body</li> </ul>
	3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	Tracy Jeffes	5	4	<ul style="list-style-type: none"> <li>Business Continuity plans approved and exercised, with an action plan being progressed as a result of the plan being implemented</li> <li>Composite plan and strategy approved</li> <li>Training and awareness raising continues</li> <li>Development Plan in place</li> <li>NHSE Self-Assessment Assurance process completed</li> </ul>
4. To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.	4.1 Current work pressures reduce ability to engage on GP Five Year Forward View implementation.	Jan Leonard	9	9	<ul style="list-style-type: none"> <li>International recruitment application submitted by NHSE on behalf of the CCGs. Application successful and engagement session held with practices. NHSE process on-going.</li> <li>Programme of LQC planning meetings in conjunction with the LMC in place. LQC live and no issues arising.</li> <li>Primary Care Strategy to be submitted to the governing body in February 2019.</li> <li>Recruitment is now underway on the successful Clinical pharmacist application.</li> <li>Extended 7 day access continues to be monitored for utilisation and impact.</li> </ul>
5. To advance integration of in-hospital and community services in support of the CCG locality model of care.	5.1 Risk removed: notification provided in last update: July 2018	Jan Leonard	9	9	

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
6. To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans	Tracy Jeffes	9	9	<ul style="list-style-type: none"> <li>• Priority areas agreed for joint working within the integrated commissioning group.</li> <li>• S75 agreed by all parties and to be presented to the governing body in February 2019.</li> <li>• Health and Well Being Board Executive Workshop planned for early 2019.</li> </ul>

<b>Strategic Objective 1</b>	<b>To focus on the identification of QIPP (Quality, Improvement, Productivity &amp; Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.</b>			
<b>Risk 1.1</b>	<b>Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position</b>			
<b>Risk 1.2</b>	<b>There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements</b>			
<b>Risk Rating</b> Initial Score Current Score	4 x 5 =20 4 x 5 =20		<b>Lead Director</b> Debbie Fairclough <b>Date Last Reviewed</b> 2 January 2019	
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Constant review by the Joint QIPP Committee and the Governing Body</li> <li>QIPP update provided at leadership team every week</li> <li>Prioritisation sessions will continue to be held with Governing Body</li> <li>Monitoring and evaluating the adverse impact of the Acting as One arrangements</li> <li>Check and challenge sessions introduced</li> <li>Financial Recovery Plan has been produced</li> <li>Ongoing pursuit and identification of additional efficiency schemes</li> <li>Robust contract management of providers</li> <li>Financial Recovery Plan has been produced and will be fully implemented following sign off by NHSE</li> <li>Support for Falls programme secured. Programme on-going.</li> <li>Engagement in the CEP- lite programme completed and being progressed.</li> <li>Continued focus on delivery of Financial Recovery Plan that is overseen by Joint QIPP and Finance Committee</li> <li><a href="#">Appointed recovery programme lead</a></li> <li><a href="#">Continued prioritisation and QIPP events with governing body</a></li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		• Work continues on the Falls programme.	Debbie Fairclough	On-going
		• Alignment of QIPP to out of hospital provider alliance developments. Work on-going to align programmes.	Debbie Fairclough	On-going
		• Engagement in the CEP- lite programme continues	Martin McDowell	June 2018 on-going
		• Continued focus on delivery	Debbie Fairclough	On-going
		• Pipeline session held for old and new schemes	Debbie Fairclough	On-going
		• Continued check and challenge	Debbie Fairclough	On-going
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Outcome of audit by NHSE in March 2018 shows that we have good arrangements in place</li> <li>Delivery of QIPP targets – monitored month on month</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
The CCG is unlikely to deliver the QIPP plan which will adversely impact the CCG's overall financial position.				



<b>Strategic Objective 2</b>		<b>To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “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.</b>		
<b>Risk 2.1</b>				
<b>Risk Rating</b>		<b>Lead Director</b>		
Initial Score	<b>5 x 3 = 15</b>	Karl McCluskey		
Current Score	<b>3 x 3 = 9</b>	<b>Date Last Reviewed</b>		
		2 January 2019		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Joint QIPP and transformation scheme methodology in place.</li> <li>The outputs of the above work has been consolidated into a suite of “plans on a page” that has been shared with the Provider Alliance. This will underpin the transformation work.</li> <li>Shaping Sefton Strategy <a href="#">currently under review to ensure alignment of all programmes between acute sustainability, placed based development and QIPP</a></li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		New governance arrangements developed with Cheshire and Merseyside Partnership (STP) to support advancement of ‘Sefton Placed Based Transformation Programme’. . Programme Board meeting during Q4 2017/18 and Q1 2018/19.	Debbie Fairclough and Fiona Doherty	Ongoing
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>.</li> </ul>		Work is on-going to ensure alignment to Transformation PMO and to map out monitoring of Shaping Sefton via PMO approach. This will provide greater clarify regarding next steps.		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 3</b>		<b>To ensure that the CCG maintains and manages performance &amp; quality across the mandated constitutional measures.</b>		
<b>Risk 3.1</b>		<b>There is a risk that identified areas of adverse performance are not managed effectively or initially identified</b>		
<b>Risk Rating</b> Initial Score <span style="background-color: red; color: white;">4x4 = 16</span> Current Score <span style="background-color: yellow;">2x4 = 8</span>		<b>Lead Director</b> Karl McCluskey <b>Date Last Reviewed</b> 2 January 2019		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times</li> <li>Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated</li> <li>Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week.</li> <li>New management structure put in place with clear lines of accountability and responsibility</li> <li>Identified individuals update monthly through integrated performance meetings</li> <li>Links between Contracting team and CQPG to triangulate on quality aspects of performance</li> <li>New nationally set performance metrics for ambulance performance and CAMHS introduced. Session on metrics delivered to the Governing Body.</li> <li>CCG Improvement and Assessment Framework performance reported to Governing Body quarterly</li> <li>Continued monthly performance meetings internally</li> <li>Ongoing review of all standards by governing body</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Continued monitoring of associated risks	All	on-going
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> <li>- A&amp;E performance</li> <li>- Diagnostic test waits performance</li> <li>- Cancer wait times performance</li> <li>- RTT performance</li> </ul>	All	Monthly: on-going
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked</li> <li>Integrated Performance Report shows CCG understanding of issues and oversight of actions</li> <li>Integrated Performance Reports may show improved performance as a result of robust management by CCG</li> <li>Assurance from MIAA review of performance reporting</li> <li>Performance continues to be maintained</li> <li>Monthly check and challenge meetings with planned/unplanned care leads</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
		QUA002, QUA005, QUA008, QUA009, QUA020, QUA022		

<b>Strategic Objective 3</b>		<b>To ensure that the CCG maintains and manages performance &amp; quality across the mandated constitutional measures.</b>		
<b>Risk 3.2</b>		<b>Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.</b>		
<b>Risk Rating</b> Initial Score     1 x 5 = 5 Current Score     1 x 4 = 4		<b>Lead Director</b> Tracy Jeffes <b>Date Last Reviewed</b> 3 January 2019		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>CCG Commissions EPRR and Business Continuity support from MLCSU</li> <li>CCG has in place business continuity plans with plans and strategies refreshed September 2018</li> <li>Emergency Planning training taken place in last 12 months</li> <li>CCG Statutory Lead is Chief Delivery and Integration Officer</li> <li>NHSE Self-Assessment Assurance process completed. Development Plan in place.</li> <li>Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented.</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	Ongoing
		Ongoing training for key staff – multiagency response training event.	Tracy Jeffes	Ongoing
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<ul style="list-style-type: none"> <li>NHSE assurance through self-assessment and improvement plan</li> <li>Response received from NHSE assuring our assessment and plans.</li> </ul>		System wide Pan Flu Planning scheduled for October 2018		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 4</b>	<b>To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.</b>			
<b>Risk 4.1</b>	<b>Current work pressures reduce ability to engage on GP Five Year Forward View implementation.</b>			
<b>Risk Rating</b> Initial Score Current Score	3x3=9 3x3=9		<b>Lead Director</b> Jan Leonard <b>Date Last Reviewed</b> 27 December 2018	
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Joint Commissioning Committee with NHSE established</li> <li>LQC for 18/19 in place</li> <li>GPFV plan</li> <li>GPFV international recruitment programme in place, with participation by the CCG</li> <li>LQC live and no issues arising.</li> <li>3 localities have submitted bids for Network Development funding from NHSE around working at scale.</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		Support Primary Care Networks in their development. <a href="#">The networks have appointed a programme manager and are continuing to develop their plans.</a>	Jan Leonard	February 2019
		Clinical pharmacist application successful. <a href="#">Recruitment underway.</a>		March 2019
		ETTF Maghull – awaiting update on process with NHSE	Martin McDowell	January 2019
		Primary Care Strategy final draft being shared for comments. <a href="#">To be submitted to GB in Feb 19</a>	J Leonard	February 2019
		International recruitment process underway, awaiting successful candidates . Engagement event with practices held.		February 2019
		Extended 7 day Access service live on 1/10/18 <a href="#">Continue to monitor utilisation and impact.</a>		February 2019
		Application for delegated commissioning being worked through. <a href="#">Shadow committees scheduled in Q4. Training from NHSE planned. Resource implications for team being considered.</a>		February 2019
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>				
<ul style="list-style-type: none"> <li>Primary Care Dashboard in development in Aristotle</li> <li>Transformation agenda and GPFV plan monitored through Joint Commissioning Committee</li> </ul>				
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
		SS043		

<b>Strategic Objective 5</b>		<b>To advance integration of in-hospital and community services in support of the CCG locality model of care.</b>		
<b>Risk 5.1</b>		<b>Risk removed</b>		
<b>Risk Rating</b>		<b>Lead Director</b>		
<b>Initial Score</b>		Jan Leonard		
<b>Current Score</b>		<b>Date Last Reviewed</b>		
		N/A		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		

<b>Strategic Objective 6</b>	<b>To advance the integration of Health and Social Care through collaborative working with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.</b>			
<b>Risk 6.1</b>	<b>There is a risk that financial pressures across health and social care impacts negatively on local services and prevents implementation of integration plans</b>			
<b>Risk Rating</b> Initial Score Current Score	3x3=9 3x3=9	<b>Lead Director</b> Tracy Jeffes <b>Date Last Reviewed</b> 3 January 2019		
<b>Controls (what are we currently doing about the risk?):</b>		<b>Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):</b>		
<ul style="list-style-type: none"> <li>Health and wellbeing board executive in place</li> <li>Review of current BCF and Section 75 arrangements</li> <li>Integrated Commissioning Group established</li> <li>Making It Happen – joint approach to integration approved, with implementation agreed.</li> <li>Implementation of MIAA recommendations in development of new BCF, iBCF and Section 75</li> <li>Pooled budget arrangements within BCF agreed.</li> <li>Finalised iBCF and BCF and aligned to “Making it Happen”</li> <li>Integrated Commissioning Workshop held and focus agreed for 2018/19.</li> </ul>		<b>Action</b>	<b>Responsible Officer</b>	<b>Due By</b>
		New Section 75 agreed by all parties. <a href="#">To be approved at governing body in February 2019.</a>	Tracy Jeffes	November 2018 <a href="#">February 2019</a>
		Priority areas agreed for joint working within the Integrated Commissioning Group. Implementation Plan being developed. <a href="#">Health and Well Being Board Executive Workshop planned for early 2019.</a>	Tracy Jeffes	October 2018 <a href="#">February 2019</a>
<b>Assurances (how do we know if the things we are doing are having an impact?):</b>		<b>Gaps in assurances (what additional assurances should we seek):</b>		
1. MIAA review of BCF for 16/17 provided significant assurance. Action plan agreed		Capacity to deliver on all priority areas.		
<b>Additional Comments:</b>		<b>Link to Risk Register:</b>		
		SS040		

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

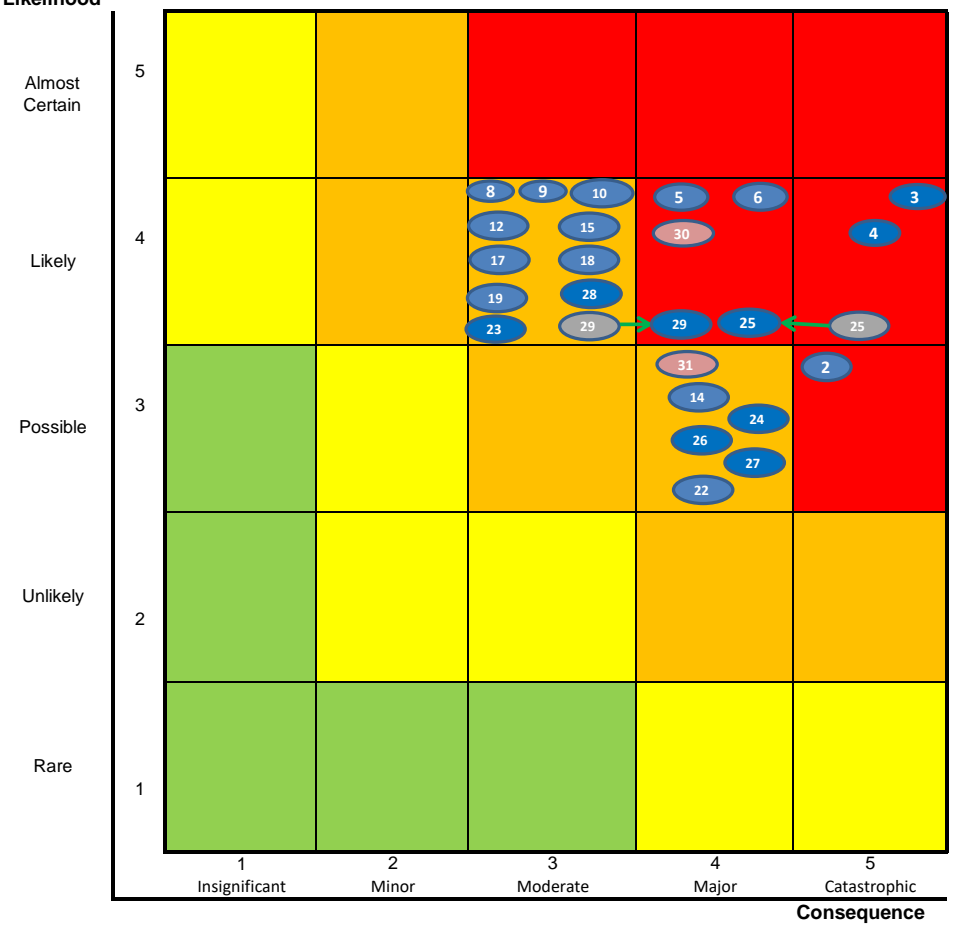
Risk	Score	Risk Rating
Extreme	15-25	Red
High	8-12	Orange
Moderate	4-6	Yellow
Low	1-3	Green



Significant Risks

- New to the Heat Map (new risk or an increase in risk score)
- Risk to be removed from heat map as reduced below 12+ threshold or closed
- Change in risk score

Likelihood



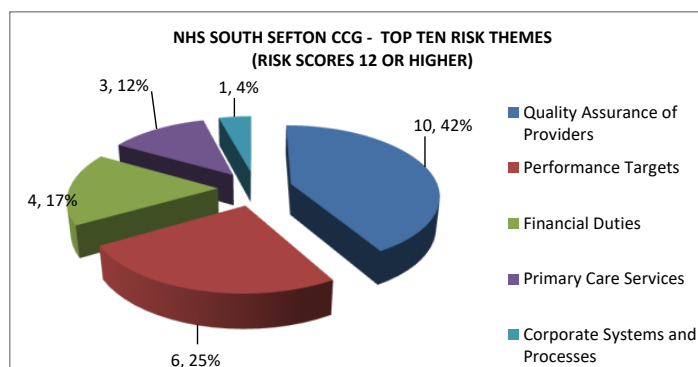
Key Risks	Risk	Score	Risk Owner
1			
2	Quality of care, patient outcomes challenging performance AUH	QUA047 15 (3x5)	DCF
3	Delivery of 18/19 surplus and failure to meet statutory financial duty	FR005 20 (4x5)	MMcD
4	Delivery of QIPP target and impact on financial position 18/19	FR005a 20 (4x5)	MMcD
5	Non delivery A&E target - patient flow	QUA009 16 (4x4)	KMcC
6	Patient care - lack of commissioner assurance looked after children	QUA025 16 (4x4)	DCF
7			
8	Not delivering National KPI Access Psychological Therapies	QUA002 12 (4x3)	KMcC
9	Not meeting 62 day Cancer Target - complex pathway AUH	QUA008 12 (4x3)	KMcC
10	Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011 12 (4x3)	JO
11			
12	Not meet Constitutional/RTT 18wk target - lack clinical capacity	QUA014 12 (4x3)	KMcC
13			
14	Locality working not leading to greater clinical engagement	QUA025 12 (3x4)	TJ
15	Additional pressures with workforce gaps - lack workforce planning	QUA026 12 (4x3)	TJ
16			
17	Significant pressure on primary medical care - increase in workload	QUA037 12 (4x3)	DCF
18	Delays of learning from LD deaths	QUA038 12 (4x3)	DCF
19	Lack of timely reviews joint packages or S117 MH Care	QUA039 12 (4x3)	DCF
20			
21			
22	Quality and Safety UHA - systems pressure	QUA051 12 (3x4)	DCF
23	Safe and appropriate patient care - nursing capacity at S&O	QUA058 12 (4x3)	DCF
24	Performance Manage/Assure Quality from Mersey Care - system change having possible impact on KPI's	QUA060 12 (3x4)	GJ
25	CCG fails to contain expenditure against its opening budgets in 2018/19	FR005b 20 (4x5)	MMcD
26	Risk of not achieving full ERS due to paperbased systems still in place	QUA062 12 (3x4)	SMcG
27	Failure to meet national emergency ambulance responses - ARP	QUA063 12 (3x4)	JS
28	Failure to meet PHB trajectory	QUA064 12 (4x3)	TF
29	Failure to commit to SEND recommendation	QUA065 16 (4x4)	BP
30	Non delivery of Sefton Transformation Programme	FR008 16 (4x4)	FLT
31	Non delivery of CQC recommendations	QUA066 12 (3x4)	HC

**Movement**

- 25 **Reduced:** Operational budget reduced to under £2m (FR005b)
- 29 **Increased:** Work priorities identified. Actions to be undertaken (QUA065)
- 30 **Increased:** PMO office established resulting in additional financial risk. Resources being resourced (FR008)

## NHS SOUTH SEFTON CCG - MAPPING OF RISKS TO CCGs GBAF BENCHMARKING EXERCISE (MITIGATED SCORES - 12 AND ABOVE)

TOP TEN CCG AF RISK THEMES	
1	Corporate Systems and Processes
2	Partnership Working
3	Reconfiguration and Design of Services
4	Commissioning
5	Quality Assurance of Providers
6	Financial Duties
7	Public and Patient Engagement
8	Access to Services
9	Performance Targets
10	Primary Care Services



Key Risks	Risk	Score	Risk Owner	
1				
2	Quality of care, patient outcomes challenging performance AUH	QUA047	DCF	Quality Assurance of Providers
3	Delivery of 18/19 surplus and failure to meet statutory financial duty	FR005	MMcD	Financial Duties
4	Delivery of QIPP target and impact on financial position 18/19	FR005a	MMcD	Financial Duties
5	Non delivery A&E target - patient flow	QUA009	KMcC	Performance Targets
6	Patient care - lack of commissioner assurance looked after children	QUA025	DCF	Quality Assurance of Providers
7				
8	Not delivering National KPI Access Psychological Therapies	QUA002	KMcC	Quality Assurance of Providers
9	Not meeting 62 day Cancer Target - complex pathway AUH	QUA008	KMcC	Performance Targets
10	Infectory hospital admissions - poorly maintained nebuliser equipt	QUA011	JO	Quality Assurance of Providers
11				
12	Not meet Constitutional/RTT 18wk target - lack clinical capacity	QUA014	KMcC	Performance Targets
13				
14	Locality working not leading to greater clinical engagement	QUA025	TJ	Primary Care Services
15	Additional pressures with workforce gaps - lack workforce planning	QUA026	TJ	Quality Assurance of Providers
16				
17	Significant pressure on primary medical care - increase in workload	QUA037	DCF	Primary Care Services
18	Delays of learning from LD deaths	QUA038	DCF	Quality Assurance of Providers
19	Lack of timely reviews joint packages or S117 MH Care	QUA039	DCF	Quality Assurance of Providers
20				
21				
22	Quality and Safety UHA - systems pressure	QUA051	DCF	Quality Assurance of Providers
23	Safe and appropriate patient care - nursing capacity at S&O	QUA058	DCF	Quality Assurance of Providers
24	Performance Manage/Assure Quality from Mersey Care - system change having possible impact on KPI's	QUA060	GJ	Corporate Systems and Processes
25	CCG fails to contain expenditure against its opening budgets in 2018/19	FR005b	MMcD	Financial Duties
26	Risk of not achieving full ERS due to paperbased systems still in place	QUA062	SMcG	Primary Care Services
27	Failure to meet national emergency ambulance responses - ARP	QUA063	JS	Quality Assurance of Providers
28	Failure to meet PHB trajectory	QUA064	TF	Performance Targets
29	Failure to commit to SEND recommendation	QUA065	BP	Performance Targets
30	Non delivery of Sefton Transformation Programme	FR008	FLT	Financial Duties
31	Non delivery of CQC recommendations	QUA066	HC	Performance Targets



Responsible Committee/Team	Committee Team ID	CRR ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk. Is there a key risk & risk caused by 'event' resulting in Z effect)	Key controls and assurances in place (What additional controls/systems need to be put in place to reduce the risk rating)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risk rating)	Update on Mitigating Action (Updates on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Owner Review Date	Comm Review Date	17/18 Prior quarter score	2018 Q1 Score	2018 Q2 Score	Trend to prior Q2	Q3 Score	Overall Trend 1 - 1
Quality Committee	QUA002	SS041	Jan 15; Q4 2014/15	QUA011	Karl McCubrey (Jan Leonard & Caroline O'Carroll)	Redesign & Commissioning	There is a risk of patients being harmed or receiving inadequate care caused by failure to deliver against National Key Performance Indicator for IAPT (Improving Access to Psychological Therapies) resulting in the potential for reduced levels of patient care.	<ul style="list-style-type: none"> <li>Monthly performance and contractual meetings and reporting process in place</li> <li>Enhanced open access provision for patients to self refer including e-assess on the referral.</li> <li>Business case pending Sept 18 to increase capacity in service</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Additional focus on reducing Internal Waits and Did Not Attend</li> <li>Increase IAPT group work</li> </ul>	<ul style="list-style-type: none"> <li>Early indications of reduced DNA and significant heightened levels of self-referral. New Access Target remain challenging in terms of patient numbers. requested expert team to support the CCG in improving performance. Year to date performance 18/19 (August) was suboptimal but improved to meet or exceed target of 17/18</li> <li>Self-referrals have increased within the Access Referral service in August 17</li> <li>Number of internal waits have been reduced from 1,500 in Oct 2016 to 850 in May 2018 and progress made in reducing excessive internal wait times. Internal waits are monitored on weekly basis by the service on contract meetings.</li> <li>Further initiatives in place focusing on specific GP practices, community groups and local employers. Group sessions are also in place.</li> <li>Draft business case has been submitted by the provider to enable them to achieve a 4.7% in last quarter (equivalent of 19%) to 2018/19.</li> <li>Access target increases to 19% in 2018/19. 2/3 of the increase are LTC/IAPT. 2/3 of the increase are LTC/IAPT as part of the MHS/PTV commitment to integrated Long Term Condition working.</li> </ul>	4	3	12	Sep-18	Nov-18	12	12	12	--	12	--
Quality Committee	QUA008	SS001	Apr 2015; Q1 2015/16	QUA008	Karl McCubrey (Sarah McGrath)	Redesign & Commissioning	There is a risk of not meeting the A&E target caused by an increase in demand on the service resulting in a decrease in the quality of the service. (S&P)	<ul style="list-style-type: none"> <li>Monthly contract meetings A&amp;E with trajectory set for recovery being monitored</li> <li>Clinical Quality and performance meeting</li> <li>Clinical lead for contracts and quality</li> <li>Critical meetings with Contract Leads and Manager</li> <li>Managerial lead for cancer has action plan in place</li> <li>Weekly and monthly monitoring through SMT and contractual performance.</li> <li>RCA for 62 day breaches</li> <li>Action plans requested from Provider for failed areas.</li> <li>Integrated Performance Report developed and presented to Governing Body.</li> <li>Patients that are 104+ days are subject to clinical harm review. If harm has been identified, this must be reported as a serious incident.</li> <li>North Mersey Cancer Operational and Performance Group</li> <li>Proposed agreed regarding the escalation process and timescales for issuing notices for review by CEO/CO</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>Performance of providers against constitutional target is monitored monthly with individual exceptions being addressed in turn</li> <li>Because of the configuration of tertiary oncology services and specialist surgical providers, the majority of cancer pathways for Soften residents involve more than one provider; a North Mersey systems-wide cancer performance view has highlighted priority areas for recovery in quarter 1 18/19</li> </ul>	<ul style="list-style-type: none"> <li>Challenges in managing referrals from NHS screening service due to complicated pathways. Issue raised with Spec; Comm &amp; NHSE. CCGs to escalate at CO2 assurance level with NHSE</li> <li>Both Aintree and S&amp;O classed as marginally breaching Trusts 62 day target</li> <li>A&amp;O accreditation suspended for both A&amp;HPT and F&amp;L&amp;HPT for breach screening in February 2018.</li> <li>Outlining use of patient letters within primary care designed to reinforce importance of attending appointments and investigations.</li> <li>Priority areas for recovery in quarter 1 18/19</li> <li>Histopathology reporting turnaround at Liverpool Clinical Laboratories. A comprehensive recovery plan is in place.</li> <li>Radiology and endoscopy workstreams aimed at sharing capacity and reporting resources across providers</li> <li>Capacity pressures in robotic analogy surgery, work with Specialised Commissioning to review</li> <li>Investigation of optimal lined pathways for lung and colorectal diagnostics</li> <li>Patient choice factors in pathway delays. This remains a complex and challenging area to address</li> <li>Liverpool Women's Hospital has reported increases in 2 week referrals as a probable consequence of increasing waiting times for routine gynaecology appointments. A recovery plan for RTT and cancer pathways is in place</li> <li>Work is on-going to develop a local cancer dashboard to help us focus on themes and trends and identify areas for improvement</li> </ul>	4	3	12	Sep-18	Nov-18	12	12	12	--	12	T
Quality Committee	QUA009	SS019	Apr 2015; Q1 2015/16	QUA024	Karl McCubrey (Sharon Forester)	Redesign & Commissioning	There is a risk of not meeting the A&E target caused by an increase in demand on the service resulting in a decrease in the quality of the service. (SS)	<ul style="list-style-type: none"> <li>A&amp;E delivery Board in place to monitor &amp; manage performance</li> <li>S&amp;P subgroup in place</li> <li>Monthly contractual performance meetings</li> <li>Monthly Integrated Performance Report reported to Governing Body</li> <li>Operational Service level meetings held: DW currently weekly IMADE events, weekly DTCC Teleconference and bi weekly Purple to Gold meeting</li> <li>Monthly Integrated Performance Report reported to Governing Body</li> <li>Monthly Quality meeting reported to Governing Body (SS)</li> <li>Plan Mersey Sub Group responsible for prescribing</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>Recovery plan agreed</li> <li>STT trajectory agreed</li> </ul>	<ul style="list-style-type: none"> <li>E&amp;CP review undertaken in Nov and draft report shared with CCG</li> <li>Enhanced recruitment of nursing staff to support ambulance turnaround times</li> <li>A&amp;E staff resources (Medical and Nursing) discussed in April CCGP.</li> <li>Trust actively recruiting</li> <li>RCA 12 hour breaches processed as per timeline led back to Trust at Aintree COPM in April discussion on how levels of harm due to long waits at A&amp;E Report to Aintree Board on harm over previous 12 months. Will come to CCGP.</li> <li>The consequences and impact scores remains higher than the initial score due to lack of sustained month on month performance.</li> <li>Net meeting constitutional target of STT trajectory</li> <li>Increased number of 12 hour breaches for which RCA are being completed.</li> <li>Frailty Unit opened in Dec to support patient flow and financing.</li> <li>HRIS Plan developed and agreed and submitted to the A&amp;E Delivery Board for approval.</li> <li>ICRAS (Integrated Care Reablement and Assessment) model scheduled for implementation 1st October.</li> <li>Multi-agency Discharge events (IMADE) on a weekly basis with representation from health and social care to review practice at ward level. Supplemented by weekly patient free telephone meetings to facilitate and support discharge processes with multi-agency representation.</li> </ul>	4	4	16	Sep-18	Nov-18	16	16	16	--	16	T
Quality Committee	QUA011	SS029	Sep 2016; Q2 2016/17	QUA045	John Owen	Quality	Risk of infection hospital admission caused by poorly maintained cleaning equipment resulting in harm to patients.	<ul style="list-style-type: none"> <li>Plan Mersey Sub Group informed</li> <li>Identifying organisations</li> <li>Be given advice on cleaning equipment and have access to replacement filters and tubing</li> <li>Long term liaison with respiratory teams, consultants, LCH and GP teams to ensure basics are right for the future.</li> <li>Patient information leaflet produced.</li> </ul>	4	5	20	<ul style="list-style-type: none"> <li>All organisations to follow guidance from governance leads within their organisations</li> <li>Regarding primary care prescribing - JO requested practice information facilities to run a search on all patients prescribed nebulisers. This will identify the size of the problem and enable patients to be reviewed &amp; education.</li> <li>Update presented at the August 17 Quality Committee Meeting</li> <li>A meeting will be held with all providers to work up a longer term solution.</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care prescribing - Following the completion of the search it was identified that Medicines Management did not have the capacity to take through. As a result the Nurses in Practice will review the data as part of the practice patient annual review and complete the process. - Should a patient be identified as needing a full review they will be referred to the appropriate specialist team. The referral process will be completed by April 2018.</li> <li>July 2018 - this process went to LMC in Feb 18 and was approved. Nurses in CRT given deadline for referral for Sept 2018</li> <li>Audit process put in place to review activity and effectiveness will report Nov 19</li> <li>Work being undertaken with providers and primary care to identify and put in place safe patient pathways across the system, in the with best practice.</li> <li>Sept 18 - Email sent direct to GP and practice Nurses to outline the review process along with referral forms and leaflet 17th April 2018. This was also part of the business plan. Community respiratory Team agreed to do the reviews during the summer period therefore the referrals could only be sent in until end of August 2018</li> <li>Current status - referral process complete and commissioners are awaiting for a feedback report on numbers identified, referred and reviewed from the respiratory health and practice facilities.</li> <li>Nov 18 - CCGs still awaiting the report from Merseyside on numbers of patients received, reviewed and sent back to primary care with a plan. Not all patients have been reviewed to date, this has been discussed with the clinical lead for Southampton Dr Paul Schwab and she advised that the remaining patients could be reviewed over the summer months next year (2019), all patients however will have received a leaflet to show them how to clean the nebulisers and a name of a company they can get replacement tubing from.</li> </ul>	4	3	12	Nov-18	Nov-18	12	12	12	--	12	I
Quality Committee	QUA014	SS039	Sep 2016; Q2 2016/17	NA	Karl McCubrey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional RTT target for 18 weeks caused by lack of clinical capacity resulting in delayed treatment for patients (SSCCG)	<ul style="list-style-type: none"> <li>Clinical Quality and performance meetings with providers</li> <li>Clinical lead for contracts and quality</li> <li>Weekly and monthly monitoring through SMT and contractual performance.</li> <li>Reporting system developed that provides earlier notification of waiting time concerns in respect of 52-week waits. Reviewed on a weekly basis and reported to SMT (Senior Management Team and S.T. Senior Leadership Team)</li> <li>Integrated Performance Report developed and presented to Governing Body.</li> <li>Proposed agreed regarding the escalation process and timescales for issuing notices for review by CEO/CO</li> <li>Aintree Planned Care Group - monthly meeting</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>RTT provider commissioning group now re-established</li> </ul>	<ul style="list-style-type: none"> <li>The Trust is reviewing long waiting patients and capacity within the Divisions in the Trust RTT action plan.</li> <li>A weekly PTL meeting has been commenced.</li> <li>Strategic North Mersey review of demography.</li> <li>New RTT workgroup has been established.</li> <li>Reviews of individual specialities and escalated through COPM or Contract Review M11 achieved target and expect delivery for year end.</li> <li>Aintree Planned Care Group now re-established and in meeting monthly.</li> </ul>	4	3	12	Sep-18	Nov-18	12	12	12	--	12	I
Quality Committee	QUA025	SS034	Jan 2015; Q1 2015/16	STA038	Debbie Fagan	Quality	Risk that patients could be harmed or receive inadequate care caused by a lack of commissioner assurance in current processes for Looked After Children Health Assessments and Reviews across the local system resulting in potential negative effect on forward.	<ul style="list-style-type: none"> <li>KPI's in contract for Looked After Children and monitored through Quality Committee and contract meetings</li> <li>CCG concerns raised by Chief Nurse via meetings with Director of Operations and Integration at NWB</li> <li>Chief Nurse concerns reported to both JOC and Governing Body.</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Data quality exercise to be carried out. Areas of assessment is on date to 31st March 2015 and will include:                             <ul style="list-style-type: none"> <li>whether or not assessed</li> <li>if assessed, at what stage</li> <li>whether assessments have been carried out but information not forwarded.</li> </ul> </li> <li>Lessons learnt event to be held - by July 15</li> </ul>	<ul style="list-style-type: none"> <li>Action plan aligned to Business Continuity Plan - December 2017</li> <li>CCG has confirmed additional investment to increase Designated Doctor for LAC sessions in line with intercollegiate guidance.</li> <li>Commissioner concerns regarding pace of improvement escalated at broader level within Mersey Care. Extraordinary meeting held with Mersey Care and North West Boroughs in February 2018 to ensure providers are clear about commissioner concerns and pace of improvements. Timeline of 12 months now confirmed.</li> <li>North West Boroughs currently out to staff consultation on revised structure to provide more leadership over LAC Service. CCG remain concerned over KPI performance for LAC</li> <li>Sept 18 - NWB HR restructure continues. Appointments still to be made. CDC review on system wide safeguarding service and LAC service provision. Awarding recommendations from CDC.</li> <li>Nov 18 - NWB restructure staffed and should be in full compliance with staff by Oct. CCG remain concerned regarding KPI performance for LAC however quality of KPI data now more accurate and unlikely to see improvement in performance until remodelled team at full complement. CDC staff report now received and comments returned to CDC regarding factual accuracy. Final report still awaited.</li> </ul>	4	4	16	Nov-18	Nov-18	16	16	16	--	16	--
Quality Committee	QUA025	SS002	Apr 2015; Q1 2015/16	BUO011	Tracy Jeffes	Corporate	Result of a disengaged membership cause by ineffective locality working resulting in less influence over clinical priorities.	<ul style="list-style-type: none"> <li>Locality Roles and Functions to be reviewed context of primary care networks due in November 18</li> <li>Locality Profiles being refreshed and compared to Local Authority Profiles December 18</li> <li>Key issues continue to be reported to Governing Body on a quarterly basis</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Development of localities and primary care networks to support collaborative work in General Practice</li> </ul>	<ul style="list-style-type: none"> <li>Nov 18 - continuing work regarding development of localities and primary care networks to support collaborative work in General Practice</li> </ul>	3	4	12	Nov-18	Nov-18	12	12	12	--	12	--
Quality Committee	QUA026	SS036	Jan 2016; Q1 2016/17	NA	Tracy Jeffes	Corporate	There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressure on services.	<ul style="list-style-type: none"> <li>Link into C&amp;M Healthcare Partnership Workforce Development work stream.</li> <li>Continue to work with Setton Council on wider strategies to promote Soften as a 'great place to work'</li> <li>Development of workforce element in Setton Transformation Programme</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Continue to work with LMC and NHSE schemes to attract more GPs to Soften</li> </ul>	<ul style="list-style-type: none"> <li>Nov 18 - continue to work with LMC and NHSE schemes to attract more GPs to Soften</li> </ul>	4	3	12	Nov-18	Nov-18	12	12	12	--	12	--
Quality Committee	QUA027	SS043	Jan 2017; Q4 2016/17	NA	Jan Leonard (Judge Price)	Quality	There is a risk in relation to the delivery of primary medical care services caused by workload and workforce pressures resulting in reduced quality of care for patients.	<ul style="list-style-type: none"> <li>Joint Commissioning Committee Action Plans</li> <li>Identify Commissioning Action Plans</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>CDG for Feb 18 now in place</li> <li>GP FYI plan being delivered</li> <li>Primary Care Network funding secured for S&amp;P 4 out of 4 localities: SS in out of 4</li> </ul>	<ul style="list-style-type: none"> <li>GPVU - developing plans for 7 day access to primary care services for implementation due to go live October 18 (on track)</li> <li>C&amp;M also to go into operational recruitment to include both CCGs November 2017. As part of the bid workforce at practice level is being mapped waiting list candidates to be sourced, care navigator training started for practices (September 2018)</li> <li>Primary Care Network funding secured for S&amp;P 4 out of 4 localities: SS in out of 4</li> <li>The CCG has been successful in the application for clinical pharmacist posts from GPVU and are on with agreeing an implementation plan.</li> <li>Sept 18 - All localities have been successful in their applications for Network bids, over the next month we will work with them to develop plans. Work on going for Nov 18</li> </ul>	4	3	12	Nov-18	Nov-18	12	12	12	--	12	--

Responsible Committee/Team	Committee/Team ID	CRR ID	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What control systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risk rating)	Update On Mitigating Action (Update on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Owner Review Date	Comm. Review Date	17/18 Prior quarter score	2018 Q1 Score	2018 Q2 Score	Trend to prior Q	Q3 Score	Overall Trend 1 - 4
Quality Committee	QUA038	SS046	Jan 2017- Q1 2017/18		Debbie Fagan	Quality	There is a risk of a delay for the learning from the deaths of people with a learning disability, unless LeDeR programme, caused by limited access to local reviewers, resulting in a reduced quality of service and lack of compliance with the LeDeR Programme	<ul style="list-style-type: none"> <li>CCG LeDeR Local Area Contact in Place who monitors progress and number of cases via the LeDeR dashboard</li> <li>The CCGs have access to two LeDeR reviewers and a trained assessor to help review outstanding cases</li> <li>18/18/18 Non Dupay LAC following completion of training</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>LeDeR Local Area Contact liaising across with NHS E CAM LeDeR lead</li> <li>Request made for CCG Local Area Contact to attend the NHS E CAM LeDeR steering Group</li> <li>Contact made with CCG LeDeR reviewers to provide oversight and support</li> <li>Letter template developed to support information from Sutton MHC</li> <li>Information requested to send out to Directors of Nursing across CCG lead providers to increase the number of local area reviewers</li> <li>Briefing and updates to be included within the CRR Nurse report to Quality Committee</li> </ul>	<ul style="list-style-type: none"> <li>Chief Nurse to discuss with Director of Nursing increasing reviews across NHS providers. Letter sent to Sutton MHC, Head of ASC to support multi agency LeDeR review.</li> <li>CCG Local Area Contact to attend NHS E CAM LeDeR Steering Group</li> <li>LeDeR reviews started and completed, number of LeDeR reviews remain significant</li> <li>18/18/18 MCT pick up further if review of LeDeR cases from additional funding received from NHS E to support the backlog. Designated Manager for Safeguarding Adults also LeDeR trained is the Deputy Local Area Contact to support capacity within the Quality Team. Completion of the review is to be monitored by Local Area Contact</li> <li>MCT are undertaking 7 reviews as part of the backlog monies provided by NHS under an memorandum of understanding (MOU) with NHS CAM. 5 cases are progressing with a further 2 to be allocated</li> <li>NHS are supporting another 6 cases to be completed as part of additional backlog monies. NHS are supporting MCT with MCT with the expectation cases will be identified and reviewed by October 2018.</li> <li>Additional review training date in October circulated to all NHS Providers and online training to increase pool of reviewers.</li> <li>Draft NPS data set developed and out for consultation with NHS providers for expected inclusion in the quality schedule from April 2019.</li> </ul>	4	3	12	Nov-18	Nov-18	12	12	12	--	12	--
Quality Committee	QUA039	SS055	Jan 2017- Q1 2017/18		Geratine O'Connell	Quality	There is a risk for patients in receipt of joint packages of care or section 117 care caused by a lack of timely reviews which provide assurance on the care being appropriate resulting decreased quality of care and non compliance with the Mental Health Act.	<ul style="list-style-type: none"> <li>Review of packages of care in an MHA and contractual requirement.</li> <li>IPA Programme Board is also in place which is attended by MLCSU</li> <li>Contract framework in place (inc CCGP).</li> </ul>	4	4	16	<ul style="list-style-type: none"> <li>Issue has been raised at Contract meetings and CCGP, but there is still no assurance that reviews have been undertaken by Mersley care</li> <li>The issue will be discussed at executive nurse level and if not resolved a Contract Performance Notice in line with CCG National Standard NHS Contract will be issued. The CCG Quality team are undertaking analysis of Mersley Care 19 reports to ascertain if there is any correlation with reviews not being carried out.</li> <li>The Trust are reviewing CPA packages of care and improved times have been established with the CSU. Query over review Non CPA patients who receive 'Statement of Care'.</li> </ul>	<ul style="list-style-type: none"> <li>July 18 - CSU Mental Health Commissioners have met with MCT staff to agree process of review. Transition to RQ clinical systems at MCT has delayed production of reports relating to review activity to discuss with MCT on dates for reports to be submitted. Meeting to be arranged with MCT to clarify non CPA review process. Audit shows they are being reviewed but not yet fully assured.</li> <li>Aug 18 - MCT agreed to provide activity reports on CPA/Non-CPA review. First draft expected end of September 2018.</li> <li>Dec 18 - Non CPA/CPA review update review list expected end of December 18.</li> </ul>	4	3	12	Dec-18	Nov-18	12	12	12	--	12	↓
Quality Committee	QUA047	SS050	Sep 2017- Q2 2017/18		Debbie Fagan	Quality	There is a risk in relation to performance at Antrine University Hospital caused by a number of pressures resulting in reduced quality of care and outcomes for patients.	<ul style="list-style-type: none"> <li>Integrated performance reports produced monthly and presented to GB</li> <li>Surveillance level of provider has been dropped to an enhanced (September 2017) and QIP completed with NHS. Regulators and associated commissioners (April 2018) - action plan progress being monitored at CCGP meetings with CCG AD as Chair</li> <li>Exception reporting highlighted concerns is escalated to monthly to CAM CSG</li> <li>AJH CCF in place</li> </ul>	4	5	20	<ul style="list-style-type: none"> <li>Regular one to ones established with non provider DON</li> <li>Review level of concern against the NHSIE QIP</li> <li>Market working between CCG Ops and Quality teams</li> </ul>	<ul style="list-style-type: none"> <li>March 2018 CCG inspection report demonstrates reduction to previous inspection and Trust now 'Requires Improvement'</li> <li>April 2018 - April 2018 subsequent quality improvement action plan to incorporate both commissioner and regulator assurance sent May 2018.</li> <li>NHSIE to coordinate response back to Trust on actions and potential changes. To be followed through at Antrine CCGP.</li> <li>April 18 - Following RCGP inspection in April 18 to remain on enhanced surveillance, Trust has presented action plan to provide assurance on quality of care. CCG AD to commence as chair of CCGP from July 2018 to focus on areas of concern and subsequent trust action</li> <li>Sept 18 - Working on CCGP inspection new using place AD changing. Input from other Commissioning colleagues to promote assurance being considered as part of new CCGP process. Next CCGP scheduled September 2018. Enhanced monitoring is now in place.</li> <li>Nov 18 - CCG working with other commissioners to agree an assurance relating to the reduction in surveillance level for the trust. To be discussed with the provider at November 2018 CCGP, with NHSIE input.</li> </ul>	3	5	15	Nov-18	Nov-18	20	20	16	--	15	↓
Quality Committee	QUA051	SS061	Dec 17- Q3 17/18		Debbie Fagan and Jan Leonard	Quality	There is a risk for patients presenting at A&E Antrine University Hospital caused by system pressures resulting in reduced quality and safety of care.	<ul style="list-style-type: none"> <li>Regular meetings with Trust on plans in place to ensure quality is maintained via CCGP and enhance monitoring of provider performance via QIP process</li> <li>Horizontal rounding, Comorb nursing and Safety Nurses in place</li> <li>MADE event taking place at the trust to continue internal process issuing and promoting safe and appropriate discharge.</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Regular updates from Director of Nursing with RCGAs being carried out for 12 hour breath</li> <li>Review of SFI and mortality reviewed with feedback to provide being undertaken by CCG.</li> <li>Engagement Care Lead and Quality Team supporting events for discharge. Support continues on discharge process and updated to be received at CCGP and QIP meetings in April 2018. Deputy Head of Quality and Safety attending regular A&amp;E meetings at AJH. No 12 hour breaches for AJH for May 2018.</li> <li>Jul 18 - High improvement on A&amp;E performance - no new 12 hour breaches for June/early July 2018.</li> <li>Sept 18 - 1 x 12 hour breach on 30/07/18, due to lack of side room availability as opposed to A&amp;E pressure. Awaiting 48 hour report. Trust has signed down from full capacity through pressure still on A&amp;E.</li> <li>Nov 2018 - A&amp;E performance remained challenging although there had been some significant improvements over the longer term, particularly in the highest ever number of admissions recorded at the hospital during the summer months. Investment had been made in the area, specifically in Junior Medics to support weekend work and this was starting to see some dividends</li> <li>Reduced breaches over 30 mins and 60 mins - 50% improvement</li> </ul>	3	4	12	Nov-18	Nov-18	12	12	12	--	12	--	
Quality Committee	QUA058	SS065	Mar 18- Q4 17/18		Debbie Fagan	Quality	There is a risk to deliver appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk Trust resulting in compromised quality of care.	<ul style="list-style-type: none"> <li>Monitoring of Safer staffing reports developed by Trust via CCGP on monthly basis with one to one meetings with CCG CR and Trust Doh to ensure delivery of quality of care to patients at the Trust.</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>CCG will maintain established surveillance systems/processes to quality review services, (incidents, safe staffing, SI, complaints, sickness).</li> <li>Review S&amp;O workforce strategy.</li> </ul>	<ul style="list-style-type: none"> <li>July 2018 - staffing levels subject to review by both S&amp;O CF and S&amp;O CCGP. Trust working on HR modelling regarding registered and non-registered staff. review at SIRC with provider presence at SIRC meetings. Transcription of staffing pressures, RCGAs and complaints reports discussed at CCGP.</li> <li>Aug 18 - Concerns re staffing levels highlighted monthly at CCGP. Trust confirmed international recruitment has been used to address certain areas e.g. an A&amp;E paediatric. CCG are awaiting latest quality compliance report for safer staffing levels from provider.</li> <li>Nov 18 - staffing levels remain a concern at S&amp;O. Trust undertake daily monitoring of staffing levels. Safer staffing report presented at Oct 18 CCGP and number of staffing incidents reported may link to current staffing levels. Trust requested to triangulate staffing levels and location of SIs</li> </ul>	4	3	12	Nov-18	Nov-18	12	12	12	--	12	--
Quality Committee	QUA060	SS069	Mar 18- Q4 17/18		Gordon Jones	Redesign & Commissioning	This is a risk that KPIs may not be able to be captured from June 2018 at Mersleygate caused by the RQ system not being fully implemented resulting in a lack of assurance and in poor performance not being highlighted and addressed by the CCGs.	<ul style="list-style-type: none"> <li>Contact monthly via CCGP and CCGP</li> <li>RQ patient information system now implemented</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>On going contact monitoring via CRR and CCGP</li> </ul>	<ul style="list-style-type: none"> <li>The Trust implemented its new RQ 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 CCG (e.g. sickness and absence) KPI reporting will be suspended MS and MA. MS a MS a sub-report will be generated to MS a full report will be generated with backdated performance.</li> <li>On going monitoring by CRR/CCGP</li> <li>Dec 18 - MCT have not been able to produce a comprehensive list of KPIs. Discussed at finance and information group on 27/11/18. Trust agreed to provide update in January 2019 regarding when full compliance will be achieved.</li> </ul>	3	4	12	Dec-18	Nov-18	12	12	12	--	12	--
Quality Committee	QUA062	SS071	Jan 2018- Q1 2018/19		Sarah McGrath	Redesign & Commissioning	There is a risk of not achieving full utilisation of ERS caused by a number of South Sefton GPs still using paper referrals resulting in referrals not being processed and accepted by Antrine University Hospital.	<ul style="list-style-type: none"> <li>Review of Practice level utilisation of ERS on a monthly basis.</li> <li>Within the Local Quality Contract (LQC), monitoring contract holders to prepare for full utilisation of ERS.</li> <li>On-going work with Mersley training team</li> <li>Proposal agreed regarding the escalation process and timescales for issuing notices for review by CCGCO</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>GP Practices still using paper based referrals should be using ERS by Oct 2018.</li> </ul>	<ul style="list-style-type: none"> <li>GP practices requested contractually to be using ERS by Oct 2018. Proposal agreed regarding the escalation process and timescales for issuing notices for review by CCGCO</li> </ul>	3	4	12	Sep-18	Nov-18	New for Q1	12	12	--	12	--
Quality Committee	QUA063	SS074	Jan 2018- Q1 2018/19		Janet Spalton	Quality	There is a risk of failure to provide emergency response times that meet the national NPS programme caused by delays in handover times at providers resulting in decreased standards of patient care and safety.	<ul style="list-style-type: none"> <li>NHSIE/NHS intervention with CCG Lead and NWSAS to agree review plan detailing how performance will be improved to meet NPS standards.</li> <li>Weekly and daily performance monitoring implemented with review of incidents underway (in liaison with Lancs. CSIG)</li> <li>Information shared with all CCGs on monthly basis at NWSAS/NHS111 meeting with NP commissioners present</li> <li>Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handovers times, introduction of alternatives to transfer with community trust.</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Target for NWSAS is to improve by end of Q2 (18/19). Improvement in C1 call response times will still not have met standards at end of Q1.</li> </ul>	<ul style="list-style-type: none"> <li>Jan Davies (LCCG) is the commissioning lead for this. Work continues with expected improvements in Q2 due to increased staffing (call handlers) and some of the additional emergency fleet required coming into system. Working hours last week to examine hospital handover times with view from H&amp;E perspective all necessary action being identified and actioned. Continued focus on overall hospital flow / discharge processes to release capacity from A&amp;E to support front door handovers. There is a national focus on this and particularly NWSAS who are one of the poorer performers. On going work with community trusts to develop alternatives to transfers for patients seen by NWSAS who do not require conveyance but alternative support within the community.</li> <li>Aug 18 - NWSAS continue to implement the agreed NP action plan. There have been improvements in response time in line with requirement to meet targets by end of Q2. There is a specific focus on ambulance handover times with NWSAS working with a number of trusts to facilitate improvements. AJH has been identified as one of these trusts with issues being raised at Executive level (NWSAS to Antrine) to ensure engagement in priority work over September 18.</li> </ul>	3	4	12	Sep-18	Nov-18	New for Q1	12	12	--	12	--
Finance and Resource	FR005	SS	Q1 2018/19		Narlin McDowell	Finance	There is a risk of non delivery of the NHSIE required control total of £1m surplus in 2018/19 caused by potential and emerging expenditure pressures and the potential non delivery of the QIPP plan resulting in the potential for either a failure to deliver the required control total or to Statutory Financial Duty (SFD).	<ul style="list-style-type: none"> <li>Robust review of all CCG expenditure through monthly management accounting routines.</li> <li>Examination of QIPP savings and opportunities at beginning of financial year as part of financial planning. On-going monitor throughout the year.</li> <li>Focused QIPP work to explore possible QIPP opportunities.</li> <li>Scheme of delegation in place internally to limit authority to correct CCG resources to senior management.</li> <li>Joint QIP Committee and F&amp;R Committee Reports</li> <li>Monthly IPR to GB</li> </ul>	3	5	15	<ul style="list-style-type: none"> <li>NM Finance review and challenge Acting as One arrangements regarding delivery of joint reduction in expenditure to ensure delivery of financial balance.</li> </ul>	<ul style="list-style-type: none"> <li>CCG Board to Board discussions regarding collaboration and joint working with providers and wider health economy to deliver QIPP projects.</li> <li>On-going review and monitor of cost/benefit to provide an early warning system regarding emerging financial pressures.</li> </ul>	4	5	20	Sep-18	Nov-18	New for Q1	20	20	--	20	↑
Finance and Resource	FR005a	SS	Q1 2018/19		Narlin McDowell	Finance	There is a risk that the CCG will not fully deliver its planned QIPP target in 2018/19 caused by non delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.	<ul style="list-style-type: none"> <li>Monthly review and monitoring of all QIPP schemes to assist delivery in year and highlight risks and issues affecting delivery of planned QIPP savings.</li> <li>Monthly RAG rated QIPP reporting and challenge at Joint QIP and Financial Recovery Committee.</li> <li>Rapid mobilisation of QIPP projects and on-going review of timing of delivery. Development of two year QIPP plan.</li> <li>Joint QIP Committee Reports</li> <li>Monthly IPR to GB</li> <li>Financial recovery plans submitted to NHS England.</li> </ul>	3	5	15	<ul style="list-style-type: none"> <li>Multi-disciplinary teams to work on development / progression of QIPP schemes.</li> <li>Progression and on-going development of future QIP plans through to 2020/21.</li> </ul>	<ul style="list-style-type: none"> <li>Check and challenge sessions to provide assurance to the Joint QIP and Financial Recovery Committee on the likelihood of delivery of QIPP schemes. Review of estimated QIP achievement and profiling of saving delivery.</li> <li>On-going development of assurance processes to ensure alignment and accuracy of QIPP reporting through monthly financial reports.</li> </ul>	4	5	20	Sep-18	Nov-18	New for Q1	20	20	--	20	↑
Finance and Resource	FR005b	SS	Q1 2018/19		Narlin McDowell	Finance	There is a risk that the CCG will fail to contain expenditure against its operating budgets in 2018/19 caused by potential expenditure pressures resulting in increased costs and a reduction in the ability to achieve its control total and SFD.	<ul style="list-style-type: none"> <li>Defined budget holders, scheme of delegation in place and regularly reviewed internally to authority to correct CCG resources at an appropriate level of management.</li> <li>Monthly budget reports, budget holder training programme.</li> <li>F&amp;R Committee Reports</li> <li>Monthly IPR to GB</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>Review of financial reporting to ensure continued relevance to content and granularity of detail.</li> <li>On-going review of operational routines to ensure optimum efficiency to contain and reduce costs of loss on supporting transformation and QIPP delivery.</li> <li>On-going development of relevant financial training including mandatory financial training on appointment.</li> <li>CCG the consequence poor mitigation score for this risk has been reduced, as the financial pressures relating to operational budgets is now under £2m which has reduced the consequence to 4 based upon the CCG's risk matrix. This has resulted in reducing the overall post mitigation score to 16, although the overall financial score remains unchanged at 20.</li> </ul>	4	4	16	Sep-18	Nov-18	New for Q1	20	20	↓	16	↑	

Responsible Committee/Team	Committee Team ID	CRR ID SS	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk i.e. There is a risk that X risk caused by Y event resulting in Z effect)	Key controls and assurances in place (What control systems are already in place to prevent the risk from being realised)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional control/ systems need to be put in place to reduce the risk rating)	Update On Mitigating Action (Updates on the additional controls and progress)	Likelihood Post Mitigation	Consequence Post Mitigation	Score Post Mitigation	Owner Review Date	Comm. Review Date	17/18 Prior quarter score	2018 Q1 Score	2018 Q2 Score	Trend to prior Q	Q3 Score	Overall Trend ↑ ↓ ↔
Finance and Resource	FR008	SS	02/2018/19	N/A	Jane Taylor	Finance	There is a risk of non-delivery of the Seton Transformation Programme caused by insufficient appropriate resources resulting in non-resolution of the system wide deficit with potential reputational damage.	PMO office established	5	4	20		A programme management office has been put in place to deliver the necessary change, albeit resulting in a significant additional financial risk to the CCG. With the advent of the PMO, the appropriate resources and expertise is being sourced to enable delivery.	4	4	16	Sep-18	Nov-18	x	N/A	9	1	16	↓
Quality Committee	QUA064	SS073	Aug 2018 - Q2 2018/19	N/A	Tracey Forshaw	Quality	There is a risk that the CCG will not be able to meet the required trajectory for Personal Health Budgets (PHB) caused by a lack of awareness of PHBs resulting in patients not receiving PHBs and a lack in the quality of the service provided by the CCG	<ul style="list-style-type: none"> <li>The CCG has a PHB lead in place. PHBs are a standing agenda item as the CHC Programme Board as a sub-group of the Joint Quality Committee.</li> <li>Quarterly reporting via the Integrated Performance Report</li> <li>The CCG supported the leading of a complex care nurse within the CHC team to support the assessment of complex patient and PHBs until the end of March 2019.</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>The PHB policy is under review to support the expansion of PHBs outside of adult CHC and Children CC</li> <li>The CCG commissions a home care services from Alder Hey. A capex has been submitted to SMT in June and July 2018 to confirm the CCGs intention to service nurse on the block contract considering the risks of redundancy. The children's commission is working with Children complex care nurse in MLCSU to support the PHB for 1 client</li> <li>Chief Accountable Officer has requested the CCG QPP lead to support prioritisation of PHBs and to consider if this can be delivered efficiently.</li> <li>The CCG does not have in place a CHC end to end service. The CCG is considering the model with MLCSU undertaking a piece of work which will come through the CHC Steering Group</li> <li>A meeting is to be arranged with Seton Carers Centre, to review the costing's as part of the PHBs</li> </ul>	<ul style="list-style-type: none"> <li>PHB policy and procedures reviewed by MLCSU, awaiting feedback on the final version before ratification.</li> <li>Consultant and engagement events taken place with CCG commissioned providers, CCGs Big Chair, 3rd sector to support the awareness and access of PHBs</li> <li>CCG has obtained mentorship for the expansion of PHBs outside of NHS CHC and Children CC for wheelchair (Hull CCG) and children complex care (TBC). Hull CCG have provided teleconference events and supported stakeholder event co-ordinated by the CCG PHB lead 21st September 2018. These task and finish group will be set up</li> <li>Wheelchair PHBs were tabled at the Integrated Commissioning Group with confirmation of engagement from Seton MBC on 30/08/18 (Seton CCG lead)</li> <li>The CCG is exploring the possibility of PHBs for CHC and of Life fast tracks. Contact has been made with Warrington CCG and learning shared. The programme is being led by the lead commissioner for planned care for SPCOG and GP clinical lead as part of the CCG QPPF agenda.</li> <li>The CCG is exploring the possibility of PHBs for mental health and learning disabilities for ST17 outside of NHS CHC, with attendance to NHS E session on 17/10/18</li> <li>Delays in the PHB process have been reviewed by CCG and MLCSU with MLCSU scheme of delegation now in place.</li> <li>The CCG has identified an alternative independent provider from the 3rd sector due to delays/issues with current CCG independent support provider.</li> <li>The CCG looking at Seton Carers Centre supporting PHBs</li> <li>PHBs for adults living in their own home in receipt of CHC will be a default position from April 2019. This is an agenda item at the CCGPQ, CCGQRM and CHC steering group for commissioned providers and MLCSU for clarification on how this will be achieved. A meeting to be arranged with Moseley Care contracts and commissioning leads to review the contract and service specification.</li> <li>Capacity issue identified by the Chief Nurse for the Quality Team to deliver the personalisation agenda - the CCG were unable to support additional resource at that time.</li> <li>Reports have been submitted to SMT in relation to under performance and recovery plans</li> </ul>	4	3	12	Nov-18	Nov-18	x	N/A	12	↔	12	↔
Quality Committee	QUA065	SS074	Aug 2018 - Q2 2018/19	N/A	Brendan Prescott	Quality	There is a risk the CCG will be unable to commit to the SEND recommendation caused by the CCG financial position resulting in non-compliance and reputational damage.	<ul style="list-style-type: none"> <li>Financial position reported through to SMT, SLT and governing body.</li> <li>Commitment made for up to £100k recurrent for NDP / ASD / ADHD and up to £50k recurrent to support SALT reducing waiting lists / input into the NDP diagnostic pathway.</li> </ul>	4	3	12	<ul style="list-style-type: none"> <li>Regular reporting on the Improvement Plan once agreed by CCG and DfE to JQC, SLT and Governing body</li> </ul>	<ul style="list-style-type: none"> <li>New risk added Sept 18</li> <li>Nov 18 - CCG work priorities identified by Children's Commissioning Manager and focus on undertaking actions where benefits will be greatest.</li> </ul>	4	4	16	Nov-18	Nov-18	x	N/A	12	↑	16	↑
Quality Committee	QUA066	SS075	Dec 18 - Q3 2018/19	N/A	Helen Case	Quality	There is a risk that recommendations from the CCG will not be successfully implemented caused by delay or lack of ineffective implementation resulting in damage to the reputation of the CCG and the quality of safeguarding children and LAC services.	<ul style="list-style-type: none"> <li>Task and Finish meetings have been undertaken chaired by the Accountable Officer and will be ongoing until the CCG recommendations have been implemented.</li> <li>Key stakeholders are members of the Task and Finish Group</li> </ul>	3	4	16		<ul style="list-style-type: none"> <li>New risk added December 2018 - Key stakeholders have commenced actions against the recommendations and have provided the CCG with their action plans against the recommendations.</li> </ul>	3	4	16	Dec-18		x	N/A	N/A	N/A	12	↔

### Risk Matrix

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

### Risk Ratings

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

↓ Significant Risks

### Significant Risks

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

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

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

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

## MEETING OF THE GOVERNING BODY February 2019

<b>Agenda Item:</b> 19/11	<b>Author of the Paper:</b> Karen Garside Designated Nurse Safeguarding Children Karen.garside@southseftonccg.nhs.uk 07769 307213
<b>Report date:</b> February 2019	
<b>Title:</b> Safeguarding Children and Adults at Risk Policy (v11)	
<p><b>Summary/Key Issues:</b></p> <p>The CCG's Safeguarding Children &amp; Adults at Risk Policy (v10) was last reviewed and approved by the Governing Body in July 2018 with the expectation that a further review would be required in December 2018 following the launch of Working Together to Safeguard Children (2018).</p> <p>The anticipated guidance was subsequently published at the end of July and has therefore been incorporated into this current review.</p>	
<p><b>Recommendation</b></p> <p>The Governing Body is asked to approve this report.</p>	
	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			Received at Joint Quality Committee (31.1.2019)

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 February 2019

### 1. Executive Summary

The CCG's Safeguarding Children & Adults at Risk Policy (v10) was last reviewed and approved by the Governing Body in July 2018 with the expectation that a further review would be required in December 2018 following the launch of Working Together to Safeguard Children (2018).

The anticipated guidance was subsequently published at the end of July and has therefore been incorporated into this current review.

### 2. Key Issues

The current version of the Safeguarding Children and Adults at Risk Policy (v10) has been reviewed and updated to ensure that it remains fit for purpose and incorporates the awaited Working Together (2018) guidance.

A number of changes have been made and includes:

- Reference to the latest statutory guidance Working Together to Safeguard Children (2018)
- Reference to the changes that will occur from Local Safeguarding Children Boards (LSCBs) to Safeguarding Partnership Arrangements as a consequence of the Children & Social Work Act (2017)
- Inclusion of reference to newly developed CCG Children in Care Policy (2019) which highlights the CCGs specific roles in respect of Children in Care
- Update of definition to Child Sexual Exploitation and examples of Early Help
- Reference to new types of abuse including Child Criminal Exploitation, County Lines and Contextual Safeguarding.
- Update to contact details and referral pathways

The policy was received by the Joint Quality Committee on 31.1.2019. A request was made for inclusion within Appendix 2: Information Sharing Guidance for the definition of 'legitimate' to be included in the footer in respect of 'is there a clear and legitimate purpose for sharing information?'

The wording for this will be compiled and forwarded to Dr.Caudwell, Dr.Halstead, Dr.Hewitt (Named GP, Safeguarding Children) and Dr.Daniels (Designated Doctor, Safeguarding Children) for approval and inclusion within the policy.



### **3. Recommendations**

The Governing Body is asked to approve the updated Safeguarding Children and Adults at Risk Policy (v11) with inclusion of definition of 'legitimate', once approved.

### **Appendices**

Appendix 1: NHS South Sefton CCG Safeguarding Children and Adults at Risk Policy (v11)

**Karen Garside**  
**Designated Nurse Safeguarding Children**  
**February 2019**

**South Sefton Clinical Commissioning Group**  
**Safeguarding Children & Adults at Risk Policy**  
**2019**  
**(Incorporating Safeguarding and Mental Capacity Act**  
**Standards for Commissioned Services)**

Title:	<b>Safeguarding Children &amp; Adults at Risk Policy</b>
Version:	V11
Ratified by:	South Sefton CCG Governing Body
Date ratified:	
Name of originator/author:	CCG Safeguarding Service
Name of Lead:	Chief Nurse
Date issued:	November 2015
Review date:	December 2018 or on publication of any relevant national safeguarding policy or changes to safeguarding arrangements.
Target audience:	CCG

In the event of any changes to relevant legislation or statutory procedures this policy will be automatically updated to ensure compliancy without consultation. Such changes will be communicated.

Version Number	Type of Change	Date	Description of change
V3	Process	Sept 2015	Approved policy updated with Policy/version control sheet
V4 -8	Review	November 2015	Amended to reflect the Care Act 2014, Harmful Practices and the requirements of Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework
V10	Update	June 2018	Updated to reflect changes in the provision of the CCGs Safeguarding Team and new contact details for the Team
V11	update	January 2019	Updated to reflect Working Together 2018 and revised following implementation of separate CCG LAC Policy

## 1.0 Introduction

- 1.1** South Sefton Clinical Commissioning Group (CCG) has a statutory duty to ensure it makes arrangements to safeguard and promote the welfare of children and young people and to protect adults at risk from abuse or the risk of abuse. The arrangements should reflect the needs of the vulnerable population they commission or provide services for. South Sefton CCG is also required to contribute to multi-agency arrangements to protect adults and children at risk from radicalisation. This strategy is known as Prevent.
- 1.2** As a commissioning organisation South Sefton CCG is required to ensure that all health providers from whom it commissions services have comprehensive single and multi-agency policies and procedures in place that are compliant with current legislation to safeguard and promote the welfare of children and to protect adults at risk of abuse (ie Care Act 2014 and Working Together 2018 compliant). South Sefton CCG should also ensure that health providers are engaged in Multi Agency Partnership Arrangements and that health workers contribute to multi-agency working across both the Safeguarding Children and Adult agendas. The Children Act 2004, as amended by the Children and Social Work Act (2017), strengthens the relationship between key partners under a new duty to make arrangements to work together to safeguard and promote the welfare of all children in their area. Local Safeguarding Children Board (LSCB) arrangements will remain in place until the new safeguarding partnership arrangements are published before 29<sup>th</sup> June 2019.
- 1.3** This policy has two functions:
- a) It details the roles and responsibilities of South Sefton CCG as a commissioning organisation, of its employees and GP practice members;
  - b) It provides clear service standards against which healthcare providers will be monitored to ensure that all service users are protected from abuse and the risk of abuse.
- 1.4** This policy has been developed with reference to the Sefton Safeguarding Children Board (LSCB) and Merseyside Safeguarding Adults Board multi agency policies.

## 2.0 Scope

- 2.1** This policy aims to ensure that no act or omission by South Sefton CCG as a commissioning organisation, or via the services it commissions, puts a service user at risk; and that robust systems are in place to safeguard and promote the welfare of children, and to protect adults at risk of harm.
- 2.2** Where South Sefton CCG is identified as the co-ordinating commissioner it will notify collaborating commissioners of a provider's non-compliance with the

standards contained in this policy or of any serious untoward incident that is considered to be a safeguarding issue.

### **3.0 Principles**

- 3.1** South Sefton CCG recognises that safeguarding children and adults at risk is a shared responsibility and there is a need for effective joint working between agencies and professionals that have differing roles and expertise if vulnerable groups are to be protected from harm. To achieve effective joint working, there must be constructive relationships at all levels which need to be promoted and supported by:
- a) A commitment of senior managers and board members to seek continuous improvement with regard to safeguarding both within the work of South Sefton CCG and within those services commissioned.
  - b) Clear lines of accountability within South Sefton CCG for safeguarding.
  - c) Service developments that take account of the need to safeguard all service users, and is informed where appropriate, by the views of service users or advocates.
  - d) Staff learning and development including a mandatory induction which includes familiarisation with responsibilities and procedures to be followed if there are concerns about a child or adult's welfare.
  - e) Staff training and continuing professional development so that staff have an understanding of their roles and responsibilities in regards to safeguarding children, adults at risk, looked after children and the Mental Capacity Act (2005).
  - f) Appropriate supervision and support for the workforce.
  - g) Safe working practices including recruitment and vetting procedures.
  - h) Effective interagency working, including effective information sharing.

The above principles reflect the expectations of the Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (2015) and statutory guidance as referenced within this policy.

### **4.0 Equality and Diversity**

- 4.1** The population of South Sefton is diverse and includes areas of high deprivation. Children and adults from all cultures are subject to abuse and neglect. All children and adults have a right to grow up and live safe from harm. In order to make sensitive and informed professional judgments about the needs of children (including their parents' capacity to respond to those needs) and the needs of adults at risk, it is important that professionals are sensitive to differing family patterns and lifestyles that vary across different racial, ethnic and cultural groups.
- 4.2** Professionals need to be aware of the broader social factors that serve to discriminate against black and minority ethnic populations. Working in a multi-

cultural society requires professionals and organisations to be committed to equality in meeting the needs of all children and adults at risk and to understand the effects of harassment, discrimination or institutional racism, cultural misunderstandings or misinterpretation.

- 4.3** The assessment process should maintain a focus on the needs of the individual child or adult at risk. It should always include consideration of how the religious beliefs and cultural traditions influence values, attitudes and behaviours and the way in which family and community life is structured and organised. Cultural factors neither explain nor condone acts of omission or commission that place a child or adult at risk of significant harm. Professionals should be aware of and work with the strengths and support systems available within families, ethnic groups and communities, which can be built upon to help safeguard and promote their welfare.

## 5.0 Definitions

### 5.1 Children

- 5.1.1** In accordance with the Children Act 1989 and 2004, within this policy, a 'child' is anyone who has not yet reached their 18<sup>th</sup> birthday. 'Children' will mean children and young people throughout.

**5.1.2** **'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 or 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.

**5.1.3** Children in Need / Early Help

Under Section 17 (10) of the Children Act 1989, a child is a Child in Need if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is a Disabled Child.

Professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

**5.1.4 Looked After Children** are those children and young people who are looked after by the state under one of the following sections of the Children Act 1989 including:

- Section 31 - Care Order
- Section 38 - Interim Care Order
- Section 20 -Voluntary accommodation at the request of or by agreement with their parents or carers
- Section 44 - Emergency Protection Order

Following the implementation of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 all children who are remanded into custody in England automatically also become looked after. A period of remand should only last for a short time and the automatic looked after status ends upon conviction, acquittal or grant of bail.

**5.1.5 Private Fostering** – this is a private arrangement made between a child's parents and someone who is not a close relative to care for a child for 28 days or more: where the child lives with the carer. Close relatives include aunt, uncle, brother, sister or grandparents but not a great aunt or uncle. South Sefton CCG staff have a responsibility to notify Children's Social Care of any private fostering arrangements that they become aware of.

The CCG has a separate Children in Care Policy (2019) which highlights the CCGs roles and responsibilities to support Children in Care

## 5.2 Adults at Risk

**5.2.1** The Care Act 2014 identifies that safeguarding duties apply to an adult aged 18 or over and who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

**5.2.2** Whilst there is no formal definition of vulnerability within health care, some people receiving health care may be at greater risk from harm than others, sometimes as a complication of their presenting condition and their individual circumstances. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional/ care provider at the first contact and continue throughout the care pathway (DH 2010).

### 5.2.3 Making Safeguarding Personal (MSP)

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how a response in a safeguarding situation enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them.

**5.2.4** The six principles for adult safeguarding ensure safeguarding is person centred and outcome focused, giving people choice and control over their lives.

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



5.2.5 Definitions of abuse are contained within the glossary section of the policy.

### 5.3 Specific safeguarding categories

#### 5.3.1 Domestic Abuse

The cross-government definition of domestic violence and abuse is:-

“Any incident or pattern of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial or emotional”. (Home Office circular 003/2013)

This is regardless of race, culture, religion, gender, age and disability. It is also important to note that domestic abuse can also occur in lesbian, gay, bisexual and transgender relationships. Heterosexual females can also abuse heterosexual males and children also abuse adults. Domestic abuse also features highly in cases of child abuse and in an analysis of serious case reviews, both past and present, it is present in over half (53%) of cases (HM Government 2010). Approximately 200,000 children in England live in households where there is a known risk of domestic violence (Brandon et al, 2009).

The term “domestic abuse” includes issues such as female genital mutilation (FGM), so called honour based crimes, forced marriage and other acts of gender based violence, as well as elder abuse and spiritual abuse (**where someone uses a person’s spiritual beliefs to manipulate, dominate or control the person**) when committed within the family or by an intimate partner. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents whether directly related or stepfamily.

Whilst an adult is defined as any person aged 18 or over, the new definition for domestic violence has been altered to include 16 and 17 year olds. Despite this change in definition, domestic abuse involving any young person under 18 years, even if they are parents, should be treated as child abuse and the Sefton Safeguarding Children Board procedures apply. [Please refer to Sefton Multi Agency Domestic Abuse Protocol \(2018\).](#)

#### 5.3.2 Forced Marriage

“marriage shall be entered into only with the free and full consent of the intending spouses” (Universal Declaration of human Rights, Article 16 (2))

A forced marriage is where one or both people do not (or in the case of some people with learning or physical disabilities, cannot as they do not

have mental capacity to make the decision) consent to the marriage and pressure or abuse is used. The pressure put on women and men to marry against their will can be physical, (including threats, actual physical violence and sexual violence), emotional or psychological (for example when a person is made to feel like they are bringing shame on their family) and financial abuse (taking money from a person or not providing money).

### 5.3.3 Female Genital Mutilation (FGM)

Female genital mutilation is a collective term used for procedures which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. FGM is typically performed on girls between the ages of 4 and 13 years, although it may also be performed on infants, and prior to marriage or pregnancy. The Prohibition of Female Circumcision Act 1985 made this practice illegal in this country and the Female Genital Mutilation Act 2003 which replaced it has now made it illegal for girls to be taken abroad for the purpose of performing this procedure.

From 1st October 2015 there is a mandatory reporting duty, provided for in the FGM Act 2003 (as amended by the Serious Crime Act 2015) requiring health care professionals to report where, in the course of their professional duties, they either:

- Are informed by a girl under 18 that an act of FGM has been carried out on her; or
- Observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and have no reason to believe that the act was necessary for the girl's physical or mental health or for the purposes connected with labour or birth

### 5.3.4 PREVENT

Prevent forms part of the Counter Terrorism and Security Act 2015. The Prevent Strategy aims to stop people from becoming terrorists or supporting terrorism and operates in the pre-criminal space before any criminal activity has taken place. Recent history has demonstrated how children and adults at risk have been exploited and radicalised by terrorists.

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on "health" bodies, in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism".

All relevant health staff should be able to recognise vulnerable individuals who appear to be being drawn into terrorism, including extremist ideas which can be used to legitimise terrorism and are shared by terrorist

groups. Staff should be aware of what action to take in response, including local processes and policies that will enable them to make referrals to the Channel programme and how to receive additional advice and support.

### **5.3.5 Child Sexual Exploitation**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

### **5.3.6 Child Criminal Exploitation**

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

### **5.3.7 County Lines**

As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

### **5.3.8 Contextual Safeguarding**

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety

of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child.

If practitioners have concerns that a child may be a potential victim of modern slavery or human trafficking then a referral should be made to the [National Referral Mechanism](#), as soon as possible.

The National Referral Mechanism is a process set up by the Government to identify and support victims of trafficking in the UK. It was born out of the Government's obligation to identify victims under the Council of Europe Convention on Action against Human Trafficking, which came into force on 1 February 2008. The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking and ensuring they receive the appropriate protection and support.

The NRM is also the mechanism through which the Modern Slavery and Human Trafficking Unit (MSHTU) collects data about victims. This information aims to help build a clearer picture about the scope of human trafficking in the UK.

From 31st July 2015, the NRM was extended to all victims of modern slavery in England and Wales following the implementation of the Modern Slavery Act 2015.

Modern slavery is comprised of:

- 1) Human trafficking
- 2) Slavery, servitude and forced or compulsory labour

## 6.0 Roles and Responsibilities

- a) Ultimate accountability for safeguarding sits with the Chief Officer for South Sefton CCG. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by providers of health care that South Sefton CCG commissions would result in failure to meet statutory and non-statutory constitutional and governance requirements.
- b) South Sefton CCG must demonstrate robust arrangements are in place to demonstrate compliance with safeguarding responsibilities.
- c) South Sefton CCG must establish and maintain good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commission services ensuring that all service users are protected from abuse and neglect.
- d) Establish clear lines of accountability for safeguarding, reflected in governance arrangements.
- e) To co-operate with the local authority in the operation of the local safeguarding children arrangements and safeguarding adults board, be a member of the Boards.
- f) To participate in serious case reviews, serious adult reviews and domestic homicide reviews.
- g) Secure the expertise of a designated doctor and nurse for safeguarding children; a designated doctor and nurse for looked after children (LAC); a designated paediatrician for child deaths; a safeguarding adult lead and a mental capacity act lead.
- h) Ensure that all providers with whom there are commissioning arrangements have in place comprehensive and effective policies and procedures to safeguard children and adults at risk in line with those of the Safeguarding Adult Board SAB / Sefton LSCB (or subsequent partnership arrangements).
- i) Ensure that all staff in contact with children, adults who are parents/carers and adults at risk in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect for children and adults at risk, know how to act on those concerns in line with local guidance.
- j) Ensure that appropriate systems and processes are in place to fulfil specific duties of cooperation and partnership and the ability to demonstrate that South Sefton CCG meets the best practice in respect of safeguarding children and adults at risk and looked after children.
- k) Ensure that safeguarding is at the forefront of service planning and a regular agenda item of South Sefton CCG governing body business.
- l) Ensure that all decisions in respect of adult care placements are based on knowledge of standards of care and safeguarding concerns.
- m) Commission services that are compliant with the Mental Capacity Act 2005
- n) Ensure provision of independent Mental Capacity Act Advocates (IMCA) to represent people who lack capacity where there is no one independent of services, such as family member or friend, who is able to represent the person to support decisions around serious medical treatment or where to live.

- o) Ensure that there are robust recruitment and vetting procedures in place to prevent unsuitable people from working with children and adults at risk. These procedures must be in line with national and SAB / Sefton LSCB (or subsequent partnership arrangements) guidance and will be applied to all staff (including agency staff, students and volunteers) who work with or who handle information about children and adults at risk.

#### 6.1 Chief Officer for South Sefton CCG

- a) Ensures that the health contribution to safeguarding and promoting the welfare of children and adults at risk is discharged effectively across the whole local health economy through the organisation's commissioning arrangements.
- b) Ensures that the organisation not only commissions specific clinical services but exercises a public health responsibility in ensuring that all service users are safeguarded from abuse or the risk of abuse.
- c) Ensures that safeguarding is identified as a key priority area in all strategic planning processes.
- d) Ensures that safeguarding is integral to clinical governance and audit arrangements.
- e) Ensures that all health providers from whom services are commissioned have comprehensive single and multi-agency policies and procedures for safeguarding which are in line with the Local Safeguarding Children Board (or subsequent partnership arrangements) and adult board procedures and are easily accessible for staff at all levels.
- f) Ensures that all contracts for the delivery of health care include clear standards for safeguarding - these standards are monitored in order to provide assurance that service users are effectively safeguarded.
- g) Ensures that South Sefton CCG staff, and those in services contracted by South Sefton CCG, are trained and competent to be alert to potential indicators of abuse or neglect in children and know how to act on their concerns and fulfil their responsibilities in line with the Sefton LSCB (or subsequent partnership arrangements) and SAB policies and procedures.
- h) Ensures South Sefton CCG cooperates with the local authority in the operation of LSCB (or subsequent partnership arrangements) and LSAB.
- i) Ensures that all health organisations with whom South Sefton CCG has commissioning arrangements have links with Sefton LSCB (or subsequent partnership arrangements) and SAB; that there is appropriate representation at an appropriate level of seniority; and that health workers contribute to multi-agency working.
- j) Ensures that any system and processes that include decision-making about an individual patient (e.g. funding panels) takes account of the requirements of the Mental Capacity Act 2005 – this includes ensuring that actions and decisions are documented in a way that demonstrates compliance with the Act.
- k) Is required to sign off the CCG's contributions to the Safeguarding Children and Adult annual report and annual plan, which are a statutory requirement.

## 6.2 South Sefton CCG Governing Body Lead with responsibility for safeguarding

- a) Ensures that South Sefton CCG has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding children and looked after children (LAC)
- b) Ensures that service plans / specifications / contracts / invitations to tender etc. include reference to the standards expected for safeguarding children and adults at risk.
- c) Ensures that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- d) Ensure that staff in contact with children and or adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.

## 6.3 South Sefton CCG Individual staff members

- a) To be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance.
- b) To undertake training in accordance with their roles and responsibilities as outlined by the CCG Safeguarding Training Strategy and Training Needs Analysis (informed by Sefton LSCB (or subsequent partnership arrangements) and SAB Policy) so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk.
- c) Understand the principles of confidentiality and information sharing in line with local and government guidance.
- d) All staff contribute, when requested to do so, to the multi-agency meetings established to safeguard children and adults at risk.
- e) All staff will cooperate with Local Authority solicitors and Merseyside Police as required in order to safeguard and protect children and adults at risk.

**6.3.1** See appendices for guidance as to what action needs to be taken where there are concerns that a child or an adult at risk is being abused; and information sharing guidance:

- a) Appendix 1 – What to do if you are worried a child is being abused
- b) Appendix 2 – Possible signs and indicators of child abuse and neglect
- c) Appendix 3 – Information sharing guidance
- d) Appendix 4 - What to do if an adult is at risk of abuse

## 6.4 South Sefton CCG GP member practices

**6.4.1** The CCG will ensure that safeguarding standards are included and monitored in all contracts issued by the CCG. Commissioners have a responsibility to assure themselves of the quality and safety of the

organisations they place contracts with and ensure that those contracts have explicit clauses that hold the providers to account for preventing and dealing promptly and appropriately with any examples of abuse or neglect. South Sefton CCG GP member practices will take account of the safeguarding standards. Compliance with the standards will be subject to audit and scrutiny.

## 6.5 Designated professionals

**6.5.1** South Sefton CCG is required to have in place arrangements to secure the advice of Designated Professionals for Safeguarding Children, Adults and Children in Care (CiC). The Designated Professionals will:

- a) Provide strategic guidance on all aspects of the health service contribution to protecting children and adults at risk within South Sefton CCG and Sefton LSCB (or subsequent partnership arrangements) and SAB area.
- b) Work closely in the discharge of their responsibilities – this may include the convening of professional advisory and support groups.
- c) Have enhanced Disclosure and Barring Scheme (DBS) clearance renewed every 3 years.
- d) Provide professional advice on safeguarding issues to the multi-agency network.
- e) Be a member of Sefton LSCB (or subsequent partnership arrangements), Corporate Parenting Board, SAB and relevant sub-groups as required, delegating to other health professionals as appropriate.
- f) Be involved in the appointment of Named Professionals, providing support as appropriate.
- g) Provide professional safeguarding supervision and leadership to Named Professionals within the provider organisations.
- h) Take the strategic overview of safeguarding and looked after children arrangements across South Sefton CCG and Local Authority area and assist in the development of systems, monitoring, evaluating and reviewing the health service contribution to the protection of children and adults at risk.
- i) Collaborate with the Director of Public Health, LSCB (or subsequent partnership arrangements), SAB, South Sefton CCG Chief Nurse and Named Professionals in Provider Trusts in reviewing the involvement of health services in serious incidents which meet the criteria for serious case reviews.
- j) Advise on appropriate training for health personnel and participate where appropriate in its provision.
- k) Advise on practice policy and guidance ensuring health components are updated.
- l) Ensure expert advice is available in relation to safeguarding policies, procedures and the day to day management of safeguarding, looked after children, adults at risk and mental capacity issues.



- m) Liaise with other designated and lead professionals for safeguarding children, looked after children and adults at risk across the Merseyside area and beyond as required to do so
- n) Attend relevant local, regional and national forums.
- o) Take part in an annual appraisal process via the Chief Nurse (or delegated representative) within the CCG.

## 7.0 Management of Allegations Against a South Sefton CCG Employee

7.1 *Working Together to Safeguard Children (2018)* details the responsibility of all organisations to have a process for managing allegations against professionals who work with children. This requires South Sefton CCG to inform the Designated Officer (previously referred to as Local Authority Designated Officer) of any allegations it becomes aware of within one working day. A parallel process will be followed regarding adults at risk. Further detail is included in the CCG Management of Allegations Policy and Procedures (2018).

## 8.0 Governance Arrangements

To ensure that safeguarding is integral to the governance arrangements of the CCG, quarterly reporting into the CCG Quality Committee has been established.

The purpose is:

- To provide assurance on the effectiveness of the safeguarding arrangements in place within commissioned services and the CCG; ensuring that safeguarding is integral to quality and audit arrangements within the CCG.
- to ensure that the CCG is kept informed of national and local initiatives for safeguarding and informed and updated on the learning from reviews and audits that are aimed at driving improvements to safeguard children and adults at risk.

In addition to the reporting arrangements above an annual safeguarding report will be submitted to the governing body with exception reporting on issues of significance e.g. serious case review reports / safeguarding adult review reports and inspections findings

## 9.0 Implementation

### 9.1 Method of monitoring compliance

9.1.1 Comprehensive service specifications for services for children and adults, of which child & adult protection / safeguarding is a key component, will be evident in all contracts with provider organisations. Service specifications will include clear service standards and KPI's (key performance indicators)

for safeguarding children and & adults and promoting their welfare, consistent with SAB / Sefton LSCB (or subsequent partnership arrangements).

- 9.1.2** The standards expected of all healthcare providers are included in the Safeguarding Quality Schedule. Compliance will be measured by annual audit – an audit tool will be made available to all providers to facilitate the recording of information. The audit tool (Appendix 5) should be completed using the RAG definitions outlined in the procedures for monitoring safeguarding children and adults at risk via provider contracts. This procedure was developed in order to standardise the monitoring and escalation approach across the North West.
- 9.1.3** Additionally a number of specific quality KPI's will be set for all providers which compliment a number of the existing standards in the aforementioned audit tool, these will require a detailed response with data and achievements clearly evidenced in the returns. The quality and effectiveness of which will be monitored on a quarterly/ annual basis (dependent on the indicator).

## 9.2 Breaches of policy

- 9.2.1** This policy is mandatory. Where it is not possible to comply with the policy, or a decision is taken to depart from it, this must be notified to South Sefton CCG Chief Nurse so that the level of risk can be assessed and an action plan can be formulated (see section 10 for contact details).
- 9.2.2** South Sefton CCG, as a co-ordinating commissioner, will notify collaborating commissioners of a providers' non-compliance with the standards contained in this policy, including action taken where there has been a significant breach.

## 10.0 Contact details

Designation	Contact Number
Chief Officer	0151 317 8366
Chief Nurse	0151 317 8360
Designated Nurse Safeguarding Children	0151 247 6449
Designated Doctor Safeguarding Children	0151 228 4811 Ext 2287
Designated Nurse Looked After Children	0151 317 8356
Designated Doctor Looked After Children	0151 228 4811 Ext 2287

Community Paediatrician - CDOP	0151 228 4811 Ext 2287
Designated Adult Safeguarding Manager	0151 317 8357
Mental Capacity Act Lead	0151 317 8357
Prevent Lead	0151 317 8357
Safeguarding Administrator	0151 317 8358

## 11.0 References

The following statutory, non-statutory, best practice guidance and the policies and procedures of the Sefton LSCB (or subsequent partnership arrangements) and SAB have been taken into account:

### 11.1 Statutory Guidance:

- a) Department for Constitutional Affairs (2007) *Mental Capacity Act 2005: Code of Practice*. London: TSO
- b) Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*. London: HMSO
- c) Department of Health (2014) Care Act. Care and Support Statutory Guidance
- d) DfE/DH (2015) Promoting the health and welfare of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHEngland.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/378482/Promoting\\_the\\_health\\_of\\_looked-after\\_children\\_statutory\\_guidance\\_consult....pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/378482/Promoting_the_health_of_looked-after_children_statutory_guidance_consult....pdf)
- e) HM Government (2007) *Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004*. DCSF Publications
- f) HM Government (2008) *Safeguarding children in whom illness is fabricated or induced*. DCSF Publications
- g) HM Government (2009) *The Right to Choose: multi-agency statutory guidance for dealing with forced marriage*. Forced Marriage Unit: London
- h) HM Government (2015) *Working Together to Safeguard Children*. Nottingham: DCSF Publications
- i) HM Government (2015) *What to do if you're worried a child is being abused*.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What\\_to\\_do\\_if\\_you\\_re\\_worried\\_a\\_child\\_is\\_being\\_abused.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
- j) Ministry of Justice (2008) *Deprivation of Liberty Safeguards Code of Practice to supplement Mental Capacity Act 2005*. London: TSO
- k) Home Office (2015) Counter Terrorism and Security Act

- l) HM Gov (2015) Revised Prevent Duty Guidance: for England and Wales  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/445977/3799\\_Revised\\_Prevent\\_Duty\\_Guidance\\_England\\_Wales\\_V2-Interactive.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf)
- m) Home Office (2015) Mandatory Reporting of female Genital Mutilation – procedural information

### 11.2 Non-Statutory Guidance:

- a) Department of Health (June 2012) *The Functions of Clinical Commissioning Groups* (updated to reflect the final Health and Social Care Act 2012)
- b) Department of Health (March 2011) *Adult Safeguarding: The Role of Health Services*
- c) Department of Health (May 2011) *Statement of Government Policy on Adult Safeguarding*
- d) HM Government (2015) *What to do if you're worried a child is being abused*.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419604/What\\_to\\_do\\_if\\_you\\_re\\_worried\\_a\\_child\\_is\\_being\\_abused.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf)
- e) HM Government (2018) Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers  
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- f) Law Commission (May 2011) *Adult Social Care Report*  
[www.justice.gov.uk/lawcommission/publications/1460.htm](http://www.justice.gov.uk/lawcommission/publications/1460.htm)
- g) Royal College of Paediatrics and Child Health et al (2014) *Safeguarding Children and Young People: Roles and Competences for Health Care Staff. Intercollegiate Document*
- h) NICE (2013) The health and wellbeing of looked-after children and young people <http://www.nice.org.uk/guidance/qs31>
- i) NICE (2015) Looked-after children and young people  
<http://www.nice.org.uk/guidance/ph28>
- j) NICE (2014) Domestic violence and abuse: multi-agency working  
<http://www.nice.org.uk/guidance/ph50>  
RCPCH (2015) Looked after children: knowledge, skills and competence of health care staff <http://www.rcpch.ac.uk/improving-child-health/child-protection/looked-after-children-lac/looked-after-children-lac>

### 11.3 Best Practice Guidance:

- a) Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services Standard 5* (plus including relevant elements that aren't contained in Core Standard 5)
- b) Department of Health (2017) *Responding to domestic abuse: a handbook for health professionals*
- c) Ending violence against women and girls. March 2014.  
[www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk](http://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk)

- d) Department of Health (2010) *Clinical governance and adult safeguarding: an integrated approach*. Department of Health
- e) HM Government (2009) *Multi-agency practice guidelines: Handling cases of Forced Marriage*. Forced Marriage Unit: London
- f) National Institute for Health and Clinical Excellence (2009) *When to suspect child maltreatment*. NICE Clinical Guideline 89
- g) National Institute for Health and Care Excellence (2017) *Child Abuse and Neglect*
- h) Department of Health (2006) *Mental Capacity Act Best Practice Tool*. Gateway reference: 6703
- i) HM Government (2011) [Multi-agency practice guidelines: Female Genital Mutilation](#)

#### 11.4 Sefton Local Safeguarding Children Board (or subsequent partnership arrangements):

Sefton Local Safeguarding Children Board policies, procedures and practice guidance are accessible at:

[Sefton Local Safeguarding Children Board](#)

#### 11.5 Merseyside Safeguarding Adult Board:

Merseyside Safeguarding Adult Board, policies, procedures and practice guidance are accessible at:

[Merseyside Safeguarding Adults Board](#)

#### 11.6 Disclosure and barring

The DBS was formed in 2012 by merging the functions of the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) under the Protection of Freedoms Act 2012. DBS started operating on 1 December 2012.

Further guidance is available at: [www.gov.uk/government/disclosure-and-barring-service](http://www.gov.uk/government/disclosure-and-barring-service)

## 12. Glossary

CCGs	Clinical Commissioning Groups
DCSF	Department for Children, Schools and Families
DH	Department of Health
LAC	Looked After Children
(L)SAB	(Local) Safeguarding Adult Board
LSCB	Local Safeguarding Children Board (or subsequent partnership arrangements)
MCA	Mental Capacity Act
NCB	National Commissioning Board
SI	Serious Incident

## 12.1 Categories of child abuse as per *Working Together to Safeguard Children* (HM Government 2018).

**Abuse:** A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or an institutional or community setting, by those known to them or, more rarely, by a stranger (eg via the internet). They may be abused by an adult or adults, or another child or children.

**Physical abuse:** A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

**Emotional abuse:** The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

**Sexual abuse:** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

**Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

**12.2 Abuse of adults at risk:** For safeguarding adults, the definitions of abuse have been taken from The Care and Support Act 2014.

**Abuse:** Abuse is a violation of an individual's human and civil rights by another person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it. Of particular relevance are the following descriptions of the forms that abuse may take:

**Physical abuse:** Typically, there are signs of physical abuse both within and outside the relationship in which it occurs. However, spotting the signs of physical abuse may not always be easy and sometimes people choose to overlook them as they don't wish to believe that physical abuse is taking place. There are physical, behavioural and emotional signs of physical abuse. Behaviours are seen both in the abuser and in the victim.

Obvious signs of physical abuse include:

- Black eyes
- Bruises
- Burns
- Cuts
- Restraint or grip markings
- Unusual pattern of injury; repeated trips to Accident and Emergency.

While these signs of physical abuse may seem obvious, most victims may try to cover them up so as to hide the abuse due to fear of further abuse or shame about the abuse. While physical violence is never okay, and physical abuse is never the fault of the victim, many victims feel the abuse is their fault.

While the above signs of physical abuse are visible, other signs of physical abuse may be more subtle. These may include:

- Abuse of alcohol or other drugs
- Anxiety, including panic attacks and post-traumatic stress disorder (PTSD)

- Depression
- Fearfulness
- Pelvic pain; vaginal or urinary tract infections
- Sexual problems
- Social isolation or withdrawal
- Unwanted pregnancy; lack of prenatal care
- Vague medical complaints such as chronic headaches, fatigue or stomach pain.

#### Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

#### Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

**Sexual abuse:** Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent, or was pressured into consenting.

**Emotional or Psychological abuse:** Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs



- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying
- Possible indicators of psychological or emotional abuse
- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

**Financial or material abuse:** Financial or material abuse can occur in isolation, but research has shown where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should be aware of this possibility.

Potential indicators of financial abuse include:

- Change in living conditions
- Lack of heating, clothing or food
- Inability to pay bills/unexplained shortage of money
- Unexplained withdrawals from an account
- Unexplained loss/misplacement of financial documents
- The recent addition of authorised signers on a client's or donors signature card
- Sudden or unexpected changes in a Will or other financial documents.

**Neglect and acts of omission:** Definition of neglect: The failure of any person, who has responsibility for the charge, care or custody of an adult at risk, to provide the amount and type of care that a reasonable person would be expected to provide. Neglect can be intentional or unintentional.

Neglect and Acts of Omission includes:

- Ignoring medical, emotional or physical care needs
- Failure to provide access to appropriate health, care and support or educational services
- The withholding of the necessities of life, such as medication, adequate nutrition and heating.

- The following are also potential indicators of Neglect and Acts of Omission:
- Poor environmental conditions
- Inadequate heating and lighting
- Poor physical condition of the vulnerable adult
- Clothing is ill-fitting, unclean and in poor condition
- Malnutrition
- Failure to give prescribed medication properly
- Failure to provide appropriate privacy and dignity
- Inconsistent or reluctant contact with health and social care agencies
- Isolation – denying access to callers or visitors.

**Self neglect and Hoarding:** can be defined as:

- Neglecting to care for one's personal hygiene
- Neglecting to care for one's health
- Neglecting to care for one's surroundings
- Hoarding\* which can include:
  - Inanimate objects (commonly clothes, newspapers, books, DVDs, letters & food/packaging)
  - Animals
  - Data

\*Excessive collection & retention of any material to the point that it impedes day to day functioning

This could also involve refusal of services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment. There are other less overt forms of self – neglect such as: eating disorders; misuse of substance; and alcohol abuse. Self-neglect differs from other safeguarding concerns as there is no perpetrator of abuse, however, abuse cannot be ruled out as a purpose for becoming self-neglectful.

**Discriminatory abuse including hate crime:** It is against the law to discriminate (treat less favourably) against anyone because of:

- Age
- Being or becoming a transsexual person
- Being married or in a civil partnership
- Being pregnant or having a child
- Disability
- Race including colour, nationality, ethnic or national origin
- Religion, belief or lack of religion/belief
- Sex
- Sexual orientation.

These are called 'protected characteristics'.

What is hate crime?

A hate crime is any behaviour that someone thinks was caused by hostility, prejudice or hatred of their:

- Disability (including physical impairments, mental health problems, learning disabilities, hearing and visual impairments)
- Gender Identity (people who are transgender, transsexual or transvestite)
- Race, skin colour, nationality, ethnicity or heritage
- Religion, faith or belief (including people without a religious belief)
- Sexual orientation (people who are lesbian, gay, bisexual or heterosexual etc.)

It can include:

- Name calling or verbal abuse
- Graffiti or abusive writing
- Damage to property
- Threats or intimidation
- Bullying or harassment
- Physical attacks or violence, including sexual violence, arson and murder.

Anyone can be a victim of hate crime if they are targeted because of who they are, their friends or family or even who the perpetrator thinks they are.

**Modern slavery:** Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to force individuals into a life of abuse and inhumane treatment.

Poverty, limited opportunities, lack of education, unstable social and political conditions, economic imbalances and war are the key driving forces that contribute to the trafficking of victims into, through and across the UK.

**Radicalisation and Extremism:**

Radicalisation or extremism is where someone holds views that are intolerant of people who are of a different ethnicity, culture, religion, gender or sexual identity. Extremists may try to force their views on others and, in some cases, may believe that these views can justify the use of violence in order to achieve certain aims.

Examples of violent extremist causes that have used violence to achieve their ends include white extremists from the far-right or Islamist fundamentalists and animal rights activists, all of which usually attract people to their cause through a persuasive, sometimes violent narrative. These kinds of narratives often provide people with answers democracy doesn't give to the various grievances they may have either towards their school, family, missed opportunities in life or other. They then justify violence or criminal actions with the need to impose radical changes or avenge any suffering they themselves or others may have been subjected to.

**Organisational Abuse:** The following list includes some indicators of 'possible' organisational abuse:

- Batch care – lack of individual care programmes
- Deprived environmental conditions and lack of stimulation
- Illegal confinement or restrictions

**Honour Based Violence, Forced Marriage and Female Genital Mutilation:**

'Honour' based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then punished for bringing shame on the family. Infringements may include a woman having a boyfriend; rejecting a forced marriage; pregnancy outside of marriage; interfaith relationships; seeking divorce, inappropriate dress or make-up and even kissing in a public place.

HBV can exist in any culture or community where males are in a position to establish and enforce women's conduct, examples include: Turkish; Kurdish; Afghani; South Asian; African; Middle Eastern; South and Eastern European; Gypsy and the travelling community (this is not an exhaustive list).

Males can also be victims, sometimes as a consequence of a relationship which is deemed to be inappropriate, if they are gay, have a disability or if they have assisted a victim. In addition, the Forced Marriage Unit have issued guidance on Forced Marriage and vulnerable adults due to an emerging trend of cases where such marriages involving people with learning difficulties.

**APPENDIX 1: What to do if you are worried a child is being abused.**

**For advice and support from the Designated Nurse for South Sefton CCG please ring: 0151 247 6449**

**Any member of staff who believes or suspects that a child may be suffering or is likely to suffer significant harm should always refer their concerns to Children's Social Care. Never delay emergency action to protect a child whilst waiting for an opportunity to discuss your concerns first.**

**Are you concerned a child is suffering or likely to suffer harm ? eg**

- You may observe an injury or signs of neglect
- You may be given information or observe emotional abuse
- A child may disclose abuse
- You may be concerned for the safety of a child or unborn baby

**Step 1**

**Inform parents/ carers that you will refer to Children's social care  
UNLESS**

The child may be put at increased risk of further harm (eg suspected sexual abuse, suspected fabricated or induced illness, female genital mutilation, increased risk to child, forced marriage or there is a risk to your own personal safety)

**Step 2**

**Make a referral to Sefton's Children's Services following the link below:**

- <https://www.sefton.gov.uk/social-care/children-and-young-people/report-a-child-or-young-person-at-risk/information-for-professionals.aspx>. Prior to making a referral through to Children's Social Care, if you would like to have a consultation with a Social Worker please call Sefton's MASH Team on either 0151 934 4013/ 4481. Please note a Child Referral Form should be completed in all cases unless you deem the child to be at risk of immediate significant harm to which MASH Contact Officers will receive information via the telephone in the first instance but following this a Child Referral Form must be completed.
- Document all discussions held, actions taken, decisions made, including who was spoken to and who is responsible for undertaking actions agreed.
- For physical abuse document injuries observed

**Step 3**

Children's Social Care acknowledges receipt of referral and decides on next course of action. If the referrer has not received an acknowledgement within 3 working days contact Children's Social Care (0151 934 4013 or 4481) again for an update.

**Step 4**

You may be requested to provide further reports / information or attend multi-agency meetings

**Other important numbers**

**Police - emergency 999**

**Police - non-emergency 101**

APPENDIX 2: Possible signs and indicators of child abuse and neglect

### Possible signs and indicators of child abuse and neglect

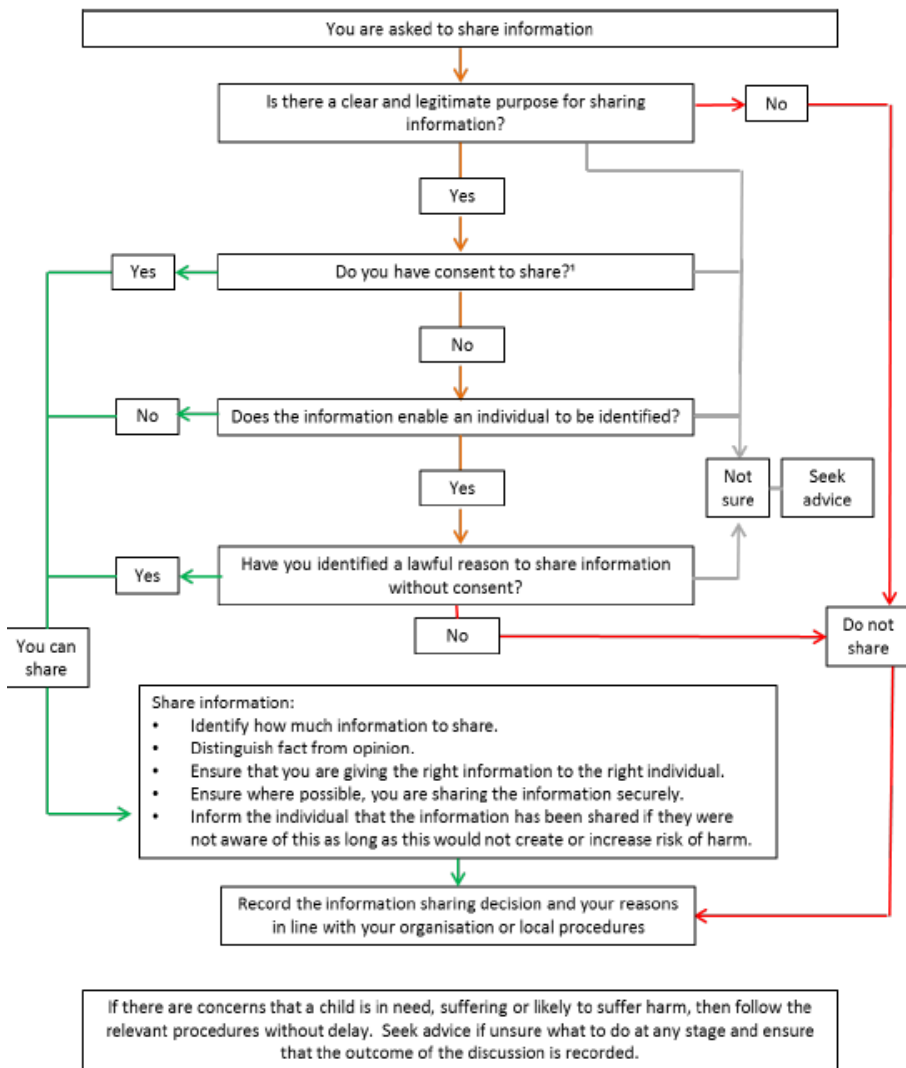
<h4 style="text-align: center;">Physical Abuse</h4> <p><b>Actions and behaviour of adult/ carer</b></p> <ul style="list-style-type: none"> <li>Minor injuries</li> <li>Various head injuries eg. Those resulting in fractures of head injuries</li> <li>Premeditated sadistic injuries</li> <li>Burns and scalds</li> <li>Bites</li> <li>Repeated abuse resulting from lack of control</li> <li>Injury resulting from physical chastisement</li> <li>Shaking</li> <li>Whipping</li> <li>Physical assaults regarded as bullying</li> <li>Suffocating</li> <li>Fabricated or induced illness</li> <li>Female circumcision</li> <li>Death/murder</li> </ul> <p><b>Physical signs on child/ young person</b></p> <ul style="list-style-type: none"> <li>Inconsistency</li> <li>Unexplained bruising/marks or injuries</li> <li>Injuries of different ages</li> <li>Adult bite marks</li> <li>Outline bruising eg. belt, hand print</li> <li>Bruises to eyes, ears, finger tips</li> <li>Burns and scalds on hands, feet, buttocks, groin, cigarette burn</li> <li>Difficulty in moving limbs</li> <li>Blood in white of eyes, small bruises on head, bruise on rib cage—may be associated with shaking injuries</li> <li>Injuries and/or fractures in babies and children who are not mobile</li> <li>Drowsiness eg. from head injury or poisoning</li> <li>Female genital mutilation</li> <li>Genital area injuries</li> </ul> <p><b>behaviour and emotional state of child/ young person</b></p> <ul style="list-style-type: none"> <li>Aggressive</li> <li>Withdrawn or withdrawn</li> <li>Low self-esteem</li> <li>Poor concentration</li> <li>Fear of image</li> <li>Flirting when approached or touched</li> </ul>	<h4 style="text-align: center;">Emotional Abuse</h4> <p><b>Actions and behaviour of adult/ carer</b></p> <ul style="list-style-type: none"> <li>Rejection</li> <li>Lack of praise and encouragement</li> <li>Lack of comfort and love</li> <li>Lack of secure attachment</li> <li>Lack of continuity of care eg. frequent moves</li> <li>Serious over protectiveness</li> <li>Inappropriate non-physical punishment eg. locking in bedroom, cold water in bath, frequent shouting at a child</li> <li>Humiliation and degrading behaviour, including bullying and racial abuse</li> <li>Exposure to repeated incidents of domestic abuse</li> <li>Age or developmentally inappropriate expectations being imposed on the child</li> <li>Making the children feel frightened or in danger</li> </ul> <p><b>Physical signs on child/ young person</b></p> <ul style="list-style-type: none"> <li>Self harm behaviour, eg. suicide attempts</li> <li>Developmental delay</li> <li>Eating disorder</li> </ul> <p><b>behaviour and emotional state of child/ young person</b></p> <ul style="list-style-type: none"> <li>Aggressive</li> <li>Withdrawn</li> <li>Low self-esteem and self worth</li> <li>Repetitive defiant behaviour eg. rocking or hair twisting</li> <li>Sexual abuse scenarios</li> <li>no sense of achievement</li> <li>Lack of confidence, lack of positive identity</li> <li>Inability to play</li> <li>Failure to thrive</li> <li>Severe behaviour problems</li> </ul>
<h4 style="text-align: center;">Sexual Abuse</h4> <p><b>Actions and behaviour of adult/ carer</b></p> <ul style="list-style-type: none"> <li>Inappropriate fondling</li> <li>Muzal masturbation</li> <li>Digital penetration</li> <li>Oral/genital contact</li> <li>Anal or vaginal intercourse</li> <li>Sexual exploitation</li> <li>Exposure to pornography</li> <li>Encouraging children/young people to become prostitutes</li> <li>Encouraging children to witness intercourse or pornographic acts</li> <li>Leaving a child in the care of a known sex offender</li> <li>Internet child pornography</li> </ul> <p><b>Physical signs on child/ young person</b></p> <ul style="list-style-type: none"> <li>Injuries to the genital area</li> <li>Sexually transmitted diseases</li> <li>Pregnancy</li> <li>Bruises, scratches, burns or bite marks</li> <li>Eating disorders</li> <li>Self harm eg. suicide, self mutilation, substance misuse</li> <li>Bleeding from vagina or anus</li> <li>Pain in passing urine or faeces</li> <li>Persistent discharge</li> <li>Warts in genital or anal area</li> </ul> <p><b>behaviour and emotional state of child/ young person</b></p> <ul style="list-style-type: none"> <li>Nightmares and disturbed sleeping patterns</li> <li>Persistent offending, non-school attendance, running away</li> <li>Wetting, soiling, smearing excreta</li> <li>Significant changes in child's behaviour</li> <li>Depression</li> <li>Sexual awareness which is inappropriate to child's age and developmental stage</li> <li>Sexually aggressive towards other children</li> <li>Low self-esteem</li> <li>Limited attention span</li> <li>Unexplained aggression or withdrawn behaviour.</li> </ul>	<h4 style="text-align: center;">Neglect</h4> <p><b>Actions and behaviour of adult/ carer</b></p> <ul style="list-style-type: none"> <li>Abandonment or desertion</li> <li>Leaving alone</li> <li>Malnourishment, lack of food, inappropriate food or erratic feeding</li> <li>Lack of warmth</li> <li>Lack of adequate clothing</li> <li>Lack of protection or lack of supervision appropriate to child's age and developmental stage</li> <li>Persistent failure to attend school</li> <li>Leaving child alone to care for younger siblings</li> <li>Lack of appropriate stimulation</li> <li>Lack of protection from dangerous substances eg. fire, drugs, chemicals</li> <li>Lack of appropriate medical care</li> <li>Lack of secure attachment</li> </ul> <p><b>Physical signs on child/ young person</b></p> <ul style="list-style-type: none"> <li>Delayed physical development: underweight and small of stature</li> <li>Hands and feet which are cold and puffy</li> <li>Chronic nappy rash</li> <li>Slow growth in both weight and height</li> <li>Frequently unwell</li> <li>Persistently dirty, unkempt appearance</li> <li>Persistently hungry</li> <li>Non-organic failure to thrive</li> <li>Impairment of health</li> <li>Death</li> </ul> <p><b>behaviour and emotional state of child/ young person</b></p> <ul style="list-style-type: none"> <li>Low self-esteem</li> <li>Destructive tendencies</li> <li>Neurotic behaviour</li> <li>Running away</li> <li>Stealing or hiding food</li> <li>Inappropriately seeking affection from unfamiliar adults</li> <li>Impairment of intellectual behaviour</li> <li>Long-term difficulties with social functioning</li> </ul>

<p><b>Common sites for accidental injury</b></p>	<p><b>Common sites for non-accidental injury</b></p>	<p><b>Be alert to the possibility of child abuse</b></p> <ol style="list-style-type: none"> <li>1. What is the injury? Does it appear accidental?</li> <li>2. Where is the injury? Is it in an unusual site?</li> <li>3. Does the explanation of the injury fit with the presentation?</li> <li>4. When was it caused? Is the age of the injury right?</li> <li>5. How was it caused? (with detailed and suspected)</li> <li>6. Who caused it? (both stated and suspected)</li> <li>7. Witnesses? Do stories tally?</li> <li>8. What action was taken afterwards by the family?</li> </ol>
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Implications for practice - signs and symptoms of abuse should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given

**APPENDIX 3: Information Sharing Guidance**



For advice and support from the Designated Nurse Safeguarding Children for South Sefton CCG please ring: 0151 247 6449

**APPENDIX 4: What to do if you are worried an adult is being abused.**

**For advice and support from the Designated Safeguarding Adult Manager for South Sefton CCG please ring: 0151 317 8357**

**Any member of staff who believes or suspects that an adult may be suffering or is likely to suffer harm should always refer their concerns to Adult Social Care. Never delay emergency action to protect an adult whilst waiting for an opportunity to discuss your concerns first.**

**Are you concerned an adult at risk is being abused ? eg**

- You may observe an injury or signs of neglect
- You may be given information that outlines abuse or neglect
- An adult may disclose abuse

**Step 1**

**Inform the adult that you will refer to adult social care and obtain consent and discuss their wishes and feelings  
UNLESS**

The adult may be put at increased risk of further harm (eg suspected sexual abuse, female genital mutilation, increased risk to adult, forced marriage or there is a risk to your own personal safety)

**Step 2**

**Make a referral to Sefton's Adult Services:**

- Call Sefton Adult Social Care on 0151 934 3737.
- Document all discussions held, actions taken, decisions made, including who was spoken to and who is responsible for undertaking actions agreed.
- For physical abuse document injuries observed on a body map.

**Step 3**

Adult Social Care acknowledges receipt of referral and decides on next course of action. If the referrer has not received an acknowledgement contact Adult Social Care 0151 934 3737 again for an update.

**Step 4**

You may be requested to provide further reports / information or attend multi-agency meetings

**Other important numbers**

**Police - emergency 999**




**Police - non-emergency 101**



Appendix 5

Audit Tool to monitor Safeguarding Arrangements for CCG Commissioned Services (held within quality schedule)	
<b>Organisation:</b>	
<b>Person completing the audit tool (include designation, contact details including email)</b>	
<b>Dated audit tool completed</b>	
<b>Useful links :</b>	
<b>Local Safeguarding Children Board</b>	
<b>Local Safeguarding Adult Board policies/ procedures</b>	

Rag rating key:

- |       |  |   |
|-------|--|---|
| Green |   | Fully compliant (remains subject to continuous quality improvement)   |
| Amber |   | Partially Compliant – plans in place to ensure full compliance and progress is being made within timescales |
| Red   |  | Non-compliant (standards not met / actions have not been completed within agreed timescales)                |

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
<b>1. Governance / Accountability</b>			
1.1(S11 It should be clear who has overall responsibility for the agency's contribution to safeguarding and what the lines of accountability are from each staff member up through the organisation through to the person with ultimate responsibility	<ul style="list-style-type: none"> <li>• Board lead demonstrating specific safeguarding competence in line with National &amp; Local Guidance</li> <li>• Job descriptions clearly identify safeguarding responsibilities</li> <li>• All staff know both how and who to report concerns about a child/adult at risk of harm</li> </ul>		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
1.2 The organisation is linked into the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB)	<ul style="list-style-type: none"> <li>The organisation is able to evidence how it is implementing the strategic aims of the LSCB/LSAB safeguarding strategy.</li> </ul>		
1.3 The organisation regularly reviews the arrangements in place for safeguarding and MCA	<ul style="list-style-type: none"> <li>The governing body should receive regular report on their arrangements for safeguarding and MCA implementation</li> </ul>		
1.4 An adverse incident reporting system is in place which identifies circumstances and . or incidents which have compromised the safety and welfare of patients	<ul style="list-style-type: none"> <li>All STEIS reporting in relation to patient safety and welfare are to be reported to the CCG Lead</li> <li>Commissioners provided with a regular report (interval to be agreed between the provider and the commissioner but must be at least annually) of key themes/learning from STEIS that involve safeguarding</li> <li>Complaints are considered in the context of safeguarding</li> </ul>		
1.5 A programme of internal audit and review is in place that enables the organisation to continuously improve the protection of all service users from abuse or the risk of abuse	<p>Audits to include:</p> <ul style="list-style-type: none"> <li>Progress on action to implement recommendations from Serious Case Reviews (SCRs); Internal management reviews; recommendations from inspections;</li> <li>Referral, Contribution to multi-agency safeguarding/protection meetings; early help and LAC</li> </ul>		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
1.6 There is an annual safeguarding plan for safeguarding children and adults which includes quality indicators to evidence best practice in safeguarding			
<b>2. Leadership</b>			
2.1 (S11) Senior managers will need to demonstrate leadership; be informed about and take responsibility for the actions of their staff who are providing services to the children and their families	<ul style="list-style-type: none"> <li>• Designated senior officers for safeguarding are in place and visible across the organisation</li> <li>• Senior managers can evidence effective monitoring of service delivery</li> </ul>		
2.2 There is a named lead for safeguarding children and a named lead for vulnerable adults. The focus for the named professionals is safeguarding within their own organisation	<ul style="list-style-type: none"> <li>• Safeguarding leads will have sufficient time, support and flexibility to carry out their responsibilities – this should be detailed in their job plans</li> <li>• The Commissioner is kept informed at all times of the identity of the Safeguarding Lead</li> </ul>		
2.3 There is a named lead for MCA – the focus for named professionals is MCA implementation within their own organisation (ref MCA Best Practice Tool (DH2006)).	<ul style="list-style-type: none"> <li>• MCA Leads must have in-depth, applied knowledge of MCA/DoLs, including awareness of relevant case law, and must have protected study time to ensure they keep their knowledge up to date</li> </ul>		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
<b>3. Service Development Review</b>			
<p>3.1 (S11) In developing local services those responsible should consider how these services will take account of the need to safeguard and promote the welfare of children, children looked after and vulnerable adults (at case management and strategic level)</p>	<ul style="list-style-type: none"> <li>• The view of children, families and vulnerable adults are sought and acted upon when developing services and feedback provided</li> </ul>		
<b>4. Safeguarding policies, procedures and guidance (see supporting sheet to identify those that are relevant to your organisation)</b>			
<p>4.1 (S11) The agencies responsibilities toward children and adults at risk is clearly stated in policies and procedures that are available for all staff</p>	<ul style="list-style-type: none"> <li>• A statement of responsibilities is visible in policies and procedures</li> <li>• Policies and guidance refer to the LSCB / LSAB multi-agency procedures</li> <li>• These procedures are accessible and understood by all staff</li> <li>• Policies and procedures are updated regularly to reflect any structural, departmental and legal changes</li> <li>• All policies and procedure must be audited and reviewed at a minimum 2 yearly to evaluate their effectiveness and to ensure they are working practice.</li> </ul>		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
<b>5. Domestic violence including Forced Marriage and Honour Based Violence, Female Genital Mutilation</b>			
5.1 The organisation takes account of national and local guidance to safeguard those Children and adults subjected to harmful practices.			
<b>6. Information sharing</b>			
6.1 (S11) Effective information sharing by professionals is central to safeguarding and promoting the welfare of children and adults at risk of harm	<ul style="list-style-type: none"> <li>• There are robust single/multi agency protocols and agreements for information sharing in line with national and local guidance</li> <li>• Evidence that practitioners understand their responsibilities and know when to share information</li> </ul>		
<b>7. Prevent</b>			
7.1 The Provider includes in its policies and procedure, and complies with, the principles contained in Prevent and the Prevent Guidance and Toolkit. There is a proportionate response in relation to the delivery of WRAP for staff and volunteers	<ul style="list-style-type: none"> <li>• The Provider must nominate a Prevent Lead and must ensure that the Commissioner is kept informed at all times of the identity of the Prevent Lead.</li> </ul>		
<b>8. Inter-agency working</b>			
8.1 (S11) Agencies and staff work together to safeguard and promote the welfare of children and vulnerable adults	<ul style="list-style-type: none"> <li>• Evidence of leadership to enable joint working</li> <li>• Evidence of practitioner's working together effectively</li> <li>• Evidence that Early Help/Support is being used appropriately and effectively</li> </ul>		

	<ul style="list-style-type: none"> <li>Evidence of engagement in, and contribution to, safeguarding processes/enquiries e.g. attendance at child protection/adult safeguarding meetings, audit schedule to demonstrate commitment to multi-agency work and staff that contribute to agreed assessment processes (CAF and single assessments)</li> </ul>		
<b>9. Safer recruitment practices</b>			
<p>9.1 (S11) Robust recruitment and vetting procedures should be put in place to prevent unsuitable people from working with children and vulnerable adults</p>	<ul style="list-style-type: none"> <li>All recruitment staff are appropriately trained in safe recruitment</li> <li>All appropriate staff receive a DBS check in line with national/local guidance</li> <li>Legal requirements are understood and in place</li> <li>Role of LADO understood and procedures in place</li> <li>Staff has access to policy detailing who the named senior officer is in relation to managing allegations.</li> </ul>		
<b>10. Supervision and support</b>			
<p>10.1 (S11) Safeguarding supervision should be effective and available to all</p>	<ul style="list-style-type: none"> <li>All staff working with children and vulnerable adults receive appropriate regular supervision (including review of practice)</li> </ul>		

Standard	Components of standard	Evidence (embed or attach evidence including audits)	RAG
11. Staff training and continuing professional development			
<p>11.1 (S11) Staff should have an understanding of both their roles and responsibilities for safeguarding children, looked after children and adults and those of other professionals and organisations.</p>	<ul style="list-style-type: none"> <li>• There is a learning and development framework for safeguarding and MCA implementation which is informed by national and local guidance and includes a training needs analysis</li> <li>• All staff have received level 1 safeguarding children at induction or within 6 weeks of taking up the post (include %)</li> <li>• All staff have received level 1 safeguarding adults at induction or within 6 weeks of taking up the post (include %)</li> <li>• All staff who have contact with children and young people have undertaken CSE e-learning</li> <li>• Evidence of compliance with national guidance including percentage of workforce trained relevant to roles and responsibilities: all appropriate staff have received safeguarding children level 2 and above (include %)</li> <li>• MCA awareness should be included in staff induction programme and mandatory training</li> <li>• All appropriate staff have received MCA training (include %)</li> </ul>		

	<ul style="list-style-type: none"> <li>• Training to be audited to ensure its quality and effectiveness</li> </ul>		
<b>NB: The shaded sections highlight standards that are included in the LSCB section 11 audit</b>			



## Appendix 5b

**Organisations will need to ensure that they have appropriate governance arrangements, policies and procedures in place to reflect the services they provide.**

**Section 1: details the policies that need to be in place for all providers of NHS care.**

**Section 2: details the governance arrangements, policies, procedures and guidance that should be in place within the larger providers of acute care & community health services.**

**Section 3: details the additional procedures that need to be in place within emergency care settings.**

**The list is not exhaustive and organisations need to always be mindful of changes to legislation and statutory/national/local guidance.**

Section 1: ALL PROVIDER ORGANISATIONS	RAG
<ul style="list-style-type: none"> <li>• Safeguarding children policy</li> </ul>	
<ul style="list-style-type: none"> <li>• Safeguarding adult policy</li> </ul>	
<ul style="list-style-type: none"> <li>• Complaints and whistle blowing policies promoting staff being able to raise concerns about organisational effectiveness in respect to safeguarding</li> </ul>	
Safe recruitment practices in line with LSCB/SAB and NHS Employers guidance and the recommendations of the Lampard report (post Savile)	
Arrangements for dealing with allegations against people who work with children and vulnerable people as appropriate	
Information sharing & confidentiality policy	
MCA/DoLS implementation policy – this can be incorporated into the safeguarding policy for smaller providers. The MCA policy must be in line with the Mental Capacity Act Code of Practice 2007	
<p>Prevent – as applicable to the service being provided and as agreed by the coordinating commissioner in consultation with the Regional Prevent Co-ordinator</p> <ul style="list-style-type: none"> <li>○ Include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance and Toolkit</li> <li>○ Include in its policies and procedures a programme to raise awareness of the Governments Prevent Strategy among staff and volunteers in line with the NHS England Prevent Training and Competencies Framework; a WRAP delivery plan that is sufficiently resourced with WRAP facilitators</li> </ul>	
To nominate a safeguarding lead, MCA lead and Prevent lead – to ensure the co-ordinating commissioner is kept informed at all times of the identity of the persons holding those positions	
To be registered with the Care Quality Commission (CQC).	

To implement comprehensive programme for safeguarding and MCA training for all relevant staff with due regard to the intercollegiate and LSCB/SAB guidance; and to undertake an annual audit in respect of the completion of those training programmes	
<ul style="list-style-type: none"> <li>To undertake an annual audit of its conduct in relation to compliance with required safeguarding standards</li> </ul>	
<b>Section 2: LARGE PROVIDERS OF ACUTE AND COMMUNITY HEALTH SERVICES</b>	RAG
<ul style="list-style-type: none"> <li>The organisation is able to evidence how it is implementing the strategic aims of the LSCB/LSAB safeguarding strategies</li> </ul>	
<ul style="list-style-type: none"> <li>At a minimum an annual report should be presented at board level with the expectation that this will be made public, there is an expectation that there will be also regular reporting on safeguarding to governance/quality committees</li> </ul>	
<ul style="list-style-type: none"> <li>Named professionals have a key role in promoting good professional practice and in supporting the safeguarding system. They should work collaboratively with the organisations designated professionals and the LSCB/SAB</li> </ul>	
<ul style="list-style-type: none"> <li>All providers are required to have an MCA lead that is responsible for providing support and advice to clinicians in individual cases and in supervision of staff where there are complex cases. The MCA lead will highlight the extent of any areas to which their own organisation is compliant and will work closely with the CCG designated professional.</li> </ul>	
<ul style="list-style-type: none"> <li>All NHS Trusts providing services for children must identify a named doctor and named nurse for safeguarding children; (where maternity services are provided, a named midwife for safeguarding children will be identified) Where organisations may have integrated specific services focused on children for example under Transforming Community Services children's community services may have integrated with Mental Health Trust – in this instance there must be named professionals for children's community services and also named professionals for the mental health trust. REF: Intercollegiate document</li> </ul>	
<ul style="list-style-type: none"> <li>The Provider must comply with the Prevent requirements detailed in section 1</li> </ul>	
<ul style="list-style-type: none"> <li>There is an operational framework/policy detailing the levels of supervision required for staff specific to their roles and responsibilities including a gap analysis. This framework meets LSCB/LSAB guidance for supervision</li> </ul>	
<ul style="list-style-type: none"> <li>Named Safeguarding / MCA leads, seek advice and access regular formal supervision from designated professionals for complex issues or where concerns may have to be escalated</li> </ul>	
<ul style="list-style-type: none"> <li>Procedures on recording and reporting concerns, suspicions and allegations of abuse to children and to vulnerable adults in line with national and local guidance</li> </ul>	
<b>GUIDELINES IN LINE WITH NATIONAL, LOCAL AND NICE GUIDANCE:</b>	RAG
Sudden unexpected deaths in childhood	
Child Sexual Exploitation	
Private fostering	
Fabricated Induced Illness (FII)	
Children missing education	
Missing from Home	

Domestic violence and abuse	
Forced Marriage and Honour Based Violence	
Female Genital Mutilation (including national reporting)	
Working with Children who self- harm or who have potential for suicide	
Historical Sexual Abuse	
Common Assessment Framework / Early Help Assessment Tool and local continuum of need	
Practitioners working with sexually active children under 18 years	
<ul style="list-style-type: none"> <li>• E safety – to incorporate the Lampard recommendations post Savile:</li> <li>• To have a robust trust wide policy setting out how access by patients and visitors to the internet, social media networks and other social media activities such as blogs and Twitter is managed and where necessary restricted.</li> <li>• The policy to be widely publicised to staff, patients and visitors and to be regularly reviewed and updated as necessary</li> </ul>	
<ul style="list-style-type: none"> <li>• Clear way of identifying those children who are subject to a child protection plan and are looked after</li> </ul>	
<ul style="list-style-type: none"> <li>• Conflict Resolution/Escalation Policies</li> </ul>	
<ul style="list-style-type: none"> <li>• Managing allegations against staff working with children and adults in line with LSCB/AB guidance</li> </ul>	
<ul style="list-style-type: none"> <li>• Policy for agreeing to and managing visits by celebrities, VIPs and other officials.</li> </ul>	
<b>2.1 This section is relevant to healthcare providers offering in-patient facilities to children under 18 years only</b>	RAG
Clear guidance as to the discharge of children for whom there are child protection concerns	
The CCG and the Local Authority shall be notified of any child (normally resident in CCG area) likely to be accommodated for a consecutive period of at least 3 months; or with the intention of accommodating him/her for such a period (ref s.85 & s.86 CA1989)	
<b>2.2 This section is relevant to providers of in-patient facilities and community services for adults</b>	RAG
Guidance on the use of restraint in line with Mental Capacity Act 2005 & DoLs	
All inpatient mental health services have policies and procedures relating to children visiting inpatients as set out in the <i>Guidance on the Visiting of Psychiatric Patients by Children (HS 1999/222:LAC (99)32)</i> , to NHS Trusts	
<b>2.3 This section is relevant to community providers and acute trusts where they are commissioned to undertake statutory health assessments for children looked after</b>	RAG
Clear protocols and procedures in relation to completion of statutory health assessments	
Provision of services appropriate for children looked after in accordance with statutory guidance	
<b>Section 3: THIS SECTION IS RELEVANT TO EMERGENCY CARE SETTINGS</b>	RAG
Local procedures for making enquiries to find out whether a child is subject to a child protection plan /child looked after; this will be CP-IS once implemented	
All attendances for children under 18 years to A&E, ambulatory care units, walk in centres and minor injury units should be notified to the child's GP	
Guidance on parents/carers who may seek medical care from a number of sources in order to conceal the repeated nature of a child's injuries	
<b>Section 4: THIS SECTION IS RELEVANT TO AMBULANCE SERVICES, URGENT CARE/WALK IN CENTRES/MINOR INJURY UNITS, ACUTE</b>	RAG

<b>SERVICES, A&amp;E</b>	
The provider must co-operate fully and liaise appropriately with 3 <sup>rd</sup> party providers of social care services in relation to, and must take reasonable steps towards, the implementation of the Child Protection Information Sharing Project	

Appendix 6

Audit Tool to measure CCG compliance with the NHS Assurance and Accountability Framework for Safeguarding (Safeguarding Vulnerable People in the NHS 2015) and Section 11 Children Act 2004.	
<b>CCG:</b>	
<b>Person completing the audit tool (include designation, contact details including email)</b>	
<b>Dated audit tool completed</b>	
<b>Useful links :</b>	
<b>Local Safeguarding Children Board policies/procedures</b>	
<b>Local Safeguarding Adult Board policies/ procedures</b>	
<p><b>Green:</b> Fully compliant (remains subject to continuous quality improvement t)</p> <p><b>Amber :</b> Partially compliant - plans in place to ensure full compliance and progress is being made within agree timescales</p> <p><b>Red:</b> Non-compliant (standards not met / actions have not been completed within agreed timescales)</p>	

Standard	Components	Evidence	RAG
<b>1. Accountability</b>			
1.1 There is a clear line of accountability for safeguarding, reflected in CCG governance arrangements (SVP p.21)	A named executive to take overall leadership responsibility for the organisations safeguarding arrangements (SVP p.21)		
1.2 (s.11) It should be clear who has overall responsibility for the agency's contribution to safeguarding and what the lines of accountability are	<ul style="list-style-type: none"> <li>All staff know who to report concerns about a child/adult at risk to</li> <li>Staff at all levels know and understand their responsibilities</li> </ul>		
1.3 There are effective systems for responding to			

Standard	Components	Evidence	RAG
abuse and neglect (SVP p.21).			
1.4 NHS England in conjunction with CCGs to consider where there are risks and gaps in services to develop an action plan to mitigate against the risk (SVP p.30)			
<b>2. Leadership / Designated Professionals</b>			
2.1 S11) Senior managers will need to demonstrate leadership; be informed about and take responsibility for the actions of their staff who are providing services to the children and their families	<p>Designated senior officers for safeguarding are in place and visible across the organisation</p> <p>Senior managers can evidence effective monitoring of service delivery</p>		
2.2 To employ or secure the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children; and a Designated Paediatrician for unexpected deaths in childhood. The role of the designated professional to be explicitly defined in the job description for sufficient time, funding.	<p>Designated clinical experts embedded into the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice (SVP p.22).</p> <p>Clear accountability and performance management arrangements are essential; key elements include:</p>		

Standard	Components	Evidence	RAG
(SVP p22)	<p>As single subject experts, peer-to- peer supervision is vital to ensuring designated professionals continue to develop in practice in line with agreed best practice.</p> <p>Designated leads must have direct access to the Executive Board lead for safeguarding to ensure that there is the right level of influence of safeguarding in commissioning process</p> <p>The CCG Accountable Officer (or other executive level nominee) should meet regularly with the designated professional to review safeguarding</p> <p>Where designated doctors are continuing to undertake clinical duties in addition to their clinical advice role in safeguarding, it is important that there is clarity about the two roles – the CCG will need to input into the job planning, appraisal and revalidation process. (SVP p.23)</p>		

Standard	Components	Evidence	RAG
	<p>Where a designated professional (most likely designated doctor for safeguarding children or a designated professional for Looked after Children) is employed within a provider organisation, the CCG will need to have a service level agreement, with the organisation that sets out the practitioner's responsibilities and the support they should expect in fulfilling their designated role.</p> <p>To employ, or have arrangements in place to secure the expertise of a consultant paediatrician whose designated responsibilities are to provide advice on the commissioning of: paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood; from medical investigative services; and the organisation of such services (WT p.90)</p>		



Standard	Components	Evidence	RAG
<p>2.3 To have a Designated Adult Safeguarding Manager (DASM) which should include an Adult Safeguarding lead role and to have a Designated Mental Capacity Act (MCA) Lead; supported by relevant policies and training. (SVP p. 21)</p> <p>N.B. The DASM can include both roles of Safeguarding Adult and MCA Leads</p>	<p>Designated clinical experts embedded into the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice (SVP p.22).</p> <p>Clear accountability and performance management arrangements are essential; key elements include: As single subject experts, peer-to- peer supervision is vital to ensuring designated professionals continue to develop in practice in line with agreed best practice. Designated leads must have direct access to the Executive Board lead for safeguarding to ensure that there is the right level of influence of safeguarding in commissioning process The CCG Accountable Officer (or other executive level nominee) should meet regularly with the designated professional to review safeguarding</p>		

Standard	Components	Evidence	RAG
	<p>NB: An intercollegiate document for safeguarding adults incorporating MCA is currently being devised nationally. Until this is published there is no guidance as to the WTE required.</p>		
<p>2.4 Supporting the development of a positive learning culture across partners for safeguarding to ensure that organisations are not unduly risk adverse (SVP p.21)</p>			
<p><b>3.Commitment/Safeguarding Policies, Procedures and Guidance</b></p>			
<p>3.1 (S11) The agency's responsibilities towards children / adults at risk is clearly stated in policies and procedures that are available for all staff.</p>	<p>Statement of responsibilities (as per section 11) is visible in policies &amp; guidance Policies and guidance refer to the LSCB/LSAB multi-agency procedures This is accessible and understood by all staff Policies and procedures are updated regularly to reflect any structural, departmental and legal changes</p> <p>All policies and procedures must be audited and reviewed at a minimum 2 yearly to evaluate their effectiveness</p>		

Standard	Components	Evidence	RAG
	and to ensure they are working in practice (s.11)		
<b>4 Service development review</b>			
4.1 S11) In developing local services, those responsible should consider how the delivery of these services will take account of the need to safeguard and promote the welfare of children (at case management and strategic level).	<p>The views of children, families are sought and acted upon when developing services and feedback provided</p> <p>The need to safeguard children has informed decision making about any developments</p>		
<b>5. Commissioning / Assurance.</b>			
5.1 CCGs as commissioners of local health services are assured that the organisations from which they commission have effective safeguarding arrangements in place (SVP p.20).	<p>Gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. (SVP p.21)</p> <p>Safeguarding, including Prevent and MCA forms part of the NHS standard contract (service condition 32) (SVP p. 21)</p>		
<b>6. Primary Care ( co-commissioning and safeguarding )</b>			
6.1 Primary care commissioners are required to ensure there is named GP/named professional capacity to support primary	<p>Capacity commissioned locally needs to reflect local needs as set out in the JSNA</p> <p>- strongly recommended that two named GP sessions per</p>		

Standard	Components	Evidence	RAG
<p>care services in discharging their safeguarding duties (SVP append 1)</p> <p>The capacity is funded through the primary care budget but it is for local determination exactly how this is done and what employment arrangements are adopted (SVP p.28)</p>	<p>220,000 population is secured as a minimum. (SVP p.28)</p> <p>The named GP roles covers safeguarding of children – it is recommended that NHS England /primary care commissioner and local CCG clinical leaders consider commissioning a cluster model of named safeguarding clinicians with a range of experience. This could include child safeguarding, safeguarding people of all ages with mental health issues, safeguarding CLA and care leavers, adult safeguarding including domestic abuse safeguarding in elderly care and dementia and safeguarding in institutions including care homes (SVP p.29)</p> <p>Arrangements are in place for training primary care professionals (SVP app 6</p>		
<b>7. effective information Sharing</b>			
7.1 S11) Effective information sharing by professionals is central to safeguarding and promoting the welfare of	There are robust single / multi agency protocols and agreements for information sharing in line with national		

Standard	Components	Evidence	RAG
children and adults at risk of harm (SVP p.21)	and local guidance (s.11)		
<b>8. Interagency working</b>			
8.1 (S11) Agencies and staff work together to safeguard and promote the welfare of children	<p>Evidence of leadership to enable joint working</p> <p>Evidence of practitioner's working together effectively</p> <p>Early Help/Support is being used appropriately and effectively (s.11)</p>		
8.2 Effective interagency working is in place with the local authority, police and 3rd sector organisations (svp p.21)	<p>To co-operate with the local authority in the operation of the Local Safeguarding Children Board (LSCB), Local Safeguarding Adult Board (LSAB), and Health and Wellbeing Board (SVP p.21) CCG representatives at the LSCB/LSAB must be accompanied by their designated professional to ensure their professional expertise is effectively linked into the local safeguarding arrangements (SVP p.23).</p> <p>When asked by the local authority for help in enabling the LA to discharge its safeguarding duties, the CCG</p>		

Standard	Components	Evidence	RAG
	<p>must help, as long as it is compatible with the CCGs own duties and does not hamper the discharge of the CCGs own functions. (SVP p13)</p> <p>To co-operate with the local authority in order to promote the wellbeing of children in general and to protect them from harm and neglect in particular (SVP p13)</p> <p>Work with the local authority to enable access to community resources that can reduce social and physical isolation for adults (SVP p22)</p>		
<p>8.3 To participate, when asked to do so, in a statutory review by providing a panel member. (SVP p.18)</p>			
<p><b>9. safer recruitment practices</b></p>			
<p>9.1 (S11) Robust recruitment and vetting procedures should be put in place to prevent unsuitable people from working with children</p>	<p>All recruitment staff are appropriately . trained in safe recruitment</p> <p>All appropriate staff receive a</p>		

Standard	Components	Evidence	RAG
and vulnerable adults	<p>DBS check in line with national/local guidance</p> <p>Legal requirements are understood and in place</p> <p>Role of LADO understood and procedures in place</p> <p>All staff know who the Named Senior Officer for their agency is</p>		
9.2 Clear policies setting out the commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate (SVP p.21)			
<b>10. Supervision and Support</b>			
10.1 (S.11) Safeguarding supervision should be effective and available to all	<p>All staff working with children and vulnerable adults receive appropriate regular supervision (including reviews of practice)</p> <p>Evidence that staff feel able to raise concerns about organisational effectiveness/concerns</p>		

Standard	Components	Evidence	RAG
<b>11. staff training and continuing professional development</b>			
<p>11.1 (S11) Staff should have an understanding of both their roles and responsibilities for safeguarding children, children looked after and those of other professionals and organisations.</p>	<p>All staff have received level 1 safeguarding training for children. For new starters, training to be undertaken within 6 weeks/during induction period, with refresher training every 3 years</p> <p>All staff who have contact with children and young people have undertaken CSE training</p> <p>All appropriate staff have received level 2 and above single agency training and or multi-agency training as appropriate</p>		
<p>11.2 Training of staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring staff are competent to carry out their roles and responsibilities (SVP p.21).</p>	<ul style="list-style-type: none"> <li>• Training in line with the intercollegiate documents and local and national guidance</li> </ul>		

NB: The shaded sections highlight standards that are included in the **LSCB section 11 audit SVP: Safeguarding Vulnerable People in the NHS 2015**



## MEETING OF THE GOVERNING BODY February 2019

<b>Agenda Item:</b> 19/12	<b>Author of the Paper:</b> Helen Case Designated Nurse Children in Care <a href="mailto:helen.case@southseftonccg.nhs.uk">helen.case@southseftonccg.nhs.uk</a> 0151 317 8356
<b>Report date:</b> February 2019	
<b>Title:</b> Children in Care Policy (v1)	
<p><b>Summary/Key Issues:</b></p> <p>This is a new policy. The purpose of this policy is to demonstrate how CCGs meet their corporate responsibilities (in conjunction with Sefton Metropolitan Borough Council (MBC) and provides guidance to CCG employees to enable them to fulfil their responsibilities towards CiC</p> <p>The NHS has a major role to play in ensuring the timely and effective delivery of health services to Looked After Children (LAC). In response to service user feedback the term “Children in Care” (CiC) rather than LAC has been adopted for this policy. It is recognised that children who are in the care of Local Authorities have more health needs and worse health and well-being outcomes than their non-Looked After peers. Under Section 10 of the Children Act 1989 CCGs have a duty to comply with requests from a Local Authority to help them provide support and services to CiC which promote their health and well-being.</p>	
<p><b>Recommendation</b></p> <p>The Governing Body is asked to approve this policy.</p>	<p>Receive <input type="checkbox"/></p> <p>Approve <input checked="" type="checkbox"/></p> <p>Ratify <input type="checkbox"/></p>

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.
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Process	Yes	No	N/A	Comments/Detail ( <i>x those that apply</i> )
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment	x			
Legal Advice Sought			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x			Received at Joint Quality Committee (31.01.19)

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 February 2019

### 1. Executive Summary

The NHS has a major role to play in ensuring the timely and effective delivery of health services to Looked After Children (LAC). In response to user feedback the term “Children in Care” (CiC) rather than LAC has been adopted for this policy. It is recognised that children who are in the care of Local Authorities have more health needs and worse health and well-being outcomes than their non-Looked After peers. Under Section 10 of the Children Act 1989 CCGs have a duty to comply with requests from a Local Authority to help them provide support and services to CiC which promote their health and well-being.

The purpose of this policy is to demonstrate how CCGs meet their corporate responsibilities (in conjunction with Sefton Metropolitan Borough Council (MBC) and provides guidance to CCG employees to enable them to fulfil their responsibilities towards CiC.

### 2. Key Issues

- 2.1 Even once a child enters ‘care’ they can remain vulnerable in terms of their health and well-being. They are at greater risk than their peers as a result of their experiences both before and during care. CiC should expect to have the same life opportunities as other children including being healthy and keeping safe. Therefore, it is essential that health services provided to CiC are of a high quality which includes providing robust assessment and care plans to meet health needs and reducing health risk.
- 2.2 The corporate parenting responsibilities of Local Authorities include having a duty under section 22(3)(a) of the Children Act 1989, to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child’s physical, emotional and mental health and acting on any early signs of health issues.
- 2.3 Under Section 10 of the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a Local Authority to help them provide support and services to CiC which promote their health and well-being.
- 2.4 The purpose of this policy is to:
  - To state the CCG’s pledge to CiC
  - To demonstrate how the CCG meets its corporate responsibilities (in conjunction with Sefton MBC) for CiC
  - To provide guidance to CCG employees to enable them to fulfil their responsibilities for CiC
  - To set out the CCG’s intention towards the positive recruitment of CiC and Care Leavers
- 2.5 The policy is specifically aimed at the continual improvement of services, through equity, effectiveness, safety, timeliness, efficiency and child-centeredness.
- 2.6 This policy is required to guide CCG employees of the requirements in relation to CiC.

### **3. Recommendations**

The Governing Body is asked to approve the Children in Care Policy (v1)

### **Appendices**

Appendix 1: NHS South Sefton CCG Children in Care Policy (v1)

**Helen Case**  
**Designated Nurse Children in Care**  
**February 2019**



**South Sefton**  
Clinical Commissioning Group

# NHS South Sefton CCG Children in Care Policy

DRAFT

<b>Date Impact Assessed:</b>	<b>Version No:</b>
<b>Date of issue:</b>	<b>Date Published:</b>
<b>Distribution:</b>	<b>Next Review Date:</b>

<b>Title:</b> Children in Care Policy	
<b>Scope:</b> CCG staff	<b>Classification:</b> Policy
<b>Identification No:</b>	<b>Version No:</b> Children in Care /Ver-1/2018
<b>Replaces:</b> Not applicable – new policy	
<b>Author/Originator:</b> Helen Case - Designated Nurse Children in Care	
<b>Lead Officer:</b> Chief Nurse – South Sefton CCG	
<b>Authorised by:</b>  Joint Quality Committee Corporate Governance Group	<b>Date:</b>
<p>To be read in conjunction with South Sefton CCG's: Safeguarding Policy; Safeguarding Supervision Policy</p> <p>This policy will be available on the safeguarding pages of South Sefton CCG intranet.</p>	

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## 1. Pledge to Children in Care

South Sefton Clinical Commissioning Group (CCG) aims to enable children and young people to gain maximum life chance benefits from the enjoyment of good health. The CCG pledges to work with Sefton Council and partner agencies to develop holistic approaches to ensure that all children and young people in care have access to good quality health care in a timely and responsive way.

## 2. Introduction, Context and Legal Framework

The NHS has a major role to play in ensuring the timely and effective delivery of health services to Looked After Children (LAC). It is recognised that children who are Looked After by the Local Authority have more health needs and worse health and well-being outcomes than their non-Looked After peers (DoH 2009).

**Please note:** in response to user feedback NHS South Sefton CCG use the term “Children in Care”(CiC) rather than LAC which is the term used in statutory guidance.

Even once a child enters ‘care’ they can remain vulnerable in terms of their health and well-being. They are at greater risk than their peers as a result of their experiences both before and during care. CiC should expect to have the same life opportunities as other children including being healthy and keeping safe. Therefore, it is essential that health services provided to CiC are of a high quality which includes providing robust assessment and care plans to meet health needs and reducing health risk.

Research and Department of Health guidance relating to CiC emphasises the importance of assessing their emotional health and well-being. Almost half of CiC have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults (DoH/DoE, 2015).

The corporate parenting responsibilities of Local Authorities include having a duty under section 22(3)(a) of the Children Act 1989, to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child’s physical, emotional and mental health and acting on any early signs of health issues.

Under Section 10 of the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a Local Authority to help them provide support and services to CiC which promote their health and well-being.

As described in the statutory guidance *Promoting the health and well-being of looked after children* (2015), the NHS has a major role in ensuring the timely and effective delivery of health services to CiC. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments (JSNA) and Joint Health and Well-being Strategies and The NHS Constitution for England outline the responsibilities of CCGs and NHS England to CiC (and, by extension, to care leavers). In fulfilling those responsibilities the NHS contributes to meeting the health needs of CiC in three main ways:



- commissioning effective services
- delivering through provider organisations
- through individual practitioners providing coordinated care for each child.

In conjunction with Sefton Metropolitan Borough Council (MBC), South Sefton CCG contributes to the preparation of the JSNA and Joint Health and Well-being Strategy (JHWS) through the local Health and Well-being Board. In accordance with the statutory guidance on JSNAs and JHWSs, the Vulnerable Children Needs Assessment (which includes CiC and adopted children) supports improving the health of CiC through commissioning plans. This takes account of information about those children placed out of borough.

South Sefton CCG is accountable for its own CiC structures and processes and is accountable for obtaining assurance re the arrangements in agencies from which they commission services.

### 3. Purpose and Scope

The purpose of this policy is:

- To state the CCG's pledge to CiC
- To demonstrate how South Sefton CCG meets its corporate responsibilities (in conjunction with Sefton MBC) for CiC
- To provide guidance to South Sefton CCG employees to enable them to fulfil their responsibilities for CiC
- To set out the CCG's intention towards the positive recruitment of CiC and Care Leavers

The policy is specifically aimed at the continual improvement of services, through equity, effectiveness, safety, timeliness, efficiency and child-centeredness.

This policy and procedure applies to all employees and members of South Sefton CCG.

### 4. Definitions and Explanations of Terminology

For the purposes of this document, as described in the Children Acts 1989 and 2004, a **child** is anyone who has not reached their 18th birthday.

**Looked After Children (LAC), Children in Care (CIC) or Children Looked After (CLA)** are all terms which refer to children in the care of the Local Authority often referred to as "foster care".

In UK law CiC are referred to as "Looked After Children". A child is "looked after" if they are in the care of the Local Authority for more than 24 hours. Looked After Children fall into four main groups:

- **Section 20** - Children who are accommodated under voluntary agreement with their parents

- **Section 31 and 38** - Children who are the subject of a full Care Order or an Interim Care
- **Section 44 and 46** - Children who are the subject of Emergency Orders for their protection
- **Section 21** - Children who are compulsorily accommodated. This includes children who are remanded to the Local Authority or subject to a criminal justice Supervision Order with a residence requirement

The term LAC/CiC also includes:

- Unaccompanied asylum seeking children
- Children in placements with family members including biological parents
- Those children where the Local Authority holds a Placement Order and/or children are in pre adoptive placements
- Children aged 10 to 17 years who are subject to a Remand to Care Order or a Remand to Custody Order

It does not include those children who have been permanently adopted, are subject to a Special Guardianship Order (SGO) or who are privately fostered.

Children can cease to be Looked After by the Local Authority for a variety of reasons including they:

- Return to birth family
- Are adopted
- Become subject to a SGO
- Transition to adulthood / become Care Leavers

**Corporate parent** is a term which means the collective responsibility of the council, elected members, employees, and partner agencies including health agencies, for providing the best possible care and safeguarding for CiC. A child in the care of the Local Authority looks to the whole Local Authority and partner agencies to be the best parent it can be to that child. Every member and employee of the Local Authority and its partner agencies has the statutory responsibility to act for a CiC in the same way that a good parent would act for their own child.

Further information about Sefton MBC's Corporate Parenting Strategy is available at:

<https://www.sefton.gov.uk/social-care/children-and-young-people/children-looked-after/sefton-corporate-parenting-board.aspx>

When children are in the care of the Local Authority they can be placed in a variety of settings and this can determine terminology applied to the child's situation. This can become complex and is sometimes difficult to understand. Examples are given below to highlight some possibilities:

- **Sefton CiC in borough** - a CiC who originates from Sefton, is the responsibility of Sefton MBC and is living in Sefton
- **Sefton CiC out of borough (OOB) or out of area (OOA)** – a CiC who originates from Sefton, is the responsibility of Sefton MBC but is living outside the borough of Sefton
- **COLA (Child from Other Local Authority) or CiCOLA (Child in Care of Other Local Authority)** - a CiC who originates from outside Sefton, is the responsibility of a Local Authority outside Sefton but is living in the Sefton area

**Care Leavers** is a term used to define as a person aged 25 or under, who has been Looked After by a Local Authority for at least 13 weeks since the age of 14; and who was Looked After by the Local Authority at school-leaving age or after that date.

**Health Passports** known in Sefton as **Health Journals** are provided to Care Leavers in order for the care Leavers to manage their own health needs, where possible. The health journal should include a summary of all health records, including genetic background, illnesses and treatments, and suggest how Care Leavers can access a full copy of records if required.

## 5. Senior Strategic Health Leads

South Sefton CCG's Accountable Officer (Chief Officer) has responsibility for ensuring that the health service contribution to promoting the health and well-being of CiC is discharged effectively across the whole local health economy. This responsibility is delegated to the Chief Nurse by the Accountable Officer. This is operationally delivered through local commissioning arrangements. The Accountable Officer and the Chief Nurse are members of the South Sefton CCG Governing Body.

## 6. Designated Professionals

The terms "Designated Professionals" and "Named Professionals" denote professionals with specific roles and responsibilities for safeguarding children and for CiC, as defined in national statutory guidance *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* (HM Government, 2018).

The term Designated Doctor and Designated Nurse for CiC denotes professionals with specific roles and responsibilities for CiC including the provision of strategic advice and guidance to service planners and commissioning organisations. National guidance regarding these roles can be found in statutory guidance *Promoting the health and well-being of Looked After Children* (DoH/DfE 2015) and *Looked after children: Knowledge, skills and competences of health care staff: Intercollegiate Role Framework* (May 2015).

In discharging their responsibilities the Designated Professionals undertake the following functions:

- Provide advice to ensure the range of services commissioned and contracted by South Sefton CCG take account of the need to promote the health and well-being of CiC
- Provide advice on the monitoring of any aspects of provider contracts which relate to CiC
- In conjunction with the Children's Health Commissioner and Sefton MBC ensure that the perspective and views of CiC and their carers inform the design and delivery of local health services for CiC
- Provide advice, support and clinical supervision to the Named/Lead CiC professionals in the Sefton CCG commissioned NHS provider/s CiC health teams
- Membership of the Corporate Parenting Board in conjunction with other health service planners, commissioners and strategic leads
- Provide advice on CiC processes in line with local procedures and national guidance
- Provide advice on consent, confidentiality and information sharing in relation to CiC
- Provide advice in relation to the health of Care Leavers and processes in relation to health passports/journals for Care Leavers
- Take an active role in contributing to CiC processes in highly complex cases whereby CiC may require high level safeguarding or highly specialised services
- Receive and make escalations of concerns in relation to CiC as per agreed multiagency escalation processes
- Ensure regular qualitative assurance and audit of statutory health reviews and including, but not exclusive to, assurance on:
  - The use of Coram BAAF templates
  - The voice of the child being evidenced and used to inform care planning
  - Health reviews being child centred and plans tailored to the individual child
  - Appropriate screening tools being used such as ones for Child Sexual Exploitation
  - Female Genital Mutilation awareness
  - Sexual health consideration
  - Strengths and Difficulties Questionnaires (SDQ) being used to meaningfully contribute to the health assessment
  - GP and dental registration/attendance
  - Immunisation status
  - Appropriate information gathering to inform the health assessment
- Review and evaluate the practice and learning in relation to CiC from all involved health professionals and providers commissioned by South Sefton CCG as part of any relevant Serious Case Reviews (SCR) or other management or learning reviews
- Provide an annual report and regular assurance as required to South Sefton CCG Governing Body via the Joint Quality Committee

Designated Professionals are performance managed by and accountable to the Chief Nurse of South Sefton CCG in relation to their designated functions.

The Designated Nurse and Designated Doctor for Children in Care are professionally accountable to the Chief Nurse of South Sefton CCG.

Designated Professionals should participate regularly in support/supervision groups and/or peer support networks for specialist safeguarding children and CiC professionals at a local, regional and national level according to professional guidelines.

South Sefton CCG will ensure establishment levels of Designated Professionals for CiC are proportionate to the size, complexity and rate of CiC in the local resident population and seek assurance that the CCGs commissioned NHS provider trusts have appropriate numbers of Named/lead professionals in post. The Designated Nurse CiC is a direct employee of the South Sefton CCG, the Designated Doctor is not directly employed by the CCG, these duties and responsibilities are through a service level agreement between the Provider Trust, Alder Hey Children's Foundation Trust, and the CCG.

## 7. Commissioning

South Sefton CCG will work with Sefton MBC and other local CCGs to commission and ensure co-ordinated and integrated services for CiC. It will contribute to the development, implementation and monitoring of the health priorities as outlined in the Sefton MBC Corporate Parenting Strategy (2017).

National contracts for health service provision will provide the means to prescribe the requirements for CiC and service specifications drawn up by South Sefton CCG will include clear service standards for promoting the health and well-being of CiC, consistent with the local and national guidance and procedures. By monitoring the service standards of all providers, South Sefton CCG will assure itself that the required standards are being met in Sefton.

Funding responsibilities and procedure to be followed in the event of a funding dispute are set out in *Who Pays? Determining the Responsibility for Payments to Providers* (NHSE, August 2013). This document includes a section covering CiC and Care Leavers.

South Sefton CCG will ensure that all providers from whom they commission services have comprehensive and effective single and multi-agency policies and procedures to promote the health and well-being of CiC, consistent with current local and national guidance. This also relates to the delegation of commissioning placements for CiC who have continuing health needs.

South Sefton CCG will ensure that promoting the health and well-being of CiC is integral to the quality and safety of all provider and commissioning arrangements and that there is evidence of robust audit arrangements for example of the quality of statutory health assessments and reviews. This will be reported to the Corporate Parenting Board.

South Sefton CCG will monitor the service standards of commissioner NHS provider trusts and contracted service providers to ensure they meet the required CiC standards through a variety of means. This will include the scrutiny of: Key Performance Indicators; self-audit tools; review of policies and quality visits.

South Sefton CCG will ensure that staff working in the GP Out-Of-Hours (OOH) services, Walk-in Centres and Urgent Care Centre provision that the CCG is responsible for commissioning are informed about how to access advice from relevant Designated and Named Professionals for CiC.

South Sefton CCG will ensure that relevant partner agencies have easy access to paediatricians trained in examining and assessing CiC and that holistic examinations/assessments are undertaken in accordance with the statutory guidance for promoting the health and welfare of CiC (DofH/DofE 2015). The Designated Doctor for CiC will exercise discretion to agree or advise on the arrangements for health assessments which best meet the needs of individual children.

South Sefton CCG will support NHS England in their responsibility to ensure that Primary Care provision has robust systems and practices in place to promote the health and well-being of CiC.

Through their contracting arrangements, South Sefton CCG should ensure that independent and third sector providers deliver services that are in line with Borough level obligation and should ensure they apply the same standards and requirements as for NHS providers with respect to promoting the health and well-being of CiC.

## **8. Governing Body Assurance and Monitoring Arrangements**

The CiC responsibilities and priorities of South Sefton CCG will be reported into the Joint Quality Committee and up to South Sefton CCG's Governing Body.

To evidence compliance with CiC requirements; an annual health report for CiC will be provided by the Designated Doctor and Designated Nurse for CiC to the South Sefton CCG Joint Quality Committee and Governing Body. Quarterly reports on key CiC metrics will be included in South Sefton CCG's Joint Quality Committee.

The Designated Professionals for CiC will ensure that South Sefton CCG is represented on appropriate NHS provider organisations internal committees to enable assurance with regard to internal monitoring standards for CiC. This will also enable constructive challenge and appropriate support to each organisation.

The Designated Professionals will attend the relevant Clinical, Quality and Performance Groups and/or Contracts Performance meetings for each provider Trust when CiC is on the agenda.

Sefton MBC submits an annual statutory return to the Department for Education (DfE) in relation to CiC. South Sefton CCG will support NHS commissioned provider trusts to ensure that data for the relevant health indicators for this report is made available in a timely manner.

The key health data required by the DfE relate to the uptake and timeliness of the following interventions for those children who have been in the care of the Local Authority for at least 12 months includes:

- Number and percentage of children who have had their annual health assessment
- Number and percentage of children whose immunisations were up to date

- Number and percentage of children who have had their teeth checked by a dentist
- Number and percentage of children under 5 years of age with health surveillance checks up to date
- Number of children identified as having a substance misuse problem
- Number of children who have received intervention for a substance misuse problem
- Number of children who were offered an intervention for a substance misuse problem

In addition to the above, annual data is also submitted to the DfE on the average scores for the SDQ for CiC (aged 5 to 16 years) in line with statutory guidance.

## 9. Training

The competences specifically needed by healthcare workers to promote the health and well-being of CiC within the healthcare system are described in *Looked after children: knowledge, skills and competences of health care staff: Intercollegiate Role Framework* (May 2015).

The Designated Nurse CiC will seek assurance from CCG NHS commissioned healthcare providers with regard to staff training compliance.

Designated Professionals may also facilitate some CiC training with providers and foster carers where appropriate.

## 10. Recruitment of Children in Care/Care Leavers

South Sefton CCG positively promotes the recruitment of CiC (legal employment age applies) and Care Leavers within its organisation. South Sefton CCG recognises its Corporate Parenting responsibilities and its responsibilities to contribute to the Sefton MBC Care Leaver offer (see link below). If any job vacancies arises within the CCG that may be suitable for a CiC or Care Leaver, such as an Apprenticeship post, the Designated Nurse CiC will contact the Corporate Parenting Officer in the Local Authority to see if there are any potential applicants under the CiC / Care Leavers Service who meet the relevant employment criteria. If so, these applicants will have the option to apply and be interviewed for any such post via the apprenticeship training provider and the job will not be advertised externally. If there are no suitable applicants under the CiC / Care Leavers Service then the job will be advertised as per the usual process.

<https://www.sefton.gov.uk/social-care/children-and-young-people/children-looked-after/children-in-care-and-care-leavers/sefton-local-offer-for-care-leavers.aspx>

## 11. Advice, Support and Contact Details

For advice or support regarding CiC please contact:

Name	Designation	Telephone	Email	Address
Helen Case	Designated Nurse CiC	0151 317 8356 or 0776 930 7719	<a href="mailto:helen.case@southseftonccg.nhs.uk">helen.case@southseftonccg.nhs.uk</a> <a href="mailto:helen.case@nhs.net">helen.case@nhs.net</a> (secure) <a href="mailto:safeguardingservice.sefton@nhs.net">safeguardingservice.sefton@nhs.net</a> (secure)	3rd floor Merton House, Stanley Road, Bootle, L20 3DL
Jonathan Chahal	Designated Doctor CiC	0151 252 5195	<a href="mailto:Jonathan.chahal@alderhey.nhs.uk">Jonathan.chahal@alderhey.nhs.uk</a> <a href="mailto:Jchahal2@nhs.net">Jchahal2@nhs.net</a> (secure) <a href="mailto:laura.macdonald@alderhey.nhs.uk">laura.macdonald@alderhey.nhs.uk</a> (Medical Secretary)	Rainbow Centre, Alder Hey Children's Hospital, East Prescott Road, Liverpool, L14 5AB

Further information about CiC is available on the South Sefton CCG intranet site:

<http://nww.southseftonccg.nhs.uk/ccg-and-locality/Safeguarding/Safeguarding.aspx>

## 12. References and Bibliography

Adoption and Children Act 2000, c.38 [online]. Available at:  
<http://www.legislation.gov.uk/ukpga/2002/38/contents>

Children Act 2004, c.31 [online]. Available at:  
<http://www.legislation.gov.uk/ukpga/2004/31/contents>

Children and Social Work Act 2017 [online]. Available at:  
<http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

Department for Education (2015) Children Act 1989 Guidance and Regulations. Volume 2 – Care Planning [online]. Available at:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/441643/Children\\_Act\\_Guidance\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf)

Department of Health/Department for Education (2015) Promoting the Health and well-being of looked after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England [online]. Available at:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413368/Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)



Department of Health and Social Care (2011) Joint Strategic Needs Assessment and joint health and wellbeing strategies explained [online]. Available at:

<https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-joint-health-and-wellbeing-strategies-explained>

Department for Education, Department of Health (2015) Special educational needs and disability code of practice: 0 -25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities [online]. Available at: <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

HM Government (2018) Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children [online]. Available at:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Mental Capacity Act 2005, c.9 [online]. Available at:

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

National Institute for Health and Clinical Excellence (NICE) (2013) Looked after children and young people (QS31) [online]. Available at: <https://www.nice.org.uk/guidance/qs31> Issue Date: April 2017 Page 17 of 17 Document Name: Looked After Children Policy Version No: 2

National Institute for Health and Clinical Excellence (NICE) and Social Care Institute for excellence (SCIE) (2010, updated 2015) Promoting the quality of life of looked-after children and young people (PH28) [online]. Available at: <https://www.nice.org.uk/guidance/ph28>

NNS England (2013) Who Pays? Determining responsibility for payments to providers [online]. Available at: <https://www.england.nhs.uk/who-pays/>

Royal College of General Practitioners, Royal College of Nursing and Royal College of Paediatrics and Child Health (2015) Looked After children: Knowledge, skills and competences of health care staff. Intercollegiate Role Framework [online]. Available at: [http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015\\_0.pdf](http://www.rcpch.ac.uk/system/files/protected/page/Looked%20After%20Children%202015_0.pdf)

### 13. Glossary of Terms

Term, word or acronym	Meaning
Care Leavers	Is a term used to define as a person aged 25 or under, who has been Looked After by a Local Authority for at least 13 weeks since the age of 14; and who was Looked After by the Local Authority at school-leaving age or after that date.
Children in Care (CiC)	Term often used interchangeably with Child Looked After or Looked After Child to denote a child in the care of a Local Authority.
Children Looked After (CLA)	Term often used interchangeably with Children in Care or Looked After Child to denote a child in the care of a Local Authority.
Corporate Parent	Is a term which means the collective responsibility of the council, elected members, employees, and partner agencies including health agencies, for providing the best possible care and safeguarding for CiC.
Designated Doctor Looked After Children	Term used to denote a medical professional registered with the General Medical Council with specific roles and responsibilities for CiC including the provision of strategic advice and guidance to service planners and commissioning organisations. The Designated Doctor is employed via a service level agreement.
Designated Nurse Children in Care	Term used to denote a nursing professional registered with the Nursing and Midwifery Council with specific roles and responsibilities for CiC including the provision of strategic advice and guidance to service planners and commissioning organisations. The Designated Nurse is a direct employee of the CCG.
Health Journal	A record of health that is provided to Care Leavers in order for the Care Leavers to manage their own health needs, where possible. The journal should include a summary of all health records, including genetic background, illnesses and treatments, and suggest how Care Leavers can access a full copy of records if required. In Sefton the Health Passport is now known as the Health Journal.
Health Passport	In Sefton the Health Passport is now known as the Health Journal – see glossary entry for Health Journal.
Looked After Children (LAC)	Term often used interchangeably with Children in Care or Children Looked After to denote a child in the care of a Local Authority.
Section 20	Children who are accommodated under voluntary agreement with their parents.
Section 21	Children who are compulsorily accommodated. This includes children who are remanded to the Local Authority or subject to a criminal justice Supervision Order with a residence requirement.
Section 31	Children who are the subject of a full Care Order.
Section 38	Children subject to an Interim Care.
Section 44 and 46	Children who are the subject of Emergency Orders for their protection.
Sefton CiC in borough	A Child in Care who originates from Sefton, is the responsibility of Sefton MBC and is living in Sefton.
Sefton CiC out of borough (OOB) or out of area (OOA)	A Child in Care who originates from Sefton, is the responsibility of Sefton MBC but is living outside the borough of Sefton or out of the area of Sefton.
Strengths and Difficulties Questionnaire (SDQ)	The Strengths and Difficulties Questionnaire is a brief emotional and behavioural screening questionnaire for children and young people. It can be used for various purposes however in terms of CiC it is used to help screen for emotional health issues.

## MEETING OF THE GOVERNING BODY February 2019

<b>Agenda Item:</b> 19/13	<b>Author of the Paper:</b> Tracy Jeffes Director of Corporate Services <a href="mailto:Tracy.jeffes@southseftonccg.nhs.uk">Tracy.jeffes@southseftonccg.nhs.uk</a> Tel no: 0151 317 8456						
<b>Report date:</b> December 2018							
<b>Title:</b> Organisational Development Plan Priorities							
<p><b>Summary/Key Issues:</b></p> <p>This report presents the Governing Body with a high level organisational development priorities paper. The 5 key areas for development are:-</p> <ol style="list-style-type: none"> <li>1. Locality Development</li> <li>2. Commissioning, Capability and Capacity</li> <li>3. Programme Management Approach to Transformation</li> <li>4. Leadership, Team, Succession and Talent Management</li> <li>5. Public Engagement and Partnership Working</li> </ol>							
<p><b>Recommendation</b></p> <p>The Governing Body is asked to approve the Organisational Development priorities outlined in this plan and development of a detailed implementation plan.</p>							
	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Receive		Approve	x	Ratify	
Receive							
Approve	x						
Ratify							

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

x	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target 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			Presentation of report has been shared with Leadership Team and Governing Body Development Session in December 2018

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

# **ORGANISATIONAL DEVELOPMENT PLAN PRIORITIES**

**December 2018**

## Organisational Development Plan Refresh and Priorities for 2018-20

### 1.0 Introduction

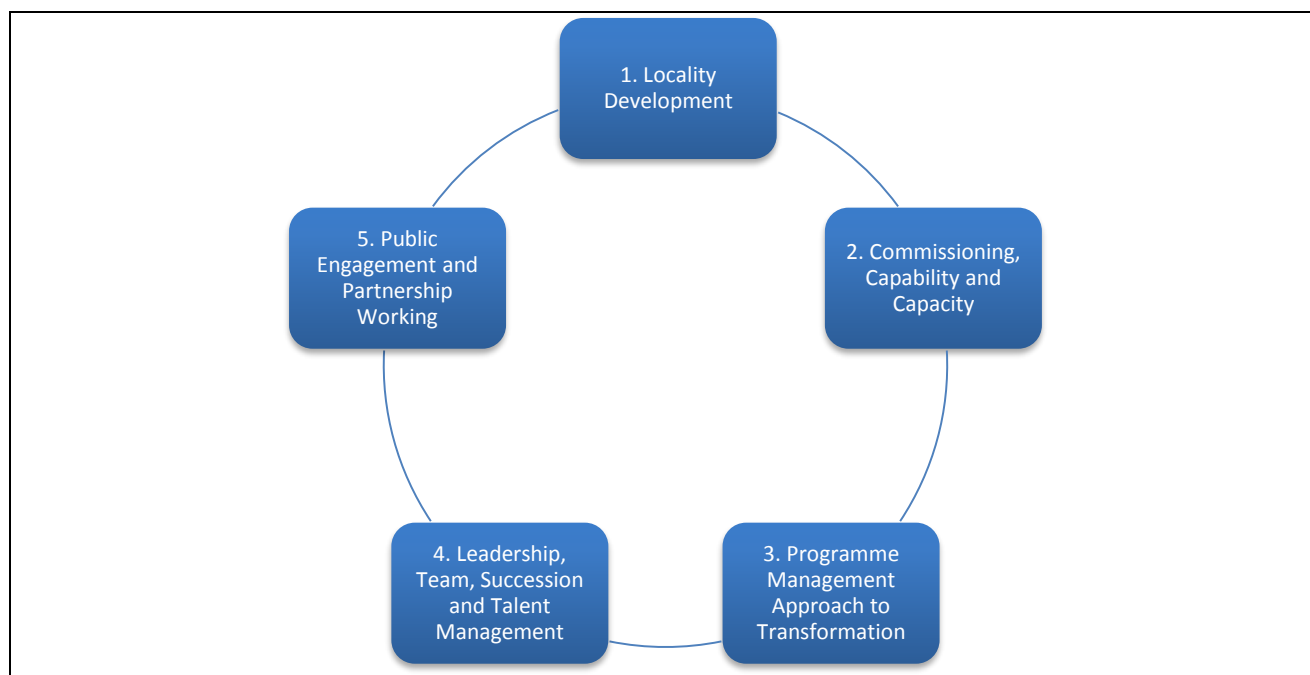
Our organisational development (OD) plan for both NHS South Sefton CCC and NHS Southport and Formby CCG has been regularly refreshed since authorisation in 2013. The OD Plan supports the delivery of our strategy by ensuring that the underpinning structures, systems, staff, skills, shared values and style of working are in place. Whilst much has been achieved to date, it is essential we refresh our plan to enable us to re-focus our development to meet the emerging and significant opportunities and challenges that lie ahead.

In developing this plan, consideration has been given to a range of assessments that have been undertaken in order to reflect on the organisations’ achievements, strengths and weaknesses, opportunities and threats. Information considered includes feedback from the CCG’s national staff survey results, the 2017 national CCG 360-degree feedback exercise, the annual Governing Body self-evaluation tool outcome, NHSE assurance frameworks such as those relating to leadership, governance, quality, finance and engagement and internal auditors reports. The key outputs from these have therefore directly contributed to the plan, the highlights of which are noted below.

### 2.0 Priority Areas for Organisational Development from our last plan

In November 2015 the Governing Bodies of both CCGs in Sefton approved the following Organisational Development Priorities for 2015-17.

The approved priorities were:



### 3.0 Organisational Progress since our last OD plan

The CCG has made significant progress in our key priority areas since the last OD plan, some highlights include:

- A successful refocus of CCG strategy on developing and delivering significant cost saving plans, without impacting adversely on services for local people, in particular through Medicines Management schemes and commissioning redesign areas such as the MCAS service.
- Strong Governing Body and cross-organisational ownership of financial challenges and plans, including strengthening of governance arrangements through the development of the QIPP and Clinical QIPP committees.
- The on-going implementation of key elements of our “Shaping Sefton” Strategy – community centered health and care (our system-wide approach to delivering key strategic priorities) in the context of resource constraints.
- The implementation of a Programme Management Office (PMO) approach to drive delivery and focused performance management around QIPP priorities.
- Significant progress in relation to integrated commissioning with Sefton Council leading to integrated delivery across multi-disciplinary teams in the Intermediate Care and Reablement Service (ICRAS) programme.
- Significantly assured financial, governance, quality, business intelligence and risk management processes
- Significant level of public engagement through a variety of collaborative approaches in conjunction with our partners in our Engagement and Patient Experience Group (EPEG), including a focus on tailored approaches to engage key groups, such as younger people, in response to 360 degree stakeholder survey.
- The implementation of a broader range of communication methods, including twitter, re-launched websites and the introduction of a staff bulletin.
- Highly engaged workforce, as demonstrated by the national staff survey, with many above average scores, including recommendation as a good place to work, training and development opportunities, supportive management and opportunities for promotion.
- Development of staff awards and annual whole CCG staff “Away Day” resulting in redefining our organisational values (see Appendix 1) and the further development of the participative and open organisational culture, evidenced by our positive staff survey.
- The successful attainment by our Finance Team of level two accreditation – ‘Towards Excellence’ and awarding of level one “Excellence in Informatics” accreditation to the Business Intelligence (BI team)
- Significant improvement in BI and contracting functions as a result of “in-housing” services from the Commissioning Support Unit (CSU.)
- Participation in the NHSE funded “Commissioning Capability Programme” (CCP) for the CCGs’ Chairs and Leadership
- The establishment of the Sefton Transformation Programme, the Sefton Provider Alliance and the Acute Sustainability Programme (for Southport and Ormskirk) to provide collaborative leadership across the system to bring about the collective delivery of “Shaping Sefton.”

- Delivery of a range of in-house non-mandatory training opportunities for clinical leaders, governing body members and staff, such as; chairing skills, media, influencing skills, , project management skills, outcome-based commissioning, in addition to individual opportunities and on-going team developments.
- On-going developments in general practice training through continued investment in Protected Learning Time and the development of a GP Local Quality Contract resulting in significant impact on quality and sustainability of general practice in Sefton.
- Improved focus in localities, through new management approach, implementation of “Aristotle” and the better use of data e.g. to identify high users of GP and A&E services combined with peer review to explore improved options for care management.

There are also some areas from the last plan that need further progress:

- Despite significant progress to date, on-going focus on QIPP delivery is needed to ensure financial balance and the requirement for continued sound governance to enable possible disinvestments.
- Delivery of the refreshed plans for our three strategic priorities of urgent care, primary care and frail / long term care, in the context of a refresh of “Shaping Sefton”
- Full implementation of our talent management and personal development review approach to drive performance and further shape training and development across the organisation
- Further enhancing support for localities in the context of the development of primary care networks, further supporting integrated care in addition to influencing commissioning, as part of our Sefton place-based strategy,
- Further development of highly functioning CCG teams; especially those that have experienced changes in function and personnel in order to equip them for future changes and challenges.
- Effective delivery of our system leadership role as part of the developing transformation programme, enabling and influencing the reshaping of service delivery to better meet the needs of local people.

#### 4.0 Changing Content and Environment

Much has changed, both internally and in our external environment since the approval of our last Organisational Development Plan such as:-

- Unprecedented financial challenges for the NHS nationally, but specifically for SFCCG and increasingly for SSCCG as commissioners, has required and still requires on-going focus on QIPP plans, further implementation of any “right care” opportunities and the need to review all potential cost savings. In addition there are increasing opportunities for commissioners and providers (who are also experiencing significant financial deficits) to work more collaboratively to manage the collective financial position.



- The emergence of gaps in workforce across all sectors of care, challenging the sustainability of some services and the requirement to plan to respond to these gaps, either through workforce strategies or different approaches to service delivery.
- Increased emphasis on the development of integrated care and national and local approaches towards Integrated Care Systems (ICS) including increased opportunities to work collaboratively with provider organisations in the “place.”
- The establishment of the Sefton Transformation Programme and associated Sefton Transformation Board, Provider Alliance and Acute Sustainability Board and work streams work to further develop place-based integration and sustain acute services for the future.
- The emergence of General Practice (GP) Federations nationally and in Sefton as key partners in delivering and developing primary care services.
- The establishment of Primary Care Networks around CCG locality footprints to sustain the provision of general practice through increased collaborative working and enhanced connections with other services in the locality.
- Locally the procurement / acquisition of new community providers offers opportunities for improved and more collaborative delivery of services within localities.
- Improved alignment of commissioning across the CCGs and Sefton Council through the Integrated Commissioning Group, the development of integrated teams through ICRAS and the transformation of Council services into a locality model, to enable co-design across into CCG localities.
- The development of the Cheshire and Merseyside Health and Care Partnership, System Management Board, and key programmes of work to enable working at the most appropriate level, to bring about system change
- Increased emphasis on the importance of population health, self-care, prevention of ill health and the need to offer proactively care and wellbeing services in local communities, often supported by the voluntary, community and faith sector.
- The increased need for all organisations to work differently in this new landscape, demonstrate system leadership and collaborative working to improve and sustain services within limited resources.
- The development of strategic commissioning, encouraging collaboration of commissioners on a larger footprint to increase influence and more efficient use of management running cost resources.
- The publication of the NHS Long Term Plan.

## 5.0 Refreshed Plan for 2018-20

Having considered a diagnostic of our current situation (please see Appendix 2 for a high level OD Diagnostic Using McKinsey 7 S's model) the previous OD plan themes are still relevant, however it is proposed they are adapted slightly to reflect the changing context in which we work.

These revised themes are:-

1. **Integrated Care in Localities**
2. **Commissioning Capacity and Capability**
3. **Programme Management approach for Planning and delivery transformation and QIPP**
4. **System, Team and Individual Leadership Development**
5. **Stakeholder and Public Engagement for Transformation**

Although not exhaustive, the following pages highlight proposed developments related to each of these themes. Detailed action plans will be developed for each development areas and presented to the CCGs' Finance and Resource Committees.

### 5.1 Integrated Care in Localities

*AIM: The development of integrated care in localities through the strengthening of general practice, primary care networks and integrated working with community services, social care, other council services, the VCF sector and local communities to more effectively meet the needs of local people.*

Key developments in this theme include:

- **Implementation and OD support for the key components of the Sefton Place-Based Programme**
  - **Primary Care Networks (PCNs) / CCG localities development** including wrap around support to ensure strong management, clinical leadership, management of devolved budgets, creation of locality plans, good business intelligence and data quality facilitation
  - **Integrated community teams** including support for "pilot" areas to accelerate integrated working, piloting of new roles such as social care link worker and facilitate development of local "Team 100."

- **Integration with council localities** through linking the development of Sefton Council’s “Community First” three locality approach with the CCGs’ eight localities with a population of 30-50k.
  - **Population management**- build on a system and approach that supports self-care and prevention, embeds “make every contact count”, and that enables risk stratification so that services can be personalised and targeted
  - **Self-care and care navigation** – develop a clearer, more systematic approach to care navigation across Sefton, working with the newly formed VCF Advisory Group to enable the sector to influence and shape the agenda around the differing needs of localities.
  - **Single Point of Access** – work with integrated teams to streamline access to services
- Implementation of the new **Primary Care Strategy** to support the sustainability of general practice and underpin development of PCNs
  - Gain approval for **Delegated Commissioning of General Practice** to ensure locally responsive commissioning and influence.
  - **Development of GP Federations** – continue to work with both GP federations in Sefton to enable them to become strong local providers of primary care services.
  - **GP voice in Provider Alliance** – enable local Primary Care Networks to have a strong voice in the developing Sefton Provider Alliance to shape the future of the local integrated care system.
  - **Empowerment of clinical and managerial leaders** across all sectors to support the development and implementation of locality plans via place-based programme and linkages to programmes led at a Cheshire and Merseyside level.
  - **Improved finance and activity budget reporting** and review at locality level and agreed action to support QIPP and transformation plans
  - Work with Cheshire and Merseyside Health Care Partnership and Health Education North West on **workforce solutions** where possible.

## 5.2 Commissioning Capacity and Capability

*AIM: Enhance clinical and non-clinical commissioning capacity and capability to bring about system wide transformation and further manage financial challenges.*

Key Developments in this theme include:

- Consider **future commissioning footprint** options with CCG Member practices for them to determine future shape and plan for enhanced strategic commissioning
- Consider opportunities for **working collaboratively with neighbouring CCGs** in the transition to more strategic commissioning.
- Further strengthen **integrated commissioning** with Sefton Council to ensure strong collective commissioning for the Sefton “place.”
- Review **capacity to deliver** a refreshed Shaping Sefton Strategy programmes, QIPP, QIPP programmes and the Sefton Transformation Programme work streams.
- Review system **Programme Management Office** role and staffing / resourcing to deliver Sefton Transformation Programmes and interrelationship with CCG programmes.
- Further development of roles, responsibilities, governance and support for the Sefton Transformation Programme Board, Provider Alliance and Acute Sustainability Board to ensure effective **delivery of the Sefton Transformation Programme**.
- Development of a plan for transition to a more **Integrated Care System**
- Complete implementation of action plan from the recent **Commissioning Capability Programme (CCP)**
- Development and approval, through Remuneration Committee, of **a revised clinical leaders employment framework** to streamline current remuneration and contractual arrangements in line with Cheshire and Merseyside recommendations.

### 5.3 Programme Management approach to planning, the delivery of Transformation and QIPP

*AIM: A systematic approach to system-wide transformation through Shaping Sefton - strong collaborative working and programme management to deliver on CCG and shared strategic objectives.*

Key developments in this theme include:

- Work with partners and local communities to **refresh our “Shaping Sefton” strategy** – our five year plan to deliver the NHS Long Term Plan
- **Review all programmes** and establish clear priorities and programme management to deliver the refreshed shaping Sefton strategy, QIPP priorities and the Sefton Health and Care Transformation work streams
- **Align the CCG PMO with the system-wide PMO** programmes including those for the delivery of acute sustainability and placed-based, integrated care.
- Refresh and **clarify internal governance and the system-wide PMO processes** for systematic delivery of programmes with clear outcomes.
- **Work collaboratively** with other North Mersey CCGs to align programmes where relevant and those operating at scale across the Cheshire and Merseyside Health Care Partnership.
- Alignment of CCG and system managerial, clinical and support **capacity to deliver programmes across organisations.**
- Increased collaborative working across the **system to work towards financial balance** and in particular work with the Provider Alliance on integrated approaches to deliver better care more effectively and efficiently.

### 5.4 System, Team and Individual Leadership Development

*AIM: Support CCG and system-wide colleagues to deliver the Sefton Health and Care Transformation Programme.*

Key developments within this theme include:

- Full implementation of the **CCG talent management approach** to drive performance and further shape training and development across the organisation, including on-going offer of 360 degree individual feedback for all staff.

- Design and implement a **development programme for senior leaders** and take forward the learning from the CCP programme
- Support all staff to ensure that they are able to adapt to future organisational changes through future proofed development opportunities and a focus on **leadership for integrated care**.
- Support **on-going individual and team developments** in each CCG directorate to ensure delivery of core functions and key programmes and consider opportunities to share commissioning development opportunities across North Mersey CCGs.
- Work collaboratively with Sefton Council, local NHS providers and VCF organisations to develop **collaborative training and development opportunities** to facilitate integrated commission and provision.
- Develop an agreed OD approach for **development of “Team 100” in each CCG locality**.
- Participate in Cheshire and Merseyside Health and Care Partnership Leadership development opportunities, encouraging **linkages between “programme and place”**
- Ensure clinical lead arrangements are operating effectively to maximise their contribution and **support clinical leaders** to deliver on key programmes of work such a PCNs / Locality development.

## 5.5 Stakeholder and public engagement for transformation

*AIM: Partners work collaboratively for the benefit of local communities and engage them in plans for the future.*

Key developments in this theme include:

- Work with Sefton Council **to refresh the Health and Wellbeing Strategy** and the refresh of the Shaping Sefton strategy, jointly working on public and patient engagement activities.
- Continued **development work with the HWBB and Executive group** to review its effectiveness and focus in its ambition to improve the health and wellbeing of local people.
- Further development of the Integrated Commissioning Group, active participation within the Sefton Leadership Collaborative and other opportunities to **strengthen integrated commissioning**.

- On-going development of the **Sefton Transformation Board**, Provider Alliance, Acute Sustainability Board and Senior Leaders Group to drive transformation.
- Ensure good representation, within capacity constraints, within **Cheshire and Merseyside and North Mersey collaborative** working groups and programmes.
- Active support for the development of the **VCF Advisory Group**, reporting to the Provider Alliance to provide an opportunity for the sector to have strong voice in the development of the transformation programme and ensure that communities are at the heart of our locality development.
- On-going partnership work with Sefton Healthwatch and other members of the **Engagement and Patient Experience group** (EPEG) and the Sefton Consultation and Engagement Standards Panel to collaborative plan effective engagement activities.
- Regular review of **Stakeholder mapping** to ensure coherent approach in the delivery of CCG and wider transformational objectives
- Implementation of revised **CCGs' joint communications and engagement strategy** with particular focus on place and integrated care in localities
- Implementation of Sefton **Transformation Programme communications and engagement** strategy through the development of a clear delivery plan with resourcing requirements.

## 6.0 Next Steps and Recommendations

It is proposed that the Director of Corporate Services prepares a detailed implementation plan to highlight key responsibilities, timescales and resource implications for consideration by the Finance and Resource Committee.

**The Governing Body is asked to approve the Organisational Development priorities outlined in this plan and development of a detailed implementation plan.**

**Tracy Jeffes**  
**Director of Corporate Services.**

## Appendix 1

### Revised CCG Values – developed from whole CCG “Time-Out” in 2017

#### **Honesty, Integrity and Transparency**

- I will do what I say I am going to do and if I can't I will have honest and courteous conversations.
- I will be open and transparent in my relationships with partners, therefore building trust.

#### **Professionalism and Quality**

- I will work hard to do my job to the best of my abilities
- I will listen and communicate effectively with colleagues, partners and local people, aiming to deliver on “You Said, We Did...”
- I will be open to new ideas, learn from best practice, proactively sharing skills, knowledge and information.

#### **Respectful and Courteous**

- I will adopt a “No wrong door” approach: if I don't know the answer I will find out or find someone who can help.
- I will be respectful to all, listening to other's views, valuing their opinions and differing perspectives.

#### **Caring, Compassionate and Polite**

- I will be approachable, caring, compassionate and polite, encourage everyone's voice to be heard.
- I will be motivated, enthusiastic and supportive to others to achieve good outcomes for local people.

#### **Local and Patient Centred.**

- I will have the patient at the centre of what I do and ensure that work is focussed on the needs of Sefton residents.
- I will keep local people informed to help them to make decisions about their health and wellbeing.

#### **Collaboration**

- I will work to establish common goals and a shared approach with partners to achieve success and the best outcomes possible.
- I will contribute and work as part of a wider team to deliver a co-ordinated approach to our organisational objectives.



# High Level OD Diagnostic December 2018



Appendix 2: Diagnostic using McKinsey 7 S model

South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group

## Strategy

“Shaping Sefton” strategy in place and recognised. Financial challenges and focus on QIPP savings plans have limited ability/ capacity to implement more ambitious transformational plans. Fresh opportunities now exist for refreshing Shaping Sefton and furthering integrated care team in localities as a result of place-based work and planning on wider C&M and NM footprints

## Structure

Clear organisational and governance structures in place at all levels including governing body, committees, localities and operationally. Arrangements for system-wide working in place such as HWBB, Integrated commissioning, committees in common, but increased opportunities now through the Sefton Transformation Board and reshaping of commissioning footprints

## Systems

Significant improvement in wide range of systems as CCG has matured including performance reporting, PMO approach, QIPP delivery, corporate delivery and governance. Opportunities exist for further development of integrated commissioning and delivery through place-based and wider C&M / NM footprint.

## Shared Values

Clear expression of CCG values (refreshed in 2017) and an increased sense of collective culture as demonstrated in positive staff survey. Both GBs in Sefton are cohesive and have a common sense of purpose. Provides strong basis for Sefton “place” identity within wider collaborations

## Style

GB /CCP assessment of leadership style as visible, approachable and can-do, cohesive, and “aims to do the right thing on a difficult day.” Opportunities to use this style for effective system leadership

## Staff

Staff survey very positive for three years running with higher than average scores. Highly recommended as a place for work, satisfied with T&D opportunities. Staff are highly engaged but concerned about capacity to deliver roles at high level due to demands and resourcing. Refresh of strategy, programme capacity and system working provide opportunity to review.

## Skills

Many clinical leads and staff perform highly in challenging and busy roles which require them to manage beyond their sphere of influence. Staff will need to be supported through future transitions through further development and effective change management and communications

# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 20<sup>th</sup> September 2018

Chair:  
 Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG is reporting likely case scenario of £2.968m deficit.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is forecast to not deliver either its financial plan or its statutory duty.</li> </ul>	<ul style="list-style-type: none"> <li>All expenditure requires continuous review to ensure that CCG expenditure is utilised in an effective manner and opportunities to reduce expenditure have been taken.</li> </ul>

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

- The Workforce Race Equality Standard (WRES) Report was received. The CCG has demonstrated regard for its statutory duty by receiving the report.
- HR report – It was suggested that performance figures for each team within the CCG be shared to act as an incentive for team and overall improvement in mandatory training.
- CSU service report received.
- F&R risk register unchanged.
- Agreed rebate scheme relating to Januvia (Sitagliptin) in line with CCG’s rebate policy.

# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 25<sup>th</sup> October 2018

Chair:  
 Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG is reporting a likely case deficit of £2.953m.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is not on target to deliver its financial plan or statutory duty to break-even.</li> </ul>	<ul style="list-style-type: none"> <li>All expenditure needs continuous review to ensure that CCG expenditure is utilised in an effective manner and opportunities to reduce expenditure have been taken.</li> <li>The CCG has appointed a recovery director to support this process.</li> </ul>

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

- Meeting was not quorate due to number of apologies (GB, SL, SS, JW, JL).
- The committee received a report updating progress on CHC. The Governing Body is asked to note that external clinical review of cases is being undertaken and scheduled to conclude in November. Check and Challenge session should be undertaken by the Governing Body.
- Update report on RTT / incomplete wait time numbers will be provided in November's Governing Body meeting.
- The Business Continuity Policy, Strategy, Plan; EPRR Policy and Plan - approved subject to final review / minor changes reflecting upgraded technology.\*
- The F&R risk register was reviewed - no significant changes required.\*
- The revised GPIT programme was agreed.\*

- The committee approved the following Pan Mersey APC recommendation: Dupilumab solution for injection (Dupixent®▼) for Atopic Dermatitis.\*

*\* Subject to approval by majority of committee members as meeting was not quorate. Email to be sent out post meeting to committee members who were not present, requesting comments / approval for items approved / decisions made at the meeting. Approvals/ decisions to be ratified at next committee meeting scheduled for 22<sup>nd</sup> November 2018.*

# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 22<sup>nd</sup> November 2018

Chair:  
 Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG is reporting a likely case deficit of £3.798m.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is not on target to deliver its financial plan or statutory duty to break-even.</li> </ul>	<ul style="list-style-type: none"> <li>All expenditure needs continuous review to ensure that CCG expenditure is utilised in an effective manner and opportunities to reduce expenditure have been taken.</li> <li>The CCG has appointed a recovery director to support this process.</li> <li>Recovery plan to GB in December 2018.</li> </ul>

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

- The committee requested a further review (drill down) of CHC issues (January F&R).
- The committee approved the F&R risk register.
- The committee approved proposed changes to GPIT programme investment in 18/19, noting that additional investment had become available.
- The committee raised concerns regarding management and general staffing capacity in light of:
  - balancing delivery of Business as Usual alongside Transformation programme;
  - increased administrative burden from taking over delegated commissioning with no specifically earmarked extra resources.

# Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 20<sup>th</sup> December 2018

Chair:  
 Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> <li>The CCG is reporting a likely case deficit of £4.495m.</li> </ul>	<ul style="list-style-type: none"> <li>The CCG is not on target to deliver its financial plan or statutory duty to break-even.</li> </ul>	<ul style="list-style-type: none"> <li>All expenditure requires continuous review to ensure that CCG spend is effective and that all opportunities to reduce expenditure have been taken.</li> <li>Work will proceed to mobilise potential mitigations to address the likely financial deficit.</li> </ul>

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

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## Key Issues Report to SSCCG Governing Body

Joint Quality Committee Meeting held on 27<sup>th</sup> September 2018  
Southport & Formby CCG and South Sefton CCG

Chair:  
Dr Rob Caudwell

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

#### **Serious Incident Performance Report**

A formal request will be made to NHSE for a response to the CCG SI progress report in terms of assurance on the CCG SI process.

#### **Q1 CQUIN Performance Report**

A process will be established to review and hold to account providers that on non- achievement of CQUINs to gain assurance on Quality Improvement.

## Key Issues Report to SSCCG Governing Body

Joint Quality Committee Meeting held on 25<sup>th</sup> October 2018  
Southport & Formby CCG and South Sefton CCG

Chair:  
Dr Gina Halstead

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

**CQC Themed Review Safeguarding & Looked After Children** – The draft report had been received and the CCGs were in the process of co-ordinating the factual accuracy check before returning to the CQC.

**IG Staff Code of Conduct Policy** – This Policy was approved subject to use of VPNs and review of network security across the CCGs and GP Practice and assurances regarding staff training.

**Serious Incident Management Process & Improvement Programme** – The update report was received for the purposes of assurance. Monthly update reporting to continue.

**Management of Allegations of Abuse Policy** – this Policy was approved.

**Quality Risk Register** – this was reviewed by the Committee. Recommendations for improvement of presentation and fluidity to the Governing Body discussed. Request to be made for Risk Registers to be an agenda item at a future Governing Body Development Session.

**LocSSIP** - The draft LoCSSIP for those undertaking minor surgery or inserting contraceptive devices / implants in General Practice. Input from clinicians is required and then the final LocSSIP will be presented to the relevant committee at a later date for approval.

**EPaCCS** – Information Sharing Agreement currently awaiting LMC approval. To raise with CCG officers attending LMC liaison meeting regarding timeline for agreement

**CCGs Safeguarding Annual Report** – Received by the Committee. Recommended for presentation to Governing Bodies for approval



## Key Issues Report to Governing Body

**Audit Committees in Common: Wednesday 17<sup>th</sup> October 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 committee received an update on GDPR implementation.
- The committee approved the updated Managing Conflicts of Interest and Gifts and Hospitality Policy, noting minor amendments.
- The committee reviewed the Planning, Control and Governance Self Assurance template, updated for Q2.
- The committee received the Losses, Special Payments and Aged Debt report.
- The committee were notified on updates regarding the Scheme of Delegation and approved / ratified the presented updates.
- The committee received the Register of Interests.
- The committee received the Audit Committee Recommendations Tracker.
- The committee noted the Internal Audit report update.
- The committee received a CCG benchmarking report for managing conflicts of interest.
- The committee received the anti-fraud progress report for the work undertaken from 1<sup>st</sup> April 2018 to 30<sup>th</sup> September 2018.

- The committee received an initial report on an assessment of the CCG's compliance with the Bribery Compliance Strategy 2018. Further report to be brought to the next Audit CiC meeting in January 2019.
- The committee noted the External Audit progress report.
- The committee received the Governing Body Assurance Framework (GBAF) / Corporate Risk Register (CRR).
  - Review of strategic objectives in GBAF to be arranged for an upcoming Governing Body Development Session.

# Key Issues Report to Governing Body

South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 18<sup>th</sup> October 2018

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions
Maghull has a number of list closures in place as a result of workforce issues, new housing and new care home developments creating increased patient registration and movement.	Reduced offer of choice to patients if lists closed. Practices under pressure with workload demands as a result of new registrations.	A managed list process has been agreed to monitor patient movement within the locality. NHSE call centre available to allocate patients where necessary.

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

The Crosby pilot over list measures has concluded. Practices will be encouraged to continue to collect registration data which is useful in understanding patient movement should a formal list closure be required.

7 days access service is now live.

# Key Issues Report to Governing Body

South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 20<sup>th</sup> December 2018

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions

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

7 days access service is now live and usage is increasing in the area. Some practices are reporting extra work being generated as the service is unable to send referral via ERS. NHS Digital has agreed to work with Sefton to pilot the use of ERS with the community EMIS clinical system.

As of January 2019 South Sefton Joint Committee and the Southport & Formby Committee will be come together to form a committee in common.

# Finance and Resource Committee Minutes

Thursday 20<sup>th</sup> September 2018

1.00pm to 3.00pm

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

<b>Attendees (Membership)</b>		
Graham Bayliss	Lay Member, SS CCG (Chair)	GB
Debbie Fagan	Chief Nurse, SS CCG	DF
Jan Leonard	Director of Commissioning and Redesign, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
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
<b>Ex-officio Member*</b>		
Fiona Taylor	Chief Officer, SS CCG	FLT
<b>In attendance</b>		
Dr Peter Chamberlain	GP on Secondment to Mersey Care	PC
Tracey Jeffes	Director of Corporate Services, SS CCG	TJ
Andrew Woods	Senior Governance Manager (Merseyside CCG's Equality and Inclusion Service)	AW
<b>Apologies</b>		
Graham Morris	Lay Member, SS CCG	GM
Dr John Wray	GP Governing Body Member, SS CCG	JW
<b>Minutes</b>		
Lesley Stokoe	Senior Administrator, SS CCG	LS

## Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Jan 19
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	A			
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	A	✓	A			
Lin Bennett	Practice Manager & Governing Body Member	A										
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓			
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓	A	A	✓			
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	A	✓	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
<b>General Business</b>		
FR18/118	<p><b>Apologies for absence</b></p> <p>Apologies were received from Graham Morris and Dr John Wray. Graham Bayliss chaired the meeting in Graham Morris's absence.</p>	
FR18/119	<p><b>Declarations of interest regarding agenda items</b></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 &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Declaration of Interest was received from Dr Peter Chamberlain who is on secondment from Mersey Care.</li> </ul> <p>The Chair indicated that the committee members affected would remain in the meeting but withdraw from discussions as appropriate.</p>	
FR18/120	<p><b>Minutes of the previous meetings and key issues</b></p> <p>The Chair advised that the minutes of the previous meeting held on <b>19<sup>th</sup> July 2018</b> 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> <p>The minutes of the previous meeting held on <b>23rd August 2018</b> 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>	
FR18/121	<p><b>Action points from the previous meeting</b></p> <p><b><u>Actions from meeting on 19th July 2018</u></b></p> <p><b>FR17/144 - Access to Outpatient Appointments at Aintree University Hospital</b></p> <p>JL reported Aintree University Hospital has now gone paperless and we continue to monitor slot availability. Action closed.</p> <p><b>FR18/101 - Action points from the previous meeting (FR18/35 - IM&amp;T Draft Terms of Reference)</b></p>	

No	Item	Action
	<p>FLT was asked to enquire about interest in joining the IM&amp;T steering group at the Wider Group meeting. Action closed.</p> <p><b>FR18/102 - IG &amp; Data Security and Protection Policies 2018 v2.1</b> Action still open.</p> <p><b>FR18/104 - Finance Report - Month 3</b> The colour discrepancy on the graph entitled <i>South Sefton CCG Forecast Outturn at Month 3</i> was corrected prior to submission of the finance report to the Governing Body. Action closed.</p> <p><b>FR18/106 - Finance &amp; Resource Committee Risk Register</b> The F&amp;R risk register was updated with changes agreed at the meeting on 19<sup>th</sup> July 2018. Action closed.</p> <p><b><u>Actions from meeting on 23rd August 2018</u></b></p> <p><b>FR18/116 - Finance Report - Month 4</b> DF updated on 1-1 high cost packages. The CSU is reviewing 1-1 physical and mental needs and all will be completed by December 2018. Weekly meetings are taking place. IC Nurses are reviewing patients undertaking 1-1s treatment for assurance that it is being delivered. Action closed.</p> <p><b>FR18/116 - Finance Report - Month 4</b> JL confirmed that it is a statutory duty of the CCG to provide continence pads. Lancashire Care colleagues are currently in the process of procurement. Action closed.</p> <p><b>FR18/116 - Finance Report - Month 4</b> JL reported the CCGs are working together to re-specify the audiology contract with Specsavers. The CSU have shared details from Lancashire who have done a similar exercise, which includes reducing the cost as well as streamlining activity. Action closed.</p>	
<b>HR</b>		
<b>FR18/122</b>	<p><b>Annual Workforce Equality and Diversity Update including Workforce Race Equality Standard</b></p> <p>AW was in attendance to present the latest update against the actions on the CCG's Workforce Equality and Diversity Plan (Appendix A), the annual Workforce Race Equality Standard (WRES) Report (Appendix B). By receiving and considering the reports the CCG will have demonstrated 'due regard' to their duties under the Equality Act 2010 and the Health and Social Care Act 2012.</p> <p>Summary; Work is ongoing to ensure HR &amp; Workforce practices are compliant The Workforce Equality and Diversity Plan (WRES) supports the CCG to meet its Equality Objectives. AW advised of progress and that there is a meeting with CSU colleagues in November 2018 to review work against the Plan.</p>	

No	Item	Action
	<b><i>The committee received this report.</i></b>	
FR18/123	<p><b>HR Performance Dashboard</b></p> <p>TR provided an update relating to the most recent HR dashboard which now includes the Governing Body, plus the shared services staff working across both Sefton CCGs. The Leadership Team review levels of sickness absence regularly.</p> <p>Discussion took place regarding the levels of sickness absence and the types of sickness absence being experienced. FLT commented on stress related sickness absence and queried actions being taken. TJ referred to the “Perform at your Peak” initiative recently attended by a number of CCG staff which has received very positive feedback.</p> <p>TJ commented on mandatory and statutory training completion rates. Line managers are asked to ensure that staff complete all required training. TJ commented that changes to pay arrangements mean that completion of training is linked to pay uplifts in the future. It was suggested that performance figures for each team within the CCG be shared to act as an incentive for team and overall improvement in mandatory training.</p> <p><b><i>The committee received this report.</i></b></p>	
<b>Service Contracts / Contract Planning</b>		
FR18/124	<p><b>Midlands and Lancashire CSU: Summary Service Report</b></p> <p>TJ gave a brief update on the key services delivered by the Midlands and Lancashire Commissioning Support Unit (MLCSU) in the period from 1<sup>st</sup> April to 31<sup>st</sup> August 2018.</p> <p>Annex B to the report shows the aggregated customer satisfaction scores (from the feedback of all six Merseyside CCGs) for each of the core services commissioned from the CSU for July 2018. This is produced on a monthly basis by the CSU and discussed at the Collaborative Contract Management Forum between all Merseyside CCGs and the CSU. It was highlighted that Customer Satisfaction was rated green.</p> <p>FLT commented that the Human Resources (HR) service provision has been excellent providing expertise and support around recent HR issues.</p> <p><b><i>The committee received this report.</i></b></p>	
FR18/125	<p><b>Contract Planning 2019/20</b></p> <p>MMcD gave a brief summary of this presentation which was originally presented by Nadine Smith (NS), Senior Contracts Manager to SMT on 14<sup>th</sup> August 2018. The presentation outlines the processes for South Sefton CCG planning for the 2019/20 contracting round and the issues which need to be taken into consideration.</p> <p>Discussion followed regarding this process including timescales, commissioning</p>	



No	Item	Action
	<p>intentions and the potential for counting and coding changes. The CCG wishes to work with provider colleagues around high cost drugs expenditure in 2019/20.</p> <p>MMcD led a discussion around contracting processes in the context of the CCG financial position, including whether the CCG will remain within the Acting as One arrangements going forward. MMcD stressed that the need to secure long term financial stability will be intrinsic to any future Acting as One arrangements. Work with the Provider Alliance will be important to ensure CCG key priority areas are progressed.</p> <p>MMcD and PC agreed to continue work to develop a process which measures effectiveness of treatments.</p> <p><b><i>The committee received this presentation.</i></b></p>	MMcD / PC
<i>Finance</i>		
FR18/126	<p><b>Finance Report - Month 5</b></p> <p>AOR reported on the financial position to 31st August 2018. The year to date position is a deficit of £600k which is in line with the financial plan for 2018/19. As at month 5 the full year most likely forecast position is a deficit of £2.968m. The agreed financial plan requires the CCG to deliver a surplus of £1m.</p> <p>AOR referred the group to committee page 54 of the meeting pack. The CCG has posted a balanced run rate for month 5 following losses in earlier months. In summary, Q1 reported a deficit position, the plan for Q2 is to breakeven, with a planned return to a surplus position in Q3 &amp; Q4 through delivery of the QIPP plan.</p> <p>AOR discussed cost pressures relating to over performance in respect of increased volume and cost of CHC packages and in relation to secondary care costs at St Helens and Knowsley NHS Trust within trauma and Orthopaedics and plastics specialities. AOR also referred to pressures experienced in relation to high cost drugs at Aintree University Hospitals and at Alder Hey Children's NHS Foundation Trust. . .</p> <p>QIPP delivery at month 5 is £1.482m which relates to a prior year non recurrent benefit arising from a technical adjustment, planned application of reserves and prescribing savings. The QIPP target for 2018-19 is £5.329m.</p> <p>MMcD updated on provider expenditure and detailed discussion took place regarding reliance on delivery of the QIPP plan to achieve the planned position and the implications of the Acting as One arrangement on the opportunity to deliver against the QIPP plan and identified Right care opportunities.</p> <p>Discussion took place regarding CHC costs. DF gave an update on high cost packages of care costs. The CSU is reviewing one to one physical and mental health packages for assurance. Weekly meetings are held between the CCG and CSU and this work is expected to be completed by December 2018. DF and BP to progress this work with Paul Whittle at the CSU.</p> <p>Continence costs were highlighted. DF and AW will work together on a piece of work on nursing homes and the inclusion of continence products in package</p>	<p>DF/BP</p> <p>DF/AW</p>

No	Item	Action
	<p>costs.</p> <p>MMcD referred the group to Appendix 5 and provided the background to NCSO Cost Pressure table.</p> <p><b><i>The committee received the finance report and noted the summary points as detailed in the report.</i></b></p>	
FR18/127	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>MMcD presented the risk register advising on the rationale behind risk assessment and scoring in particular. The CCG's financial position continues to represent a major risk to the organisation.</p> <p>Discussion took place regarding risks affecting operational services, for example CAMHS in the context of future investment and the financial position. MMcD referred to risks affecting services as the basis for future prioritisation of areas for investment. FLT advised that she had now met with the new Director of Children's Services at Sefton Council, regarding CAMHS services.</p> <p><b><i>The committee agreed the F&amp;R risk register remains unchanged.</i></b></p>	
FR18/128	<p><b>Benchmarking and VFM</b></p> <p>AOR gave a verbal update. She advised that NHS England have arranged a CCG Finance Deputies forum which will begin meeting in October 2018. The Group plan to focus work on CHC as part of their work plan. AOR will discuss CHC benchmarking and best practice across the health economy at this forum and report back to the Committee.</p>	AOR
FR18/129	<p><b>Individual Funding Request Service Q1 2018/19</b></p> <p>JL referred to the report and provided a brief synopsis. The report summarises applications received in the last quarter, no significant concerns were highlighted and approval rates are similar to the previous year.</p> <p><b><i>The committee received this report.</i></b></p>	
<i>IT</i>		
FR18/130	<p><b>GPIT BAU and CCG Corporate Capital Requests 2018/19 – Confirmation Email from NHSE</b></p> <p>MMcD discussed the CCG bids for GTIP with the group. One scheme has been deferred until next year. MMcD will bring a report back to the committee.</p> <p><b><i>The committee received this report.</i></b></p>	
<i>Estates</i>		

No	Item	Action
FR18/131	<p><b>Improvement Grant Application – Moore Street Surgery</b></p> <p>The practice asked for formal CCG ratification for a Premises Improvement Grant application to NHS England. MMcD advised that he had approved the application as the CCG's Chief Finance Officer, in line with scheme of delegation.</p> <p><i>The committee ratified this decision.</i></p>	
<i>Performance</i>		
FR18/132	<p><b>Quality Premium Report</b></p> <p>JL provided an update regarding delivery of quality premium targets. It was noted that no benefit will accrue from delivery due to the CCG financial position. The Group noted that this information is presented to Governing Body via the integrated performance report.</p> <p><i>The committee received this report.</i></p>	
<i>Prescribing</i>		
FR18/133	<p><b>Prescribing Spend Report – Month 3 2018/19</b></p> <p>SL presented the prescribing report for Month 3 (June 2018).</p> <p>It was noted that at Month 3, the forecast shows SSCCG is underspent by £2.7m or -9.3%.</p> <p><i>The committee received this report.</i></p>	
FR18/134	<p><b>Quarter 1 Prescribing Performance Report 2018/19</b></p> <p>SL provided an update on prescribing performance for the first quarter of 2018/19 for South Sefton CCG practices. She informed the committee that going forward, quarterly information will be included in the appropriate monthly prescribing paper rather than issued separately.</p> <p><i>The committee received this update.</i></p>	
FR18/135	<p><b>Prescribing Rebate Scheme – Januvia (Sitagliptin) – Merck Sharp &amp; Dohme Ltd</b></p> <p>SL recommended that the CCG sign up to a Prescribing Rebate Scheme on the APC Pan Mersey Formulary. MMcD had approved this recommendation.</p> <p><i>The committee approved the recommendation that the CCG sign up to the Prescribing Rebate Scheme, in line with its previously agreed policy.</i></p>	
<b>Minutes of Steering Groups to be formally received</b>		
FR18/136	<ul style="list-style-type: none"> <li>• Sefton Property Estates Partnership (SPEP) Steering Group – June 2018</li> <li>• Information Management &amp; Technology (IM&amp;T) Steering Group – August 2018</li> </ul>	

No	Item	Action
	<b><i>The committee received the minutes of the SPEP Steering Group meeting in June 2018 and the IM &amp; T Steering Group meeting in August 2018.</i></b>	
<b>Closing business</b>		
FR18/137	<p><b>Any Other Business</b></p> <p>MMcD informed the committee that NHS England are focussing attention on the delivery of RTT targets at a regional and national level. MMcD informed the Committee that a request for additional funding has been received from Aintree University Hospitals NHS Trust. Discussion took place regarding actions progressing at the Trust and the possible impact of ERS. MMcD recommended that no further funding be provided at this time given that additional funding has been provided under the Acting as One arrangement in 2018/19. It was noted that the Acting as One contract requires providers to deliver against national targets.</p> <p>The CCG will continue to work with the Trust around achievement of RTT targets. JL agreed to progress further work regarding performance in 2017/18 and in the current year to review potential solutions with the Trust.</p>	JL
FR18/138	<p><b>Key Issues Review</b></p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p><b>Date of next meeting</b></p> <p>Thursday 25<sup>th</sup> October 2018</p> <p>1.00pm to 3.00pm</p> <p>3<sup>rd</sup> Floor Board Room, Merton House</p>	

# Finance and Resource Committee Minutes

Thursday 25th October 2018, 1.00pm to 3.00pm

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

<b>Attendees (Membership)</b>		
Graham Morris	Lay Member, SS CCG (Chair)	GM
Debbie Fagan	Chief Nurse, SS CCG	DF
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
<b>In attendance</b>		
Janet Faye	Lead Pharmacist, SS CCG	JF
<b>Apologies</b>		
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
<b>Minutes</b>		
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	Aug 18	Sept 18	Oct 18	Nov 18	Jan 19
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	A	✓		
Graham Bayliss	Lay Member	✓	A	✓	A	A	✓	✓	✓	A		
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	✓	A	✓	✓	✓	A		
John Wray	GP Governing Body Member	A	A	A	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	✓	✓	A	A	✓	✓		
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	A	✓	A	A	✓	✓		
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	A	✓	✓	✓	A		
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	A	A	✓	✓	✓	A		
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	✓	*	*	✓	*		

No	Item	Action
<b>General Business</b>		
FR18/139	<p><b>Apologies for absence</b></p> <p>Apologies for absence were received from Graham Bayliss, Jan Leonard, Susanne Lynch, Dr Sunil Sapre and Dr John Wray.</p> <p>Apologies for absence received up to the day of the meeting had resulted in attendance being under 50% and the meeting being inquorate. The Chair had sought advice from Debbie Fairclough (the CCG's lead for governance) regarding this issue prior to the meeting. The committee noted that items for approval at this meeting are subject to approval by the majority of committee members. An email will be issued post meeting to all members not present, requesting comments / approval for items that are approved / require a decision at this meeting. All decisions made at this meeting are to be ratified at the next meeting scheduled for 22<sup>nd</sup> November 2018; the Chair is to raise this at the meeting in November.</p> <p>MMcD notified the committee that Dr Pete Chamberlain, GP and Governing Body member, has joined the F&amp;R Committee on a temporary basis. TK to add Dr Chamberlain to the committee distribution list and meeting invitations.</p> <p>It was noted that Janet Faye was in attendance on behalf of Susanne Lynch and would present the prescribing related items on the agenda.</p>	TK GM TK
FR18/140	<p><b>Declarations of interest regarding agenda items</b></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 &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• <i>FR18/148: Update on GPIT and ETTF Funding for 2018/19</i> It was noted that the GP members of the committee have an indirect pecuniary conflict of interest with this item, as their practices could potentially benefit from GPIT and ETTF bids. The GP members were not present at this meeting and it was noted that they would not be asked for comments / decision making regarding this item post meeting.</li> <li>• 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.</li> </ul>	
FR18/141	<p><b>Minutes of the previous meeting and key issues</b></p> <p>The minutes of the previous meeting held on 20<sup>th</sup> September 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. Approval is subject to agreement by the majority of committee members.</p>	

No	Item	Action
FR18/142	<p><b>Action points from the previous meeting</b></p> <p><b>FR18/102 - IG &amp; Data Security and Protection Policies 2018 v2.1</b> MMcD and DF confirmed the IG Staff Code of Conduct was approved at the Joint Quality Committee meeting which took place this morning. It was noted that in line with the CCG's governance arrangements, the responsibility for approval of IG policies lies with the Joint Quality Committee. Members agreed to close this action.</p> <p><b>FR18/125 - Contract Planning 2019/20</b> MMcD is yet to meet with Pete Chamberlain to develop a process which measures effectiveness of treatments. Action still open.</p> <p><b>FR18/126 - Finance Report - Month 5</b> DF confirmed work is being progressed with the CSU regarding the review of one to one physical and mental health packages for assurance. Regular meetings are taking place between the CCG and CSU. Action closed.</p> <p><b>FR18/126 - Finance Report - Month 5</b> In reference to the action to do a piece of work on nursing homes and the inclusion of continence products in package costs – DF reported that Andy Woods (Senior Governance Manager - Merseyside CCGs Equality &amp; Inclusion Service) has sent a brief regarding continence and human rights. In light of the legal issues highlighted in the brief, it was agreed that this action should not be progressed. Action closed.</p> <p><b>FR18/128 - Benchmarking and VFM</b> AOR confirmed she has raised the issue of CHC data with finance colleagues across the Cheshire and Merseyside health economy and will discuss further under item <i>FR18/145: Continuing Health Care – Update Report</i>. Action closed.</p> <p><b>FR18/137 - Any Other Business</b> MMcD provided an update on RTT and noted a group is being formed to review the CCG's performance. Action closed. An update report on RTT and incomplete wait times will be presented to the Governing Body in November 2018.</p>	MMcD
<i>Policies / frameworks for approval</i>		
FR18/143	<p><b>Business Continuity Policy, Strategy, Plan; EPRR Policy and Plan</b></p> <p>MMcD presented the following documents for approval:</p> <ul style="list-style-type: none"> <li>Business Continuity Policy</li> <li>Business Continuity Strategy</li> <li>Business Continuity Plan</li> <li>EPRR Policy</li> <li>EPRR Plan</li> </ul> <p>The EPRR Plan and Policy is intended to replace the previous Incident Response Plan (IRP). Much of the aspects of the IRP have been retained.</p>	

No	Item	Action
	<p>MMcD reported the EPRR Plan now contains sections relating to response and recovery. It also includes action cards for pandemic flu, cold weather, heat wave and infectious disease in line with the requirements of the EPRR core standards.</p> <p>It was noted that there have been no major changes to the Business Continuity Plan and that the changes from the BIA review process have been included.</p> <p>MMcD reported that the Leadership Team took part in a desktop exercise on cyber security in September 2018.</p> <p>Members discussed the documents. MMcD commented that the Business Continuity Plan does not capture the resilience currently in place with fast access laptops. It also notes an increase in VPN access contributing to resilience, which is incorrect, as it is the purchase of fast access laptops that has increased resilience. It was agreed for MMcD to raise these issues with Niall Pemberton (Resilience Support Officer at Midlands and Lancashire CSU) to ensure clarity and accuracy in the document regarding the resilience that is currently in place.</p> <p><b><i>The committee approved all documents subject to MMcD being satisfied that the issue of resilience and upgraded technology through fast access laptops has been correctly captured in the Business Continuity Plan. This is also subject to approval by the majority of committee members.</i></b></p>	
<i>Finance</i>		
FR18/144	<p><b>Finance Report - Month 6</b></p> <p>AOR provided an overview of the year-to-date financial position for NHS Sefton CCG as at 30<sup>th</sup> September 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The year to date financial position is a deficit of £0.600m, which is in line with the planned position for the year.</li> <li>• As at 30 September 2018, the CCG's likely year-end financial position is a deficit of £2.953m.</li> <li>• The main financial pressures relate to CHC packages, which have increased in volume against plan, and cost pressures within St Helens and Knowsley NHS Trust relating to over performance in elective activity (notably plastics and trauma and orthopaedics).</li> <li>• All BPPC targets have been achieved year to date.</li> <li>• QIPP delivery at month 6 is £1.982m; the QIPP target for 2018-19 is £5.329m.</li> </ul> <p>In reference to outstanding debt over 6 months old, AOR referred to the CQUIN payment recovery (£0.182m) with Southport &amp; Ormskirk NHS Trust relating to the expert determination. She noted that the Trust have confirmed this will be settled in November 2018.</p> <p>MMcD referred to NCSO drug cost pressures. At present, funding from NHS England for NCSO drugs continues to be expected. If funding is not received, however, cost pressures will be incurred.</p> <p>MMcD reported the CCG will be reviewing an 18-month financial plan, considering the remainder of the current financial year and implications for the next financial</p>	



No	Item	Action
	<p>year. He noted the immediate challenge for the CCG is to deliver a surplus in month 7. An extensive discussion following, taking into account the CCG's best, most likely and worst case scenarios as well as QIPP savings. MMcD notified the committee that the CCG has appointed a recovery director to support the continuing review of CCG expenditure to ensure it is utilised in an effective manner.</p> <p><b><i>The committee received the finance report and noted the summary points as detailed in the recommendation section of the report.</i></b></p>	
FR18/145	<p><b>Continuing Health Care – Update Report</b></p> <p>DF and AOR presented a report on work that is being progressed in relation to CHC.</p> <p>DF provided an update on retrospective reviews, as detailed in the report. She noted the CCG approved the commissioning of CHS Healthcare Limited to undertake the retrospective reviews for unassessed periods of care. This is separate to previously unassessed periods of care up to 31st March 2013, which are being dealt with separately. CHS Healthcare are now in receipt of the first thirty retrospective cases. It was noted that the Deputy Chief Nurse will be receiving activity updates against the cases under review on a monthly basis.</p> <p>DF provided an update on high cost cases, as detailed in the report. She noted a CHC Deep Dive session took place at the CCG's Senior Management Team meeting on 23<sup>rd</sup> October 2018.</p> <p>AOR provided an update on the Adam DPS system. She reported that regular multi-disciplinary meetings continue to take place with ADAM. AOR also referred to a recent meeting with finance representatives across the Cheshire and Merseyside health economy on CHC processes and issues. She noted a variety of systems are being used for CHC and it appears that similar issues are experienced across the patch.</p> <p>AOR referred to discussions with DF and the Deputy Chief Nurse regarding continuation of the DPS. In the absence of a better alternative solution, it was agreed that resources would be used more productively to review existing cases and strategic planning for CHC rather than sourcing an alternative solution. This decision will be left under periodic review.</p> <p>A discussion took place regarding the extent of data cleansing currently required. The committee were advised that Adam have confirmed they expect the DPS and SPINE to be linked with effect from November 2018. This will increase the reliability around patient changes, including when patients packages change or cease.</p> <p>MMcD noted that further work is required to ascertain the impact on year-end predictions regarding high cost cases. He recommended that a check and challenge session be undertaken at a future Governing Body Development Session, which members agreed with.</p> <p>MMcD confirmed the month 7 finance report will have a one page update on high cost cases, to be presented to the next F&amp;R Committee meeting in November</p>	<p>MMcD</p> <p>AOR</p>

No	Item	Action
	2018.  <i>The committee received the CHC update report.</i>	
FR18/146	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>The committee reviewed the F&amp;R risk register and noted that the risk owner for FR008 (regarding the Sefton Transformation Programme) needs to be changed to Fiona Taylor, Senior Responsible Officer for the Sefton Transformation Programme.</p> <p><i>The committee approved the risk register subject to the amendment detailed above. This is subject to approval by the majority of committee members.</i></p>	MMcD / TK
FR18/147	<p><b>Finance Strategy Update</b></p> <p>MMcD provided an update on the CCG's finance strategy and noted that a revised strategy is linked into the planning timetable. More detail on the 2019/20 plans will be provided at the Governing Body Development Session in December 2018. A full options appraisal will also be carried out at this meeting.</p> <p>A discussion followed regarding the finance strategy and the future of Acting as One.</p> <p><i>The committee received this verbal update.</i></p>	
<i>IT</i>		
FR18/148	<p><b>ETTF and GPIT bids update</b></p> <p>MMcD presented a revised programme for GPIT and ETTF funding. It was noted that not all of the CCG additional bids for GPIT and ETTF funding have been approved by NHSE. Informatics Merseyside have subsequently reviewed all of the bids and proposed a plan to ensure the available funding is maximised to further improve IT systems and infrastructure. The proposed plan has been detailed in the report received by the committee. The committee reviewed the plan and provided approval to progress with this.</p> <p><i>The committee approved the proposed plan regarding GPIT and ETTF funding to ensure that the available funding is maximised to further improve IT systems and infrastructure. This is subject to approval by the majority of committee members, excluding GP members due to a conflict of interest as detailed under item FR18/140.</i></p>	
<i>Estates</i>		
FR18/149	<p><b>Estates Update</b></p> <p>GM reported the CCG has received a parliamentary question regarding Maghull estates, which the CCG has responded to.</p> <p>Members were informed that GM and MMcD have a meeting with a third party developer regarding Crosby / Waterloo estates, scheduled for 12<sup>th</sup> November 2018. GM confirmed he would update the committee on this meeting at the next</p>	GM

No	Item	Action
	committee meeting scheduled for 22 <sup>nd</sup> November 2018.  <b><i>The committee received this verbal update.</i></b>	
<b>Prescribing</b>		
FR18/150	<p><b>Prescribing Spend Report – Month 4 2018/19</b></p> <p>JF presented the prescribing report for Month 4 (July 2018). It was noted that at month 4, the CCG is forecast to be underspent by £2.7m or -9.3%. The South Sefton CCG 2018/19 prescribing budget is £28,641,620.</p> <p>The committee noted and discussed the fluctuating prices of Category M drugs and the impact on prescribing forecast figures.</p> <p>MMcD referred to the potential drug switch from Lucentis to Avastin for age related macular degeneration. He noted the switch could lead to significant cost savings for the CCG. He advised the switch would need to be approved by Pan Mersey. The CCG will be liaising with hospitals and iSight to gauge interest. Further updates will be brought to the committee in due course.</p> <p><b><i>The committee received this report.</i></b></p>	
FR18/151	<p><b>Pan Mersey APC Recommendations</b></p> <p>JF asked the committee to consider approving the following Pan Mersey APC recommendation:</p> <ul style="list-style-type: none"> <li>Dupilumab solution for injection (Dupixent®▼) for Atopic Dermatitis</li> </ul> <p>The committee discussed the recommendation and approved it. GM asked JF to check that the costs detailed in section 4 of the report apply to the correct CCG. JF confirmed she would action this and inform TK.</p> <p><b><i>The committee approved the Pan Mersey APC recommendation for the commissioning of Dupilumab solution for injection (Dupixent®▼) for Atopic Dermatitis. This is subject to approval by the majority of committee members.</i></b></p>	MMcD (JF)
<b>Minutes of Steering Groups to be formally received</b>		
FR18/152	<p><b>Sefton Property Estates Partnership (SPEP) Steering Group – August 2018</b></p> <p>The committee received the minutes of the SPEP Steering Group meeting, which took place on 20<sup>th</sup> August 2018.</p>	
<b>Closing business</b>		
FR18/153	<p><b>Any Other Business</b></p> <p>GM asked for an update on the issue with GP pensions. AOR provided an update noting that a letter will be sent out to GPs. This letter is currently going through the approval process.</p>	
FR18/154	<p><b>Key Issues Review</b></p> <p>MMcD highlighted the key issues from the meeting and these will be presented as</p>	

No	Item	Action
	a Key Issues Report to Governing Body.	
	<b>Date of next meeting</b> Thursday 22 <sup>nd</sup> November 2018 1.00pm to 3.00pm 3 <sup>rd</sup> Floor Board Room, Merton House	

Approved

# Finance and Resource Committee Minutes

Thursday 22<sup>nd</sup> November 2018, 1.00pm to 3.00pm

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

<b>Attendees (Membership)</b>		
Graham Morris	Lay Member, SS CCG (Chair)	GM
Graham Bayliss	Lay Member, SS CCG	GB
Dr Pete Chamberlain (FR18/158 onwards)	GP Governing Body Member, SS CCG	PC
Debbie Fagan	Chief Nurse, SS CCG	DF
Jan Leonard	Director of Commissioning and Redesign, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray	GP Governing Body Member, SS CCG	JW
<b>Apologies</b>		
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
<b>Minutes</b>		
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	Aug 18	Sept 18	Oct 18	Nov 18	Jan 19
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	
Graham Bayliss	Lay Member	✓	A	✓	A	A	✓	✓	✓	A	✓	
Dr Pete Chamberlain	GP Governing Body Member, SS CCG											✓
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	✓	A	✓	✓	✓	A	✓	
John Wray	GP Governing Body Member	A	A	A	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	✓	✓	A	A	✓	✓	A	
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	A	✓	A	A	✓	✓	✓	
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	A	✓	✓	✓	A	✓	
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	A	A	✓	✓	✓	A	✓	
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	✓	*	*	✓	*	*	

No	Item	Action
<b>General Business</b>		
FR18/155	<p><b>Apologies for absence</b></p> <p>Apologies for absence were received from Alison Ormrod.</p>	
FR18/156	<p><b>Declarations of interest regarding agenda items</b></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 &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>• <i>FR18/161: Primary Care Delegated Commissioning – 2019/20 budgets</i> It was noted that for this item, members would be receiving a report that details the budgetary allocations that will become the responsibility of the CCG from 1st April 2019 should the application to become fully delegated for commissioning GP services be approved. JW and SS, as GPs in South Sefton, declared they have a financial conflict of interest in relation to this item. It was noted that PC, who was due to attend this meeting but had not yet arrived, would also have a financial conflict of interest in relation to this item, as a GP in South Sefton. The Chair reviewed the declarations of interest and decided that as the item is to be received and not for approval, JW, SS and PC could be present and participate in discussion.</li> <li>• JW declared he is the deputy medical director of North West Ambulance Service NHS Trust. The Chair reviewed the declaration and decided that this did not constitute any material conflict of interest with items on the agenda.</li> <li>• Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</li> </ul>	
FR18/157	<p><b>Minutes of the previous meeting and key issues</b></p> <p>The minutes of the previous meeting held on 25<sup>th</sup> October 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> <p>As the meeting on 25<sup>th</sup> October 2018 was not quorate, the decisions made regarding the following items at that meeting were ratified:</p> <p><i>FR18/141: Minutes of the previous meeting and key issues</i>  <i>FR18/143: Business Continuity Policy, Strategy, Plan; EPRR Policy and Plan</i>  <i>FR18/146: Finance &amp; Resource Committee Risk Register</i>  <i>FR18/151: Pan Mersey APC Recommendations</i></p> <p>The decision made for item <i>FR18/148: ETTF and GPIT bids update</i> was also ratified, excluding the GP members due to a conflict of interest, as detailed in the</p>	

No	Item	Action
	minutes of the previous meeting held on 25 <sup>th</sup> October 2018.	
FR18/158	<p><b>Action points from the previous meeting</b></p> <p><b>FR18/125 Contract Planning 2019/20</b> MMcD and Pete Chamberlain are yet to meet to continue work to develop a process which measures effectiveness of treatments. Action still open.</p> <p><b>FR18/139 Apologies for absence</b> As the F&amp;R meeting on 25<sup>th</sup> October was not quorate due to attendance being under 50%, an email was issued post meeting to all members not present, requesting comments / approval for items that were approved / required a decision at that meeting. Responses were received from the majority, confirming approval. All approvals / decisions made at that meeting were ratified under item FR18/157. Actions closed.</p> <p><b>FR18/139 Apologies for absence</b> Dr Pete Chamberlain has been added to the F&amp;R Committee distribution list and meeting invitations. Action closed.</p> <p><b>FR18/142 Action points from the previous meeting</b> An update report on RTT and incomplete wait times is yet to be presented to the Governing Body. Action still open. MMcD noted that the CCG was reviewing options to close the gap and deliver the March 2019 target but at this stage, further assurance was required.</p> <p><b>FR18/145 Continuing Health Care – Update Report</b> The CCG’s Corporate Business Manager has been contacted to request that a CHC check and challenge session be added to the agenda of an upcoming Governing Body development session. Action closed.</p> <p><i>Pete Chamberlain joined the meeting.</i></p> <p><b>FR18/145 Continuing Health Care – Update Report</b> MMcD confirmed an update on high cost cases will be included in a CHC report which will be presented at the F&amp;R Committee meeting in January 2019. The committee requested a review (drill down) of CHC issues in this report. This action is to supersede the current action on the tracker.</p> <p><b>FR18/146 Finance &amp; Resource Committee Risk Register</b> The risk owner for FR008 (regarding the Sefton Transformation Programme) has been changed to Fiona Taylor, Senior Responsible Officer for the Sefton Transformation Programme. Action closed.</p> <p><b>FR18/149 Estates Update</b> GM and MMcD provided members with an update on the meeting they had with a third party developer regarding Crosby / Waterloo estates on 12<sup>th</sup> November 2018. It was confirmed at this meeting that the CCG would be supportive of a proposal if it was cost neutral. Action closed.</p> <p><b>FR18/151 Pan Mersey APC Recommendations</b> Re. Pan Mersey APC recommendation for the commissioning of Dupilumab</p>	MMcD / DF

No	Item	Action
	solution for injection (Dupixent®▼) for Atopic Dermatitis – SL confirmed the costs detailed in section 4 of the report presented to the F&R Committee on 25 <sup>th</sup> October 2018 applied correctly to South Sefton CCG. Action closed.	
<i>Finance</i>		
<b>FR18/159</b>	<p><b>Finance Report - Month 7</b></p> <p>MMcD provided an overview of the year-to-date financial position for NHS Sefton CCG as at 31<sup>st</sup> October 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The year to date financial position is a deficit of £1.000m, which represents deterioration against the planned deficit of £0.400m. The CCG is in discussions with NHSE regarding the financial position.</li> <li>• As at 31<sup>st</sup> October 2018, the CCG's likely year-end financial position is a deficit of £3.798m.</li> <li>• The main financial pressures relate to CHC packages, which have increased in volume against plan, and overspend within prescribing due to No Cheaper Stock Obtainable (NCSO) cost pressures. The CCG has experienced further increase in NCSO expenditure and the proposed small reduction in Category M drugs costs in the latter part of the year would not be enough to offset against the cost pressure.</li> <li>• QIPP delivery at month 7 is £2.050m; the QIPP target for 2018-19 is £5.329m. It was noted that due to fixed financial contract values, the Acting as One agreement has restricted the ability to achieve QIPP savings in the two year contract period (2017/18 and 2018/19).</li> <li>• The year to date performance for the Acting as One providers shows an overperformance spend against plan; this would represent an overspend of £0.524m under usual contract arrangements. It was noted that both Aintree University Hospital and Royal Liverpool and Broadgreen University Hospitals have not agreed control totals for 2018-19 and therefore would be subject to potential contract sanctions which would be reclaimable if a PbR related contract had been in place.</li> <li>• MMcD has received an initial progress report from Cameron Ward, the recovery consultant recently appointed by the CCG. A part of this report will be taken to the Governing Body Development Session in December 2018.</li> </ul> <p>The committee had an extensive discussion about the finance report and the CCG's financial position. The following comments were made:</p> <ul style="list-style-type: none"> <li>• GM commented it would be helpful for the report to show how the financial position is changing month by month throughout the year. MMcD to action.</li> <li>• JW noted that additional funding would be provided to the NHS following announcement of £20.5 billion extra over the next five years. MMcD confirmed that the implications for the CCG would be discussed in the next Governing Body Development Session in December 2018.</li> <li>• PC commented there was a need to make the CCG's financial position more explicit and relatable for the CCG's Wider Group. He commented it needs to be made clearer as to what the financial figures mean for the membership.</li> <li>• PC commented it would be helpful to do an exercise to see where other CCGs are in relation to breakeven position.</li> </ul> <p><b><i>The committee received the finance report and noted the summary points as detailed in the recommendation section of the report.</i></b></p>	MMcD



No	Item	Action
FR18/160	<p><b>Finance &amp; Resource Committee Risk Register</b></p> <p>MMcD presented the F&amp;R risk register and noted this had been reviewed earlier in the week by the Senior Finance Team. He proposed no changes to the risk register. The committee agreed that no changes were required at this stage.</p> <p><i>The committee approved the F&amp;R risk register.</i></p>	
FR18/161	<p><b>Primary Care Delegated Commissioning – 2019/20 budgets</b></p> <p>MMcD presented a report detailing the budgetary allocations that will become the responsibility of the CCG from 1st April 2019 should the application to become fully delegated for commissioning GP services be approved. It was noted that the CCG has progressed with the application process to NHS England, following the CCG membership vote to become fully delegated. Members noted the information in the report is strictly confidential and not to be shared outside of the meeting, as the figures are yet to be validated and will be confirmed through the delegated commissioning application process. MMcD confirmed the CCG will undertake due diligence on primary care delegated budgets.</p> <p>Members discussed the report and raised concerns regarding the increased administrative burden from taking over delegated commissioning with no specifically earmarked extra resources to carry out the required functions.</p> <p><i>The committee received this report.</i></p>	
FR18/162	<p><b>NHS Funding Allocations: CCGs</b></p> <p>MMcD presented a House of Commons Library Briefing Paper on NHS funding allocations for CCGs, dated 10<sup>th</sup> October 2018. He explained the report was being presented to the committee for information. Members discussed the content of the document and in particular the tables showing the 10 highest and 10 lowest CCG allocations per patient in England in 2018/19. It was noted that South Sefton CCG had the third highest allocation per head of population in England. An extensive discussion took place in relation to the CCG's position in terms of allocations per patient and its financial position. PC commented it would be useful to undertake research and modelling analysis into this area in relation to the CCG and peer organisations.</p> <p><i>The committee received this report.</i></p>	
FR18/163	<p><b>Specialist Perinatal Mental Health Sustainable Funding Proposal – Post 31st March 2019</b></p> <p>MMcD presented a report on Perinatal Mental Health and proposed funding, which was considered at the Cheshire and Merseyside Collaborative Commissioning Forum (CCF) meeting on 6th November 2018.</p> <p>Members discussed the report and the proposed investment for the CCG, and raised queries regarding the figures which were explained by MMcD.</p> <p>Further to discussion, members approved the following proposed investment in</p>	

No	Item	Action
	<p>line with national requirements.</p> <ul style="list-style-type: none"> <li>• £158k for continuation of service with Cheshire and Wirral Partnership through first call on 19/20 growth funding.</li> <li>• Planning for a further reserve of £80k within opening 19/20 budgets to meet the expected level of baseline funding in Perinatal Mental Health. This additional reserve is required to meet the anticipated share of the CCG's contribution to the earmarked national funding to support the service.</li> </ul> <p><b><i>The committee approved the proposed Perinatal Mental Health investment, as detailed above, in line with national requirements.</i></b></p>	
FR18/164	<p><b>Individual Funding Request Service Q2 2018/19</b></p> <p>JL provided an overview of the Q2 2018/19 report for the Individual Funding Request (IFR) service. It was noted that most applications received were requests to fund cosmetic procedures. The report notes that the IFR team continue to decline most funding requests, as clinical exceptionality is either not demonstrated or is not sufficiently evidenced by the applicant on behalf of their patient. A discussion followed regarding this report.</p> <p><b><i>The committee received this report.</i></b></p>	
<i>Performance</i>		
FR18/165	<p><b>Quality Premium Dashboard</b></p> <p>JL presented the Quality Premium Report, which outlines the Quality Premium requirements for 2018/19 performance to date.</p> <p>JL reported the target to reduce the total number of patients waiting on an incomplete pathway by March 2019 (compared with March 2018) was being monitored. MMCD confirmed discussions are scheduled with the Wider Group to review options to help the CCG meet its target.</p> <p><b><i>The committee received this report.</i></b></p>	
<i>Prescribing</i>		
FR18/166	<p><b>Prescribing Spend Report – Month 5 2018/19</b></p> <p>SL provided an overview of the prescribing report for month 5. It was noted that at month 5, the CCG is forecast to be underspent by £2.36m or 8.3%. The South Sefton CCG 2018/19 prescribing budget is £28.642m.</p> <p>SL confirmed the next Prescribing Spend Report that will be presented to the committee in January 2019 will include further information and commentary on No Cheaper Stock Obtainable drugs and high cost drugs.</p> <p><b><i>The committee received this report.</i></b></p>	

No	Item	Action
<b>Minutes of Steering Groups to be formally received</b>		
<b>FR18/167</b>	<p><b>Information Management &amp; Technology (IM&amp;T) Steering Group – September 2018</b></p> <p>The committee received the minutes of the IM&amp;T Steering Group meeting, which took place on 10<sup>th</sup> September 2018.</p>	
<b>Closing business</b>		
<b>FR18/168</b>	<p><b>Any Other Business</b></p> <p><u>GPIT Investment Plan 18/19</u></p> <p>MMcD reported that additional funding has been made available for IT projects. iMerseyside have worked on a plan for this additional funding and proposed the following schemes:</p> <ul style="list-style-type: none"> <li>• Rightfax – this will allow practices to send ‘digital’ faxes and reduce reliance upon fax machines.</li> <li>• Development of GP practice websites, which would link into plans for online consultations.</li> <li>• Text messaging – this would involve text reminders to patients regarding appointments.</li> <li>• Windows 10 replacements - this would strengthen cyber security. It was noted that a full upgrade to Windows 10 needs to be completed by January 2020.</li> <li>• Digitisation of records.</li> </ul> <p>MMcD commented that the text messaging scheme could be implemented on a cost-neutral basis via existing budgets and that further reviews were taking place to understand this.</p> <p>MMcD noted that prioritisation of schemes has not been considered at this stage.</p> <p>Members confirmed they supported the proposed IT plan.</p> <p><u>Provisional committee meeting in December</u></p> <p>Members noted that a provisional committee meeting is scheduled for 20<sup>th</sup> December 2018. MMcD and the Chair agreed to have a discussion as to whether to proceed with this meeting once MMcD has reviewed the financial position for month 8. If the meeting takes place, it will be a single item agenda, focussing on the month 8 finance report.</p>	
<b>FR18/169</b>	<p><b>Key Issues Review</b></p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p><b>Date of next meeting</b></p> <p>Thursday 20<sup>th</sup> December 2018 (PROVISIONAL MEETING) 1.00pm to 3.00pm 3<sup>rd</sup> Floor Board Room, Merton House</p>	

No	Item	Action
	Thursday 24 <sup>th</sup> January 2019 1.00pm to 3.00pm 3 <sup>rd</sup> Floor Board Room, Merton House	

Approved

# Finance and Resource Committee Minutes

Thursday 20<sup>th</sup> December 2018, 1pm to 2pm  
NHS South Sefton CCG, 3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

<b>Attendees (Membership)</b>		
Graham Morris	Lay Member (F&R Committee Chair), SS CCG	GM
Graham Bayliss	Lay Member, SS CCG	GB
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Debbie Fagan	Chief Nurse, SS CCG	DF
Jan Leonard	Director of Commissioning and Redesign, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
<b>Apologies</b>		
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray	GP Governing Body Member, SS CCG	JW
<b>Minutes</b>		
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR

**Attendance Tracker**    ✓ = Present    A = Apologies    N = Non-attendance

Name	Membership	Jan 18	Feb 18	Mar 18	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	✓	✓	✓	A	✓	✓	✓
Graham Bayliss	Lay Member	✓	A	✓	A	A	✓	✓	✓	A	✓	✓
Dr Pete Chamberlain	GP Governing Body Member										✓	✓
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	✓	A	✓	✓	✓	A	✓	A
John Wray	GP Governing Body Member	A	A	A	A	A	A	✓	A	A	✓	A
Lin Bennett	Practice Manager & Governing Body Member	A										
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	✓	A	A	✓	✓	A	✓
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	A	A	✓	A	A	✓	✓	✓	✓
Jan Leonard	Chief Redesign & Commissioning Officer	✓	✓	A	✓	A	✓	✓	✓	A	✓	✓
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	✓	A	A	✓	✓	✓	A	✓	✓
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	✓	*	*	✓	*	*	*

No	Item	Action
<b>General Business</b>		
FR18/170	<p><b>Apologies for absence</b> Apologies for absence were received from Martin McDowell, Dr Sunil Sapre and Dr John Wray.</p>	
FR18/171	<p><b>Declarations of interest regarding agenda items</b> Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance &amp; Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>	
<b>Reports received (taken as read)</b>		
FR18/172	<p><b>Finance Report - Month 8</b> AOR provided an overview of the financial position to 30<sup>th</sup> November 2018. The following points were highlighted:</p> <ul style="list-style-type: none"> <li>The year to date deficit is £1.200m against a planned year to date deficit of £0.200m. Regarding the deterioration in performance AOR stated that the £1.000m movement from plan is made up of £0.600m deterioration in overall financial performance and £0.400m as a consequence of not delivering QIPP plans in full.</li> <li>As at 30<sup>th</sup> November 2018 the CCG likely year-end financial position is a deficit of £4.495m and the CCG control total is £1m surplus. Due to the deterioration in the financial position it is anticipated that the delivery of the planned surplus will be increasingly challenging in the remainder of the financial year.</li> <li>The QIPP target for 2018-19 is £5.329m. QIPP delivery for the year to date is £2.050m and is predicted to be £2.579m for the financial year.</li> <li>Cost pressures include increased costs of CHC packages of care due to an increase in individual high cost cases and an overall increase in activity.</li> <li>Other cost pressures relate to prescribing costs including pressures relating to NCSO drugs, high cost drugs and devices and over performance in the acute sector outside of the Acting as One agreement.</li> <li>BPPC targets have been achieved in all areas for the year to date.</li> <li>It was noted that the Acting as One contract provides mitigation against contract over performance of £0.751m across the provider organisations included within the agreement. The CCG would have paid more under a PbR contract, although elements of over-performance would be offset by contract sanctions / penalties.</li> </ul>	

No	Item	Action
	<p>AOR advised the committee that GM had made a request for a detailed explanation of movements in those cost centres showing significant movement between month 7 and 8. Specifically:</p> <p>Continuing Health Care – 36 new packages of care commenced in the reporting period. A proportion (21) of these relate to fast track packages. CHC team colleagues have confirmed the month was exceptional in relation to instance of fast track packages. The position also includes some costs currently under review; the committee noted that these costs may not be provided for in future months depending on the outcome of the review. Other factors include additional one to one care packages and an additional high cost learning disability.</p> <p>The committee discussed issues affecting CHC and FNC costs and processes with reference to the interface between the CCG and the Local Authority. DF referred to recent discussions to aid the resolution of queries which exist between the CCG and Sefton Council.</p> <p>DF also commented that colleagues at Midlands and Lancashire Commissioning Support Unit (MLCSU) continue to work to ensure that patient assessment processes are robust and that there are no duplications between FNC packages and patients receiving care through the 28 day bed processes.</p> <p>The Finance team have been analysing Funded Nursing Care data to aid understanding of cost behaviours and to assist with future financial planning. The outcome of this work will be reported to the committee in January 2019.</p> <p>Acute Commissioning – an adverse movement of £279k between month 7 and month 8 is reported. The majority of this movement relates to over performance with Southport and Formby NHS Trust in relation to non-elective activity (£160k) non-elective same day (£32k), day cases (£30k) and A&amp; E activity (£27k). Other acute over performance relates to Specsavers Hear Care Ltd (£16k) audiology services and Wrightington, Wigan and Leigh NHS Foundation Trust (£15k) high cost orthopaedics.</p> <p>Prescribing – the adverse movement of £211k between month 7 and month 8 relates to NCSO drugs. No additional QIPP savings were recognised in month 8. This was due to receipt of information after the month end closedown period.</p> <p>A detailed discussion took place regarding expenditure associated with high cost drugs and the level of assurances provided around clinical quality in the absence of Blueteq. It was noted that no progress has yet been made by Aintree University Hospitals NHS Trust with regard to the implementation of Blueteq. It is now expected that the implementation will form part of contract discussions for 2019/20.</p> <p>SL and AOR reported on a Cheshire &amp; Merseyside Health and Care Partnership meeting held on 18<sup>th</sup> December 2018 regarding work being progressed in respect of prescribing across the area which includes high costs drugs expenditure. SL and AOR described issues experienced locally to the group with regard to high cost drugs and the implementation of Blueteq. Further discussions are to take place in January 2019 led by Chris Harrop of MIAA with Medical Directors of the main acute trusts in the Cheshire and Merseyside local health economy with a view to a uniform approach across the system.</p>	AOR

No	Item	Action
	<p>AOR commented on the planning processes for 2019/20 and advised that an initial activity plan will be submitted to NHS England on 14<sup>th</sup> January 2019. Detailed planning guidance is imminent along with confirmation of CCGs' allocations for 2019/20</p> <p><i>The committee received the finance report and noted the summary points as detailed in the recommendation section of the report.</i></p>	
<b>Closing Business</b>		
<b>FR18/173</b>	<p><b>Key Issues Review</b> AOR highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p><b>Date of next meeting</b> Thursday 24<sup>th</sup> January 2019 1pm to 3pm 3<sup>rd</sup> Floor Board Room, Merton House</p>	



## Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

**Date:** Thursday 27<sup>th</sup> September 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 / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (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 / GB Member (SSCCG)	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
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP

### Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
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### In attendance

Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Tracey Forshaw	Assistant Chief Nurse	TF
Susan Muyangana	Information Governance	SM
Karen Garside	Designated Nurse Safeguarding Children	KG
Amanda Gordon	Programme Manager Quality & Performance	AG
Sam Murray	Management Graduate	SMu

### Apologies

Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Billie Dodd	Deputy Director Commissioning & Re-Design	BD
Martin McDowell	Chief Finance Officer / Deputy Chief officer	MMcD
Graham Bayliss	Lay Member (SSCCG)	GBa
Debbie Fagan	Chief Nurse & Quality Officer (SFCCG / SSCCG)	DF

### Minutes

Jo Woodward	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)
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**For the Joint Quality Committee to be quorate, the following representatives must be present:**

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

### Membership Attendance Tracker

Name	Membership	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	✓	✓	L	N	✓			
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	A	✓	A	✓	N	A			
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N	✓	✓	✓	A	N	✓			
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	✓	✓	✓	A	N	✓			
Billie Dodd	Head of CCG Development	✓	✓	N	✓	A	✓	A	N	A			
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓	✓	✓	L	N	A			
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	✓	✓	N	✓			
Martin McDowell	Chief Finance Officer	✓	✓	N	A	A	A	A	N	A			
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	A	A	N	A			
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
18/128	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>All were welcomed to the meeting. Apologies were received from DF, AM, BD, MMcD, GBa.</p> <p>HR, TF, SM, KG, AG, SMu in attendance.</p> <p>The meeting was deemed quorate.</p>	
18/129	<p><b>Declarations of Interest</b></p> <p>No declarations were reported other than those staff holding dual roles within the CCGs.</p>	
18/130	<p><b>Minutes &amp; Key issues log of the previous meeting</b></p> <p>Amendment to item 18/83(iii) – Should read ‘Test of Cure’ not ‘Test or Cure’.</p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection subject to this amendment.</p>	

No	Item	Actions
18/131	<p><b>Matters Arising / Action Tracker</b></p> <p><b>18/43 - Chief Nurse Report – Discussion re: Stroke Services at S&amp;O and AUH.</b> DF to raise clinician concern with CCG Chief Officer. <b>Update:</b> DF raised this at the last S&amp;O CRM/CQPG and those in attendance were unable to provide an update. Discussed with FLT who advised to contact Therese Patten who provided a brief summary and a further meeting to be scheduled. Clinical leads are involved and have been kept up to date. Stroke services will be raised at the next CCG : Trust board to board meeting. <b>Outcome:</b> Carried forward to next meeting</p> <p><b>18/49 - LeDeR Briefing Paper</b> TF to include LeDER briefing paper in the July 2018 Joint Quality Committee papers. <b>Update:</b> Briefing paper has been included in the September meeting pack <b>Outcome:</b> Closed</p> <p><b>18/83(ii) A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee</b> <b>Update:</b> This is yet to be completed due to current workload. Work is on-going on prioritising workloads in all teams across the CCGs. GH suggested roles and responsibilities information could also be added to the Intranet. <b>Outcome:</b> Carried forward to next meeting.</p> <p><b>18/97 EPaCCS Update</b> BD will request that Moira Harrison link in with the End of Life and EPaCCS Steering Group Meetings. <b>Update:</b> Billie Dodd has sent apologies so no update available. The Committee have requested a future update from Moira Harrison. Anthony Rowan is to be invited from iMerseyside to provide an update from an IT perspective. <b>Outcome:</b> Carried forward to next meeting.</p> <p><b>18/109(i) Children, Young People (CYP) &amp; Maternity Update</b> DF to ask PW to provide GP practices with a list of known voluntary sector organisations that GPs can signpost / refer C&amp;YP to for support in relation to emotional health and wellbeing support when they do not meet the referral criteria for Tier 3 CAMHS. <b>Update:</b> National Health and Wellbeing are picking up as a piece of work. <b>Outcome:</b> Closed</p> <p><b>18/109(iii) Children, Young People (CYP) &amp; Maternity Update</b> DF to ask PW to liaise with Lyn Cooke (CCG Head of Communications) to see what further work the CCGs could undertake to hear the voice more of vulnerable children and young people. <b>Update:</b> BP advised that PW had raised the subject at a recent Young Advisors session. DF not present at meeting to give a further update <b>Outcome:</b> Carried forward</p> <p><b>18/114 Lancashire Care NHS Foundation Trust – Community Service Feedback</b> TF to raise with BP the emerging trend from LCFT RCAs that has been identified at the SFCCG SIRG re: capacity. <b>Update:</b> This will be discussed at the next LCFT CCQRM <b>Outcome:</b> Closed</p>	<p>DF</p> <p>BD</p> <p>BP</p> <p>DF</p>

No	Item	Actions
	<p><b>18/116 S&amp;O RTT / Follow-Up Update</b> MH to obtain copies of the Trust reports sent to NHS Improvement <b>Update:</b> FLT to circulate to the Committee <b>Outcome:</b> Carried forward</p> <p><b>18/120 Health Watch Report – Contenance Services</b> GBa to ask Tracy Jeffes to liaise with Health Watch Sefton to ask if a similar piece of work could be undertaken with patients living in their own homes as opposed to care homes <b>Update:</b> GBa and Tracy Jeffes met with Health Watch to discuss <b>Outcome:</b> Closed</p> <p><b>18/124(i) Minutes Presented</b> TF to ensure that July 2018 minutes for the SSCCG SIRG are presented to the next JQC <b>Outcome:</b> Complete and closed</p> <p><b>18/124(ii) Minutes Presented</b> TF to ask JR (Safeguarding Team Admin Support) to ensure if abbreviations are used within minutes that a glossary is included. <b>Outcome:</b> Complete and closed</p> <p><b>18/125(ii) GDPR/ Data Compliance Officer in General Practice.</b> DF to ask MMcD to contact DR GH to discuss further outside of the meeting. <b>Outcome:</b> Complete and closed</p> <p><b>18/125(iii) AUH Dermatology</b> DF to feedback at next meeting confirmed details of the re-opening of routine referrals. <b>Update:</b> Routine referrals reopened with patients being contacted regarding preferred location of RLBUHT or AUH. Subject discussed at recent CCF meeting. <b>Outcome:</b> Closed</p> <p><b>18/125(iv) Audit Risk Stratification S&amp;O Paraprotein Myeloma Screen</b> BP to raise with Dr DC outside of the meeting. <b>Update:</b> DC confirmed this will be brought up at the liaison meetings with Dr Kevin Thomas at S&amp;O. <b>Outcome:</b> Closed</p>	FLT
18/132	<p><b>Chief Nurse Report</b></p> <p>BP presented the Chief Nurse Report to the Committee. Members were asked to receive the report and note:</p> <ul style="list-style-type: none"> <li>• Visit to Sefton on 23 July 2018 by NHSE Director of Nursing / Deputy Chief Nursing Officer for England, NHSE Director of Nursing North Region &amp; Deputy Director of Quality &amp; Safeguarding NHSE North to meet with staff and the CCGs Quality Team</li> <li>• Barton Park Nursing Home Closure – The provider did not appeal against the Section 30 notice served by the CQC. The CCG worked in partnership with the Local Authority, the CQC and Midlands &amp; Lancashire CSU in the discharge of our duties to safeguard and protect this vulnerable group of residents</li> <li>• CQC Review of Services for Looked After Children &amp; Safeguarding – The report is currently awaited in order to check for factual accuracy. The CCG Chief Officer will be Chairing a Task &amp; Finish Group to deliver on the recommendations from the report.</li> </ul>	

No	Item	Actions
18/133	<p><b>S&amp;O Improvement Board Commissioner Report</b></p> <p>TF presented to the Committee the commissioner report drafted for consideration at the September 2018 meeting of the S&amp;O Improvement Board. The Committee are asked to receive the report and note:</p> <p><u>Southport &amp; Ormskirk Hospitals NHS Trust Collaborative Commissioning Forum (CCF) / Contract &amp; Clinical Quality Review Meeting (CCQRM)</u></p> <p><b>AQuA Mortality Report</b> - AQuA attended the Improvement Board to talk through with commissioners the latest Mortality Report produced due to concerns raised with regard to the Trust's continuing outlying status.</p> <p><b>Complaints</b> - SFCCG have recently received 2 complaints from relatives which relate to standards of care (1 x SFCCG; 1 x WLCCG). The Trust is managing these complaints through their complaints process. SFCCG Chief Nurse and the Trust Executive Nurse have liaised regarding the complaints. The CCG has supported quality improvement by visiting the ward concerned and meeting with complainants.</p> <p><b>RTT / Backlog Issues</b> - Feedback received from the last Improvement Board Meeting about lack of provider CEO assurance in relation to the process within the Trust was received. This was discussed at the CCF due to previous assurance given to commissioners relating to identification of harm and process for reducing backlog.</p> <p>There was a discussion on the reports for noting at JQC and where assurance is sought at other forums. When JQC members request further details on issues raised, a more specific report will come to JQC as an agenda item.</p>	
	<p><b>Action:</b> DF to speak to Juliette Cosgrove regarding the process of assurance. DF to request a paper on assurance relating to harm and backlog issues to come to S&amp;O CF.</p>	DF
18/134	<p><b>Internal Serious Incident Management Update</b></p> <p>TF presented the report to the Committee which included the updated action plan and amended Terms of Reference for the CCG's Serious Incident Review Groups supporting quoracy for approval.</p> <p>The Committee are asked to note the key issues as follows:</p> <p><u>Review of Reporting Requirements</u> The CCG's Programme Manager for Quality and Risk, and personnel from the Business Intelligence team met with GBr on 2<sup>nd</sup> August 2018, to review the current reporting requirements of the Committee. Changes have been made which will be reviewed following submission of the Q1 2017/18 report.</p> <p><u>Root Cause Analysis Training</u> RCA training took place on the 4<sup>th</sup> September, with Bolton NHS Foundation Trust delivering the training. 11 CCG personnel were identified with 7 completing the training and 4 apologies received. Further training will be considered to include GP clinical leads supporting the CCG Serious Incident Review Group (SIRG).</p>	

No	Item	Actions
	<p><u>MIAA External Review</u> Chief Nurse has followed up with MIAA to confirm a date for the external review to be carried out. The review was initially due to start at the end of July 2018, however due to MIAA's commitments this has been delayed but is scheduled to take place in Q2.</p> <p>A LocSSIPs paper is being drafted and will require medical review before being presented to the NHSE / CCG Joint Commissioning Committee.</p> <p>The Committee approved the revised SIRG TOR (version 3) to support quoracy.</p>	
18/135	<p><b>Serious Incident Performance Report</b></p> <p><u>AUH</u> There has been an increase in the number of Serious Incidents being closed following due process and working towards the 20 day national framework.</p> <p>GH raised concerns in relation to the reporting of never events at AUH and assurance given by the trust for the management of these events. TF confirmed CQPG members were aware of the concerns and AUH representatives are now attending the Serious Incident Review Group meetings.</p> <p>The Committee discussed open incidents which have not received an RCA. TF advised the CCG has systems and processes in place for escalating overdue RCAs as per the national framework. An escalation letter was sent to AUH Director of Nursing from the CCG's Chief Nurse with on-going discussions at monthly meetings. The CCG will continue to monitor any themes with the Quality Team developing a trends and theme tracker to be completed at the monthly SIRG meetings.</p> <p><b><u>Mersey Care Trust – Community Services</u></b> South Sefton CCG hold the contract for South Sefton Community Services (SSCS) under Mersey Care NHS Foundation Trust. As Liverpool CCG are the Commissioner for Mersey Care, it was agreed that they would manage all SIs with South Sefton CCG continuing to manage performance.</p> <p>FLT discussed concerns regarding there being no documented sign off from the Governing Body for Liverpool CCG to manage SIs within Mersey Care and felt it was still South Sefton CCG's responsibility. This will be discussed with the Chief Nurse outside of this meeting.</p> <p><b><u>Southport and Ormskirk</u></b> Following the CCG SI improvement work, the SI closure rate has increased for Q1. The closure rate will continue to be monitored as part of the Quality Team's on going performance management of SIs. An action plan is also in place which is monitored via the Joint Quality Committee on a monthly basis.</p>	

No	Item	Actions
	<p>The Committee discussed open SIs which has not received an RCA. This has been escalated to the Director of Nursing at Southport and Ormskirk with an escalation letter being sent from the CCG Chief Nurse and discussed at the CCG /Trust quarterly meeting with the Medical Director and Director of Nursing including the trust's review of their internal process.</p> <p>The Chief Nurse has requested concerns are discussed as an agenda item at the Improvement Board. There is also an Exec to Exec board meeting arranged for the next week to include the Chief Officer.</p> <p>FLT has requested discussions are held at the Exec to Exec meeting in the first instance before going to the Improvement Board.</p>	
	<p>Action: FLT to meet with DF to discuss LCCG and SSCCG responsibility to manage Mersey Care SIs</p>	FLT
18/136	<p><b>Q1 Safeguarding Report</b></p> <p>KG presented the report to the Committee. Members are asked to receive the report and note the key issues for each provider.</p> <p>The Committee discussed further Aintree University Hospital and North West Boroughs who continue to provide a 'limited' assurance rating with a downward trajectory noted, training compliance and providers who have maintained a reasonable assurance rating. KG advised that the assurance process would be reviewed next year.</p> <p><b><u>Safeguarding Team Update</u></b></p> <p>The CCG Safeguarding Team is now at its full complement of staff. The team is in the process of establishing itself and is planning an away day in October 2018 to identify a team work plan, team priorities and to agree on the strategic direction of the Safeguarding Service.</p> <p>Since the team came together a number of developments and additions have been made to the CCG's intranet sites so that CCG staff have access to more information about the safeguarding and children in care agendas.</p>	

No	Item	Actions
	<p><b>Care Quality Commission (CQC) review of services for Looked After Children (LAC) and Safeguarding</b></p> <p>The CQC undertook a review of LAC and Safeguarding services across Sefton between 23<sup>rd</sup> July 2018 and 27<sup>th</sup> 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 the 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.</p> <p>A discussion took place where assurance on safeguarding agenda is sought by CCG designated nurses by liaising with the coordinating commissioner safeguarding teams who would seek assurance on behalf of the Sefton CCGs.</p>	
18/137	<p><b>Deprivation of Liberty Safeguards (DoLS) Update Report</b></p> <p>TF presented the report to the Committee. Members were asked to receive the report and note:</p> <ul style="list-style-type: none"> <li>• The current DoLS scheme is being replaced with the Liberty Protection Safeguards (LPS) under the Mental Capacity Bill (revised). The Bill is going through the Parliamentary Process and is yet to be finalised.</li> <li>• There will be major changes to the way in which deprivations will be assessed, authorised and monitored.</li> <li>• The CCGs will become a ‘responsible body’ as will Hospital Trusts, Residential Care and Nursing Homes, alongside the Local Authority.</li> </ul> <p>This will have implications for the CCGs directly and in its function as commissioner of health services. The report will be an agenda item at the Health Sub Group and CHC Programme Board meetings.</p>	
	<p>Action: Safeguarding team to involve Debbie Fairclough in discussions to embed new process when known in the CCGs</p>	TF
18/138	<p><b>Safeguarding Adults – Chapter 14 Care Act 2014 Audit Update</b></p> <p>TF presented the report to the Committee. Members were asked to receive the report and note:</p> <ul style="list-style-type: none"> <li>• The Combined Merseyside Safeguarding Adult Board (MSAB) devised and launched the first Chapter 14 audit which was completed and submitted on the 3<sup>rd</sup> August 2018.</li> <li>• The CCGs were able to demonstrate assurance against all domains within the audit with three minor actions. An action plan is in place to support compliance which will be monitored by the Safeguarding Business Meeting and via the Joint Quality Committee on a quarterly basis.</li> </ul>	
18/139	<p><b>Practice Nurse Lead Report</b></p> <p>BP presented the report on behalf of Colette Page (CP) CCG’s Practice Nurse Lead.</p> <p>The Committee are asked to note item 3 detailing the continued level of support the CCG offers and also the regular meetings regarding ‘flu’ season taking place and arrangements being made for staff vaccination sessions across the LA and CCG sites. The Committee noted their appreciation of the report.</p>	



No	Item	Actions
18/140	<p><b>Q1 CQUIN Performance Report</b></p> <p>AG presented a Q1 financial outline for each provider to the Committee. Members are asked to receive the report.</p> <p>The Committee discussed information required for reporting to the Committee going forward. A process will be established to review and hold to account providers that on non- achievement of CQUINs to gain assurance on Quality Improvement.</p>	
	<p>Action: AG and BP to arrange a CQUIN Performance Focus Group and advise who is most suitable to be involved in the group</p>	AG/BP
18/141	<p><b>Performance Highlight Report</b></p> <p>AG presented the Performance Highlight Report for each provider to the Committee. Members are asked to receive the report and feedback on content and format.</p> <p>FLT suggested the Integrated Performance Reports discussed at Governing Body meetings be used as a benchmark for reporting to the Joint Quality Committee. The Committee agreed Quality Compliance will be added to the report going forward.</p> <p>GH raised concerns in relation to the Mersey Care discharge summary. BP confirmed this will be discussed at today's Mersey Care CQPG meeting as an agenda item and will provide an update to the Committee.</p>	
18/142	<p><b>Falls Prevention Service</b></p> <p>AG presented a summary paper of a recent good practice visit to Lancashire Care NHS Foundation Trust (LCFT) Falls prevention Service. The Committee is asked to receive the report by way of assurance.</p>	
18/143	<p><b>Kirkup Update Report</b></p> <p>BP presented an update to the Committee who are asked to receive the report.</p> <p>The purpose of the report is to provide NHSE C&amp;M with assurance the CCGs and Local Authority have received as part of the commissioners "Enhanced Surveillance" processes, a summary of outstanding risks and the current level of surveillance for each service line.</p> <p>This will support the assurance being sought by NHS Improvement (NHSI) of organisations who received services from Liverpool Community Health NHS Trust (LCH) in relation Recommendations 6.6 and 6.7 of the Kirkup Review by the end of July 2018.</p>	

No	Item	Actions
18/144	<p><b>LeDeR Briefing Paper</b></p> <p>TF presented an update to the Committee who are asked to receive the report.</p> <p>The Learning Disabilities Mortality Review (LeDeR) programme became live in January 2017 across all CCGs in England. The purpose of the programme is to establish support for local areas to review the deaths of people with learning disabilities.</p> <p>The CCGs have a Local Area Contract in place with has oversight over the LeDeR process across the CCGs.</p> <p>The most significant challenge to the programme has been the timeliness of the reviews being completed which has been reflected both nationally and locally and the low number of trained reviewers. This issue has been discussed at the most recent SMT with the risk also noted on the corporate risk register.</p>	
	<p>Action: TF and Geraldine O'Carroll will discuss any disconnect within the CCG</p>	TF
18/145	<p><b>IG Staff Code of Conduct Handbook 2018</b></p> <p>SM presented the 2018 IG Staff Code of Conduct Handbook. The Committee are asked to review and approve the handbook.</p> <p>BP requested specific changes are highlighted in relation to new GDPR legislation.</p> <p>The Committee approved the handbook.</p>	
18/146	<p><b>Quality Site Visits</b></p> <p><u>Out of Hours Service</u></p> <p>BP presented a summary of findings from a recent visit to the GP out of hours service in Southport in July 2018. The visit was undertaken jointly by the Deputy Chief Nurse and the Deputy Director of Commissioning and Redesign.</p> <p>The Committee received the report.</p> <p><u>Ward 35 Immediate Care</u></p> <p>This paper provides a summary of a recent quality site visit to Ward 35 Intermediate Care in August 2018. Site visits allow for assurance to be gained from a provider with an opportunity to interview both patients and staff and to review any processes or pathways as part of lines of enquiry.</p> <p>Feedback was provided to Mersey Care and taken through the Mersey Care community Contract Clinical Quality Review Meeting in September 2018. Mersey Care has produced an action plan following these recommendations.</p> <p>The Committee received the report.</p>	

No	Item	Actions
18/147	<p><b>GP Quality Lead Update</b></p> <p>The Committee received the verbal update and are asked to note:</p> <p>SDGH proposal to pushback MGUS Follow ups to GPs and insist all new referrals are seen in 2<sup>nd</sup> care without discussion agreement or commissioning. DC has engaged with Kevin Thomas, Deputy Medical Director. as pushback without resources and concerns that a blanket refer in process would be inappropriate in frail elderly patients with minimal paraproteins that would not need treatment</p> <p>Patients being discharged from OPD follow up as part of the section 12 RTT OPD backlog. Concern was to ensure robust effective handover of care and thresholds to refer back with full SDGH clinical ownership.</p>	
18/148	<p><b>EPEG Key Issues Log</b></p> <p>The Committee received the key issues log.</p>	
18/149	<p><b>JMOG Key Issues Log</b></p> <p>The Committee received the key issues log by way of assurance.</p>	
18/150	<p><b>Locality Updates</b></p> <p>No updates to report to the Committee.</p>	
18/151	<p><b>Minutes Presented</b></p> <p>The following minutes were received by the Committee:</p> <ul style="list-style-type: none"> <li>• SFCCG Serious Incident Review Group (SIRG) – May, June and July 2018</li> </ul>	
18/152	<p><b>Deferred to next meeting</b></p> <ul style="list-style-type: none"> <li>• Saving Babies Lives</li> <li>• Management of Allegations Policy (Awaiting consultation feedback)</li> </ul>	
18/153	<p><b>Any Other Business</b></p> <p>None</p>	

No	Item	Actions
18/154	<p><b>Key Issue Log</b> (issues identified from this meeting)</p> <p>Key issues – S&amp;F CCG</p> <ul style="list-style-type: none"> <li>• Stroke performance at S and O. Trust will be invited to SFCCG governing body in October to present on stroke performance.</li> <li>• RTT lost to follow up, Ophthalmology SI following review. Trust to be requested to develop paper to come through to S and O CCF on actions taken</li> <li>• A formal request will be made to NHSE for a response to the CCG SI progress report in terms of assurance on the CCG SI process.</li> <li>• CCH Chief Officer to discuss SI management process with Chief Executive at S and O.</li> <li>• A process will be established to review and hold to account providers that on non- achievement of CQUINs to gain assurance on Quality Improvement.</li> </ul> <p>Key issues – SSSCCG</p> <ul style="list-style-type: none"> <li>• A formal request will be made to NHSE for a response to the CCG SI progress report in terms of assurance on the CCG SI process.</li> <li>• A process will be established to review and hold to account providers that on non- achievement of CQUINs to gain assurance on Quality Improvement.</li> </ul>	
18/155	<p><b>Date of Next Meeting and notice of apologies</b></p> <p>Thursday 25<sup>th</sup> October 2018, 09:00 – 12:00  The Marshside Surgery, Southport</p> <p>Apologies: Billie Dodd, Fiona Taylor, Jeff Simmonds</p>	

## Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

**Date:** Thursday 25<sup>th</sup> October 2018, 09.00 – 12.00

**Venue:** The Marshside Surgery, Southport

### Membership

Graham Bayliss	Lay Member (SSCCG)	GBa
Gill Brown	Lay Member (SFCCG)	GBr
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (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 / GB Member (SSCCG)	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
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP

### Ex Officio Member

Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
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### In attendance

Helen Roberts	Senior Pharmacist (SFCCG / SSCCG)	HR
Tracey Forshaw	Assistant Chief Nurse	TF
Anthony Rowan		

### Apologies

Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Billie Dodd	Deputy Director Commissioning & Re-Design	BD
Graham Bayliss	Chief Finance Officer / Deputy Chief officer	GBa
Fiona Taylor	Chief Officer (SFCCG / SSCCG)	FLT
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC

### Minutes

Jo Woodward	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	
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**For the Joint Quality Committee to be quorate, the following representatives must be present:**

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

## Membership Attendance Tracker

Name	Membership	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	✓	✓	L	N	✓	A		
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	N	A	✓	A	✓	N	A	A		
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	N	✓	✓	✓	A	N	✓	✓		
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	N	✓	✓	✓	A	N	✓	✓		
Billie Dodd	Head of CCG Development	✓	✓	N	✓	A	✓	A	N	A	A		
Debbie Fagan	Chief Nurse & Quality Officer	✓	✓	N	✓	✓	✓	L	N	A	✓		
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	N	✓	✓	✓	✓	N	✓	✓		
Martin McDowell	Chief Finance Officer	✓	✓	N	A	A	A	A	N	A	✓		
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	N	A	A	A	A	N	A	A		
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	✓	✓	A	✓	N	✓	A		

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
18/156	<p><b>Welcome, Introductions &amp; Apologies</b></p> <p>All were welcomed to the meeting. Apologies were received from RC, AM, BD, GBa, FLT, JSi</p> <p>HR, TF, AR in attendance.</p> <p>The meeting was deemed quorate.</p>	
18/157	<p><b>Declarations of Interest</b></p> <p>No declarations were reported other than those staff holding dual roles within the CCGs.</p>	
18/158	<p><b>Minutes &amp; Key issues log of the previous meeting</b></p> <p>The minutes and Key issues logs for both Governing Bodies were deemed to be an accurate reflection.</p>	

No	Item	Actions
18/159	<p><b>Matters Arising / Action Tracker</b></p> <p><b>18/43 Chief Nurse Report – Discussion re: Stroke Service at S&amp;O and AUH.</b> S&amp;O CEO and Consultant Physician with a lead around stroke care attended a GB Development Session in October 2018 to provide an update for the purposes of assurance. <b>Action:</b> Closed</p> <p><b>18/83 Month 12 Serious Incident Performance Management</b> BP to liaise with LC to arrange for GP Clinical Leads and Managerial Leads for each contract to be put on the website so GPs know who to contact with concerns. <b>Action:</b> Carried forward to next meeting</p> <p><b>18/97 EPaCCS Update</b> BD has confirmed that MH is the CCG link to this piece of work. <b>Action:</b> Closed</p> <p><b>18/109(iii) C&amp;YP &amp; Maternity Update</b> DF confirmed that she's spoken to PW regarding liaising with CCG Communications Team. <b>Action:</b> Closed</p> <p><b>18/116 S&amp;O RTT / Follow-Up Update</b> Trust report has yet to be circulated by FLT. Quality Team to liaise with FLT. <b>Action:</b> Carried forward to next meeting</p> <p><b>18/133 S&amp;O Improvement Board Commissioner Report</b> DF confirmed that the CCG, Trust and NHSI had met to discuss reporting to the Improvement Board. The issue regarding patients lost to follow-up has been discussed at the CCQRM and S&amp;O CCF. The Trust Medical Director and Nurse Director described at the CCQRM the process in place for clinical triage. This action relates to 18/116. <b>Action:</b> Closed</p> <p><b>18/135 Serious Incident Performance Report</b> DF reported that FLT had yet to raise this issue with her but updated the Committee on how the STEIS reporting system works for provider reporting in terms of relationship to RASCI / Lead commissioner arrangements. This had been explored when Lancashire Care were awarded the contract for SFCCG Community Services and when the sub-contracting arrangements came into place between Mersey Care and North West Boroughs. <b>Action:</b> Closed</p>	

No	Item	Actions
	<p><b>18/137 Deprivation of Liberty Safeguards</b></p> <p>TF reported that she has had a discussion with Hill Dickinson for advisement – there is no confirmed deadline date for implementation. Designated Safeguarding Adult Manager has been asked to develop an implementation plan. TF informed the Committee of processes that are already in place with providers.</p> <p><b>Action:</b> To remain on the action tracker</p> <p><b>18/140 CQUIN Performance Reports</b></p> <p>CQUIN Performance Group is being set up by AG.</p> <p><b>Action:</b> Closed</p> <p><b>18/144 LeDeR Briefing Paper</b></p> <p>TF reported that work was on-going to identify this funding. MMcD stated that he would work with DF on this.</p> <p><b>Action:</b> Carried forward to next meeting</p>	
18/160	<p><b>Chief Nurse Report</b></p> <p>DF presented the report to the Committee which contained information on the AUH SIQSG follow-up meeting outcome, AUH AQuA facilitated Theatre Safety Event, CQC Themed Review for Safeguarding and Looked After Children, a further serious case review that will take place across Sefton and the external clinical review that has been commissioned for CHC and Individual Packages of Care. DF also stated that since the report has been written, the CQC draft report has now been received and the CCGs are managing the process of factual accuracy checking with the deadline for submission to the CQC being 26.10.18.</p> <p><b>Outcome –</b> The Committee received the report.</p>	
18/161	<p><b>IG Staff Code of Conduct Policy 2018</b></p> <p>McMc presented the policy. The committee approved the Policy subject to use of VPNs and review of network security across the CCGs and GP Practice and assurances regarding staff training.</p> <p><b>Outcome –</b> The policy was approved subject to the caveats noted above.</p>	



No	Item	Actions
18/162	<p><b>Cheshire &amp; Merseyside Quality Surveillance Group Exception Report</b></p> <p>BP presented the report which was submitted to NHSE C&amp;M QSG. GH asked for further information regarding the Continence Report that had been previously received at the Committee which had been of great concern. BP described the work being undertaken for the purposes of assurance which have included a Quality Site Visit, discussion at CCQRM and remedial action plan. LCFT are also looking at identifying Link Workers for care homes.</p> <p>BP has also discussed the report with Health Watch and quality improvement which includes the referral from Care Homes into the Service, continence promotion and use of products. A further patient survey will be undertaken once further quality improvement work has been undertaken on this service. The Committee asked for the outcome of this patient survey to be brought back to the JQC in April 2019 once completed.</p> <p><b>Outcome</b> – The Committee received the report.</p>	
18/163	<p><b>Serious Incident Management Process &amp; Improvement Programme</b></p> <p>TF presented the report that detailed the CCGs quality improvement journey in relation to systems and processes for the purposes of assurance. The CCGs have provided a response back to NHSE C&amp;M on the draft report and are awaiting the final report. The Committee agreed to continue to receive monthly update reports until the end of March 2019 for the purposes of internal assurance. GM commented that she had seen an improvement in reporting which was demonstrable evidence of the quality improvement work that had been undertaken within the CCGs.</p> <p>DF reported that she had liaised with the Chief Nurse from LCCG about the CCGs concerns that had previously been raised between the respective teams and the CCF and CQPG regarding the quality of some of the RCAs that were being submitted from Mersey Care in order to ensure that concerns were being addressed through their co-ordinating commissioning role.</p> <p><b>Outcome</b> – The Committee received the report.</p>	
18/164	<p><b>SEND Written Statement of Action Progress Update Report</b></p> <p>DF presented the report which provided a progress update against the SEND Written Statement of Action. The Committee noted the progress made and areas where the pace of progress may not have been at the desired pace</p> <p><b>Outcome</b> – The Committee received the report.</p>	
18/165	<p><b>Safeguarding Adults Annual Report 2017/18</b></p> <p>TF presented the CCGs Safeguarding Annual Report to the committee for recommendation for approval by the Governing Bodies. This report was produced by the team at LCCG as hosted safeguarding arrangements were in place until 1<sup>st</sup> March 2018.</p> <p><b>Outcome</b> – The Committee received the report and recommended presentation to the Governing Bodies for approval.</p>	

No	Item	Actions
18/166	<p><b>NWAS / NHS111 Update - Deferred</b></p> <p>The Committee noted that this item had been deferred as the relevant Commissioning Manager was unable to produce the assurance report due to workload priorities and annual leave. It will be presented to a future meeting.</p> <p><b>Outcome</b> – this item was deferred to a future meeting.</p>	
18/167	<p><b>Saving Babies Lives</b></p> <p>DF presented the report to the Committee for the purposes of assurance due to the CCGs being rated as Requires Improvement in the IAF Q4 2017/18. The Committee noted the content of the report and the actions being undertaken by commissioners in monitoring provider performance in relation to Saving Babies Lives as it has an impact on the Maternity element of the IAF.</p> <p><b>Outcome</b> – The Committee received the report.</p>	
18/168	<p><b>Management of Allegations of Abuse Policy</b></p> <p>TF presented the policy for approval. The Governing Bodies had previously agreed an extension and approval by the Joint Quality Committee whilst Working Together to Safeguard Children was published and reviewed by the Safeguarding Team and HR support.</p> <p><b>Outcome</b> – The Committee approved the policy.</p>	
18/169	<p><b>Quality Risk Register</b></p> <p>BP presented the Quality Risk Register and highlighted to the committee that it had since been updated further. The Committee noted the progress that had been made to mitigate the risks identified. A focused conversation was had in relation to the risks relating to SEND and delivery against the Written Statement of Action.</p> <p>GM raised the issue of flow through from the Committees of the Risk Registers to the Governing Bodies so it is more fluid. MMcD stated that this could be built into a Governing Body Development Session. GM asked for assurance that the risks on the Joint Committee (Primary Care) risk register find their way to the Corporate Risk Register. GH also asked if the Risk Registers could be presented in another way for ease of reading.</p> <p><b>Outcome</b> – MMcD to discuss with DFair comments of the JQC and how a session can be built into the Governing Body Development Sessions.</p>	
18/170	<p><b>EPaCCS Update</b></p> <p>AR attended to present the EPaCCS update report. Updates to the ISAs have been requested and are currently going through the LMCs. A decision from Sefton LMC is awaited. GH asked if this could be raised at the next Sefton LMC Liaison Meeting.</p> <p><b>Outcome</b> – The Committee received the report.</p>	

No	Item	Actions
18/171	<p><b>Controlled Drugs Occurrence Report</b></p> <p>HR provided the CD Occurrence Report. The Committee commended HR on the content and clarity of the report. CD incidents and concerns will no longer feature in the report as these are being reported direct to NHSE.</p> <p>TF stated that there had been a recent Serious Incident that involved General Practice and a controlled drug incident and requested that HR liaise with the CCG Head of Medicines Management so this information is linked for the purposes of learning.</p> <p>HR reported that work is being progressed as to how this report can be more patient / qualitative focussed.</p> <p><b>Outcome</b> – The Committee received the report</p>	
18/172	<p><b>Practice Nurse Lead Report</b></p> <p>DF presented the report on behalf of Colette Page. The Committee were asked to note the development of the draft LoCSSIP for those undertaking minor surgery or inserting contraceptive devices / implants in General Practice. It was noted that this is in draft and needs input from clinicians and then be presented to the relevant committee at a later date for approval.</p> <p><b>Outcome</b> – The Committee received the report.</p>	
18/173	<p><b>Locality Updates</b></p> <p>Nil to report.</p>	
18/174	<p><b>Corporate Governance Support Group Key Issues Log</b></p> <p>The Committee noted the contents of the report.</p> <p><b>Outcome</b> – The Committee received the report.</p>	
18/175	<p><b>JMOG Key Issues Log</b></p> <p>The Committee noted the contents of the report. DC asked HR to take back an issue relating to out of stock drugs.</p> <p><b>Outcome</b> - HR to take back an issue relating to out of stock drugs to JMOG.</p>	
18/176	<p><b>Minutes Presented</b></p> <p>The following minutes were received by the Committee:</p> <ul style="list-style-type: none"> <li>• SSCCG Serious Incident Review Group – 17<sup>th</sup> September 2018</li> <li>• SFCCG Serious Incident Review Group – 5<sup>th</sup> September 2018</li> </ul>	
18/177	<p><b>Any Other Business</b></p> <p>None reported</p>	

No	Item	Actions
18/178	<p><b>Key Issue Log</b> (issues identified from this meeting)</p> <p>The Committee identified the following key issues to be presented to the Governing Bodies:</p> <ul style="list-style-type: none"> <li>• <b>CQC Themed Review Safeguarding &amp; Looked After Children</b> – The draft report had been received and the CCGs were in the process of co-ordinating the factual accuracy check before returning to the CQC.</li> <li>• <b>IG Staff Code of Conduct Policy</b> – This Policy was approved subject to use of VPNs and review of network security across the CCGs and GP Practice and assurances regarding staff training.</li> <li>• <b>Serious Incident Management Process &amp; Improvement Programme</b> – The update report was received for the purposes of assurance. Monthly update reporting to continue.</li> <li>• <b>Management of Allegations of Abuse Policy</b> – this Policy was approved.</li> <li>• <b>Quality Risk Register</b> – this was reviewed by the Committee. Recommendations for improvement of presentation and fluidity to the Governing Body discussed. Request to be made for Risk Registers to be an agenda item at a future Governing Body Development Session.</li> <li>• <b>LocSSIP</b> - The draft LoCSSIP for those undertaking minor surgery or inserting contraceptive devices / implants in General Practice. Input from clinicians is required and then the final LocSSIP will be presented to the relevant committee at a later date for approval.</li> <li>• <b>EPaCCS</b> – Information Sharing Agreement currently awaiting LMC approval. To raise with CCG officers attending LMC liaison meeting regarding timeline for agreement</li> <li>• <b>CCGs Safeguarding Annual Report</b> – Received by the Committee. Recommended for presentation to Governing Bodies for approval.</li> </ul>	
18/179	<p><b>Date of Next Meeting and notice of apologies</b></p> <p>Thursday 29<sup>th</sup> November 2018 Room 3A, 3<sup>rd</sup> Floor Merton House, Stanley Road, Bootle L20 3DL</p> <p>Apologies – None reported.</p>	

# Audit Committees in Common

## South Sefton CCG

### Minutes

Wednesday 17th October 2018, 1.30pm to 4pm  
3rd Floor Board Room, Merton House, Stanley Road, Bootle, L20 3DL

<b>South Sefton CCG Members present</b>		
Graham Morris	Lay Member (Chair)	GM
Graham Bayliss	Lay Member (Vice Chair)	GBa
<b>Southport and Formby CCG Members present</b>		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member (Vice Chair)	GBr
<b>In attendance</b>		
Martin McDowell	Chief Finance Officer, SSCCG and SFCCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SSCCG and SFCCG	AOR
Leah Robinson	Chief Accountant, SSCCG and SFCCG	LR
Michelle Moss	Local Anti-Fraud Specialist, MIAA	MM
Adrian Poll	Audit Manager, MIAA	AP
Robin Baker	Audit Director, Grant Thornton	RB
<b>Apologies – South Sefton CCG Members</b>		
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>Apologies – Southport and Formby CCG Members</b>		
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
<b>Apologies - Regular Attendees</b>		
Georgia Jones	Manager, Grant Thornton	GJ
<b>Minutes</b>		
Tahreen Kutub	PA to Chief Finance Officer, SSCCG and SFCCG	TK

**Attendance Tracker**    ✓ = Present    A = Apologies    N = Non-attendance

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
<b>South Sefton Audit Committee Membership</b>						
Graham Morris	Lay Member (Chair)	✓	✓	A	✓	
Graham Bayliss	Lay Member	✓	A	✓	✓	
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A	✓	✓	A	
<b>In attendance</b>						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	
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	✓	✓	A	A	

No	Item	Action
<b>General Business</b>		
<b>A18/134</b>	<p><b>Introductions and apologies for absence</b> Apologies for absence were received from the following South Sefton Audit Committee members: Jeff Simmonds.</p> <p>Apologies for absence were received from the following regular attendees: Georgia Jones.</p> <p>The committee noted that Graham Morris would chair this CiC meeting.</p> <p>Leah Robinson (Chief Accountant), who has returned from maternity leave, was welcomed back to the committee. The committee noted that Phil Rule, Interim Chief Accountant, has left the CCG.</p>	
<b>A18/135</b>	<p><b>Declarations of interest</b> Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: <a href="http://www.southseftonccg.nhs.uk/about-us/our-constitution">www.southseftonccg.nhs.uk/about-us/our-constitution</a>.</p> <p><b>Declarations of interest from today's meeting</b></p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
<b>A18/136</b>	<p><b>Minutes of the previous meetings and key issues</b> The South Sefton minutes of the Audit Committees in Common meeting on 25<sup>th</sup> July 2018 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from this meeting.</p>	
<b>A18/137</b>	<p><b>Action points from previous meetings</b></p> <p><b>A18/111(SS) Action points from previous meetings (A18/104 (SS) Service Auditor Reports)</b> RB reported that he had informed the CCG's Interim Chief Accountant that service auditor reports are only produced for systems that generate material figures within the financial statements. As HR is not such a system, it is not covered in the service auditor reports. Action closed.</p> <p><b>A18/114 (S&amp;F and SS) Information Governance Bi-Monthly Report</b> MMcD confirmed the actions relating to the summary front sheet of the IG Bi-Monthly report have been completed. Data Protection Impact Assessments have been completed. Action closed.</p> <p><b>A18/114 (S&amp;F and SS) Information Governance Bi-Monthly Report</b> MMcD noted that the current Data Protection Officer arrangements are not sufficient due to potential conflict of interest. He confirmed the position could be a wider role, encompassing a number of CCGs, and undertaken by an</p>	

	<p>organisation external to the CCGs. He noted he would discuss this issue with the Leadership Team.</p> <p><b>A18/115 (S&amp;F and SS) NHSE CCG Financial Planning, Control and Governance Self-Assessment Template</b></p> <p>LR reported that NHS England have been contacted to enquire about the type of information required for the following two assessment criteria:</p> <ul style="list-style-type: none"> <li>• <i>No. 39: Accounts payable and receivable are both regularly reviewed, proactively managed and regularly reported to the Governing Body.</i></li> <li>• <i>No. 40: The CCG can confirm that any debtor or creditor balances (Non-NHS) over 120 days have all been fully provided for.</i></li> </ul> <p>NHS England have confirmed that there is no specific guidance on the type of information required; it is an internal issue for the CCG to determine the level of detail required to provide assurance.</p> <p>Regarding criteria no. 39, LR confirmed that accounts payable and accounts receivable are monitored throughout the month and as part of month end closedown. Accounts receivables are presented to the Audit Committee; balances in excess of £5k and outstanding for 6 months or more are presented for discussion. The approved minutes of the Audit Committee are received by the Governing Body. The Governing Body, however, do not receive a report on both accounts payable and accounts receivable. The committee therefore agreed that the answer to this criteria should be 'No' with an explanation of what the CCG does do in terms of reporting. LR to action.</p> <p><b>A18/115 (S&amp;F and SS) NHSE CCG Financial Planning, Control and Governance Self-Assessment Template</b></p> <p>The subject of financial training for Governing Body members is yet to be raised with the Senior Leadership Team. The committee discussed this action and agreed for a training needs assessment to be carried out for the Governing Body in the first instance. This action is to supersede the existing action on the tracker.</p> <p><b>A18/130 (S&amp;F and SS) Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b></p> <p>MMcD reported that the Programme Manager for Quality and Risk and the Interim Chief Accountant undertook an initial review of the Corporate Risk Register (CRR) in September 2018. The review involved a re-articulation of the risk descriptions to ensure clarity. The finance risks within the GBAF still need to be reviewed, however, in order to ensure they are being captured more clearly. The wider Cheshire &amp; Merseyside work and the impact on the CCG also need to be captured within the GBAF. Action still open.</p> <p><b><i>Members noted that all other actions from the Audit Committees in Common meeting in July 2018 have been completed, with updates provided on the action tracker which were taken as read.</i></b></p>	<p>MMcD</p> <p>LR</p> <p>MMcD</p> <p>MMcD</p>
<b>Governance</b>		
<b>A18/138</b>	<p><b>GDPR Implementation Update</b></p> <p>MMcD presented the GDPR Implementation Update report. He provided an update on the amber and red rated areas, as detailed within the report.</p> <p>MM advised that Privacy Notices need to include information on Fraud and National Fraud Initiative. She confirmed she would send the necessary</p>	

	<p>information to MMcD in order for this to be included in the CCG's Privacy Notice.</p> <p><b><i>The CCG received the GDPR Implementation Update report.</i></b></p>	MM
<b>A18/139</b>	<p><b>Policy for the Management of Conflicts of Interest and Gifts and Hospitality</b></p> <p>MMcD presented the updated Managing Conflicts of Interest and Gifts and Hospitality Policy. The committee noted that a review of the policy was undertaken by the QIPP Programme Lead in September 2018 and as no new guidance has been issued, the substantive policy remains unchanged. Minor changes have been made to reflect the date of the review and to propose a future review date of September 2020.</p> <p>The committee discussed the policy, noted the minor amendments and approved the updated version.</p> <p><b><i>The committee approved the updated Managing Conflicts of Interest and Gifts and Hospitality Policy.</i></b></p>	
<b>A18/140</b>	<p><b>NHSE CCG Financial Planning, Control and Governance Self Assurance Template</b></p> <p>LR presented an updated self-assessment template on financial planning, control and governance. The committee had received the submission for Quarter 1 in July 2018, which was a mandatory submission to NHS England. LR noted there has been no indication that a Quarter 2 submission is required at this stage but for best practice purposes, the CCG has revisited the template to provide an update to the committee.</p> <p>Re. criteria no. 42 – LR confirmed the CCG needed to make a supplementary drawdown of cash in September 2018 but remains in line with the Maximum Cash Drawdown limit applied by NHSE. Mitigating actions have been put in place to prevent this from occurring in future.</p> <p>A number of queries were raised at the meeting regarding individual criteria and the CCG's submission, which were answered by LR and MMcD.</p>	
<b>A18/141</b>	<p><b>Losses, Special Payments and Aged Debt</b></p> <p>LR provided an update on losses, special payments and aged debt for South Sefton CCG since the last report was presented to the Audit Committee on 25<sup>th</sup> July 2018. No special payments have been made in this period and the CCG has identified no balances which require write-off at the time of reporting.</p> <p>LR reported on the outstanding debt as at 30th September 2018. Of the total debt outstanding (£1,269,144), there are 7 invoices totalling £461,759 above the £5k threshold which are greater than 6 months old. LR reported on the actions being undertaken to recover these debts, as detailed in Appendix 1 of the report. MMcD provided an update on the discussions to date between the Cheshire and Merseyside CFOs regarding the aged debt in relation to Cheshire and Merseyside Rehabilitation Recharges for 2016/17.</p> <p>The committee were informed that the Chief Nurse has been involved in discussions with Manchester House regarding aged debt in relation to a spot purchase reclaim, as she is the relationship manager between the CCG and Dovehaven (which owns Manchester House). It was noted that this was not the standard course of action and that the Chief Nurse would not usually get involved with debt recovery.</p> <p><b><i>The committee received the losses, special payments and aged debt</i></b></p>	



	<b>report.</b>	
<b>A18/142</b>	<p><b>Scheme of Delegation</b></p> <p>LR notified the committee on the following updates regarding the Scheme of Delegation:</p> <ol style="list-style-type: none"> <li>1) The Deputy Chief Finance Officer's invoice approval limit was temporarily increased in August 2018 to allow for urgent approval of invoices in the absence of the Chief Finance Officer and Chief Officer. Further information is contained within the report in the meeting pack, which the committee received. The Deputy Chief Finance Officer's limit has now been reduced back to the standardised £50k.</li> <li>2) As part of the Sefton Transformation Programme, the Programme Manager is required to have a limit to allow for approval of operational invoices. It is therefore proposed that the Programme Manager be given a £5k limit to allow for this.</li> </ol> <p>LR noted that due to the issues identified and in line with good practice, there is a need to review the current Scheme of Delegation across both of the Sefton CCGs to ensure it continues to be operationally fit for purpose and that adequate internal controls are in place. She confirmed a comprehensive review will be undertaken and a report will be brought to the next Audit CiC meeting in January 2019.</p> <p><b><i>The committee ratified the temporary increase in approval limit retrospectively for the Deputy Chief Finance Officer for the period noted above. The committee also approved the proposed limit for approval of operational invoices by the Sefton Transformation Programme Manager.</i></b></p>	LR
<b>A18/143</b>	<p><b>Single Tender Action forms</b></p> <p>MMcD reported on three Single Tender Action (STA) forms, noting that the contract values are within his delegated limits as Chief Finance Officer to sign off. The STA forms are for the following (further details are contained within the STAs received by the committee):</p> <ul style="list-style-type: none"> <li>• Consultancy support for CCG for function review, business processes and organisational change.</li> <li>• Online consulting software.</li> <li>• South Sefton CCG's award of a contract to Mersey Care NHS Foundation Trust for provision of community podiatry services.</li> </ul> <p>MMcD noted that the STA requests have been reviewed and approved and provided the rationale for approval. MMcD recommended the Audit Committee ratify the approval of the Single Tender Action forms.</p> <p><b><i>The committee ratified the approval of the above Single Tender Action forms.</i></b></p>	
<b>A18/144</b>	<p><b>Register of Interests</b></p> <p>MMcD presented an updated Register of Interest, as at 30 September 2018.</p> <p>Concerns were raised that the register was not fully up to date. Members discussed the updating of the register and suggested the document has version numbers visible to the committee, and that any updates between Audit CiC meetings be colour coded. This process is to be suggested to Judy Graves, Corporate Business Manager at the CCG.</p>	MMcD

	<p>The committee queried whether the register presented to the committee is the published or unpublished version. Members agreed that the committee should receive the unpublished version for the current financial year. This feedback is to be provided to Judy Graves.</p> <p><b><i>The committee received the Register of Interests.</i></b></p>	MMcD
<b>A18/145</b>	<p><b>Policy Tracker</b> MMcD presented the policy tracker. The committee received updates on the following policies that are out of their review dates: Infertility Policy; Commissioning Policy; Safeguarding Children and Adults at Risk Policy; and the Management of Allegations Policy and Procedure. A status on each policy is detailed in the report; the tracker will continue to be monitored by the Corporate Team.</p> <p><b><i>The committee received the policy tracker.</i></b></p>	
<b>A18/146</b>	<p><b>Lay Members' Training Needs</b> This item had been added to the agenda following an action from the last Audit CiC meeting. It was noted that lay members would be included in the training needs assessment to be carried out for the Governing Body, as agreed under A18/137.</p> <p><b><i>The committee received this verbal update.</i></b></p>	
<b>A18/147</b>	<p><b>Brexit Considerations</b> The committee discussed the potential implications of a 'no deal' Brexit and noted issues such as stockpiling and the effect on cost of drugs.</p> <p>The committee agreed that Brexit Considerations be added to the committee work plan as a standing item.</p> <p><b><i>The committee discussed Brexit considerations and agreed for this to be a standing agenda item.</i></b></p>	TK
<b><i>Audit and Anti-Fraud Specialist</i></b>		
<b>A18/148</b>	<p><b>Audit Committee Recommendations Tracker</b> LR presented the Audit Committee Recommendations Tracker and provided an update on the Section 75 agreement, as detailed on the tracker. She noted that the tracker does not include any audit reviews that have been carried out in 2018/19 and that these would be included in the next update to the Audit Committee in January 2019.</p> <p><b><i>The committee received the Audit Committee Recommendations Tracker.</i></b></p>	
<b>A18/149</b>	<p><b>MIAA Internal Audit Progress Report</b> AP presented the MIAA Internal Audit Progress Report. Since the last Audit CiC meeting in July 2018, an audit report has been finalised for Provider Contract Management. The review examined the arrangements in place for managing healthcare contracts commissioned by the CCG and concluded a high assurance level.</p> <p><b><i>The committee received the MIAA Internal Audit Progress Report.</i></b></p>	

A18/150	<p><b>CCG Conflicts of Interest Benchmarking</b></p> <p>AP presented a benchmarking report for managing conflicts of interest. The report covers the benchmarking of the 2017-18 mandated reviews. AP reported on CCG performance and benchmarking across 5 scope areas: Governance Arrangements; Declaration of Interest and Hospitality; Register of Interest, Gifts and Hospitality; Decision Making Processes and Contract Monitoring; and Identifying and Managing Non-Compliance.</p> <p>The committee noted that the CCG has reviewed and actioned improvements in the area of the management and recording of conflicts of interest at meetings.</p> <p><b><i>The committee received the CCG Conflict of Interest Benchmarking report.</i></b></p>	
A18/151	<p><b>Anti-Fraud Progress Report</b></p> <p>MM presented the Anti-Fraud Progress Report, which sets out the work undertaken from 1st April 2018 to 30th September 2018 and highlights activities and outcomes.</p> <p>MM reported there was one investigation for South Sefton in this period. The case has been closed from a fraud perspective but is still open on FIRST (online Fraud System) due to recovery of claims made against two patients. The committee noted that a letter will be issued from MMCD to the party involved.</p> <p><b><i>The committee received the Anti-Fraud Progress Report.</i></b></p>	
A18/152	<p><b>Bribery Compliance Strategy 2018</b></p> <p>LR presented a report on the Bribery Compliance Strategy 2018. The strategy is a self-assessment checklist (with 88 questions requiring 'Yes', 'No' or 'Partial' responses) compiled by MIAA to assess whether the CCGs have 'adequate procedures' in place to comply with the Bribery Act 2010.</p> <p>The results of the completion of the checklist indicated that of the 88 areas for consideration, 73 (83%) had 'Yes' responses, 7 (8%) had 'No' responses and 8 (9%) had 'Partial' responses. LR confirmed a report would be presented to the committee at the next meeting in January 2019, with an update on the actions that have been undertaken for the areas that have had 'Partial' and 'No' responses.</p> <p>MM confirmed that MIAA will be undertaking benchmarking work in this area.</p> <p><b><i>The committee received this report.</i></b></p>	LR
A18/153	<p><b>External Audit Progress Report</b></p> <p>RB presented the external audit report, noted progress to date and informed the committee of indicative dates for the 2018/19 external audit, which are yet to be confirmed.</p> <p><b><i>The committee received the external audit progress report.</i></b></p>	
<i>Risk</i>		
A18/154	<p><b>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</b></p> <p>MMcD presented the Governing Body Assurance Framework (GBAF), the Corporate Risk Register (CRR) and the Heat Map; the latter summarises all the mitigated risks for the CCG with a score of 12 and above.</p>	

	<p>The committee noted that the Programme Manager for Quality and Risk and the Interim Chief Accountant reviewed the CRR in September 2018 and have rearticulated risk descriptions into a standard format of 'risk, cause and result'. Working with risk leads, the narrative in the <i>Mitigating Action</i> and <i>Update on Mitigating Action</i> columns has also been updated.</p> <p>It was noted that risks from the Joint Commissioning Committee for Primary Care are not reflected on the CRR and need to be captured on this. MMcD to ensure this is actioned.</p> <p>Members discussed the GBAF and highlighted the following issues:</p> <ul style="list-style-type: none"> <li>• The GBAF does not currently have an overall strategic objective in relation to achieving the financial plan. This needs to be included in the GBAF; the current objective related to the delivery of the QIPP plan would in effect become a subset of the financial plan objective.</li> <li>• Members queried whether the strategic objectives that have been identified are the most relevant given the current developments and changes in the CCG and wider NHS (e.g. the wider Cheshire and Merseyside work; Sefton Transformation and Project Management Office).</li> </ul> <p>In light of the issues raised at this meeting, MMcD confirmed he would arrange a session to review the GBAF strategic objectives again at an upcoming Governing Body Development Session.</p> <p><b><i>The committee reviewed the CRR, GBAF and Heat Map and approved the updates.</i></b></p>	<p>MMcD</p> <p>MMcD</p>
<b>Key Issues of other committees to be formally received</b>		
A18/155	<p><b>Key Issues reports of other committees</b></p> <ul style="list-style-type: none"> <li>• Finance and Resource Committees June, July and August 2018</li> <li>• Joint Quality Committee June and July 2018</li> <li>• Joint Commissioning Committee June and August 2018</li> </ul> <p><b><i>The committee received the key issues of the Finance and Resource Committee, Joint Quality Committee and Joint Commissioning Committee meetings for the months detailed above.</i></b></p>	
<b>Closing business</b>		
A18/156	<p><b>Self-assessment of committee's effectiveness</b></p> <p>A questionnaire for a self-assessment of committee effectiveness (taken from the NHS Audit Committee Handbook) was circulated to committee members to complete; the deadline for submission is today. The Audit Committee Chairs confirmed they would review all completed submissions and asked for the item to be added to the agenda for the next meeting in January 2019.</p> <p><b><i>The committee received this verbal update.</i></b></p>	TK

A18/157	<p><b>Any other business</b> MMcD notified the committee that the Sefton CCGs have been asked by a mental health provider regarding how the Mental Health Investment Standard (MHIS) will be measured and assessed by external audit for this financial year, and whether the CCGs have met mental health standards. MMcD confirmed that no guidance has been published as yet but having reviewed the opening plan, he is assured that the CCGs will meet the planned level of investment into core services.</p>	
A18/158	<p><b>Key Issues Review</b> MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.</p>	
A18/159	<p><b>Minutes for Item A18/124 CHC Retrospective Claims Report – S&amp;F CCG</b> This item was related to Southport and Formby CCG only and was discussed without the presence of South Sefton Audit Committee members.</p>	
	<p><b>Date and time of next meeting</b> 16<sup>th</sup> January 2019 1.30pm to 4pm 3rd Floor Board Room, Merton House</p>	

## SS NHSE Joint Commissioning Committee Approved Minutes – Part I

Date: Thursday 18<sup>th</sup> October 2018, 11.00am – 12.00am  
Venue: 3A Merton House, Stanley Road, Bootle, L20 3DL

<b>Members</b>		
Graham Bayliss	SS CCG Lay Member (Chair)	GB
Graham Morris	SS CCG Lay Member	GM
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	JL
Dr Craig Gillespie	SS CCG Clinical Vice Chair	CG
Alan Cummings	NHSE Senior Commissioning Manager	AC
Suzanne Lynch	SF&SF CCG Head of Medicines Management	SL
Brendan Prescott	Deputy Chief Nurse and Quality Officer	BP
<b>Attendees:</b>		
Colette Page	SSCCG Quality	CP
Angela Price	Primary Care Programme Lead	AP
Sharon Howard	Programme Manager General Practice Forward View	SH
Diane Blair	Healthwatch Sefton	DB
<b>Minutes</b>		
Jane Elliott	SSCCG	JE

**Attendance Tracker**      ✓ = Present      A = Apologies      N = Non-attendance      C= Cancelled

Name	Membership	April 18	June 18	Aug 18	Oct 18
<b>Members:</b>					
Graham Bayliss	SS CCG Lay Member (Chair)	✓	A	✓	✓
Graham Morris	SS CCG Lay Member (Vice Chair)		✓		
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	✓	✓	✓	✓
Dr Craig Gillespie	SS CCG Clinical Vice Chair	✓	A	✓	✓
Susanne Lynch	S&F CCG Head of Medicines Management	N	A	✓	✓
Brendan Prescott	Deputy Chief Nurse and Quality Officer	N	N	N	N
Alan Cummings	NHSE Senior Commissioning Manager	✓	A	✓	✓
<b>Attendees:</b>					
Sharon Howard	Programme Manager General Practice Forward View	✓	✓	✓	✓
Angela Price	Primary Care Programme Lead	✓	A	✓	✓
Diane Blair	Healthwatch Sefton		✓	A	A
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N	N	N
Joe Chattin	Sefton LMC	N	N	N	N
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	N	N	N	N
Jan Hughes	NHSE Assistant Contract Manager	A	✓	✓	✓
Colette Page	SS&SF CCG Practice Nurse Lead	✓	✓	N	✓

No	Item	Action
SSNHSE 18/60	<p><b>Apologies for absence</b> Apologies were received as noted above.</p>	
SSNHSE 18/61	<p><b>Declarations of interest regarding agenda items</b> GB reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of 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 interest as a local GP and also as Clinical Lead for Crosby Primary Care Network Lead known as "Connecting Crosby"</p>	
SSNHSE 18/62	<p><b>Minutes of the previous meeting</b> The minutes of the previous meeting held on 16<sup>th</sup> August 2018 were agreed.</p>	
SSNHSE 18/63	<p><b>Action points from the previous meeting</b> The action tracker was discussed and updated.</p>	
SSNHSE 18/64	<p><b>Report from Operational Group and Decisions made</b> JH reported that the group had discussed:</p> <ul style="list-style-type: none"> <li>• List measures in Crosby and Maghull – no decisions were made</li> <li>• NHSE working with practices to verify practice boundaries – work is on going</li> </ul>	

SSNHSE 18/65	<p><b>GPFV Operational Plan/ Primary Care Programme Report</b></p> <ul style="list-style-type: none"> <li>• Resilience funding bids – the deadline has now closed.</li> <li>• Admin training – There are plans in place to focus on document management training and further sessions on sign posting. Part of the funding is being spent on iMerseyside developing a post that will support practices and patients utilise IT systems such as online access.</li> <li>• International recruitment – There is a possible candidate who has been offered an interview. Practices will now be asked if they meet the necessary criteria for receiving such a candidate. Practice who did not previously express an interest will be given an opportunity to participate.</li> <li>• 500 GP's – It was thought that 196 GPs would be recruited within the Cheshire and Merseyside area. This work is behind schedule</li> <li>• E-consultations – One practice in Southport is currently piloting this with positive feedback. Practices are being shown software demonstrations during locality meetings and the feedback again is largely positive.</li> <li>• 7 day access – now in week 3. Figures have been collected for each week and can be broken down into practice utilisation. The highest usage was from Maghull which has allayed fears that patient would be unwilling to travel to Litherland. Electronic Referral System is not currently accessible by the services, work is being done to encourage NHS Digital to rectify this quickly.</li> <li>• Pharmacy pilot – The posts will be out to recruitment shortly.</li> <li>• Pharmacy Hub – The pilot went live on 1 October 2018 and is going well. South Sefton are using the service well with queries being appropriate.</li> <li>• LQC – Phase 5 planning is underway.</li> <li>• Apex system – is currently out to procurement</li> <li>• Workforce – A C&amp;M meeting is scheduled for next week.</li> <li>• Productive General Practice – LT is to produce a report on progress so far.</li> <li>• Winter planning – NHSE have reported there will be no additional funds available this year.</li> <li>• Localities – work is on going.</li> <li>• Learning Disability Directed Enhanced Service – emails have been sent to practices who have opted for the federation to deliver the health checks to confirm process.</li> <li>• SMI – the requirement that patients with serious mental illnesses should have health checks. AP is working with Gordon Jones to develop this via the Local Quality Contract</li> <li>• Delegation – as noted in item 19/88</li> <li>• Primary Care Networks – Project manager post has gone to advert.</li> <li>• ETTF IT – As previously discussed none of the IT bids were successful.</li> </ul>	
SSNHSE 18/66	<p><b>Delegation</b></p> <p>Delegation is progressing. The deadline for application is November 2018. It has been suggested that future delegated committees work together as a committee in common between Southport &amp; Formby CCG and South Sefton CCG.</p>	



SSNHSE 18/67	<p><b>Healthwatch Feedback</b></p> <p>Apologies were received from Health Watch but an update was sent via email.</p> <p>Work on engaging on GP access in the Bootle has generated 60 completed surveys and there is plenty more engagement work in the diary.</p> <p>The plan is that the report will be drafted in December.</p> <p>A key concern of Healthwatch continues to be access to GPs in line with the increases in housing and new residential/ nursing homes across the Borough. We have had concerns about Damfield Gardens in Maghull where residents have been allocated GPs by NHS England. We will be planning an Enter and View in the near future.</p>	
SSNHSE 18/68	<p><b>Key Issues Log</b></p> <ul style="list-style-type: none"> <li>• Update on Crosby Pilot scheme</li> <li>• Update on Maghull pilot scheme</li> </ul>	
SSNHSE 18/69	<p><b>Any Other Business</b></p> <p>None</p>	
SSNHSE 18/70	<p><b>Date of Next Meeting:</b></p> <p>Thursday 20<sup>th</sup> December 2018 2018 at 10:00am-11:00am, NHS South Sefton CCG, Room 5A Merton House, Stanley Road, Bootle L20 3DL</p>	
<p><b>Meeting Concluded.</b></p> <p><b>Motion to Exclude the Public:</b></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>		

**COMMITTEE(S) IN COMMON**  
**KNOWSLEY, LIVERPOOL, SOUTH SEFTON CCGS AND**  
**SOUTHPORT & FORMBY CCGS**  
**BOARDROOM LIVERPOOL CCG**  
**FRIDAY 12<sup>TH</sup> OCTOBER 2018**

**PRESENT:**

Fiona Lemmens (FL)	Chair	NHS Liverpool CCG (In the Chair)
Jan Ledward (JLe)	Chief Officer	NHS Liverpool CCG
Carole Hill (CH)	Healthy Liverpool Integrated Programme Director	NHS Liverpool CCG
Fiona Taylor (FT)	Chief Officer	NHS South Sefton CCG/ NHS Southport & Formby CCG
Graham Morris (GM)	Deputy Chair	NHS South Sefton CCG
Andy Pryce (AP)	Chair	Knowsley CCG
Andrew Bibby (AB)	Assistant Regional Director of Specialist Commissioning	NHS England
Ian Moncur (IM)	Councillor	Sefton Council
Angie Smithson (AS)	Director of Integration	Aintree University Hospital NHS Foundation Trust (up to an including item 4)
Anna Roberts (AR)	Urgent & Emergency Care Clinical Utilisation Review and Pathway Manager	NHS Liverpool CCG
Paula Jones (PJ)	Committee Secretary/minute taker	NHS Liverpool CCG

**APOLOGIES:**

Rob Caudwell (RC)	Chair	NHS Southport & Formby CCG
Andy Mimmagh (AM)	Chair	NHS South Sefton CCG
Craig Gillespie	Acting Chair	NHS South Sefton CCG
Ian Davies (ID)	Chief Operating Officer	NHS Liverpool CCG
Mark Bakewell (MB)	Chief Finance & Contracting Officer	NHS Liverpool CCG

Dianne Johnson (DJ)	Chief Officer	NHS Knowsley CCG
Donal O'Donoghue (DOD)	Secondary Care Clinician	NHS Liverpool CCG
Martin Farran (MF)	Director of Adult Services & Health	Liverpool City Council
Sue Rogers (SR)	Assistant Director of Integrated Health and Social Care	Liverpool City Council

<b>1.0</b>	<b>Welcome, Introductions and apologies:</b>
<b>1.1</b>	The Chair then welcomed all to the meeting and introductions were made.
<b>2.0</b>	<b>Declaration of Interest:</b>
<b>2.1</b>	There were no declarations of interest made specific to the agenda.
<b>3.0</b>	<b>Minutes &amp; Actions of the previous meeting: 8<sup>th</sup> June 2018</b>
<b>3.1</b>	The minutes of the 8 <sup>th</sup> June 2018 meeting were agreed as an accurate record of the meeting.
<b>3.2</b>	<ul style="list-style-type: none"> <li>• Actions from item 3 Minutes and Actions of the previous meeting on 8<sup>th</sup> June 2018: <ul style="list-style-type: none"> <li>➤ <b>From minutes of previous meeting</b> – Action for FT to follow up obtaining confirmation in writing from West Lancashire CCG that they had declined to be a member of the North Mersey Joint Committee – FT confirmed that she had spoken to West Lancashire CCG who had asked to be kept informed rather than be a formal member, however she did not yet have this in writing and would obtain written confirmation as soon as possible. <b>ACTION: FT TO OBTAIN CONFIRMATION IN WRITING AS SOON AS POSSIBLE FROM WEST LANCASHIRE CCG THAT THEY DID NOT WANT TO BE A MEMBER OF THE JOINT COMMITTEE.</b></li> <li>➤ <b>From minutes of previous meeting re North Mersey Joint Committee</b> – re membership of the joint committee it was noted that there was a formal agenda item on the Joint Committee on</li> </ul> </li> </ul>

today's agenda.

- **From minutes of previous meeting re North Mersey Joint Committee** – FT referred to the action for her to discuss with Sefton Council their role in the Committee(s) in Common and noted that IM was at the meeting. IM noted that it would be difficult for him to attend if the dates were altered. JLe noted that MF from Liverpool City Council had been included in the distribution list but had been unable to attend today
- **From minutes of previous meeting re Shared Care Priorities** – AP to follow up on action to check if DJ had been made aware that she had been allocated a leadership role for one of the shared care priorities. **ACTION: AP TO FOLLOW UP THAT DJ WAS AWARE SHE HAD BEEN ALLOCATED A LEADERSHIP ROLE FOR ONE OF THE SHARE CARE PRIORITIES.**
- **From Orthopaedic & Trauma Service Business Case** – CH confirmed that she had provided feedback from the Committee(s) In Common on the merger proposals to Merger Team.
- **From Orthopaedic & Trauma Service Business Case** – it was noted that this item was on the agenda for today.
- **From Orthopaedic & Trauma Service Business Case** – it was noted that CH would catch up with AB to talk about the quorum requirement in the CIC Terms of Reference for NHS England Specialist Commissioning to be present in the light of the role of the North Mersey Joint Committee. **ACTION:CH TO SPEAK TO AB ABOUT QUORUM REQUIREMENT FOR NHS ENGLAND SPECIALIST COMMISSIONING IN THE TOR FOR THE COMMITTEE(S) IN COMMON.**
- From Update on Royal & Aintree Merger Process – CH updated that there had been a joint informal meeting of the four CCG Governing Bodies to discuss the merger process and this would be followed up with further sessions. **ACTION: FOLLOW UP MEETINGS OF JOINT GBs TO ENGAGE REGARDING THE MERGER OF ROYAL AND AINTREE (CH).**
- **From Liverpool Women's Hospital ('LWH') Update** – FL

	<p>updated the CIC:</p> <ul style="list-style-type: none"> <li>❖ NHS England Regional Team had visited LWH to understand the geographical issues and the clinical case.</li> <li>❖ The challenge was around capital requirements in the context of the proposal for citywide hospital transformation. This had been discussed at the North Mersey Leadership Team. There would be no news around capital until November 2018. LWH were being encouraged to contain the capital requirement to below £100m to fit the remit of the regional funding source.</li> <li>❖ The decision needed to be taken on whether or not consult on one option or four and this decision would be delegated to the North Mersey Joint Committee. FL was to attend the South Sefton Overview &amp; Scrutiny Committee later that week. CH agreed to provide a briefing for FL. <b>ACTION: CH TO PROVIDE FL WITH A BRIEFING TO TAKE TO THE SEFTON OVERVIEW &amp; SCRUTINY COMMITTEE.</b></li> </ul>
4.0	<p><b>Merger of the Royal Liverpool and Aintree Hospitals – Presentation – Angie Smithson (AS)</b></p> <p>4.1 AS gave a presentation to the CIC on the Transaction and Integration Programme:</p> <ul style="list-style-type: none"> <li>➤ Full business case was currently being developed with 8 clinical areas and all corporate areas being worked up in detail: <ul style="list-style-type: none"> <li>❖ Trauma &amp; Orthopaedics</li> <li>❖ Surgery (including emergency surgery, UGI, hepato-biliary and colorectal surgery)</li> <li>❖ ENT</li> <li>❖ Nephrology</li> <li>❖ Radiology</li> <li>❖ Haematology</li> <li>❖ Dermatology</li> <li>❖ Gastroenterology</li> </ul> </li> </ul>

- Patient Benefit Case: A number of clinical specialties and cross cutting themes are being considered for case-studies of merger-dependent patient benefits:
  - ❖ Trauma & Orthopaedics
  - ❖ Surgery (including emergency surgery, UGI, hepato-biliary and colorectal surgery)
  - ❖ ENT
  - ❖ Stroke
  - ❖ Nephrology
  - ❖ Radiology
  - ❖ Workforce
  - ❖ Access
  
- FT asked if the Stroke Reconfiguration was included i.e. the timeline for Hyper-acute Stroke proposals AS replied that this was not being considered at the moment, Aintree were aware of the Cheshire & Mersey stroke programme and the need to consider the bigger picture but were currently only considering plans for the Royal and Aintree.
  
- The full business case and post transaction implementation plans would be presented to the February 2019 Boards. The Due Diligence exercise was almost complete and would identify areas of risk which would come back to the CIC. Confirm and challenge workshops were now being held.
  
- Next Steps:
  - ❖ Complete the Patient Benefit Case - Complete 'Market Assessment & Competition Analysis'
  - ❖ Pre-merger engagement with regulatory stakeholders, staff, patients and public
  - ❖ Complete 'Due Diligence' (clinical, financial, legal, etc.)
  - ❖ Update and complete Long Term Financial Models
  - ❖ Develop 'Post Transaction Integration Plan' with phases/costs for reconfiguration
  - ❖ 'Maintain review of Assumptions, Success Factors, Risks and Mitigations'
  - ❖ Appoint 'Interim Board' July 2019 to run for three months prior to new Board starting 1<sup>st</sup> October 2019

The following questions were raised:

- In response to a question from FT it was confirmed that the Post Transaction Implementation Plans would be informed by CCG commissioning intentions and challenge. JLe noted that Stroke Services had not been delegated to the North Mersey Joint Committee so would come to the Committee(s) In Common for a strategic view.
- IM asked about engagement with patients and public and involving them ahead of decisions being taken. Proposals for service change would be engaged on an, in some cases, subject to public consultation.
- FL felt it would be helpful to have a one page plan of governance for the commissioners to be able to interact with the process. JLe felt that the we needed to know what our role as commissioners was in the merger and how to future proof services going forward. This was required in two weeks' time to be circulated to members.

**ACTION: CH TO PREPARE GOVERNANCE MAP/ROLES & RESPONSIBILITIES FOR COMMISSIONERS FOR CIRCULATION TO MEMBERS IN TWO WEEKS' TIME (by w/c 29.10.18).**

**The Committees in Common:**

- **Noted the Verbal Update and looked forward to receiving the briefing on the role of commissioners in the merger.**

**5.0 Orthopaedic & Trauma Service Business Case Update – Report No: CIC 05-18 – Carole Hill**

- 5.1**
- The decision was delegated to the Joint Committee for the four North Mersey CCGs.
  - Final Business Case was shared with a joint NHS England and NHS Improvement Stage 2 Assurance panel with feedback received and acted upon as outlined in the papers.
  - Feedback from the June 2018 Committee(s) In Common meeting would be included before the final Business Case went to the Joint Committee for approval.

	<ul style="list-style-type: none"> <li>➤ The Feasibility Plan and Business Case had been approved by the two Trust Boards, so updates to the Business Case from commissioner queries would be contained in an addendum to the Business Case going to the Joint Committee.</li> <li>➤ JLe felt that it needed to very clear in the paper going to the Joint Committee about the service change process.</li> <li>➤ AB raised the question of whether spinal trauma would all be directed to Aintree and what the criteria for the Major Trauma Centre would be. FL thought that all Trauma was to be directed to Aintree but agreed to check. <b>ACTION: FL TO CHECK THE PROCEDURE POST MERGER FOR THE CLASSIFICATION AND DIRECTION OF TRAUMA PATIENTS.</b></li> </ul> <p><b>The Committees in Common:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Recommended the proposal for the establishment of a single orthopaedic service to be delivered over two sites to the first public meeting of the North Mersey Joint Committee.</b></li> </ul>
<p><b>6.0</b></p> <p><b>6.1</b></p>	<p><b>North Mersey Urgent Treatment Centre – Report No: CIC 06-18 – Anna Roberts (AR):</b></p> <ul style="list-style-type: none"> <li>➤ From the 5 Year Forward View commissioners were required to implement Urgent Care Treatment Centres open a minimum of 12 hours a day, 7 days a week. A review had commenced of urgent care across the city.</li> <li>➤ Liverpool, South Sefton and Knowsley CCGs had agreed to collaborate on reviews of urgent care, particularly with regard to the Aintree catchment.</li> </ul> <p><b>The Committee(s) In common commented:</b></p> <ul style="list-style-type: none"> <li>➤ JLe referred to the One Liverpool Plan and the future requirements for an integrated Urgent Care system which met the needs of our population.</li> <li>➤ FT felt that the engagement and consultation should be done collaboratively. Urgent Care Treatment Centres were not on the programme of work for the Joint Committee as yet therefore progress would come back to the Committee(s) In Common.</li> </ul>



	<p><b>The Committees in Common:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Noted the existing work already underway with regards to the urgent care review in North Liverpool, South Sefton and Knowsley.</b></li> <li>➤ <b>Agreed the need for collaborative programme management and engagement.</b></li> </ul>
<p><b>7.0</b></p> <p><b>7.1</b></p>	<p><b>North Mersey Joint Committee Inaugural meeting – Verbal – Jan Ledward</b></p> <p>Following on from this discussions under item 5 it was noted that the final decision on the Orthopaedic and Trauma Services Business Case would take place at the first public meeting of the Joint Committee of the North Mersey CCGs .</p> <p>The date had been set for the first meeting of the Joint Committee for 24<sup>th</sup> October 2018. It was agreed by all those present that this meeting should be held in private to formally adopt the Terms of Reference and establish behaviours for the committee prior to the first meeting in the public domain which would approve the final Business Case for Orthopaedic and Trauma Services. PJ would convene a meeting in November based on the dates/times preference already submitted by each member CCG and inform the NSH England Specialist Commissioning Regional meetings.</p> <p><b>ACTION: PJ TO COVENE NOVEMBER 2018 DATE FOR FIRST PUBLIC MEETING OF THE JOINT COMMITTEE.</b></p> <p><b>The Committees in Common:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Noted the Verbal Update.</b></li> </ul>
<p><b>8.0</b></p> <p><b>8.1</b></p>	<p><b>Any Other Business</b></p> <p>There were no items to discuss under Any Other Business.</p>
<p><b>9.0</b></p> <p><b>9.1</b></p>	<p><b>Date of next meeting</b></p> <p>Friday 14<sup>th</sup> December 2018, 12pm to 2pm Boardroom, Liverpool CCG.</p>

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