

Governing Body Meeting in Public Agenda

Date: Thursday 6th June 2019, 13:00hrs to 15:25hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

- 13:00 hrs** Members of the public may highlight any particular areas of concern/interest and address questions to Board members. If you wish, you may present your question in writing beforehand to the Chair.
- 13:15 hrs** Formal meeting of the Governing Body in Public commences. Members of the public may stay and observe this part of the meeting.

The Governing Body Members

Dr Craig Gillespie	Acting Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Dr Peter Chamberlain	GP Clinical Director	PC
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
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

Co-opted Members

Matthew Ashton	Director of Public Health	MA
Maureen Kelly	Chair, Healthwatch	MK

Quorum: Majority of voting members.

“Sefton Crowd”

Presentation by Peter Moore, Head of Highways and Public Protection, Sefton MBC

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:30hrs
GB19/62	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB19/63	Declarations of Interest	Chair	Verbal	Receive	
GB19/64	Minutes of previous meeting	Chair	Report	Approve	
GB19/65	Action Points from previous meeting	Chair	Report	Approve	
GB19/66	Business Update	Chair	Verbal	Receive	
GB19/67	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					13:50hrs
GB19/68	Integrated Performance Report - NHS Constitution: Director of Strategy & Outcomes - Quality: Chief Nurse - Finance: Chief Finance Officer	Karl McCluskey DCF MMcD	Report	Receive	55 mins
GB19/69	Improvement and Assessment Framework: Q3 2018/19 Exception Report	Karl McCluskey	Report	Receive	
GB19/70	Final 2019/20 Budgets	MMcD	Report	Receive	
Governance					14:45hrs
GB19/71	CCG Governing Body Sub-Committee Terms of Reference	GM	Report	Approve	15 mins
GB19/72	Audit Committee Annual Report 2018/19	GM	Report	Receive	
GB19/73	Annual Equality Report including Equality Delivery Systems 2 and Equality Objective plan	Andy Woods	Reports	Approve	
GB19/74	Governing Body Assurance Framework and Corporate Risk Register: Q4 2018/19	Debbie Fairclough	Report	Receive	
Service Improvement/Strategic Delivery					15:00hrs
GB19/75	Sefton Transformation Programme Update	FLT	Report	Receive	15 mins
GB19/76	Operational Plan	Karl McCluskey	Report	Receive	
For Information					15:15hrs
GB19/77	Key Issues Reports: a) Finance & Resource Committee b) Quality Committee c) Audit Committee d) Joint Commissioning Committee PTI e) Primary Care Commissioning Committee PTI f) Locality Key Issues - None	Chair	Report	Receive	5 mins
GB19/78	Approved Minutes: a) Finance & Resource Committee b) Joint Quality Committee c) Audit Committee d) Joint Commissioning Committee PTI e) Primary Care Commissioning Committee PTI f) North Mersey Joint Commissioning Committee - None	Chair	Report	Receive	
Closing Business					15:20hrs
GB19/79	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB19/80	<p>Date of Next Meeting</p> <p>Thursday 5th September 2019, 13:00hrs in the Boardroom, 3rd Floor, Merton House.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Thursday of the month. Dates for 2019/20 are as follows:</p> <p>7th November 2019 6th February 2020 2nd April 2020 4th June 2020</p> <p>All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3rd Floor Merton House.</p>				
Estimated meeting close					15:25hrs

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 4 April 2019, 13:10hrs to 15:15hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

Dr Craig Gillespie	Acting Chair	CG
Graham Morris	Deputy Chair & Lay Member - Governance	GM
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
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
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

Co-opted Members (or deputy) in Attendance

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

Lyn Cooke	Head of Communications and Engagement	LC
Jan Leonard	Director of Commissioning and Redesign	JL
Karl McCluskey	Director of Strategy and Outcomes	KMcC
Judy Graves	<i>Minute taker</i>	

Member Apologies

Dr Peter Chamberlain	GP Clinical Director
Lynne Creevy	Practice Manager
Dwayne Johnson	Director of Social Services & Health, Sefton MBC
Maureen Kelly	Chair, Health watch (<i>co-opted Member</i>)
Dr John Wray	GP Clinical Director

Quorum: Majority of voting members.

Name	Governing Body Membership	Mar 18	May 18	July 18	Sept 18	Nov 18	Feb 19	Apr 19
Dr Andrew Mimmagh	Chair & GP Clinical Director	A	A	A	A	A	A	
Dr Craig Gillespie	Chair & GP Clinical Director	✓	✓	✓	✓	A	✓	✓
Graham Morris	Deputy Chair & Lay Member - Governance	✓	✓	✓	✓	✓	A	✓
Matthew Ashton <i>or deputy</i>	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	✓	✓	✓	A	✓	✓	✓
Graham Bayliss	Lay Member for Patient & Public Engagement	✓	✓	✓	✓	✓	✓	✓
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	✓	A	A
Lynne Creevy	Practice Manager					✓	A	A
Debbie Fagan	Chief Nurse	✓	✓	✓	✓	✓	✓	✓

Name	Governing Body Membership	Mar 18	May 18	July 18	Sept 18	Nov 18	Feb 19	Apr 19
Gina Halstead	GP Clinical Director	✓	✓	✓	✓	✓	✓	✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A	✓	A	✓	✓	A	A
Maureen Kelly	Chair, Healthwatch (<i>co-opted Member</i>)	✓	A	A	A	✓	A	A
Martin McDowell	Chief Finance Officer	A	✓	✓	✓	✓	✓	✓
Dr Ricky Sinha	GP Clinical Director	N	A	✓	✓	A	A	
Dr Sunil Sapre	GP Clinical Director	✓	✓	✓	A	✓	✓	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	A	A	A	A	✓	✓
Fiona Taylor	Chief Officer	✓	✓	A	✓	A	✓	✓
Dr John Wray	GP Clinical Director	A	✓	✓	A	A	✓	A

No	Item	Action
Questions	Questions from the Public None	
Presentation	<p>Implementing the “Healthier You” NHS Diabetes Prevention Programme Across Sefton Dr Nigel Taylor, Clinical Lead for Diabetes, Program Lead DPP and Structured Education Alice Varney, Lead Facilitator Primary Care IM&T, NHS Informatics Merseyside</p> <p>Following the declarations of interest (detailed on slide 2) a presentation was given on the “Healthier You” programme which was aimed at targeting patients at risk of developing type 2 diabetes identified from recent blood tests or health checks.</p> <p>The presentation went through the stages of the programme such as setting the pathway, direct referrals, publicity and the teams and other programmes involved including Active Sefton. iMerseyside Practice Information Facilitators had also been involved and been integral to the programme by developing a practice system that assisted the referral process. A team member from iMerseyside provided an overview of the detailed process involved in developing the practice system. Further support is provided to the practices by an assigned Data Quality Team member. Updates are made to the system through each wave as per the programme development.</p> <p>Patients had experienced a number of benefits including weight loss and a reduction in weight circumference.</p> <p>An additional benefit had been seen in improved blood pressure readings. Although not currently a programme measure, it was hoped that such would be included within the next wave.</p> <p>The programme had achieved its target within 12 months and although Sefton had been the last to mobilise, it had been the first to achieve. As at April 2018 665 residents had been referred to the programme, with a 1000 referrals reached within 18 months.</p>	

No	Item	Action
	<p>Patient experience had been very positive and had recognised the holistic approach. The clinicians confirmed to members that patient feedback had been very positive, with the programme and process working well.</p> <p>The Chair and FLT noted the “outstanding” achieved for diabetes delivery. Thanks were given to Nigel Taylor, the informatics team and the members and teams involved.</p>	
GB19/34	<p>Apologies & Welcome</p> <p>Apologies were given on behalf of Dr Peter Chamberlain, Lynne Creevy, Dwayne Johnson, Maureen Kelly and Dr John Wray.</p> <p>Helen Armitage attended on behalf of the Director of Public Health.</p> <p>The Chair confirmed the meeting as quorate.</p>	
GB19/35	<p>Declarations of Interest</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Dr Jeff Simmonds, Fiona Taylor, Martin McDowell and Debbie Fagan. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p> <p>Further conflicts of interest were received from CG, GH and SS as GP members and in relation to item 19/45 Primary Care (General Practice) Development Strategy.</p>	
GB19/36	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting held 7 February 2019 were approved as a true record.</p>	
GB19/37	<p>Action Points from Previous Meeting</p> <p>GB19/8: Integrated Performance Report - Mental Health</p> <p>The members were asked to note the failed targets for IAPT access and recovery and received an update on the response from the provider. The members discussed the potential reasons for the failed access target including the availability of other similar services in the area. The location of the services and accessibility was also given as a potential issue, in that some patients might feel more comfortable if based in a more discreet location. The members were informed that the service had confirmed that it was working to capacity and was experiencing a high DNA rate which is impacting on increased waiting times. In relation to recovery, GH advised that a comment from one service had indicated that people accessing the service have greater needs comparable to other parts of the country. This is impacting upon a longer recovery time. FLT suggested that this be looked at further with discussion at EPEG. Tracy Jeffes to lead on this with Sue Gough, Clinical Lead for Mental Health.</p> <p><u>Update:</u> The item had not yet been presented to EPEG due to timing.</p> <p>CG informed members of a discussion held at Crosby Primary Care Network</p>	TJ (SG)

No	Item	Action
	<p>where members had been updated to a meeting between Angela McMahon (AMcM) and the IAPT provider. During which AMcM had raised the DNA concerns. AMcM informed the network that following the meeting she had been assured that the provider was doing all it could to manage the process.</p> <p>Chronic conditions were also raised. GH considered it challenging to select the right patient group. FLT briefed members on the recent subtle change in Long Term Conditions within the Integrated Performance Report.</p>	
GB19/38	<p>Business Update</p> <p>CG referred to the recent governing body GP member election process carried out due to the expiry of the prior term as at 31 March 2019. Following completion of the process GH, SS, PC, JW and CG had been re-appointed for a further term. The membership was notified that Dr Ricky Sinha had not stood for a further term. RS was thanked for his support. Dr Andy Mimmagh had also not stood for re-election. AM had been part of the CCG from the outset and had given considerable commitment and contribution which would be missed. AM was thanked.</p> <p>CG further announced the sad passing of Dr Rebecca Mardsen, Locality Chair and GP for Crosby. Condolences and thoughts were with the family.</p>	
GB19/39	<p>Chief Officer Report</p> <p>The members and public were presented with the Chief Officer report. It was identified that 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 following areas were highlighted:</p> <p><u>1. EU Exit Operational Readiness Guidance:</u> The CCG continues to be involved in activities in readiness for any eventuality in relation to EU exit. Such activities include daily 4pm report updates.</p> <p><u>2. Building the case for primary legislative change:</u> As directed, NHSE and NHSI have compiled a summary of core proposals that could help the NHS organisations work collectively and focussed on making it easier to integrate services, as detailed on page 18 of the meeting pack. It was not expected that legislation would change but the proposals would be presented through due political process.</p> <p>https://www.england.nhs.uk/wp-content/uploads/2019/02/02-MiCIE-28-02-2019-building-the-case-for-primary-legislative-change.pdf</p> <p><u>3. NHS England North West Senior Appointments:</u> The new senior NHS England appointments had been announced. The next phase would now commence.</p> <p><u>4. CCG Accountability Framework:</u> A review of portfolios has been undertaken to align roles and responsibilities in order to meet the changing demands. The revised accountability framework will be presented to the next development session.</p>	

No	Item	Action
	<p>7. Liverpool Community College – Look Back Exercise: The CCG were invited to a meeting to listen to the further findings of the look back exercise following the review of Liverpool Community Health (LCH) by Bill Kirkup. Such included incidents associated with possible harm and concerns relating to how harm or no harm was recorded by LCH. It was noted that Mersey Care, who acquired the services, are working hard to fully implement all of the recommendations. These will be reviewed by NHSI and NHSE to ensure safe and effective, a report for which will be provided to the CCG in due course.</p> <p>8. Clinical review of NHS access standards: The standards have been reviewed in the context of the NHS Long Term Plan. The process was now at level three following completion of the first two phases, during which the proposals will be tested at a selection of sites across England. Further information is available via the link within the report and below:</p> <p>Clinical Review of NHS Access Standards Interim Report</p> <p>9. Delegated Commissioning GP practice</p> <p>As at 1st April 2019 the CCG became fully delegated for the commissioning of primary medical services and the Primary Care Commissioning Committee will now preside over those arrangements and report to the governing body on progress.</p> <p><u>Additional Items:</u></p> <p><i>Governing Body Chair:</i></p> <p>FLT thanked CG for his support in his capacity as Acting Chair. CG has agreed to continue the role until due process for the election of a new Chair had concluded.</p> <p><i>LCH</i></p> <p>FLT confirmed that LCH had been disestablished following a query raised in relation to recently seen LCH signage. It was confirmed that branding and signage on a vehicles tended to last the duration of the vehicle due to the cost involved in removing or replacing. It was recognised that this might cause confusion.</p> <p>Resolution: The governing body received the report.</p>	
GB19/40	<p>Quality, Innovation, Productivity and Prevention (QIPP) Plan and Progress Report</p> <p>The governing body were presented with the QIPP report which provided an update on the progress being made in implementing the QIPP plan schemes and activities. The Joint QIPP committee continues to monitor performance against the plan and receives updates across the five domains identified by the CCG.</p> <p>The dashboard shows the CCGs performance to date in respect of the QIPP plan and position as at month 11. The year to date delivery at month 11 is circa £2.2m. This is below the year to date plan of £5.842m.</p>	

No	Item	Action
	<p>A number of schemes have delivered including technical and medicines optimisation. The Acting as One arrangement has meant it not possible to take account of any savings in either unplanned or planned care.</p> <p>Resolution: The governing body received the report.</p>	
GB19/41	<p>Integrated Performance Report</p> <p>The governing body were presented with the report which provided summary information on the performance, quality and finance for South Sefton. The executive summary was highlighted on pages 44 to 46, with the summary performance dashboard from page 38 of the meeting pack.</p> <p>The members were taken through the report with the following areas highlighted;</p> <p>Planned Care</p> <p>The current trend for referrals is following previous years. Mid-year has seen a reduction in referrals compared to last year with an overall increase of 2%. GP referrals continue to be flat, with the increase due to Consultant to Consultant referrals. An area to note was in relation to the continuous winter and emergency pressures being experienced by Aintree University Hospital. The aftermath having impacted on elective care and the referrals to Renacres.</p> <p>Reference was made to the e-referral utilisation rates. The clinical members relayed the conversations being had at network meetings in relation to the rates presented. The members considered it not possible for the figures to be that low given that GPs were not able to refer unless via the e-referral system. CG highlighted his concern regarding the data and advised members he would seek clarification at the Aintree Planned Care Group. It was expected that some irregularities might be as a result of such within the system and possible IT problems, but not to 40%. Concerns were also raised in relation to ERS. GH and CG to work with Karl McCluskey to highlight issues.</p> <p>In January there were two patients waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. The detail is provided on page 61 of the meeting report. One patient had already been treated whilst the other is awaiting confirmation of therapy treatment which is being outsourced. It was noted that where a breach of 52 weeks occurs, the CCG review on an individual basis to ensure expedited.</p> <p>The CCG and Aintree University Hospital have failed 5 of the 9 measures as at month 10. These were as a result of a number of issues including admin and capacity. This is reflected in the 62 day cancer performance measures. A number of actions and measures have been identified as detailed in pages 71 and 72 of the meeting report. Such includes funding support to Aintree University Hospital from the Cancer Alliance to assist in the introduction of new posts. The Chair raised concern and disappointment on the cancer performance data presented. A deep dive was suggested for presentation at the next development session and to include an understanding of the complex pathways and any assistance needed in relation to complex pathway management.</p>	<p>CG</p> <p>CG, GH and KMcC</p> <p>KMcC</p>

No	Item	Action
	<p>Unplanned Care</p> <p>Aintree University Hospital have failed their revised target of 93.3% in January for A & E waits, reaching 87.55% (YTD 86.49%). 1,823 attendances out of 14,637 were not admitted, transferred or discharged within 4 hours. A number of actions have been identified, as detailed on page 84 and 85 of the meeting report. It was noted that although Aintree were not hitting the trajectory, they were doing better than their comparative trusts and appear to have already undertaken a number of actions.</p> <p>The NWAS Ambulance Response Programme has progressed well during 2018/19. However, significant work was still required in order to achieve targets. It was noted that the number of ambulance handover delays in excess of 30 minutes and 60 minutes had both decreased. In addition the average time from notification to handover has improved.</p> <p>Mental Health</p> <p>It was noted that the update in relation to the IAPT provider meeting (as discussed under item 19/37) had been useful to obtain assurance in relation to access and DNA's.</p> <p>The members were provided with an update on the increase in both the number of patients entering treatment and the recovery rate, with the recovery rate now achieving the 50% target.</p> <p>The dementia diagnosis rate in January of 63.51% is under the national ambition of 66.7% and a slight decline on the previous month.</p> <p>General Practice</p> <p>Reference was made to general access to general practice and the seven day service now available at practices. The additional provision commenced October 2018 and provided a further 1300 slots per month. Recent figures show a 76% booking rate had been achieved for February 2019. DNA rates before the availability of the additional slots was 107, with the February rates currently 169. It was noted that DNA rates had been expected to increase in line with the introduction of the additional slots and was already recognised as an on-going problem.</p> <p>Finance</p> <p>MMcD updated members on the financial aspects of the report as presented in section 2.</p> <p>The financial data provided an update on performance as at 28th February 2019 with the year to date financial position being a surplus of £0.700m. This reflects implementation of mitigating actions during the month to address pressures previously reported to the governing body. Given this, the CCG were on course to deliver a year end surplus of £1m.</p> <p>Figure 3, page 49 of the meeting report updated on the performance indicators. It was noted that the better payment practice code targets have been achieved year to date. Work to maintain this performance will continue through robust cash management.</p> <p>The members were highlighted to the main financial pressures as detailed in</p>	

No	Item	Action
	<p>section 2.3. In particular the over spend within prescribing due to NCSO and other prescribing cost pressures. CHC was noted as a continued issue. The independent sector had seen a small shift from NHS providers to Ramsey Healthcare. It was expected that this was most likely in relation to Trauma and Orthopaedic.</p> <p>The Acting as Once contracting arrangement had seen a benefit of £0.846m. However this arrangement also restricts the ability to achieve QIPP savings.</p> <p>The CCG forecast financial position is a surplus of £1m, although dependent on achieving a QIPP saving of £5.329m.</p> <p>The members were informed that the CCG was on target to meet the year end cash target of 1.75% of cash drawdown for month 12 (£0.236m).</p> <p>The members noted the achievement of surplus subject to external audit opinion. The members thanked and congratulated MMCD and the team on the achievement.</p> <p>Quality</p> <p>There had been a slight improvement on the Personal Health Budget target although was still under performing and noted as challenging. It was recognised that there were a mixture of issues that impacted on the target, this included not all patients wanting PHBs. A number of actions have been identified to help address the issues and are as detailed on page 79 and 80 of the meeting report.</p> <p>The CCG were achieving the target in relation to CHC eligibility as show in section 3.9.</p> <p>The CCG had one new case of MRSA in January 2019. This together with the one case reported in July 2018 and apportioned to the community, had failed the zero tolerance threshold for 2018/19. This new case was at Aintree. Aintree now have two cases year to date and failed zero tolerance threshold for 2018/19, the earlier case was reported in May 2018.</p> <p>There has been progress made with regards to the areas that remain open on the CCGs serious incident improvement programme action plan. A learning event has been held with providers that looked at serious incident management and outcome based data. Further training will be carried out for CCG staff members and is scheduled for May 2019. An update on the work was presented to the Joint Quality Committee who has approved closure of the action plan which supports the substantial assurance received by MIAA.</p> <p>The members were highlighted to a new group to be established “Performance & Quality Assurance Panel”. The role of the panel will be to review breaches that don’t fit in any other category. The membership will have appropriate clinical involvement. It was noted that the need for the group had been highlighted as a result of the additional work required in relation to the SI process and the lack of capacity in the SI Group to be able to manage such.</p> <p>Reference was made to the serious incident definitions which can differ between the Trusts and had a potential for serious harm to be missed. It was expected that this would be looked at by the Trusts as part of the merger and standardising across the Trusts.</p>	

No	Item	Action
	<p>The level of feedback for Patient Experience of Community Services was not as hoped, although what had been received was positive.</p> <p>Latest CQC inspections for Ford Medical and Netherton Practice had both received ratings of “requiring improvement”. CCG support will be offered to the practices. A discussion was held in relation to any potential support that the PCN might be able to offer. Was suggested that this could be done as a joint effort. Karl McCluskey offered to take back to Angela McMahon and pick-up outside of the meeting.</p> <p>Reference was made to figure 69 and the wording “(blank)” used within the table and data field. There had been a prior discussion regarding incomplete data and clarification was requested on the relevance of this to the percentage total and the number of referrals, information on how long children are waiting and that the wording is changed for future reports. Following further discussion clarity was also requested on the number of patients that are referred back to CAMHS after previously being referred from CAMHS to another service. DCF offered to review and would report back following interrogation of the data. GH highlighted the difficulties being experienced in getting a child successfully seen by CAMHS and the potential impact that any delay could have on the child’s future.</p> <p>Resolution: The Governing Body received the updates and noted:</p> <ul style="list-style-type: none"> • The CCG is on target to deliver the agreed control total of £1m surplus following implementation of Governing Body agreed mitigations and an adjustment to the allocation. • QIPP delivery at month 11 is £2.173m which relates to a prior year non recurrent benefit arising from technical adjustments, planned application of reserves and prescribing savings. Full year QIPP achievement is expected to be £2.379m against a target of £5.329m. • The month 11 financial position is a surplus of £0.700m against a planned surplus of £0.700m. • The CCG’s commissioning team must continue to 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 enable delivery of the CCG statutory financial duty in future years. 	<p>KMcC (AMcM)</p> <p>DCF</p>
GB19/42	<p>Improvement and Assessment Framework: Q2 2018/19</p> <p>The report presented an overview of the 2018/19 CCG Improvement and Assessment Framework and a summary of Q2 performance. This included exception commentary regarding 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.</p> <p>Reference was made to the cancers diagnosis and the improved performance at early stage. Further improvements in performance had also been seen in the one-year survival, dementia post diagnostic support and e-referral utilisation performance.</p>	

No	Item	Action
	<p>It was noted that there was an increasing number of indicators being added to the report in comparison to the north of Sefton. A comparison of indicators was suggested in order to determine the variances.</p> <p>Reference was made to anti-microbial resistance in relation to appropriate prescribing in primary care (107a). It was suggested that the PCN would be able to assist with this exercise. KMcC would discuss with Suzanne Lynch in the first instance. The members further discussed in relation to microbial and opiate prescribing and suggested that the review might be an opportunity to look at what was being done differently.</p> <p>Also highlighted were the clinical priority areas. The content within was noted in relation to the number of areas requiring improvements, especially in relation to the maternity metrics. The need for focus on Women's and Children's was highlighted.</p> <p>Resolution: The governing body received the report.</p>	<p>KMcC</p> <p>KMcC</p>
GB19/43	<p>Primary Care (General Practice) Development Strategy</p> <p>Declarations of interest were reiterated from CG, GH and SS as GP members in relation to item 19/45 Primary Care (General Practice) Development Strategy.</p> <p>The members were presented with a report which sets out the national and local challenges faced and the transformation required to support General Practice going forward. Despite the very real pressures that exists, there continues to be overall high levels of patient satisfaction with the quality of primary care. The publication of the NHS Long Term Plan and recent changes to the GP contract will be factored into the work plan going forward.</p> <p>The strategy is a culmination of work from the previous 6/8 months.</p> <p>It was noted that the document made reference to Southport & Formby CCG. This was incorrect and should read South Sefton CCG and will be revised.</p> <p>The Chair confirmed to members that the strategy was for approval.</p> <p>The members were informed that version updates would be expected. The recent GP contract changes would now need to be incorporated into the strategy.</p> <p>Resolution: The members approved the strategy subject to the required changes in relation to the GP contract. With the updated version to be presented at the September governing body meeting.</p>	<p>JL</p> <p>JL</p>
GB19/44	<p>Merseyside Safeguarding Adult Board: Annual Report 2017/18</p> <p>The members were presented with the first annual report of the Merseyside Safeguarding Adult Board which highlighted the work undertaken in 2017/18 and the five priorities for the MSAB from 2018 to 2020.</p> <p>The report was being presented to receive, having been approved by the Merseyside Safeguarding Adult Board and received at the Joint Quality Committee.</p> <p>Resolution: The members received the report.</p>	

No	Item	Action
GB19/45	<p>Transforming Care for People with Learning Disabilities: Update</p> <p>The report presented members with an update on the programme of work being carried which was aimed at improving the lives of individuals with a learning disability and/or autism. It includes those currently in an inpatient setting or who are at risk of admission, and the wider population who access either specialist or universal health services to meet their needs.</p> <p>Locally, commissioners have been working with Cheshire and Merseyside partners to implement the new models of care focusing on:</p> <ul style="list-style-type: none"> • Reducing learning inpatient admissions • Improving community support infrastructure to support people in the community including • Improving access to mainstream physical health services through annual health checks • Reducing health inequalities. <p>Further reference was made to the Annual Health Checks and the work being done to look at how this might be done differently and what improvements can be made to the process.</p> <p>Transforming Care is part of the SEND agenda. There is strong multi-agency working in supporting the development of the dynamic risk register, and the knowledge and undertaking of CETR. Strong links exist with Tier 4 specialist NHS commissioning, and 6 weekly multi-agency meetings are held to ensure good communication and planning for children with SEND, including those with a learning disability and or autism.</p> <p>Resolution: The governing body noted the progress being made and endorsed the continuing work on the Cheshire and Merseyside Transforming Care Partnership.</p>	
GB19/46	<p>Cheshire & Merseyside Transforming Care Partnership: Year End Report 2018/19</p> <p>The members were presented with a year-end report which provides an overview of the progress made by Cheshire and Merseyside Transforming Care Partnership in 2018/19 against its work plan. The work plan is divided into five areas and covers; Inpatient performance; Adult Hospital (non-secure) and Community Services; Housing and Providers; Children and Young People; Workforce and Education.</p> <p>Resolution: The governing body received the report.</p>	
GB19/47	<p>Key Issues Reports:</p> <ol style="list-style-type: none"> a) Finance & Resource Committee (F&R): January and February 2019 b) Quality Committee: November 2018 and January 2019 c) Audit Committee: None d) Joint Commissioning Committee PTI: December and February 2019 e) Locality Key Issues: January to March 2019 <p>3. Reference was made to the key issue (3) which related to an increase risk to patients due to the lack of clinical information being entered on the EMIS system by midwives. An incident has occurred as a result. It was noted that this issue had been identified 12 months previously and had</p>	

No	Item	Action
	<p>been escalated to Liverpool Women's Hospital CQPG. DCF to investigate.</p> <p>Resolution: The governing body received the key issues reports</p>	DCF
GB19/48	<p>Approved Minutes:</p> <p>a) Finance & Resource Committee (F&R): January and February 2019 b) Joint Quality Committee: November 2018 and January 2019 c) Audit Committee: None d) Joint Commissioning Committee PTI: December and February 2019 e) North Mersey Committees in Common: December 2018 It was noted that committee title had changed.</p> <p>RESOLUTION: The governing body received the approved minutes.</p>	
GB19/49	<p>Any Other Business</p> <p><u>.1 SEND Inspection</u> The members were updated to an impending SEND revisit due to commence 15th April until 17th April 2019.</p> <p><u>.2 Corporate Objectives 2019/20</u> Draft 2019/20 objectives have been circulated to members for comment and will be discussed by the Leadership Team by mid-April.</p>	
GB19/50	<p>Date of Next Meeting</p> <p>Thursday 6th June 2019, 13:00 hrs in the Boardroom, 3rd Floor, Merton House.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held bi-monthly, on the first Thursday of the month. Future meeting dates:</p> <p>5th September 2019 7th November 2019 6th February 2020 2nd April 2020 4th June 2020</p> <p>All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3rd Floor Merton House.</p>	
<p>Estimated meeting close and motion to exclude the public:</p> <p>Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		15:15 hrs

Governing Body Meeting in Public Action Points

Date: Thursday 4 April 2019

No	Item	Action
GB19/37	<p>Action Points from Previous Meeting</p> <p>GB19/8: Integrated Performance Report - Mental Health</p> <p>The members were asked to note the failed targets for IAPT access and recovery and received an update on the response from the provider. The members discussed the potential reasons for the failed access target including the availability of other similar services in the area. The location of the services and accessibility was also given as a potential issue, in that some patients might feel more comfortable if based in a more discreet location. The members were informed that the service had confirmed that it was working to capacity and was experiencing a high DNA rate which is impacting on increased waiting times. In relation to recovery, GH advised that a comment from one service had indicated that people accessing the service have greater needs comparable to other parts of the country. This is impacting upon a longer recovery time. FLT suggested that this be looked at further with discussion at EPEG. Tracy Jeffes to lead on this with Sue Gough, Clinical Lead for Mental Health.</p> <p><u>Update:</u> The item had not yet been presented to EPEG due to timing.</p> <p>CG informed members of a discussion held at Crosby Primary Care Network where members had been updated to a meeting between Angela McMahan (AMcM) and the IAPT provider. During which AMcM had raised the DNA concerns. AMcM informed the network that following the meeting she had been assured that the provider was doing all it could to manage the process.</p>	TJ (SG)
GB19/41	<p>Integrated Performance Report</p> <p><u>E-referral Utilisation</u></p> <p>Reference was made to the e-referral utilisation rates. The clinical members relayed the conversations being had at network meetings in relation to the rates presented. The members considered it not possible for the figures to be that low given that GPs were not able to refer unless via the e-referral system. CG highlighted his concern regarding the data and advised members he would seek clarification at the Aintree Planned Care Group. It was expected that some irregularities might be as a result of such within the system and possible IT problems, but not to 40%. Concerns were also raised in relation to ERS. GH and CG to work with Karl McCluskey to highlight issues.</p>	CG CG, GH and KMcC

No	Item	Action
	<p><u>Cancer</u></p> <p>The CCG and Aintree University Hospital have failed 5 of the 9 measures as at month 10. These were as a result of a number of issues including admin and capacity. This is reflected in the 62 day cancer performance measures. A number of actions and measures have been identified as detailed in pages 71 and 72 of the meeting report. Such includes funding support to Aintree University Hospital from the Cancer Alliance to assist in the introduction of new posts. The Chair raised concern and disappointment on the cancer performance data presented. A deep dive was suggested for presentation at the next development session and to include an understanding of the complex pathways and any assistance needed in relation to complex pathway management.</p> <p>Quality</p> <p><u>CQC Inspections</u></p> <p>Latest CQC inspections for Ford Medical and Netherton Practice had both received ratings of “requiring improvement”. CCG support will be offered to the practices. A discussion was held in relation to any potential support that the PCN might be able to offer. Was suggested that this could be done as a joint effort. Karl McCluskey offered to take back to Angela McMahon and pick-up outside of the meeting.</p> <p><u>CAHMS Waiting Times Assessment to Intervention – Figure 69</u></p> <p>Reference was made to figure 69 and the wording “(blank)” used within the table and data field. There had been a prior discussion regarding incomplete data and clarification was requested on the relevance of this to the percentage total and the number of referrals, information on how long children are waiting and that the wording is changed for future reports. Following further discussion clarity was also requested on the number of patients that are referred back to CAMHS after previously being referred from CAMHS to another service. DCF offered to review and would report back following interrogation of the data. GH highlighted the difficulties being experienced in getting a child successfully seen by CAMHS and the potential impact that any delay could have on the child’s future.</p>	<p>KMcC</p> <p>KMcC (AMcM)</p> <p>DCF</p>
GB19/42	<p>Improvement and Assessment Framework: Q2 2018/19</p> <p>It was noted that there was an increasing number of indicators being added to the report in comparison to the north of Sefton. A comparison of indicators was suggested in order to determine the variances.</p> <p>Reference was made to anti-microbial resistance in relation to appropriate prescribing in primary care (107a). It was suggested that the PCN would be able to assist with this exercise. KMcC would discuss with Suzanne Lynch in the first instance. The members further discussed in relation to microbial and opiate prescribing and suggested that the review might be an opportunity to look at what was being done differently.</p> <p>Also highlighted were the clinical priority areas. The content within was noted in relation to the number of areas requiring improvements, especially in relation to the maternity metrics. The need for focus on Women’s and Children’s was highlighted.</p>	<p>KMcC</p> <p>KMcC</p>

No	Item	Action
GB19/43	<p>Primary Care (General Practice) Development Strategy</p> <p>It was noted that the document made reference to Southport & Formby CCG. This was incorrect and should read South Sefton CCG and will be revised.</p> <p>Updated version to be presented to the September governing body meeting.</p>	<p>JL</p> <p>JL</p>
GB19/47	<p>Key Issues Reports:</p> <p>e) Locality Key Issues: January to March 2019</p> <p>3. Reference was made to the key issue 3 raised at Bootle Locality and which related to an increase risk to patients due to the lack of clinical information being entered on the EMIS system by midwives. An incident has occurred as a result. It was noted that this issue had been identified 12 months previously and had been escalated to Liverpool Women's Hospital CQPG. DCF to investigate.</p>	<p>DCF</p>

MEETING OF THE GOVERNING BODY June 2019

Agenda Item: 19/67	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456
Report date: June 2019	
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.	
Recommendation The Governing Body is asked to formally receive this report.	
	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2019/20

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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 June 2019

General

1. SEND Re-inspection

Between 21st and 25th November 2016 NHS Southport & Formby CCG and NHS South Sefton CCG (the “CCGs”) along with Sefton Metropolitan Borough Council (the “Local Authority”) were subject to an initial Special Educational Needs and Disabilities (SEND) inspection. Due to concerns identified during that review, the inspectors determined that a written statement of action (WSOA) was required from the CCG’s and the Local Authority due to significant areas of weakness in the local area’s practice. In July 2017 an improvement plan was developed and implemented to address those concerns.

Between 15th and 17th April 2019, Ofsted and the Care Quality Commission (CQC) revisited Sefton to decide whether the local area has made sufficient progress in addressing the areas of weakness as identified in the WSoA (The Sefton SEND Improvement Plan). We are currently awaiting their formal response.

2. Emergency Preparedness, Resilience and Response (EPRR)

On 16th April NHS England wrote to the CCG confirming a compliance level of “substantial” against the EPRR Core Standards for 2018/19. The CCG has been able to maintain positive levels of assurance in previous years.

To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.

3. Sefton transformation programme

A stakeholder event had taken place on 10th April. This was a positive engagement event covering the Health & Wellbeing strategy and NHS 5 year planning process incorporating the 10 year long term plan. There were approximately 80 people in attendance with strong representation from all health, social care and the voluntary sector. There has been significant interest from a number of stakeholders at the event and a series of actions are being pursued through the Health & Wellbeing Board strategy group. This was one of three such stakeholder events and the next event on 10 July is currently being planned. This will be an opportunity to provide an update and sense check on progress since the April meeting and continue to consider how best to address the health and care issues arising from the refreshed Joint Strategic Needs Assessment (JSNA).

Work is underway to develop project plans for Digital, Strategic Commissioning, Primary Care Networks and Workforce & Organisational Development. They will work alongside the existing Provider Alliance, Acute Sustainability, Finance, Estates and Communications & Engagement Groups already established.

As well as ensuring co-ordination across local priorities the Transformation Programme is also aligned into the Cheshire & Merseyside Health & Care Partnership (HCP) objectives and priorities.

The CCGs are continuing to undertake the preparations to produce a refreshed Sefton plan (Shaping Sefton II) by the autumn. This will include reference to how the NHS will contribute to the JSNA and the CCGs are working in partnership with Council staff to ensure the plan (required in the NHS's Long Term Plan, published in January 2019) is aligned to the refreshed Health and Wellbeing strategy.

The Strategic Workforce Group has been established to oversee the development of a workforce and organisational development strategy for the Sefton system. We will be developing our local strategy in the context of the previously agreed Cheshire and Merseyside Strategy and this will inform elements of the 5 year plan for Sefton. Workshops are being held on 10th and 14th June to enable colleagues to come together and progress with the programme.

Through its system transformation PMO the CCG has been an active participant in the Cheshire & Merseyside Place & Programme Forum, which has developed a self-assessment matrix to facilitate place-based integration at locality level. This will be a key tool for helping to prioritise service integration opportunities, as well as shared learning with other places across the Partnership. Related to this, the Sefton Provider Alliance continues to gain traction with its May meeting having focused on accelerating governance arrangements between members. An Operational Delivery Group, which reports to the Alliance, has been established to drive the new integrated community team operating model and successfully held its first meeting. As part of the model, Sefton Council is trialling new Primary Care Link Social Worker roles. Early feedback has been encouraging.

The VCF sector continues to have an influential role across the programme and has formed its own Advisory Group to support locality-based service development. Next steps for the transformation programme include forging stronger links to the Children's transformation agenda so that an all-age operating model can be developed.

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

4. Multi Agency Safeguarding Reforms

In April 2019 Nadhim Zahawi MP Parliamentary Under-Secretary of State for Children and Families wrote to the CCG regarding the recent changes in our statutory duties in respect of safeguarding children and young people from serious harm, and promoting their welfare in our local area.

We are in the process of transitioning from Local Safeguarding Children Boards (LSCBs) as new stronger duties have been placed on police, health and local authorities to work together to safeguard and promote the welfare of children. Every local authority, clinical commissioning group and police force must be covered by a local safeguarding arrangement and by the end of June 2019, all local areas must have published their new arrangements. For the CCG these are currently being developed through the Joint Quality Committee arrangements and will be signed off by that committee as per the responsibilities delegated to it.

By 29 September 2019 these new arrangements must be in place meaning that the three safeguarding partners are accountable for the multiagency safeguarding plans in their area.

The published plans follow the guidance as set out in *Working Together to Safeguard Children (2018)* which is clear that these three local safeguarding partners, together with other relevant agencies, should publish a threshold document which sets out the procedures and processes for cases relating to the abuse, neglect and exploitation of children, including in relation to child criminal exploitation.

To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.

5. QIPP

The 2019/20 QIPP target is £14m taking into account finalisation of contracts with providers. The CCG has identified opportunities which have been prioritised into the 2019/20 QIPP plan. The Acting as One contract arrangement operated in 2017-19 has been revised and the CCG has entered into the arrangement along with other members of the North Mersey local health economy for a further year. AA1 Governance arrangements have been reviewed and the principles of operation are currently being finalised. This includes a joint work plan of cost reduction opportunities.

On 22nd May the Chief Finance Officer and other CCG leads participated in a teleconference with NHS England colleagues that are offering support to those CCGs that are facing a significant financial challenge.

A “finance resilience” portal has been created that comprises QIPP case studies from around the country for NHS staff to access. CCG leads will continue to explore every opportunity to ensure that the CCG is able to meet its challenges.

To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton

6. Primary Care Network (PCN) update

The CCG has continued to support the development of the four Primary Care Networks (PCNs) within the CCG as they transition from the regionally funded scheme to responding to the requirements of the new national contract. The focus for the PCNs continues to be the sustainability and development of general practice through closer working amongst practices in the network but over time they aim to work increasingly in partnership with other health and care organisations to improve services for local residents in their locality.

The PCNs within the CCG area have submitted initial applications to continue to develop their networks under the new scheme, which are now going through the CCG approval process, as the CCG is now the commissioner of general practice services following approval from NHSE of delegated commissioner status.

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

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

7. Recommendation

The Governing Body is asked to formally receive this report.

Fiona Taylor
Chief Officer
June 2019

MEETING OF THE GOVERNING BODY June 2019

Agenda Item: 19/68	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 317 8468
Report date: June 2019	
Title: Integrated Performance Report	
Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group (note time periods of data are different for each source)	
Recommendation	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 2019/20	
	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report

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Summary Performance Dashboard

Metric	Reporting Level		2018-19												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals																
2142: NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R	
		Actual	32.129%	32.129%	47.013%	50.703%	62.07%	73.26%	73.12%	69.44%	62.37%	62%			53.81%	
		Target	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	
Diagnostics & Referral to Treatment (RTT)																
1828: % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R	R	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%	4.97%	4.04%	1.64%	1.75%	3.002%	
		Target	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	
1291: % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R	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%	88.91%	89.02%	89.09%	89.036%	89.133%	
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	
1839: Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R		
		Actual	3	3	10	9	6	1	3	4	2	2	1	1	45	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
Cancelled Operations																
1983: Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE	RAG	G	G	G	G	G	G	G	G	G	G	G	0	G	
		Actual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level	2018-19													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Cancer Waiting Times															
191: % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	R	R	R	R	G	R	R	R	R	R	R	R	R
		Actual	90.40%	90.41%	88.6%	92.69%	93.84%	92.6%	88.9%	92.25%	90.79%	78.89%	90.54%	91.056%	90.06%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.0%	93.00%
17: % of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	R	G	G	G	R	R	G	G	R	R	R	R	R
		Actual	92.06%	94.32%	96.1%	94.00%	87.84%	89.83%	100%	96.43%	75.00%	56.67%	57.58%	68.00%	84.44%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
535: % of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (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	G	G	G	G
		Actual	95%	100%	96.0%	97.26%	97.37%	96.9%	100%	98.8%	96.88%	96.63%	100.0%	100.0%	97.95%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
26: % of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	G	G	R	G	G	G	R	G	G	G	G	G	G
		Actual	100%	100%	84.6%	100%	100%	100%	92.9%	100%	94.44%	100%	100%	100.0%	97.45%
		Target	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%
1170: % of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	R	R	G	G	G
		Actual	100%	100%	96.30%	100%	100%	100%	100%	100%	95.00%	95.00%	100%	100.0%	98.92%
		Target	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
25: % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	G	G	G	G	G	G	G	G	G	R	G
		Actual	96.43%	100%	100%	100%	94.4%	100%	100%	96.77%	95.24%	100%	100%	92.308%	97.97%
		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													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
541: % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % 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	G	R	G	G	R
		Actual	70%	63.636%	83.333%	88.889%	77.778%	75.00%	66.67%	66.7%	100%	60%	85.71%	90.91%	76.99%
		Target	85.0%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85%	85%	85%	85%	85%	85%
540: % of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	G	R	R	G	G	G	R	G	R	R	R	G	R
		Actual	-	66.67%	0.00%	100.00%	100.00%	100.00%	83.33%	100%	71.43%	88.89%	50%	100.0%	85.185%
		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%
539: % of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R	R	G	R	R	R	R	R	R	R	R
		Actual	82.76%	83.78%	82.93%	71.795%	88.235%	66.667%	79.41%	70.37%	83.87%	69.23%	68.18%	78.79%	77.36%
		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

2123: 4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 15/16 ratio) % of patients who spent less than four hours in A&E (HES 15/16 ratio Acute position from Unify Weekly/Monthly SitReps)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	86.6%	87.39%	88.3%	87.27%	89.76%	87%	83.45%	83.64%	82.89%	82.36%	80.14%	80.64%	85.30%
		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%
1928: 12 Hour Trolley waits in A&E Total number of patients who have waited over 12 hours in A&E from decision to admit to admission	AINTREE	RAG	G	G	G	R	G	G	G	G	G	G	G	R	
		Actual	0	0	0	1	0	0	0	0	0	0	0	0	1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

EMSA

1067: Mixed sex accommodation breaches -	South	RAG	G	R	R	G	R	G	G	R	G	G	G	G	R
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All Providers No. of MSA breaches for the reporting month in question for all providers	Sefton CCG													R	
		Actual	0	2	2	0	1	0	0	2	0	0	0	0	7
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
1812: Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	R	R	G	R	G	G	R	G	G	G	R	
		Actual	0	0.30	0.30	0.00	0.20	0	0	0.3	0.00	0.00	0.00	0.00	
		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															
497: Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) (Cumulative)	South Sefton CCG	RAG	G	G	G	R	R	R	R	R	R	R	R	R	R
		YTD	0	0	0	1	1	1	1	1	1	2	2	2	2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
24: Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) (Cumulative)	South Sefton CCG	RAG	R	G	R	R	R	R	R	R	R	R	R	R	
		YTD	6	9	16	22	26	35	39	44	46	52	55	59	59
		Target	5	9	14	18	22	26	31	35	40	44	49	53	9

Mental Health								
138: Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G		G	G	G	G
		Actual	100%		100%	100%	100%	100%

The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Target	95.00%	95.00%	95.00%	95.00%	95.00%								
Episode of Psychosis														
2099: First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	R	R	G	G
	Actual	80.00%	100.00%	57.14%	100%	75.00%	66.67%	75.00%	50%	75.00%	50%	50%	62.50%	67.925%
	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)															
2183: IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R			R			R			R			R
	Actual	48.065%	42.759%			48.924%			48.5%			46.73%			
	Target	50.00%	50.00%			50.00%			50.00%						
2131: IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R			R			R			R			R
	Actual	3.66%	3.70%			3.50%			4.08%			14.80%			
	Target	4.20%	4.20%			4.20%			4.74%						
2253: IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G			G			G			G			G
	Actual	99.4%	99.7%			99.3%			100%			99.5%			
	Target	75.00%	75.00%			75.00%			75.00%			75.00%			
2254: IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G			G			G			G			G
	Actual	100%	100%			100%			100%			100%			
	Target	95.00%	95.00%			95.00%			95.00%			95.00%			

Metric	Reporting	2018-19													
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	Level	Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Dementia															
2166: Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	
		Actual	62.022%	62.05%	63.442%	63.796%	64.518%	64.706%	65.058%	64.679%	64.13%	63.51%	64.08%	65.004%	63.922%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%
Children and Young People with Eating Disorders															
2095: The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG	G		G		R		R		R		R		
		Actual	100%		100%		90.91%		92.31%		95.56%				
		Target	100%		100%		100%		100%		100%				
2096: The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)	South Sefton CCG	RAG	G		G		R		R		R		R		
		Actual	100%		100%		80%		66.67%		88.89%				
		Target	100%		100%		100%		100%		100%				
Wheelchairs															
2197: Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service.	South Sefton CCG	RAG													
		Actual	Nil Return		Nil Return		Nil Return								
		Target	92.00%		92.00%		92.00%		92.00%		92.00%		92.00%		

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at Month 12 (note: time periods of data are different for each source).

Financial position

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, the financial plan agreed for 2018/19 is a surplus of £1m (0.4%). This surplus has been achieved following to a number of mitigating actions including those agreed by the Governing Body in December 2018.

The cumulative deficit brought forward from previous years is £2.892m this will reduce to £1.892m if the planned surplus of £1m is confirmed following external audit review. The cumulative deficit will be addressed as part of the CCG longer term recovery plan.

The QIPP savings requirement, assessed at the start of the year to deliver the agreed financial plan was £5.329m. QIPP savings of £2.379m have been achieved in this financial year. The remaining £2.950m is incorporated into the QIPP target for 2019/20.

Delivery of the longer term financial strategy requires full commitment from CCG membership and CCG officers to ensure QIPP savings are achieved and mitigation plans are identified and actioned where required.

Planned Care

Year to date referrals at month 12 have increased by 2.7% when comparing to the equivalent period in the previous year. Referrals in month 12 have increased compared to the previous month although this was anticipated as part of a seasonal trend with more working days in month compared to the previous. A similar trend was evident in the equivalent periods of 2017/18.

At provider level, referrals to the main hospital provider (Aintree Hospital) are higher when compared to the equivalent period in 2017/18 with an increase of 1.1%.

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in March recording 1.75%, similar to last month when 1.64% was recorded. Aintree for the second month achieved the under 1% of patients waiting more than 6 weeks for a diagnostic test in March.

In March, there was 1 South Sefton patient waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. This is the same patient who breached in previous few months at Liverpool Womens, the treatment issue for the patient has been resolved and they have a confirmed booked appointment.

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 89.02% in March. This is similar to last month. In March, of 10,914 patients, 1,191 were waiting over 18 weeks on the incomplete pathway.

The CCG are failing 5 of the 9 cancer measures year to date. Aintree are also failing 5 of the 9 cancer measures.

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in March at 20.8%; slightly better than last month when 19.5% was recorded. The percentage of patients who would recommend the Trust remains the same at 94% but is still below the England average of 96%. The proportion who would not recommend is 1% higher than last month at 4% and above the England average.

Performance at Month 12 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an underperformance of -£401k/-0.8%. 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 £1m/2.2%.

Unplanned Care

Aintree revised their Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust has failed their STP target of 95% in March reaching 85.12% (YTD 86.25%). 2,163 attendances out of 14,536 were not admitted, transferred or discharged within 4 hours.

The NWS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. The 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made.

The CCG had 4 new cases of C.Difficile in March bringing the year to date total to 59, against a year to date plan of 53 so are over plan currently (20 apportioned to acute trust and 39 apportioned to community) the CCG has failed the 2018/19 target.

The CCG had no new cases of MRSA in March; but 1 case in January along with 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. Aintree has 2 cases year to date and failed zero tolerance threshold for 2018/19; the earlier cases were reported in May and January.

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 (and have failed this target). In March there were 12 cases (170 YTD) against a year to date plan of 128. Aintree reported 25 cases in March (358 YTD). There are no targets set for Trusts at present.

Performance at Month 12 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £3m/5.9%. 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 £596k/1.2%.

Mental Health

In terms of Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported 312 patients entering treatment in Month 12, which is similar to what was reported last month (313). The access rate for Month 12 was 1.28% and therefore failed to achieve the standard. The percentage of people moved to recovery was 47.4% in Month 12, is again similar to the previous month, the year end recovery rate was 47.4% and has failed the 50% target for 2018/19.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in March of 65%, which is under the national dementia diagnosis ambition of 66.7% and a slight improvement on last month when 64.08% was reported.

Community Health Services

CCG and Mersey Care leads are working to progress the outcomes and recommendations from the service reviews undertaken of all South Sefton community services. A transformation plan has now been developed and will provide the focus for service improvements over the coming year. It has been agreed that reporting requirements and activity baselines will be reviewed alongside service specifications and transformation work.

Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided 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

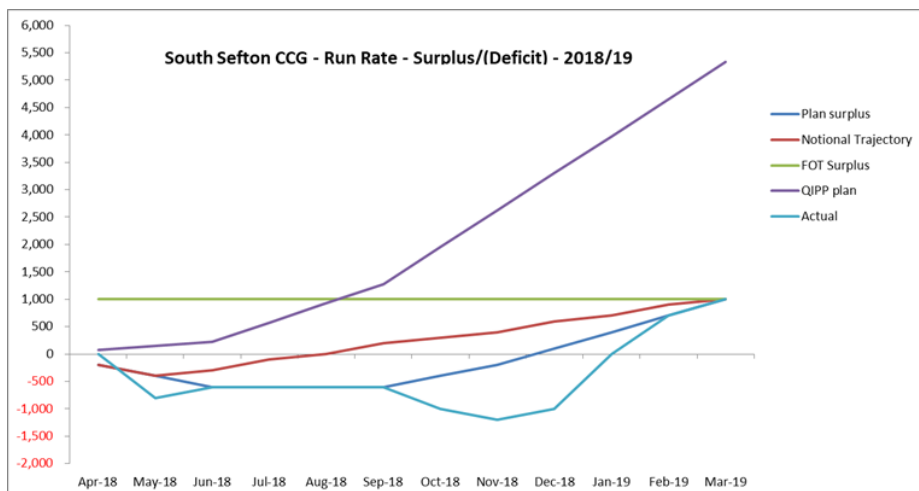
This report focuses on the financial performance for South Sefton CCG as at 31st March 2019.

Figure 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£000	£000	£000	£000
Non NHS Commissioning	24,275	24,275	25,702	1,427
Corporate & Support Services: admin	3,263	3,263	2,862	(401)
Corporate & Support Services: programme	2,641	2,641	1,962	(679)
NHS Commissioned Services	182,102	182,102	183,342	1,241
Independent Sector	3,668	3,668	4,044	376
Primary Care	4,979	4,979	4,924	(55)
Prescribing	27,511	27,511	27,680	169
Total Operating budgets	248,439	248,439	250,516	2,077
Reserves	2,078	2,078	0	(2,078)
In Year (Surplus)/Deficit	1,000	1,000	0	(1,000)
Grand Total (Surplus)/ Deficit	251,516	251,516	250,516	(1,000)

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 was not achieved due to emerging pressures; the actual position was a deficit of £1.000m.
- Q4 plan was delivered. The CCG delivered the agreed financial plan of £1m surplus through detailed review of expenditure, adjustments to the CCG allocation and implementation of agreed mitigating actions.

CCG Recovery Plan

The CCG's financial recovery plan acknowledged that the most significant challenge which faced the CCG in 2018/19 was the Acting as One agreement which does not enable any planned or unplanned care cash efficiencies to be easily released in year. The CCG delivered £2.379m savings in 2018/19 which brings the total QIPP saving over the past three financial years to £11.295m.

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.

The long term QIPP programme has progressed following Governing Body work in January 2019 on the prioritisation of QIPP opportunities and review of CCG operational processes. The CCG is working to secure plans to deliver transformation schemes across the health economy. This will be reflected in provider 2019/20 contracts. The Governing Body have agreed the approach to CCG contracting processes for 2019/20 and positive discussions continue in terms of a collective approach to delivering a system wide financial recovery plan.

The cumulative deficit brought forward from previous years is £2.892m which will reduce to £1.892m in the next financial year following external audit review. The cumulative deficit will be addressed as part of the CCG longer term financial recovery plan.

2018/19 Financial Position

Cost pressures have emerged in the financial year which have been 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 £1.677m.
- Overspend of £0.174m within prescribing due to NCSO pressures which have been partly mitigated with efficiencies in other areas of prescribing expenditure.
- Cost pressures within Acute provider contracts of £0.840m due to high cost drugs and devices chargeable outside the Acting as One contract agreement.
- Other cost pressures on Acute contracts in respect of over performance.

- Cost pressures of £0.267m on the learning disabilities budget due to new individual high cost packages emerging during the year.
- Cost pressures of £0.306m within St Helens and Knowsley NHS Trust relating to over performance in elective activity, notably in plastic surgery 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.

2.2 Finance Key Performance Indicators

Figure 3 – Financial Dashboard

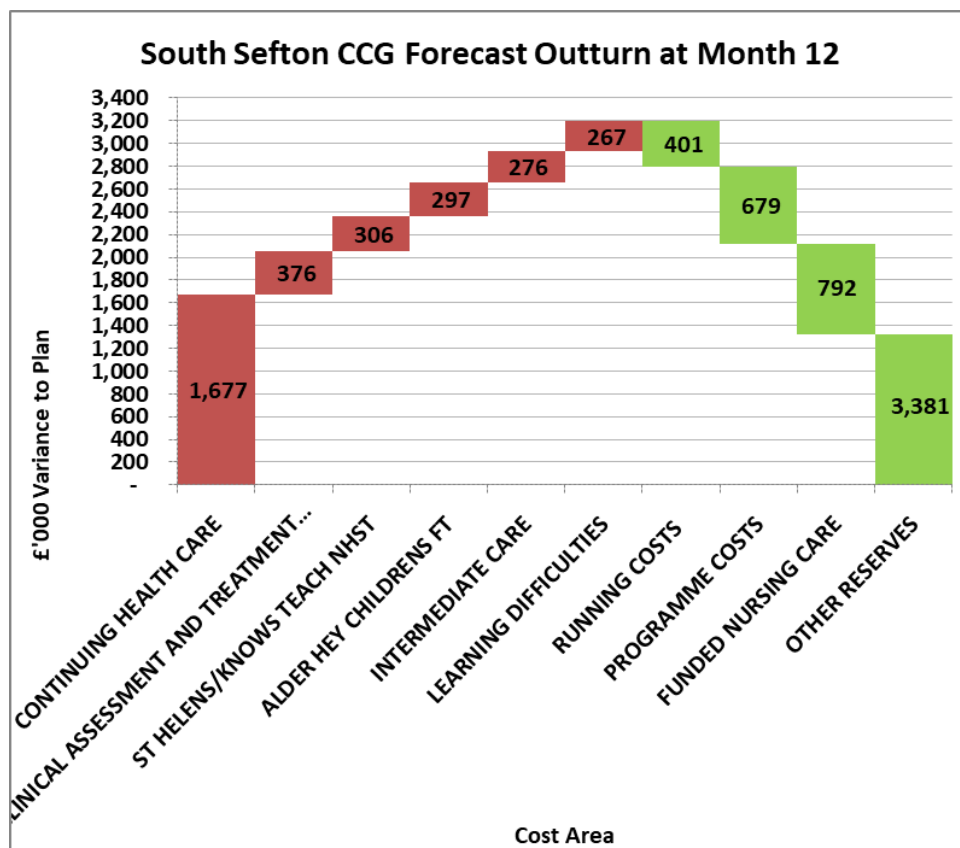
Key Performance Indicator		This Month
Business Rules	1% Surplus	n/a
	0.5% Contingency Reserve	✓
	0.5% Non-Recurrent Reserve	✓
Breakeven	Financial Balance	✓
QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	£2.379m
Running Costs	CCG running costs < 2017/18 allocation	✓
BPPC	NHS - Value YTD > 95%	99.08%
	NHS - Volume YTD > 95%	97.19%
	Non NHS - Value YTD > 95%	96.76%
	Non NHS - Volume YTD > 9%	95.37%

- The CCG has achieved the NHS England control total to deliver a 1% Surplus. This was agreed in the CCG financial plan approved by NHS England.
- The 0.5% Contingency Reserve has been used to support cost pressures which have emerged in year.
- The financial plan was to achieve a surplus position by the end of the financial year. The CCG reported position for the financial year 2018/19 is a surplus of £1m.
- The expenditure for the Running Cost budget is below the allocation by £0.401m for 2018/19.
- QIPP delivery is £2.379m against the target of £5.329m.
- BPPC performance is above the 95% target in all areas for the financial year.

2.3 CCG Financial Position – Month 12 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 reported position for the financial year is a surplus of **£1m**.
- The main financial pressures relate to
 - Cost pressures relating to Continuing Healthcare high cost packages.
 - Cost pressures with acute commissioning Adult and Children's services.
 - Prescribing in respect of NCSO and other cost pressures.
 - Other overspends relate to Independent Sector due to overperformance, mainly on Trauma and Orthopaedic activity.
- The cost pressures are supported by underspends in other areas of the CCG i.e. Funded Nursing Care, Hospices, Programme Costs and NCAS/OATS.

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			2.379		2.379
Primary care additional allocation	(1.400)	1.400			0.000
NCSO Adjustment	(1.500)	1.643			0.143
CAT M expenditure reduction	(0.300)	0.300			0.000
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			(0.200)	0.300
GPFV Improving Access	0.000	0.564	(0.111)	(0.453)	0.000
Other investments / Adjustments	0.162	1.820	(0.604)	1.467	2.845
0.5% Contingency Reserve	1.239				1.239
Total Reserves	(3.988)	5.727	0.940	(0.602)	2.077

- 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.

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	1.824
Alder Hey Children's Hospital NHS Foundation Trust	(0.043)
Liverpool Women's NHS Foundation Trust	(0.832)
Liverpool Heart & Chest NHS Foundation Trust	(0.074)
Royal Liverpool and Broadgreen NHS Trust	0.037
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.030)
Total	0.882

- 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 2018/19 and 2019/20.
- The agreement protects against over performance with these providers but does not protect against pass through costs which are not included in the Acting as One Contract.

- Due to fixed financial contract values, the agreement also removes the ability to achieve QIPP savings in the two year contract period. However, QIPP schemes should continue as this will create capacity to release other costs and long term efficiencies within the system.
- The year to date performance for the Acting as One providers shows an overperformance spend against plan, this would represent an over spend of £0.882m under usual contract arrangements.

2.6 QIPP

Figure 7 – QIPP Plan and Forecast

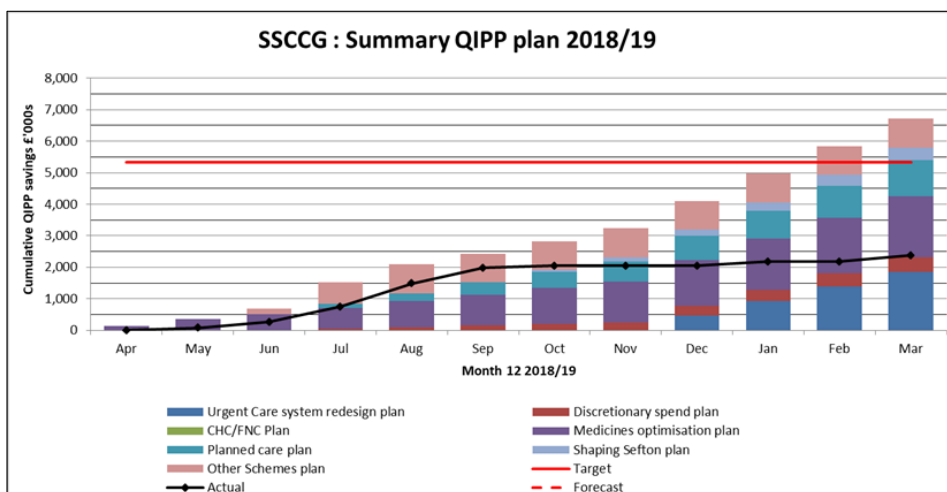


Figure 8 – RAG Rated QIPP Plan

	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
Total QIPP Plan	5,935	776	6,711	2,379	0	4,332	6,711
QIPP Delivered 2018/19				(2,379)		0	(2,379)

- The 2018/19 QIPP target was **£5.329m**.
- The QIPP Schemes worth £6.711m have been identified; however £4.332m were identified as high risk.
- The CCG continued to hold challenge and scrutiny sessions with QIPP leads during the year in order to stay on target and secure efficiency savings for 2018/19.
- The CCG has delivered **£2.379m** QIPP savings at Month 12 mainly in prescribing costs and as a result of prior year technical adjustments. The remaining £2.950m will be included in the 2019/20 savings efficiency plan.

2.7 Risk

Figure 9 – CCG Financial Position

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	2.470	(1.470)	1.000
QIPP Target	(5.329)	0.000	(5.329)
Revised surplus / (deficit)	(2.859)	(1.470)	(4.329)
I&E Impact & Reserves budget	0.000	1.000	1.000
Management action plan			
QIPP Achieved	1.063	1.316	2.379
Other Mitigations	0.801	2.149	2.950
Total Management Action plan	1.864	3.465	5.329
Year End Surplus / (Deficit)	(3.465)	4.465	1.000

- CCG final financial position for 2018/19 is a surplus of £1m.
- The CCG has implemented mitigating actions as agreed with the governing body which have improved the financial position in quarter four resulting in delivery of £1m surplus at the end of 2018/19.
- The underlying position is a deficit of £3.465m and likely to be higher this reflects the non-recurrent mitigations actioned in year to achieve the financial surplus.

2.8 Statement of Financial Position

Figure 10 – Summary working capital

Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2017/18
	M3 £'000	M6 £'000	M9 £'000	M12 £'000	M12 £'000
Non-Current Assets	115	155	155	116	115
Receivables	1,218	3,875	3,385	3,709	1,938
Cash	7,927	3,265	2,813	136	105
Payables & Provisions	(19,657)	(17,172)	(16,301)	(14,656)	(14,100)
Value of Debt > 180 days	707	489	77	55	506

- The non-current asset balance relates to assets funded by NHS England for capital projects. The reduction in balance between quarter 3 and quarter 4 is due to depreciation charge applied for 2018/19.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.055m. This consists of a small number of low value invoices. The largest outstanding debt is with NHS Liverpool CCG and the Deputy Chief Finance Officer is awaiting further response on this.
- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.169m). At 31 March 2019, the CCG had a cash balance of £0.136m; therefore the cash target was achieved.

2.9 Recommendations

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

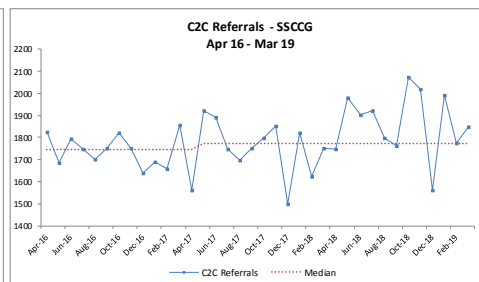
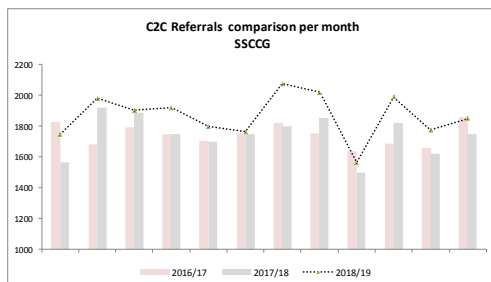
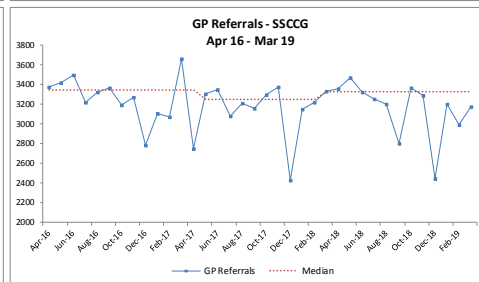
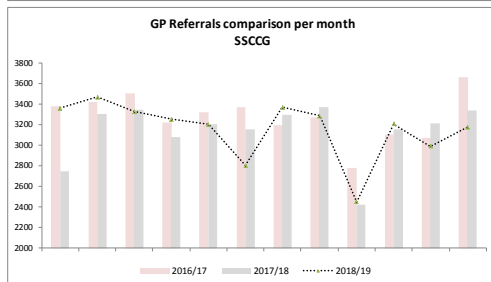
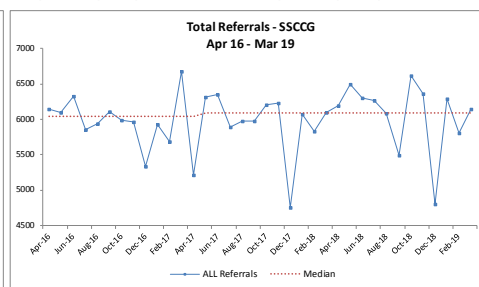
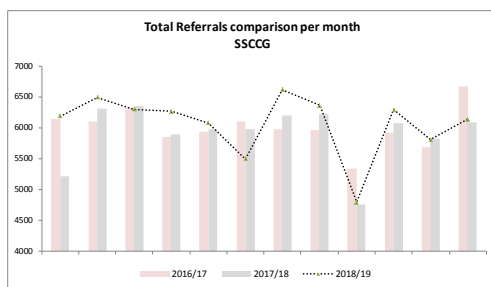
- The full year financial position for the CCG is a surplus of £1m which is in line with the agreed financial plan.
- QIPP delivery for 2018/19 was £2.379m against a target of £5.329m, the remaining efficiency requirement of £2.950m will be included in the efficiency target for 2019/20.
- The CCG has implemented a number of mitigation actions in year to support underperformance against the QIPP plan.
- The CCG's commissioning team must continue to 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 for 2019/20 and future years, the CCG requires on-going and sustained support from member practices through Business Partnering, supported by Governing Body GP leads to identify and implement QIPP plans which deliver the required level of savings to meet its future financial plans.

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	+/-	%
April	2748	3361	613	22%	1563	1748	185	12%	5213	6193	980	19%
May	3309	3469	160	5%	1920	1981	61	3%	6321	6498	177	3%
June	3351	3327	-24	-1%	1890	1902	12	1%	6355	6305	-50	-1%
July	3082	3256	174	6%	1749	1920	171	10%	5898	6273	375	6%
August	3209	3202	-7	0%	1699	1798	99	6%	5980	6081	101	2%
September	3160	2806	-354	-11%	1750	1765	15	1%	5982	5497	-485	-8%
October	3301	3370	69	2%	1798	2074	276	15%	6204	6623	419	7%
November	3375	3289	-86	-3%	1852	2018	166	9%	6229	6369	140	2%
December	2427	2449	22	1%	1500	1563	63	4%	4760	4801	41	1%
January	3155	3207	52	2%	1821	1990	169	9%	6078	6296	218	4%
February	3217	2992	-225	-7%	1622	1776	154	9%	5832	5814	-18	0%
March	3338	3177	-161	-5%	1750	1849	99	6%	6099	6145	46	1%
Monthly Average	3139	3159	19	1%	1743	1865	123	7%	5913	6075	162	3%
YTD Total Month 12	37672	37905	233	1%	20914	22384	1470	7%	70951	72895	1944	3%
Annual/FOT	37672	37905	233	1%	20914	22384	1470	7%	70951	72895	1944	3%



Data quality note:

Liverpool Heart & Chest data has been unavailable from month 9 of 2018/19 onwards. Therefore, to allow for consistency, Liverpool Heart & Chest referrals have been removed from 2017/18 data onwards.

- Year to date referrals in 2018/19 have increased by 2.7% when comparing to 2017/18.
- GP referrals in 2018/19 are comparable to 2017/18 levels with a small increase of 0.6%.
- Routine GP Referrals have seen a 1.4% reduction in 2018/19 with urgent and two week wait referrals increasing by 11% and 16.9% respectively.
- Renacres and Southport Hospitals are seeing notable year to date increases in GP referrals. Each has seen increases within Trauma & Orthopaedics.
- Year to date consultant-to-consultant referrals have increased by 7%. Aintree's consultant-to-consultant increases have been focused within T&O, Respiratory Medicine, Gastroenterology and Ophthalmology.
- Aintree is seeing a 1.1% increase in total referrals year to date in 2018/19. Aintree have reported increases for South Sefton CCG in Ophthalmology, Dermatology, Breast Surgery, and General Surgery when comparing to the previous year.
- In contrast, Royal Liverpool is reporting a 5.3% decrease in referrals with reductions focussed within Dermatology and ENT.
- Trauma & Orthopaedics is the highest referred to specialty for South Sefton and referrals have been slightly higher when compared to 2017/18 levels.
- The majority of the top 10 referred to specialties in 2018/19 are seeing increases in total referrals when compared to the previous year with the exceptions being Cardiology and Dermatology.
- Trends show that the baseline median for total referrals has remained flat across 2017/18 and into 2018/19.

3.1.1 E-Referral Utilisation Rates

Figure 11 - South Sefton CCG E Referral Performance

NHS E-Referral Service Utilisation				
NHS South Sefton CCG	18/19 - Jan	100%	62%	↔

The national NHS ambition is that E-referral Utilisation Coverage should have been 100% by end of Q2 2018/19 this ambition was not achieved. The latest data for E-referral Utilisation rates is January when the CCG achieved 62% below the target of 100%. There had been significant improvement August to October but last 3 months has seen a drop.

The above data however is based upon NHS Digital reports that utilises MAR (Monthly Activity Reports) data and initial booking of an E-Rs referral, excluding re-bookings. MAR data is nationally recognised for not providing an accurate picture of total referrals received, and as such NHS Digital will, in the near future, use an alternative data source (SUS) for calculating the demonitator by which utilisation is ascertained.

In light of the issues in the national reporting of E-Rs utilisation, a local data set derived from SUS has been used.

Figure 12 – South Sefton CCG E Referral Local Performance

South Sefton CCG
e-RS Utilisation
Mar-19

GP Practice Code	GP Practice Name	e-RS Referrals	Local GP Referrals	% Local GP Refs	↑↓
N84001	42 KINGSWAY	164	209	78.5%	▲
N84002	AINTREE ROAD MEDICAL CENTRE	21	30	70.0%	▼
N84003	HIGH PASTURES SURGERY	181	239	75.7%	▼
N84004	GLOVERS LANE SURGERY	108	143	75.5%	▲
N84007	LIVERPOOL RD MEDICAL PRACTICE	82	126	65.1%	▼
N84010	MAGHULL HEALTH CENTRE (DR SAPRE)	65	91	71.4%	▼
N84011	EASTVIEW SURGERY	89	155	57.4%	▼
N84015	BOOTLE VILLAGE SURGERY	142	155	91.6%	▲
N84016	MOORE STREET MEDICAL CENTRE	94	133	70.7%	▲
N84019	NORTH PARK SURGERY	95	131	72.5%	▼
N84020	BLUNDELLSANDS SURGERY	148	182	81.3%	▲
N84023	BRIDGE ROAD MEDICAL CENTRE	104	131	79.4%	▲
N84025	WESTWAY MEDICAL CENTRE	141	187	75.4%	▲
N84026	CROSBY VILLAGE SURGERY	40	55	72.7%	▲
N84027	ORRELL PARK MEDICAL CENTRE	73	89	82.0%	▲
N84028	THE STRAND MEDICAL CENTRE	88	128	68.8%	▲
N84029	FORD MEDICAL PRACTICE	68	100	68.0%	▼
N84034	PARK STREET SURGERY	104	140	74.3%	▲
N84035	15 SEFTON ROAD	82	107	76.6%	▲
N84038	CONCEPT HOUSE SURGERY	94	106	88.7%	▲
N84041	KINGSWAY SURGERY	60	90	66.7%	▲
N84043	SEAFORTH VILLAGE SURGERY	27	37	73.0%	▼
N84605	LITHERLAND PRACTICE	46	80	57.5%	▼
N84615	RAWSON ROAD MEDICAL CENTRE	36	50	72.0%	▲
N84621	THORNTON SURGERY	58	65	89.2%	▲
N84624	MAGHULL HEALTH CENTRE	15	33	45.5%	▲
N84626	HIGHTOWN SURGERY	23	23	100.0%	▲
N84627	CROSSWAYS PRACTICE	48	54	88.9%	▲
N84630	NETHERTON SURGERY	37	53	69.8%	▲
Y00446	MAGHULL SURGERY	72	85	84.7%	▲
South Sefton CCG Total		2405	3207	75.0%	▲

E-Referral Utilisation Coverage*		▶
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Change From Previous Month	
▲	Up
▼	Down

The referrals information above is sourced from a local referrals flow submitted by the CCGs main hospital providers. This has been used locally to enable a GP practice breakdown. Figure 12 (above) shows an overall performance of 75% for South Sefton CCG, a decline on last month (75.7%).

How are the issues being addressed?

A review of referral data was undertaken to get a greater understanding of the underlying issues relating to the underperformance. The data indicates that there is no uniform way that trusts code receipt of electronic referral and the eRS data at trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance.

When is performance expected to recover?

A meeting with relevant CCG staff has been organised (w/c 27th May 2019) to identify actions that require progression by acute trusts that will provide assurance that the data received is robust. Once a series of actions have been formulated, a meeting with providers will be convened to agree

actions and timescales for implementation. This will form the basis for a more robust contract management of eRs with acutes, and the non-payment of activity not referred through eRs.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	Rob Caudwell	Terry Hill

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 - Mar	1.00%	1.75%	↑
% of patients waiting 6 weeks or more for a Diagnostic Test (Aintree)	18/19 - Mar	1.00%	0.91%	↔

Performance Overview/Issues

The CCG failed the target for less than 1% of patients waiting more than 6 weeks for a diagnostic test in March recording 1.75%, similar to last month when 1.64% was recorded. In March, out of 2,572 patients, 45 patients were waiting at 6+ weeks of those 3 at 13+ weeks. The majority of breaches were for Echocardiography (16) and MRI (8). The Trust mainly responsible for the CCG underperformance is Liverpool Heart & Chest. Out of 48 patients they have 8 waiting over 6 weeks and 2 over 13 weeks reporting 20.83% against the less than 1% plan.

Aintree achieved the under 1% of patients waiting more than 6 weeks for a diagnostic test in March.

How are the issues being addressed?

Diagnostic performance issues emanating from Liverpool Heart & Chest, the Trust has recruited three new consultants (two radiologists and one imaging cardiologist) which are all expected to start employment between May and early July. The building programme to house the new CT and MRI scanners remains on track with the revised schedule meaning building works is expected to be completed by July 2019. This will enable the new scanners to be operational in August 2019. However, LH&C will implement a waiting list initiative to work towards reducing the backlog; expected improved performance will be Q4 2019/20.

Work has now begun with a third party (RMS) to undertake additional scanning work at weekends using the trust's own scanners. This is in addition to the use of mobile vans. However all scans performed using extra capacity is unsupervised by a consultant meaning complex scans such as cardiac CT and MRI cannot be performed on them.

When is the performance expected to recover by?

Recovery expected in Q4 19/20 however early significant improvements due to waiting list initiatives at main provider have helped. Longer term plans for recovery and sustainability are assisted by the plans for the main acute to recruit to key posts.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Terry Hill

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 - Mar	0	1	↔
The number of Referral to Treatment (RTT) pathways greater than 52 weeks for incomplete pathways. (Aintree)	18/19 - Mar	0	0	↔
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92% (CCG)	18/19 - Mar	92%	89.09%	↔
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 - Mar	92%	88.98%	↓

Figure 15 – RTT Performance & Activity Trend

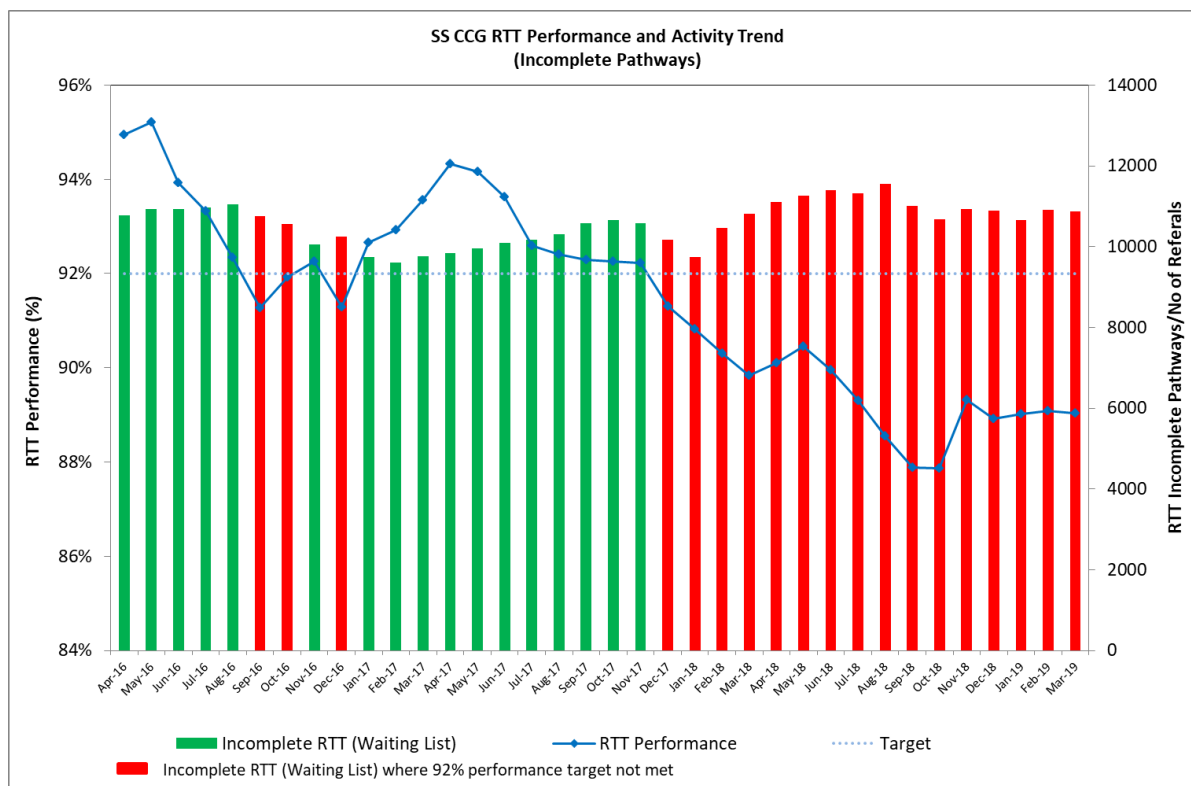


Figure 16 – South Sefton CCG Total Incomplete Pathways

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	10,883	10,665	10,914	10,863	10,863
Difference	1,269	1,315	1,292	1,152	1,249	423	18	352	713	930	445	57	57
St Helens 17/18 Actuals	150	148	142	175	192	201	180	187					0
Revised 2018/19 Position	11,264	11,414	11,535	11,488	11,751	11,201	10,856	11,117	10,883	10,665	10,914	10,863	10,863
Revised Difference	1,419	1,463	1,434	1,327	1,441	624	198	539	713	930	445	57	57

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.

In March, there was 1 South Sefton patient waiting on the incomplete pathway for 52+ weeks against the national zero tolerance threshold. This is the same person who breached in the previous few months at Liverpool Womens. The delay in the patient’s treatment was due to the initial physio treatment offered to the patient being no longer being offered by the Trust. The patient’s treatment plan was reviewed on the 28th January and the patient initially decided that they want to continue with the original treatment discussed however due to capacity issues regionally, the Trust were unable to outsource this treatment. The Trust has now purchased PTNS equipment, 6 sessions of staff training for PTNS will commence on 23rd May, the Training Company have confirmed attendance and appointment booked and confirmed with patient for 28th May 2019.

NHS England set CCGs the target of total RTT incomplete pathways in March 2019 being no higher than in March 2018. In March, the CCG had 10,863 incomplete pathways, 57 patients more than the March of the previous year and is therefore has not achieved the target year end plan.

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 89.02% in March. This is similar to last month. In March, of 10,914 patients, 1,191 were waiting over 18 weeks on the incomplete pathway.

Aintree also failed this standard for March recording 88.98%. Out of 15,400 patients there were 1,907 waiting over 18 weeks on the incomplete pathway a 1.47% decline on February's position. The total number of patients on an incomplete pathway as at month end was 17,307 which was a 3.4% decrease on February's position. The Trust advised during March 2019 that their waiting list was indicating they were on track to achieve the target at the end of March 2019. However published data shows that the target was narrowly missed.

The continued non-elective pressure combined with capacity issues brought about via increased levels of short term sickness and leave in certain specialties has impacted on RTT performance although mitigations are in place. The increase in non-elective demand is being managed effectively and the Trust is monitoring the situation to ensure elective activity and patient experience is not negatively impacted.

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 CCG has recruited 3 interim project managers whose focus will be on redesigning services that will support the system in terms of financial and acute sustainability. The project managers will focus on outpatients, gastroenterology, dermatology, respiratory and CVD.

As part of the Acting as One agreement with our acute providers principals have been agreed, that will support the Trust and CCG in attaining their RTT ambitions. This includes the man management schemes. The Governance processes are yet to be ratified, however, once the Governances processes are agreed, actions plan and timescales will be developed and shared.

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.

Additional in house waiting list initiative (WLI) activity continues to be provided to cover the shortfall in capacity. Royal Liverpool Broadgreen staff has been given honorary contracts to undertake WLIs at Aintree. Weekly capacity meetings continue with operational and clinical teams to maximise the utilisation of capacity. Additional bank administration support are 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 commenced in January.

Performance will continue to be monitored at both Aintree contract review and planned care meetings, with associated action plans developed and reviewed.

When is the performance expected to recover?

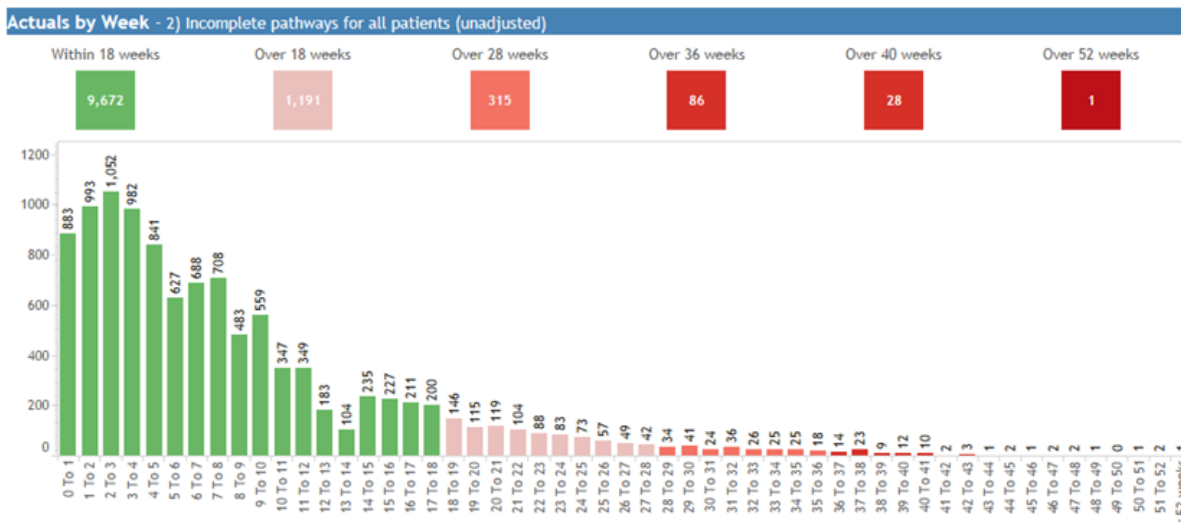
March 2020.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Terry Hill

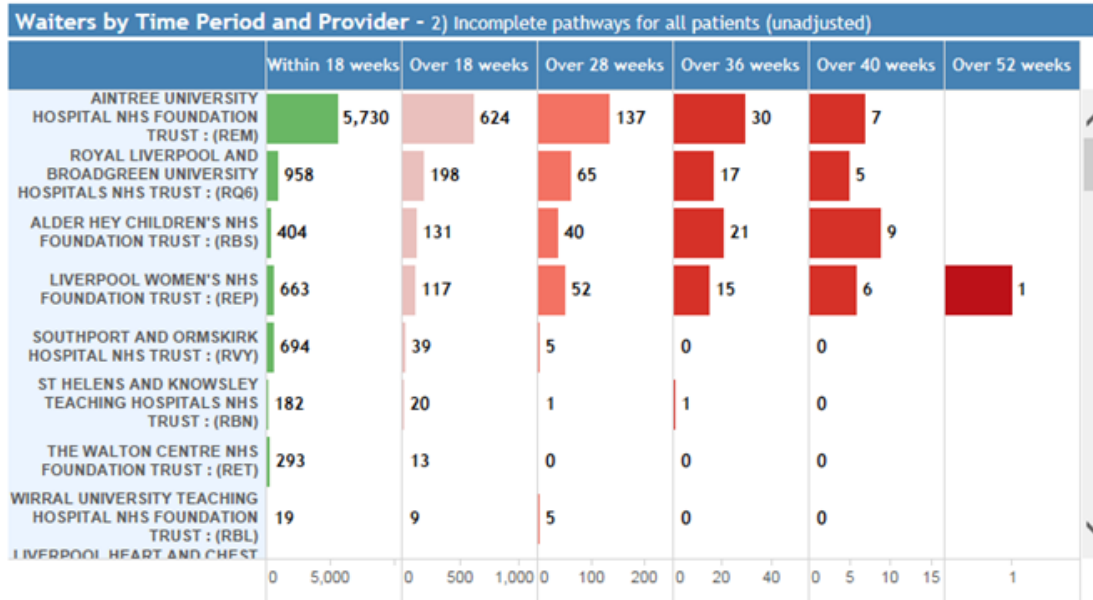
3.3.1 Incomplete Pathway Waiting Times

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

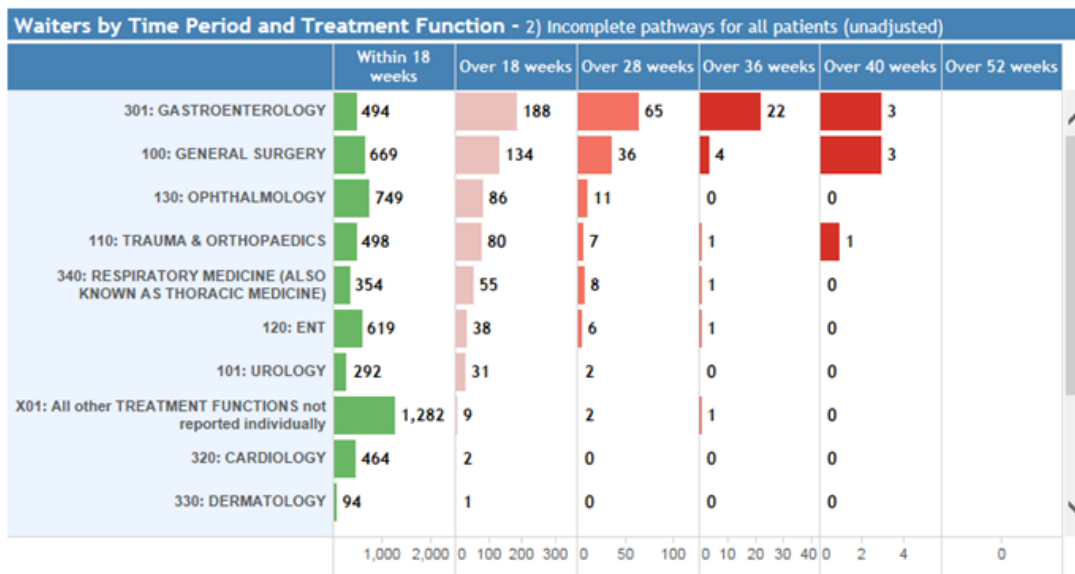
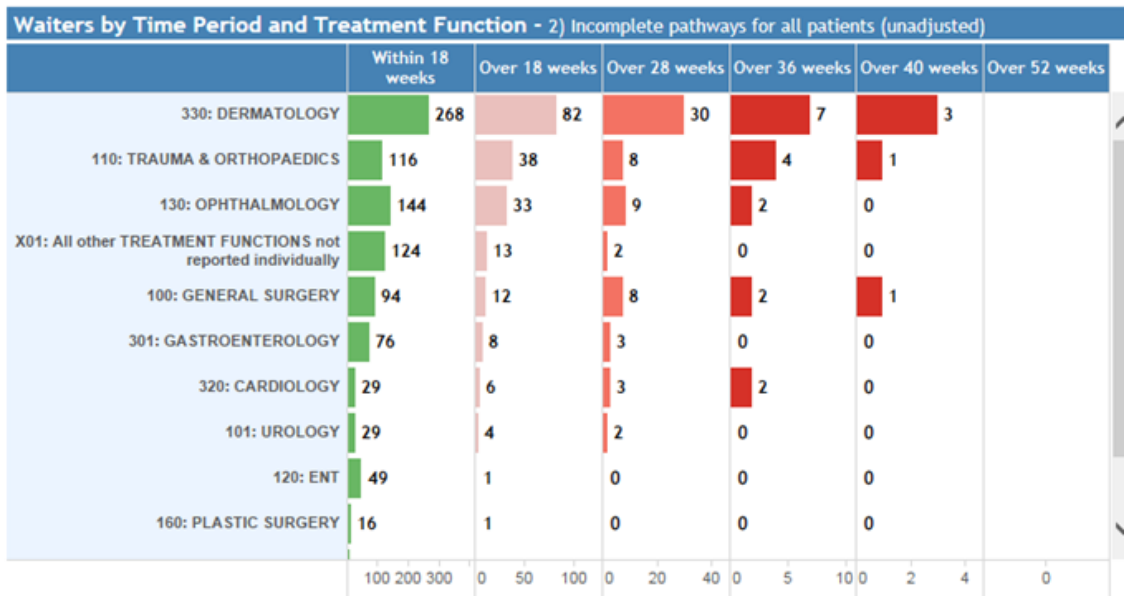


Figure 20 - Patient waiting (in bands) on incomplete pathway by Specialty for Royal Liverpool & Broadgreen University Hospital NHS Foundation Trust



3.3.4 Provider assurance for long waiters

Figure 21 - South Sefton CCG Provider Assurance for Long Waiters

CCG	Trust	Specialty	Wait band (Weeks)	Details
South Sefton CCG	Liverpool Womens	Gynaecology	52+ weeks	Physio patient requiring PTNS Physio, treatment no longer offered at LWH (x5 alternative appointments requested by patient). Patient attended clinic 16/04/2019 to discuss alternative treatment options with the Consultant however patient would prefer to wait for the PTNS option and is fully aware of the lead in time. Trust has purchased equipment, delivered last week. 6 sessions of staff training for PTNS commences on 23/05/19. Training company have confirmed attendance and appointment booked and confirmed with patient for 28/05/19.
South Sefton CCG	Aintree	ENT	37	1 patient treated on 2-5-19
South Sefton CCG	Aintree	Gastroenterology	36 to 40	22 patients: 15 have been treated, 6 have TCI dates and 1 not an RTT pathway
South Sefton CCG	Aintree	General Surgery	38 to 42	4 patients: 3 treated and 1 has TCI date
South Sefton CCG	Aintree	T&O	46	Patient treated 23-4-19
South Sefton CCG	Aintree	Thoracic Medicine	36	Patient treated 23-4-19
South Sefton CCG	Aintree	Other	38	On validation not an RTT pathway
South Sefton CCG	Alder Hey	Other	36 to 51	21 patients: 9 treated, 6 have TCI dates, 6 waiting for appointment date
South Sefton CCG	Liverpool Womens	Gynaecology	36 to 41	14 patients; Trust only providing updates on 52 week waiters
South Sefton CCG	Robert Jones	T&O	36	Patient had surgery in April – review in July – Clock closed
South Sefton CCG	Royal Liverpool	Cardiology	37 to 39	2 patients both have TCI date
South Sefton CCG	Royal Liverpool	Dermatology	36 to 48	1 treated 6 patients where pathway stopped, issue capacity
South Sefton CCG	Royal Liverpool	General Surgery	38 to 44	2 patients both pathways stopped, issue capacity
South Sefton CCG	Royal Liverpool	Ophthalmology	37 to 39	2 patients: 1 has TCI date, 1 pathway stopped due to capacity
South Sefton CCG	Royal Liverpool	T&O	36 to 40	4 patients: 1 has TCI date, 1 is waiting a date and 2 pathway stopped, issue capacity
South Sefton CCG	St Helens	General Surgery	36	Awaiting Trust Update

The CCG had a total of 85 patients waiting 36 weeks and over 36 of which there was 1 patient over 52 weeks at Liverpool Womens this patient now has a confirmed booked appointment. Of the 85, 31 patients have been treated, 19 have a TCI date, 8 patients require an appointment date. 1 awaiting trust update, 14 where trust only provides updates on over 52 week waiters, 13 other which include no longer on pathway, clock closed, pathway stopped.

3.4 Cancelled Operations

3.4.1 All patients who have cancelled operations on or day after the day of admission for non-clinical reasons to be offered another binding date within 28 days

Figure 22 – Aintree Cancelled Operations

Cancelled Operations				
All Service Users who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hospital of the Service User's choice - Aintree	18/19 - Mar	0	0	1 ↔

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

Figure 23 – Aintree Cancelled Operations for a second time

Cancelled Operations				
No urgent operation should be cancelled for a second time - Aintree	18/19 - Mar	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 - Mar	93%	90.06%	↔
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93% (Cumulative) (Aintree)	18/19 - Mar	93%	87.10%	↔
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 - Mar	93%	84.44%	↓
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 - Mar	93%	81.16%	↓

Performance Overview/Issues

The CCG failed the 93% target in March for patients referred urgently with suspected cancer with 91.06% and are failing year to date with 90.06%. 61 patients out of 682 waited longer than two weeks for a first outpatient appointment. Out of the 61 breaches, 57 breaches were at Aintree, 3 at Royal Liverpool and 1 at Liverpool Women's. 37 breaches were due to inadequate out-patient capacity and 24 were due to patient choice to delay first out-patient appointment. The maximum wait was 35 days and was due to patient choice to delay. In 2018/19 there were 748 breaches from a total of 7,525 patients seen.

Aintree failed the target for March for cancer 2 week waits with 85.9% and remains below target YTD with 87.10%. In March there were 163 breaches from a total of 1158 patients seen. Of the 163 breaches, 109 breaches were due to inadequate out-patient capacity and 54 due to patient choice to delay. The maximum wait was 50 days and was due to inadequate out-patient capacity.

The CCG also failed the 93% 2 week breast target in March reporting 68% out of 50 referrals only 34 had their appointment within 2 weeks, year to date reporting 84.44%. All breaches were at Aintree with 14 due to inadequate out-patient capacity and 2 due to patient choice to delay first out-patient appointment. The maximum wait was 34 days and was due to patient choice to delay. In 2018/19 there were 115 breaches from a total of 739 patients seen.

Aintree failed the 93% breast target for March reaching 64.83% also failing year to date reporting 81.16%. In March, out of 145 patients there were 51 breaches. 42 breaches were due to inadequate out-patient capacity and 9 due to patient choice to delay. The maximum wait was 39 days and was due to inadequate out-patient capacity.

How are the issues being addressed?

South Sefton CCG is showing steady rates of total GP referrals over last 12 months but a 5% shift from routine to 2ww. There are similar patterns in Southport and Formby and Liverpool.

Conversion rates are reducing slowly, currently 5.4% across all tumour sites which is lower than the Cancer Alliance average and still higher than the NICE NG12 indicative threshold of 3%. Mode of presentation i.e. 2 week wait versus routine referral or urgent methods of presentation is considered a better marker of improvement than conversion rates.

Cancer referrals and conversion rates from 2 week to 62 day pathways were items discussed at Governing Body development sessions for both CCGs. in May. Members are satisfied that greater adherence to NICE guidelines, aimed at earlier detection of cancer, is the dominant factor in the evidently reducing conversion rates.

Going forward Primary Care Networks will have a key role in helping to ensure that all their GPs are using the latest evidence-based guidance to identify people at risk of cancer; recognise cancer symptoms and patterns of presentation; and make appropriate and timely referrals for those with suspected cancer. A QOF Quality Improvement module for national use in 2020/21 to help practices and networks understand their own data, and work through what they can do to achieve earlier diagnosis.

Lack of capacity is a major concern for ever increasing rates of 2 week breast appointments both for suspected cancer and symptomatic patients. Aintree has reported a 15% increase over the last 12 month period. The reasons for this increase remain unclear but there are likely to be “celebrity effect” links. The cancer yield rate for Sefton CCGs remains close to the Cancer Alliance mean of 5.3% for suspected breast cancer.

Aintree Hospital is creating sustainable workforce within its Breast Unit. 2 surgical consultant roles have been converted to 100% breast. A GPwSI has been recruited who will be key in understanding and addressing interface and referral quality issues a piece of work is being undertaken across the system to look at demand and capacity management for breast services. This will include revision of the breast referral form to provide better risk stratification for benign disease and breast pain and promote advice and guidance as an alternative to referral. However it must be acknowledged that this is a highly emotive and litigious area with high public awareness

When is performance expected to recover?

Further Waiting List Initiative clinics are scheduled for April and early May 2019. Recovery looks set for June 2019.

Who is responsible for this indicator?

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

3.5.2 - 31 Day Cancer Waiting Time Performance

Figure 25 – 31 Day Cancer Performance measures

Cancer waits – 31 days				
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (CCG)	18/19 - Mar	96%	97.95%	↔
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96% (Cumulative) (Aintree)	18/19 - Mar	96%	97.43%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (CCG)	18/19 - Mar	94%	97.97%	↔
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (Cumulative) (Aintree)	18/19 - Mar	94%	0 Patients	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (CCG)	18/19 - Mar	94%	97.45%	↔
Maximum 31-day wait for subsequent treatment where that treatment is surgery – 94% (Cumulative) (Aintree)	18/19 - Mar	94%	97.02%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (CCG)	18/19 - Mar	98%	98.92%	↔
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (Cumulative) (Aintree)	18/19 - Mar	98%	99.46%	↓

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 - Mar	85% local target	76.99%	↑
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 - Mar	85% local target	80.93%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (CCG)	18/19 - Mar	90%	85.19%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (Cumulative) (Aintree)	18/19 - Mar	90%	75.94%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (CCG)	18/19 - Mar	85%	77.36%	↑
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85% (Cumulative) (Aintree)	18/19 - Mar	85%	77.51%	↔

Performance Overview/Issues

The CCG failed 1 of the 3 62 day measures in March but are failing all 3 year to date. For 62 day upgrade the CCG reported 90.91% in March (but 76.99% year to date). For 62 day screening the CCG failed reporting 100% (year to date with 85.19%). For the 62 day standard, the CCG failed in March with 78.79% (7 breaches out of 33) and 77.36% year to date. In March, breaches were due to delay due to complex diagnostic pathway, admin and other reason (not stated).

Aintree failed 2 of the 3 of the 62 day measures in March and all 3 year to date. For 62 day upgrade the Trust reported 76.47% in March and year to date performance of 80.93%. For 62 day screening the Trust reported 90.91% in March (75.94% year to date) with the equivalent of half a breach out of 5.5 accountable patients. For the 62 day standard the Trust reported 81.58% in March (77.51% year to date) with the equivalent of 10.5 breaches out of 57 accountable patients.

How are the issues being addressed?

Trust Actions:

- Reinforce leadership and workforce capacity within the Cancer Team, backfilling maternity leave and appointing to an Interim Head of Performance until 01/03/19. A Cancer Manager is in post and will be at Aintree full time from 15/04/2019.
- 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. A workshop will be held in April to look at improvement across all tumour groups.

- SoP to be finalised for escalation of delays for access to diagnostic services and reporting to DDOs.
- Work is 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 the Cancer Alliance to introduce new posts to assist with the pre diagnosis phase of the patient pathways and deliver associated improvements to performance. The head and neck post holder has started in April 2019 with the colorectal lead is to commence by June.
- £94k awarded by NHSE to schedule additional diagnostic activity to improve 62 day performance November 18 - March 19. This has been used to support the urology and colorectal pathways and to fund additional MRI capacity. Activity associated to this additional funding is now completed and has supported diagnostic tests in Urology in addition to the Radiology work.

Pressure areas continue to be breast clinic and mammography capacity, head and neck, histology and imaging. Some progress within Liverpool Clinical Laboratories is reported with additional consultants in post during March 2019.

When is the performance expected to recover?

The trajectory received by the CCG does not indicate full recovery for 62 days within 2019/20 but significant improvement should be realised from the actions above. Early unification of cancer teams across Aintree and Royal Liverpool may hold potential for efficiencies and resilience. Skin and Breast would be considered priority teams for this approach.

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.

A Local Agreement process for notifying CCGs of 104 day breaches and undertaking Root Cause Analyses (RCAs) will be varied into provider contracts

In March Aintree had 4 breaches, 2 of which was partly attributed to Clatterbridge, 1 Southport & Ormskirk and 1 to Wirral Teaching Hospital. Only the primary cause of delay to the patient’s treatments is recorded on the national cancer waiting times system and it is likely that there are complex and multifactorial reasons for delays in these very protracted pathways. Primary delays where reported were due to complex diagnostic pathway (2) and other reason not listed (2). The longest waiting patient was for an upper gastro patient 165 days (reason complex diagnostic pathway). The CCG will receive detailed root cause analyses for these patients within a 60 day timeframe of the breach occurrence.

Action plans driven through these RCAs will be developed through the CCGs’ PQIRP Group.

3.6 Patient Experience of Planned Care

Figure 27 – Aintree Inpatient Friends and Family Test Results

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: Mar-19

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%	20.8%		96%	94%		2%	4%	

Aintree Friends and Family Inpatient test response rates have fallen further below the England average of 24.9% in March at 20.8%; slightly better than last month when 19.5% was recorded. The percentage of patients who would recommend the Trust remains the same at 94% but is still below the England average of 96%. The proportion who would not recommend is 1% higher than last month at 4% and above the England average.

Mersey Care NHS Foundation Trust, South Sefton Community Services are scheduled to provide a presentation on Patient Experience at the May 2019 EPEG. Aintree were also due to provide a presentation in May 2019 but this has now been rescheduled for July 2019.

3.7 Planned Care Activity & Finance, All Providers

Performance at Month 12 of the financial year 2018/19, against planned care elements of the contracts held by NHS South Sefton CCG show an underperformance of -£401k/-0.8%. 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 £1m/2.2%.

At specific over performing Trusts, Royal Liverpool is reporting the largest cost variance with a total of £229k/4% followed by Renacres and Southport & Ormskirk Hospitals with variances of £205/10% and £202/9% respectively. In contrast, Aintree Hospital are under performing by -£1.3m/-4%.

Across all providers, Cardiology is the top over performing speciality for South Sefton CCG with a variance of £540k/28% against planned levels at month 12. This over performance is credited to Aintree Hospital and Day Case procedures as a result of the Heart Failure Pathway.

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	178,908	171,694	-7,214	-4%	£30,808	£29,476	-£1,332	-4%	£1,332	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	13,896	14,977	1,081	8%	£1,755	£1,683	-£72	-4%	£72	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1,227	1,340	113	9%	£419	£478	£59	14%	-£59	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	16,172	14,065	-2,107	-13%	£3,081	£2,772	-£309	-10%	£309	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	30,578	32,826	2,248	7%	£5,124	£5,353	£229	4%	-£229	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	3,149	3,213	64	2%	£1,017	£946	-£71	-7%	£71	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	243,931	238,115	-5,816	-2%	£42,204	£40,709	-£1,495	-4%	£1,495	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	186	250	64	34%	£27	£55	£28	102%	£0	£28	102%
COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	145	145	0%	£0	£26	£26	0%	£0	£26	-
FAIRFIELD HOSPITAL	195	301	106	55%	£53	£80	£28	52%	£0	£28	52%
ISIGHT (SOUTHPORT)	544	827	283	52%	£97	£151	£55	57%	£0	£55	57%
RENACRES HOSPITAL	6,381	7,590	1,209	19%	£1,962	£2,167	£205	10%	£0	£205	10%
SALFORD ROYAL NHS FOUNDATION TRUST	0	148	148	0%	£0	£44	£44	0%	£0	£44	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	12,910	13,299	389	3%	£2,198	£2,399	£202	9%	£0	£202	9%
SPIRE LIVERPOOL HOSPITAL	2,873	3,025	152	5%	£901	£957	£56	6%	£0	£56	6%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	4,757	5,142	385	8%	£1,012	£1,197	£185	18%	£0	£185	18%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	1,278	1,582	304	24%	£294	£325	£31	10%	£0	£31	10%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	226	226	0%	£0	£53	£53	0%	£0	£53	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	546	546	0%	£0	£111	£111	0%	£0	£111	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	1,344	1,604	260	19%	£532	£604	£72	14%	£0	£72	14%
ALL REMAINING PROVIDERS TOTAL	30,468	34,685	4,217	14%	£7,076	£8,170	£1,095	15%	£0	£1,095	15%
GRAND TOTAL	274,399	272,800	-1,599	-1%	£49,280	£48,879	-£401	-0.8%	£1,495	£1,095	2.2%

*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	13,428	13,191	-237	-2%	£8,295	£8,195	£-100	-1%
Elective	1,977	1,534	-443	-22%	£5,623	£4,535	£-1,088	-19%
Elective Excess BedDays	658	467	-191	-29%	£159	£112	£-47	-30%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	451	276	-175	-39%	£95	£60	£-35	-37%
OPFANFTF - Outpatient first attendance non face to face	2,619	1,435	-1,184	-45%	£75	£42	£-32	-43%
OPFASPCL - Outpatient first attendance single professional consultant led	32,488	31,899	-589	-2%	£5,155	£5,124	£-31	-1%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	1,465	784	-681	-46%	£124	£74	£-50	-40%
OPFUPNFTF - Outpatient follow up non face to face	3,360	7,607	4,247	126%	£81	£184	£103	126%
OPFUPSPCL - Outpatient follow up single professional consultant led	83,836	74,725	-9,111	-11%	£5,818	£5,416	£-402	-7%
Outpatient Procedure	22,992	23,205	213	1%	£3,097	£3,108	£11	0%
Unbundled Diagnostics	14,136	14,823	687	5%	£1,141	£1,292	£151	13%
Wet AMD	1,497	1,748	251	17%	£1,145	£1,335	£190	17%
Grand Total	178,908	171,694	-7,214	-4%	£30,808	£29,476	£-1,332	-4%

Underperformance within planned care at Aintree Hospital is evident against various points of delivery. However, the overall under spend of -£1.3m/-4% is driven in the main by reduced elective activity. Electives are -£1m/-19% under plan, which can be attributed to a 31% reduction in activity within the Trauma & Orthopaedics specialty. Very major knee procedures account for the majority of this under performance.

There is also an underperformance of -£402/-7% apparent within the Outpatient Follow Up (single professional consultant led) point of delivery at month 12. This is largely a result of reduced appointments within Cardiology and the Anticoagulant Service.

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	828	895	67	8%	£534	£588	£54	10%
Elective	142	140	-2	-2%	£333	£368	£35	10%
Elective Excess BedDays	4	27	23	516%	£1	£6	£5	331%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	126	176	50	40%	£22	£35	£14	63%
OPFASPCL - Outpatient first attendance single professional consultant led	1,726	2,011	285	16%	£282	£335	£53	19%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	284	265	-19	-7%	£23	£29	£6	26%
OPFUPSPCL - Outpatient follow up single professional consultant led	4,127	4,016	-111	-3%	£319	£320	£1	0%
Outpatient Procedure	4,860	4,887	27	1%	£620	£649	£28	5%
Unbundled Diagnostics	813	882	69	9%	£63	£69	£5	8%
Grand Total	12,910	13,299	389	3%	£2,198	£2,399	£202	9%

*PbR only

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

Overall, planned care elements of the contract are above plan with over performance evident across all points of delivery at month 12. The total over performance of £202k/9% 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 but particularly Trauma & Orthopaedics within outpatient first attendances and General Surgery within day cases. Further analysis has established that referrals to Southport & Ormskirk Hospital have increased by 12.7% in 2018/19 for South Sefton CCG.

Sustained performance against the 18 week target for planned care at the Trust throughout 2018/19 could be a contributing factor to increased referrals from South Sefton to the Trust.

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	1,335	1,509	174	13%	£1,133	£1,117	-£16	-1%
Elective	354	332	-22	-6%	£1,177	£1,290	£114	10%
Elective Excess BedDays	337	256	-81	-24%	£80	£62	-£18	-22%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	286	393	107	37%	£53	£74	£20	38%
OPFANFTF - OP 1st Attendance non face to face	22	39	17	79%	£1	£1	£1	150%
OPFASPCL - Outpatient first attendance single professional consultant led	4,888	4,904	16	0%	£770	£795	£26	3%
OPFUPMPCL - OP follow up Multi-Professional Outpatient First. Attendance (Consultant Led)	485	528	43	9%	£36	£35	£0	0%
OPFUPNFTF - Outpatient follow up non face to face	349	460	111	32%	£8	£11	£3	33%
OPFUPSPCL - Outpatient follow up single professional consultant led	14,797	15,322	525	4%	£1,047	£1,075	£28	3%
Outpatient Procedure	5,410	6,252	842	16%	£589	£666	£78	13%
All Other Outpatients	179	156	-23	-13%	£7	£7	£0	-4%
Unbundled Diagnostics	2,134	2,665	531	25%	£224	£218	-£6	-3%
AKI Unbundled	2	10	8	310%	£0	£1	£1	310%
Grand Total	30,578	32,826	2,248	7%	£5,124	£5,353	£229	4%

Over performance within planned care at Royal Liverpool & Broadgreen Hospital is evident against various points of delivery. However, the overall variance of £229/4% is driven by increased electives and outpatient procedures costs. Vascular surgery accounts for the majority of over performance within electives whereas in outpatient procedures, over performance is focussed largely within the Dermatology speciality. This may 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	600	613	13	2%	£744	£715	-£29	-4%
Elective	160	160	0	0%	£748	£838	£90	12%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,124	1,467	343	31%	£186	£236	£50	27%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,686	2,066	380	23%	£107	£131	£24	22%
Outpatient Procedure	911	639	-272	-30%	£92	£108	£16	18%
Unbundled Diagnostics	447	665	218	49%	£43	£65	£22	52%
Physio	1,453	1,465	12	1%	£43	£43	£0	1%
OPPREOP	0	515	515	0%	£0	£30	£30	0%
Grand Total	6,381	7,590	1,209	19%	£1,962	£2,167	£205	10%

Renacres over performance is evident across the majority of planned care points of delivery. Over performance is focussed largely within the Trauma & Orthopaedics speciality. Major knee procedures account for the majority of increased variance against plan as well as first and follow up outpatient appointments. An analysis of referrals has also shown increasing GP referrals across the majority of specialities at Renacres in 2018/19, particularly Trauma & Orthopaedics and ENT.

Work is on-going looking into the potential shift in referral patterns in South Sefton from the main acute provider to other providers such as Renacres. Contributing factors to changes in referral flows could be due to poor performance of RTT at Aintree and increased capacity in such specialties as ENT at Renacres.

3.7.5 St Helens & Knowsley Teaching Hospitals NHS Trust

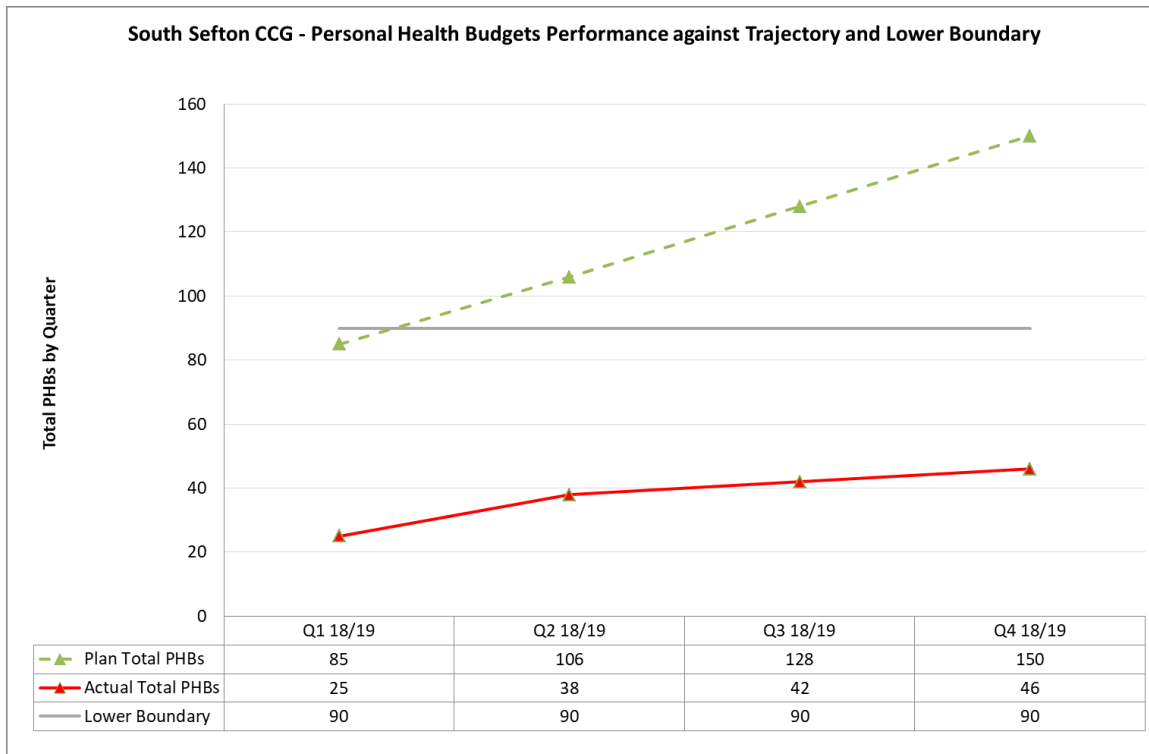
Figure 33 - Planned Care - St Helens & Knowsley Hospitals by POD

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	593	638	45	8%	£500	£566	£65	13%
Elective	52	77	25	47%	£137	£241	£104	76%
Elective Excess BedDays	10	38	28	293%	£2	£10	£8	335%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	6	14	8	123%	£1	£3	£2	130%
OPFASPCL - Outpatient first attendance single professional consultant led	719	804	85	12%	£100	£109	£8	8%
OPFASPCL - Outpatient first attendance single professional consultant led non face to face	1	2	1	43%	£0	£0	£0	43%
OPFASPCL - Outpatient first attendance single professional Non Consultant Led	59	79	20	34%	£3	£6	£2	62%
OPFUPMPL - Outpatient Follow Up Multi-Professional Outpatient Follow Up (Consultant Led)	99	132	33	33%	£9	£12	£3	33%
OPFUPSPCL - Outpatient follow up single professional consultant led	1,629	1,606	-23	-1%	£90	£90	£0	0%
OPFUPSPNCL - Outpatient follow up single professional non consultant led	270	462	192	71%	£11	£14	£2	20%
OPFUPSPCLNFTF - Outpatient follow up single professional consultant led non face to face	39	34	-5	-13%	£1	£1	£0	-5%
OPFUPSPCLNFTF - Outpatient follow up single professional non consultant led non face to face	0	1	1	0%	£0	£0	£0	0%
Outpatient Procedure	1,029	981	-48	-5%	£138	£126	-£12	-9%
Unbundled Diagnostics	249	274	25	10%	£18	£21	£3	16%
Grand Total	4,757	5,142	385	8%	£1,012	£1,197	£185	18%

St Helens & Knowsley over performance is apparent within Electives and Day Cases, with these two points of delivery showing a combined over spend of £169k. 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 4 to increase to 150 to reach 96.77 per 100,000 population. Quarter 4 cumulative position shows 46 PHBs and an actual rate of 29.1, whilst this is a slight increase this remains under trajectory set by NHS England. NHS England has confirmed the lower boundary of 90 would be acceptable in terms of aspirations.

How are the issues being addressed?

- **Adults and Children CHC:** Following on from the initial proposal submitted by Sefton Carers to deliver a pilot delivering a support and advice service an implementation group has been established. The group is currently developing a service specification; SLA; PHB Agreement and other key documents; and is working through processes and issues around implementation, monitoring and evaluation of the pilot. Any challenge around procurement will be highlighted to the Senior Management Team. Additional resource has been allocated (Commissioning Support Officer).
- **Wheelchairs:** The CCG is looking to progress this with key stakeholders in Q2. Additional resource has been allocated (Commissioning Support Officer).
- **Children Complex Care:** NHS England is unable to support mentorship at this time. The CCG will look to review this as part of 2019 / 2020 plans. Additional resource has been allocated (Commissioning Support Officer).
- **End of Life Fast-track:** The CCG looked to pilot a PHCB for EOL Fast Track Patients, as advised by NHSE. We had a potential provider interested, but we were advised this was

potentially a conflict of interest and there had been a change in the governance surrounding PHCB.

- Mental Health S117: The CCG will continue consider how PHBs can be provided and achieved as part of 2019 / 2020 plans.

When is the performance expected to recover?

End of Quarter 3 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

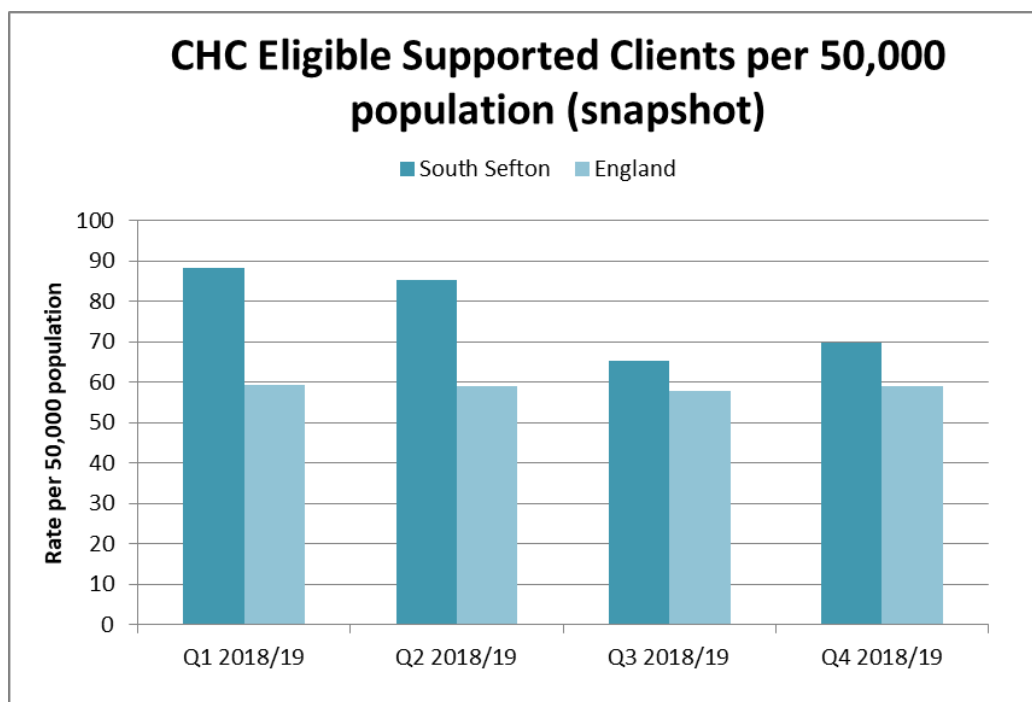


Figure 36 - People eligible (both newly eligible and existing patients) at the end of the quarter (cumulative) divided by the population aged 18+, and expressed as a rate per 50,000 population

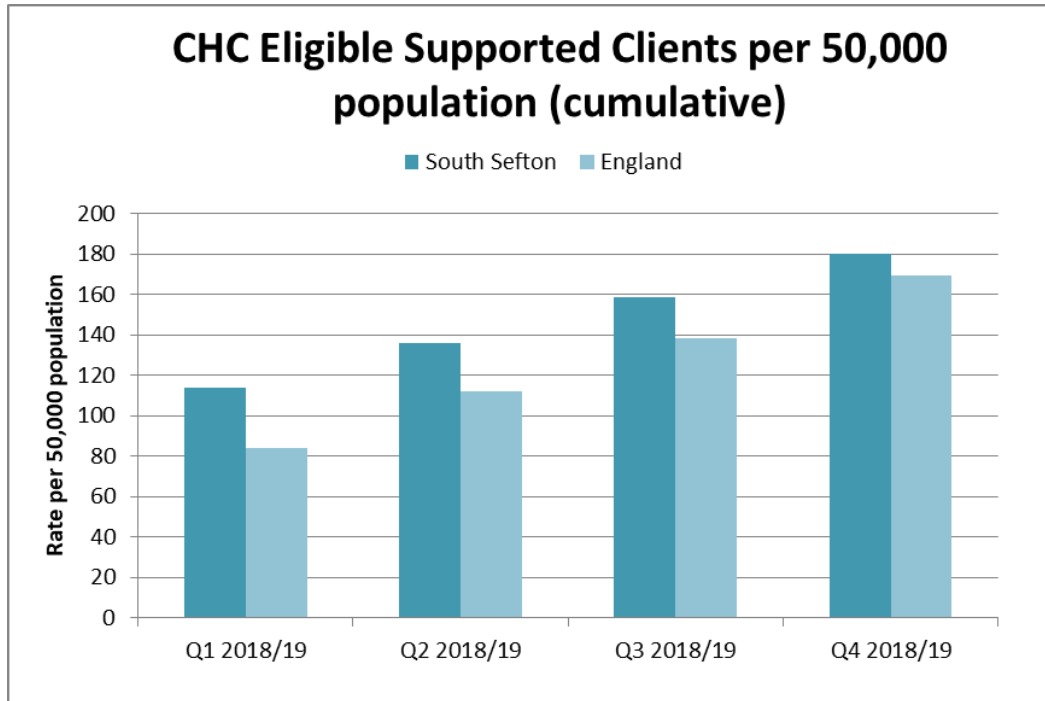


Figure 37 – Percentage of cases with a positive NHS CHC Checklist with eligibility decision made by the CCG within 28 days from receipt of Checklist

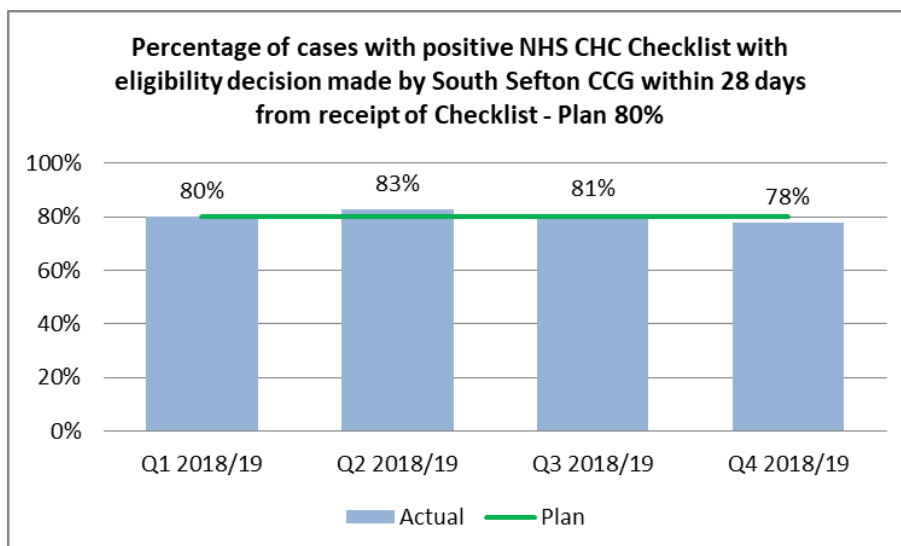
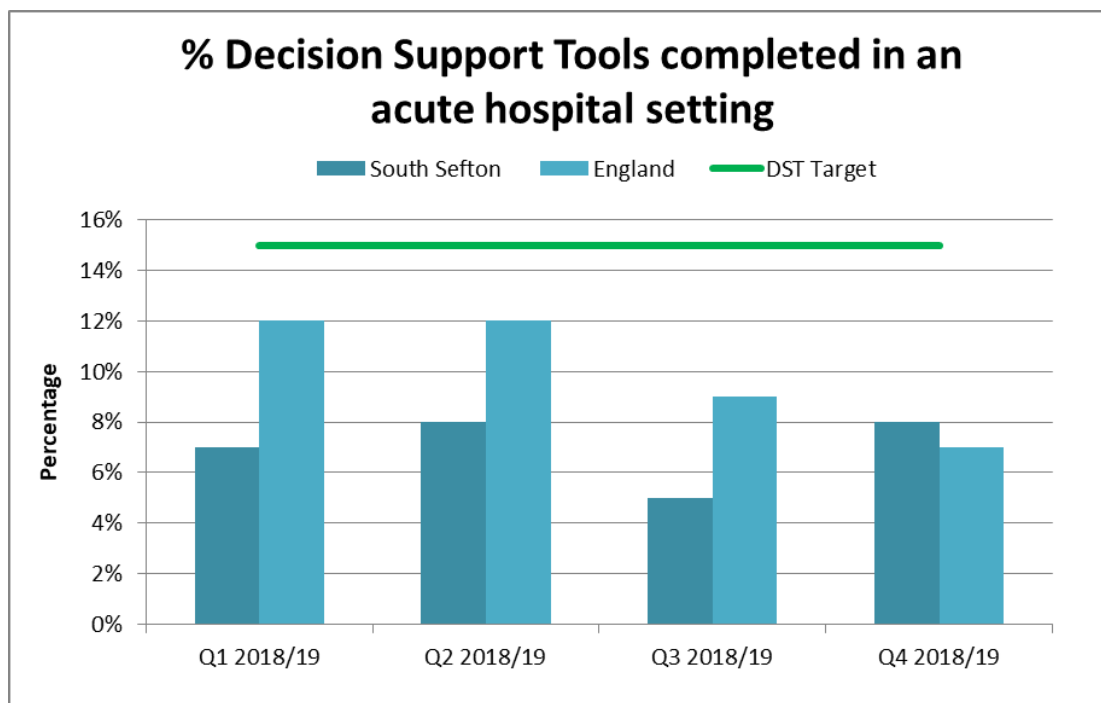


Figure 38 - Proportion of Decision Support Tool (DST) CHC assessments occurring in an acute hospital bed



3.10 Smoking at Time of Delivery (SATOD)

Figure 39 - Smoking at Time of Delivery (SATOD)

	South Sefton				
	Actual Q1	Actual Q2	Actual Q3	Actual Q4	YTD
Number of maternities	376	399	387	353	1515
Number of women known to be smokers at the time of delivery	55	60	56	47	218
Number of women known not to be smokers at the time of delivery	320	338	331	306	1295
Number of women whose smoking status was not known at the time of delivery	1	1	0	0	2
Data coverage %	99.7%	99.7%	100.0%	100.0%	100.0%
Percentage of maternities where mother smoked	14.6%	15.0%	14.5%	13.3%	14.4%

The CCG is above the data coverage plan of 95% at Q4, meaning the data is generally robust, but currently above the national ambition of 11% for the percentage of maternities where mother smoked the ambition will be 6% by the end of 2022. There is no national target for this measure. Performance against this metric is discussed with Providers at Maternity Commissioning Leads meetings attended by the CCG managerial lead for Children and Maternity Services.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Debbie Fagan	Wendy Hewit	Peter Wong

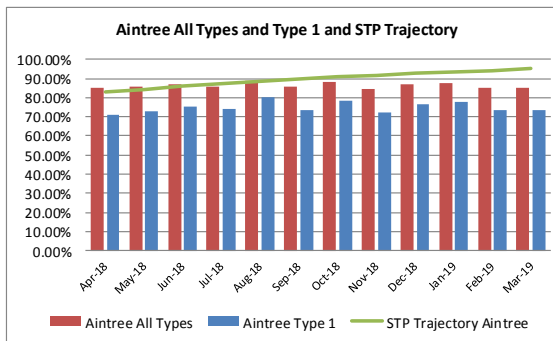
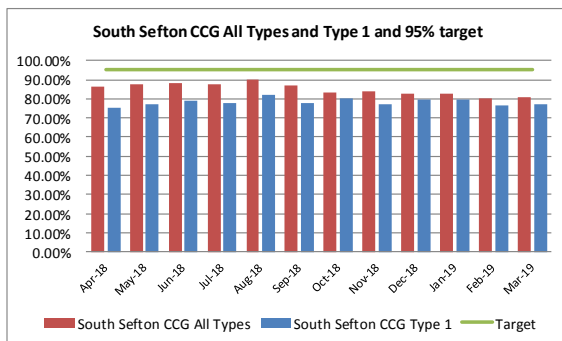
4. Unplanned Care

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) (CCG) All Types	18/19 - Mar	95%	85.37%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (CCG) Type 1	18/19 - Mar	95%	78.28%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) All Types	18/19 - Mar	STP Trajectory Mar Target 95%	86.35%	↔
Percentage of patients who spent 4 hours or less in A&E (Cumulative) (Aintree) Type 1	18/19 - Mar	95%	74.85%	↔

A&E All Types	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
STP Trajectory Aintree	83%	84.4%	85.8%	87.2%	88.6%	90%	90.8%	91.7%	92.5%	93.3%	94.2%	95%	%
Aintree All Types	85.10%	85.82%	86.92%	85.92%	88.98%	85.50%	87.89%	84.49%	86.73%	87.55%	84.89%	85.12%	86.25%



Performance Overview/Issues

Aintree have been working to meet a revised Cheshire & Merseyside 5 year Forward View (STP) trajectory for 2018/19. The Trust failed their STP target of 95% in March reaching 85.12% (YTD 86.25%). 2,163 attendances out of 14,536 were not admitted, transferred or discharged within 4 hours. The Trust is not an outlier in failing to meet the target with only a small number of Trusts achieving this nationally. In regard to Type 1 activity Aintree have performed at a higher level than other local Trusts but all have had challenges in achieving the 95% target.

Trust Actions:

- All actions to set up Pit Stop are now completed. Covering Pit Stop fully remains a challenge and further work is needed to ensure that the Pit Stop role is seen as a priority role for shop floor leads and that appropriate medical staff are routinely and consistently assigned to it across the 24 hour period. Monitoring of performance against these metrics will now be shared regularly with staff on the shop floor through the Knowing How We Are Doing board and through the CBU performance meetings. Further actions will be assigned following output from the monitoring period. An Operational Policy will be written to support

the new model of Primary Care Streaming. A number of actions are required prior to implementation. An advert will be placed locally to source interested GP's so that the CBU has the required capacity to maintain the service at the all times. The CBU is aiming to contractually formalise its arrangement with a number of GP trained doctors who already provide a service to the department, to commence the service without further delay.

- An external review of PCS has been agreed to identify areas of improvement with the current model. This is due to workforce risks identified in transferring the model in house. Recycling expenditure within the CBU to secure 12 middle grade doctors to better support medical weekend 'seeing power' will therefore be achieved by significantly reducing the use of non contracted General Practitioners in See and Treat by setting a productivity challenge in this area to cover the same levels of activity with substantive resource. The CBM and Clinical Director are to jointly agree a small project plan to ensure recruitment to the 12 posts is done as efficiently and quickly as possible. Adverts have been placed and thus far only 5 applicants have been considered suitable for shortlisting. Further adverts will be placed between now and August when traditionally prospective candidates are more likely to apply. Costs have reduced already in See and Treat by the recent resignation of two of the non contracted GP's.
- The Safety First campaign safety huddles have now commenced in the department using the trust format. This has been well received. The knowing-how-we-are-doing- boards are being regularly updated in the department with the aim to continue with the introduction of the full suite of metrics whilst developing the Nurse Coordinators and Shop Floor Leads to lead safety huddles. It is intended that the feedback from the questions asked following the safety huddle format will be used to inform improvement work. This action is on-going - the senior team have met with the Trust Lead for Safety and Governance meetings and plan to continue these throughout April.
- The super six 90-day improvement event has now concluded and the Trust will take part in a further closing event in April to share good practice. The HAS screen has been repositioned to facilitate the dual pin handover and notification to handover times can then be recorded accurately. As well as trialling auto clear, real time handover protocol and revisiting direct conveyance to Ambulatory Emergency Care, extra focus will be placed on achieving rapid handover and release of crews for the rest of March to demonstrate sustainability of the new model.

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. This work will remain on-going in 2019/20:

- 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 in place over the winter 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. Aintree have managed A&E pressures over a challenging winter often providing support through ambulance diversions for other local Trusts.

- 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. A&E, Frailty, Observation ward. Working to maintain focus on patient flow from front door units will continue in 2019/20.
- On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWAS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals and range of pathways that can be supported. Work is being rolled out within Mersey Care to Liverpool and aim to share good practice and roll out to Southport & Formby to ensure consistent offer to NWAS.
- Collaborative work is underway 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?

Achievement of the target was required by March 2019 in line with agreed A&E trajectory. Whilst the Trust has performed well in maintaining flow between A&E and inpatient areas over the winter period, they have not achieved the A&E 95% target. At a national level the target is being reviewed with pilots underway to test other measurements tools for A&E performance e.g. time to treatment. However in the meantime the 95% 4 hour target remains and work will continue within Aintree to improve but with recognition that this will remain challenging.

Who is responsible for this indicator?

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

Figure 41 - A&E Performance – 12 hour breaches

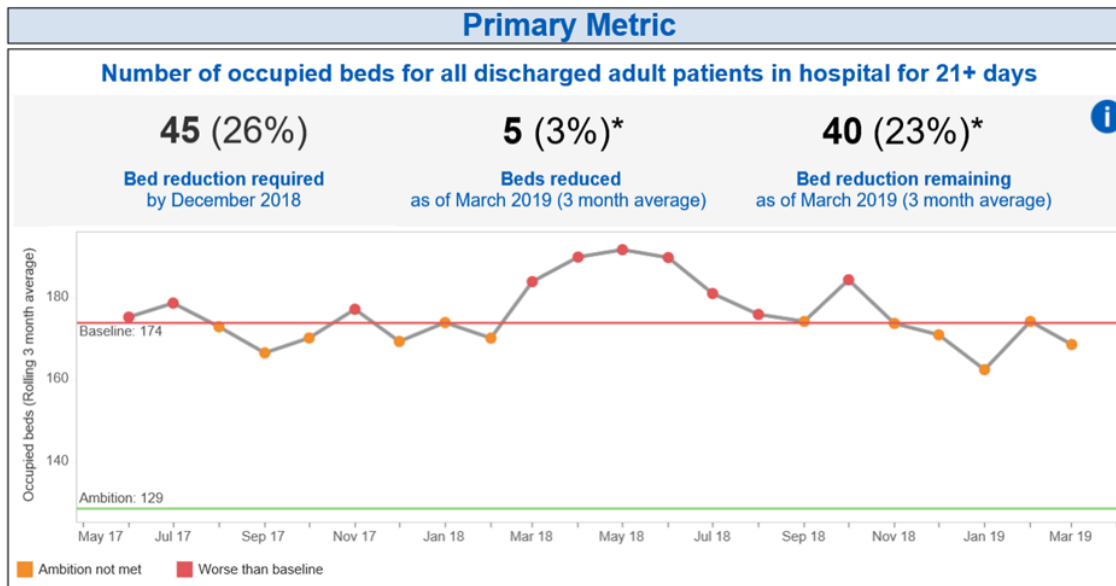
12 Hour A&E Breaches				
Total number of patients who have waited over 12 hours in A&E from decision to admit to admission - Aintree (cumulative)	18/19 - Mar	0	1	↔

There was no 12 hour breaches were reported in March. 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 March 2019 (rolling 3 months) shows 169 occupied beds (a decrease of 5 beds). This is a decrease of 5 occupied beds compared to last month.

Actions to support improvement are identified within Newton work with a focus on initiatives which will support complex discharges with longer lengths of stay. There are a range of developments underway in regard to placement processes; discharge to assess pathways, the patient choice policy to facilitate flow, development of care home trusted assessor roles and community pathways to facilitate earlier discharge. Patient Flow Telecoms and focussed individual patient case work continue where stranded and super stranded patients reviewed with MDT involvement. Support provided where required with opportunity to identify specific themes requiring further action. Collaborative work by all Aintree partners is detailed in NHSI action plan and trajectory to address patients with long lengths of stay.

4.3 Ambulance Performance

In March 2019 there was an average response time in South Sefton of 7 minutes 22 seconds against a target of 7 minutes for Category 1 incidents. For Category 2 incidents the average response time was 28 minutes against a target of 18 minutes, the slowest response time in Merseyside. The CCG also failed the category 3 90th percentile response but achieved in category 4. 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.

Category 1 and 2 will remain an area of major focus with performance 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. There are further aspects of the Ambulance Response Programme where benefits have not yet been realised and are expected to provide significant step change in terms of performance. These include review of rosters and call pick up times within Emergency Operations Centre (EOC). Collaborative CCG work is planned across North and Mid Mersey to share best practice and support further developments in alternatives to transfer for Category 3 and 4 calls.

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) - Aintree	18/19 - Mar	0	159	↑ ↓
All handovers between ambulance and A & E must take place within 15 minutes (>60 minute breaches) - Aintree	18/19 - Mar	0	71	↓

Performance Overview/Issues

Despite an increase in attendances it should be noted that there is an 11.19% improvement in Type 1 AED performance when compared to March 2018. In addition, ambulance attendances also increased. However despite this, handover performance saw an improvement in the number of delays in excess of 30 minutes with a total of 159 (-5), and with 71 delays over 60 minutes, which is an improvement of 26 less from February's reported figures. When comparing these metrics to March 2018 there is a 32% improvement in delays over 30 minutes and a 46% improvement in delays over 60 minutes. The average time from notification to handover saw an improvement from 16:20 minutes to 14:17 minutes (+2.03 minutes). The median time to see 1st clinician has remained static at 76 minutes (+ 1 minutes). The % of patients seen from registration within 15 minutes has continued to improve by 2.5% to 78.67%. The clinical quality indicators for the number of patients who leave the department before being seen has slightly decreased to 305 (-27) to 3.87%. Patients re-attending in March has seen the greatest improvement from 14.47% in February to 8.34% (-6.13%).

How are the issues being addressed?

The NWAS Ambulance Response Programme (ARP) made progress during 2018/19 but failed to achieve the range of standards required. The 2019/20 contract has been negotiated and agreed with recurrent investment to deliver additional capacity and transformation of the service delivery model. Additional non recurrent capacity investment of £1m is conditional upon NWAS delivering the ARP standards in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards and if these are not met as per the trajectory, the payment will not be made. A Service Development Improvement Plan (SDIP) is being developed which links into other elements of the final agreement reached with the Trust, such as the roster review, continuing transformation, and delivery of new service models and implementation of the Lord Carter recommendations. Work has started on the detailed plans need to support the SDIP, with a final plan needing to be agreed by end of June 2019.

Feedback at the monthly NWAS meeting has identified that significant strides are being made by NWAS 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. There has been a focus 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 NWAS to improve against this standard.

Aintree Proposed Actions:

Ambulance handover performance is supported by the wider range of initiatives already highlighted to support overall AED flow and efficient use of resources. Specific work in collaboration between the Trust and NWAS is as follows:

- 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 3 day kaizen event in January focussed on improving the pit stop process in majors. The event also incorporated improving the turnaround times for ambulance handover and improving the safety and speed of handover releasing ambulance crews promptly from the department.
- 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 took place in early January to refine the model and Aintree has conducted tests with the Super Six Trusts as part of the 90 day improvement project.

When is the performance expected to recover?

The 2019/20 contract agreement with NWAS identifies that the ARP standards must be met in full (with the exception of the C1 mean) from quarter 4 2019/20. The C1 mean target is to be delivered from quarter 2 2020/21. A trajectory has been agreed with the Trust for progress towards delivery of the standards.

Trust Recovery Trajectory

Q1	Q2	Q3	Q4

Who is responsible for this indicator?

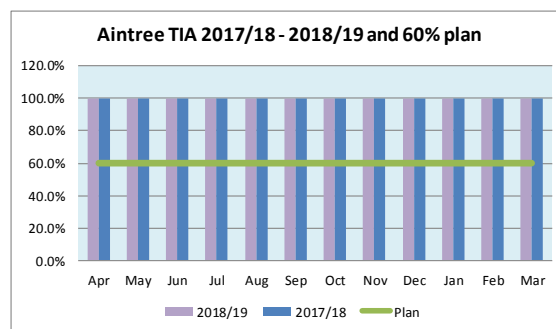
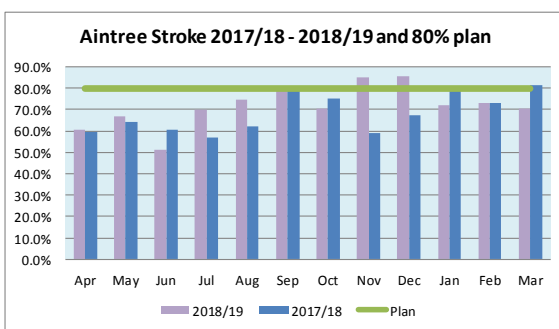
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Andy Mimnagh	Janet Spallen

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 - Mar	80%	70.60%	↓
% high risk of Stroke who experience a TIA are assessed and treated within 24 hours (Aintree)	18/19 - Mar	60%	100%	↔



Performance Overview/Issues

Performance against the National Quality Stroke metric 90% stay standard was 70.6% for March 2019. There were 51 patients with a primary diagnosis of stroke discharged from the Trust during the month. Of these, 36 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 15 patients.

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

- 11 patients required admission to the Stroke Unit with no bed availability
- 2 patients was not referred to the Stroke Team until after an MRI confirmed Stroke
- 1 patient was for palliative care and was nursed in a side-room

How are the issues being addressed?

Trust Actions:

- Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing vacancies.
- Develop a case for 2 additional HASU beds.
- Agree an action plan to consistently achieve therapy standards for SSNAP.

When is the performance expected to recover?

Forecast for improvement:			
Q1	Q2	Q3	Q4

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

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 - Mar	53	59	↑
Incidence of healthcare associated infection (HCAI) C.difficile (Cumulative) (Aintree)	18/19 - Mar	45	39	↑
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (CCG)	18/19 - Mar	0	2	↔
Incidence of healthcare associated infection (HCAI) MRSA (Cumulative) (Aintree)	18/19 - Mar	0	2	↔
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (CCG)	18/19 - Mar	128	170	↓
Incidence of healthcare associated infection (HCAI) E.Coli (Cumulative) (Aintree)	18/19 - Mar	No Plan	358	↓

Performance Overview/Issues

The CCG had 4 new cases of C.Difficile in March bringing the year to date total to 59, against a year to date plan of 53 so are over plan currently (20 apportioned to acute trust and 39 apportioned to community) the CCG has failed the 2018/19 target.

The CCG had no new cases of MRSA in March; but 1 case in January along with 1 case of MRSA in July apportioned to the community has failed the zero tolerance threshold for 2018/19. Aintree has 2 cases year to date and failed zero tolerance threshold for 2018/19; the earlier cases were reported in May and January.

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 (and have failed this target). In March there were

12 cases (170 YTD) against a year to date plan of 128. Aintree reported 25 cases in February (358 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). Due to the failure of the C.difficile, the year-end target for 2019-20 has increased to 60 for the CCG. The target for E.coli remains the same for 2019-20 as it did in 2018/19, 128 cases.

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

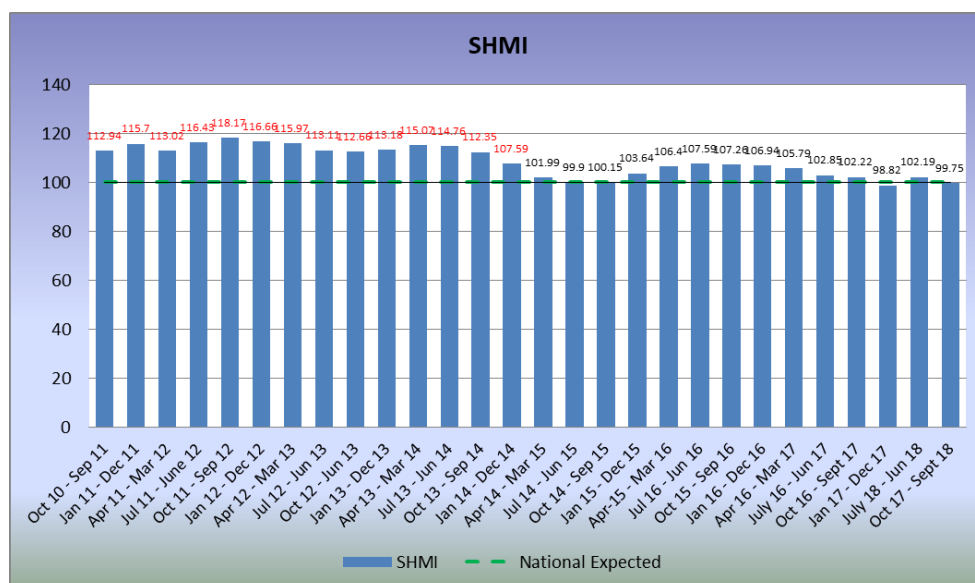
Figure 47 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	18/19 - Mar	100	95.84	↓
Summary Hospital Level Mortality Indicator (SHMI)	Oct 17 - Sept 18	100	99.75	↓

HSMR is slightly lower than last month at 95.84 (97.18 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 99.75 is lower 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 SI Improvement action plan was reviewed at the Joint Quality Committee (JQC). The three remaining actions had been completed and the action plan was closed. The risk on the Corporate Risk Register in relation to Serious Incident Process Management was also closed. The Quality Team will continue to report on SIs quarterly to JQC and monthly to Governing Body.

There are a total of 40 serious incidents (SIs) open on StEIS for South Sefton (a reduction compared to 50 the previous month) as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that 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 (M12)	SIs reported (YTD)	Closed SIs (M12)	Closed SIs (YTD)	Open SIs (M12)	SIs open >100days (M12)
Aintree University Hospital	2	44	3	62	27	14
Mersey Care NHS Foundation NHS Trust (SSCS)	1	12	1	25	3	0
South Sefton CCG	0	1	0	4	1	1
Mersey Care NHS Foundation NHS Trust (Mental Health)	1	15	0	29	4	2
Royal Liverpool and Broadgreen	1	2	1	1	1	0

North West Boroughs NHS Foundation Trust	0	5	2	2	1	1
Southport and Ormskirk Hospitals NHS Trust	0	2	1	6	0	0
Liverpool Women's Hospital	0	2	0	6	0	0
Liverpool Heart and Chest	0	1	1	1	0	0
Liverpool Community Health	0	0	0	5	0	0
The Walton Centre	0	0	0	0	1	1
Alder Hey	1	1	0	1	1	0
Cheshire and Wirral Partnership	0	0	0	1	0	0
North West Ambulance Service	0	0	0	1	0	0
UC24	0	1	0	0	1	0
TOTAL	6	88	9	147	40	19

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	N/A	Total RCAs due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Aintree	32	12	22	22*	-	51	21	11	4	15

*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 CCG have noted a marked improvement for the receipt of the number of overdue provider responses to queries raised following the review of RCAs. The CCG will continue to monitor this requirement and discuss regularly with the provider as part of the monthly SI meetings with providers and internal weekly SI reporting.

The provider has carried out an SI Aggregated Thematic Review. This was presented at CQPG in Q4 18/19. The Trust will concentrate on the actions that come out of investigations to reduce the risk of incidents happening again and trying to reduce the number of policies including making sure the policies and procedures are up to date. It was acknowledged that Policy knowledge and understanding is a weak solution but a solution nevertheless.

The Trust confirmed that there is a new framework in place which supports the following:

- Improved system working to allow for more comprehensive investigations to be carried out and robust action planning.
- More thematic analysis is being carried out to capture system wide issues.
- RCA analysis training is in place for staff who will be expected to undertake SI investigations.

The CCG also facilitated a session on outcome based action planning for RCAs in March 2019 that members of the Trust attended. Following which, the Trust agreed to pilot the use of outcome focussed action planning and will feed this through to the South Sefton CCG

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	Total RCAs Due	Received within 60 days	Extension Granted	SI Downgraded	RCA 60+
Mersey Care (Community)	10	2	0	12*	12	5	1	0	6

**N.B. The trust performance against this target is monitored by Liverpool CCG, the Lead Commissioner for Mersey Care Trust. However, the requirement to submit a 72 hour report following the reporting of an SI was discussed at the January 2019 Divisional Harm Free Care Group of which SSCCG is a member.*

The Trust provided an update in relation to the Pressure Ulcer Reduction Programme at CCQRM in April 2019 and highlighted the following:

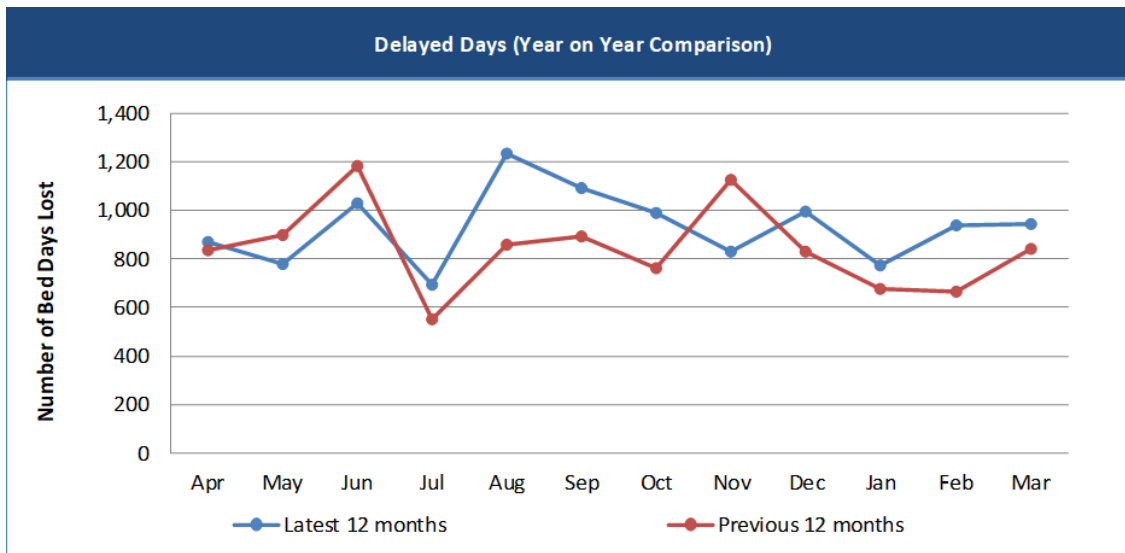
- The NHSI pilots have been completed as part of the Stop the Pressure Collaborative
- The Pressure Ulcer Wheel has been reviewed to reflect the National guidance and scaled up to Trust wide. The wheel will be launched on International Nursing Day.
- Work is in progress to embed the pressure ulcer process and ensure it is working across the system
- A PU passport has been developed and every patient with a pressure ulcer is provided with a card to advise health professionals of the patient’s status and that the patient was receiving treatment from the Trust. This has helped standardising classification with Acute Trusts.
- The 28 recommendations as part of NHSI revised definitions framework have now been actioned
- The risk stratification tool has been rolled out across the service.

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 are also working with Mersey Care as our community provider to ensure that ward staff are educated on community pathways which are available to facilitate early discharge with particular focus on ICRAS. Collaborative

action by all Aintree partners is detailed in NHSI action plan with trajectory for reductions on long lengths of stay.

Figure 52 – Aintree DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Mar-19	Feb-19	Mar-18
Total	945	935	840
NHS	92.1%	88.4%	71.5%
Social Care	7.9%	11.6%	28.5%
Both	0.0%	0.0%	0.0%
Acute	54.2%	52.8%	52.6%
Non-Acute	45.8%	47.2%	47.4%

Reasons for Delayed Transfer % of Bed Day Delays (Mar-19)

AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

Care Package in Home	8.3%
Community Equipment Adapt	0.7%
Completion Assesment	2.5%
Disputes	0.0%
Further Non-Acute NHS	44.1%
Housing	0.7%
Nursing Home	0.0%
Patient Family Choice	43.6%
Public Funding	0.0%
Residential Home	0.0%
Other	0.0%

Total delayed transfers of care (DTOC) reported in March 2019 was 945, an increase compared to March 2018 with 840.

Delays due to NHS have worsened, with those due to social care improving. The majority of delay reasons in March 2019 were due to patient family choice, further non-acute NHS and care package in home.

It important to note that the definitions used to capture DTOCs are restrictive and are not considered being an accurate reflection of the split between health and social care issues.

4.7 Patient Experience of Unplanned Care

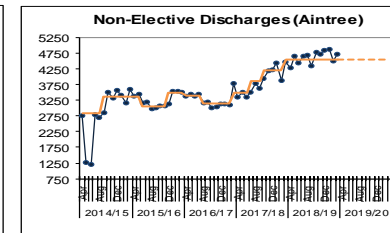
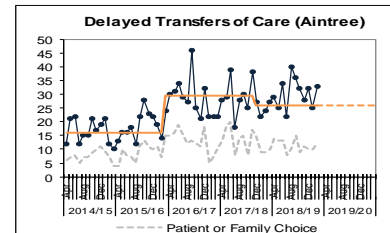
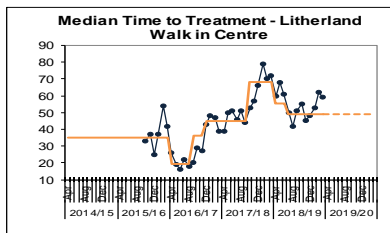
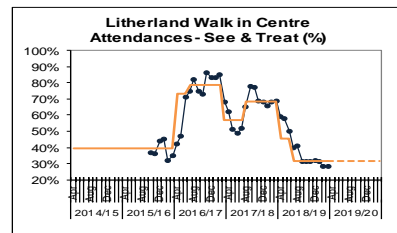
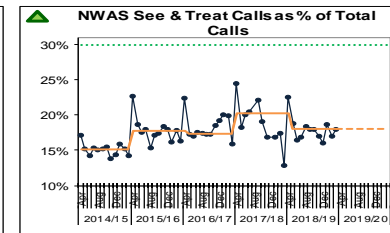
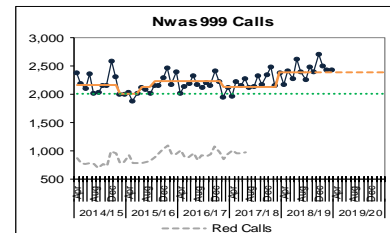
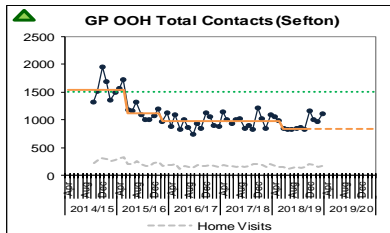
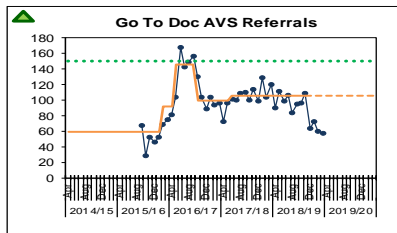
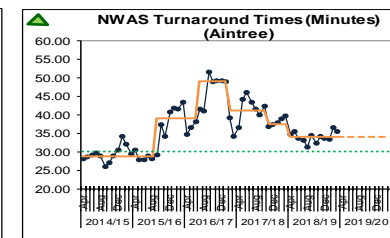
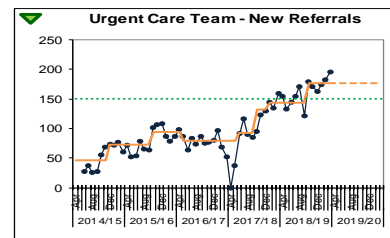
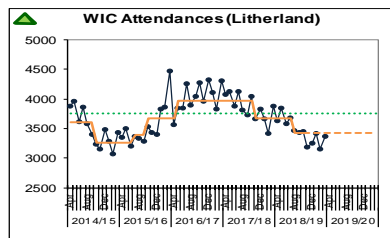
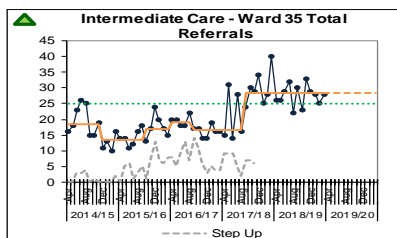
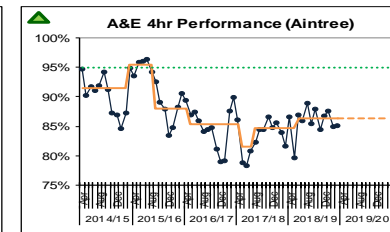
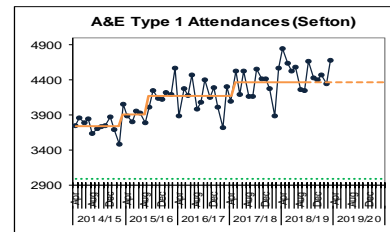
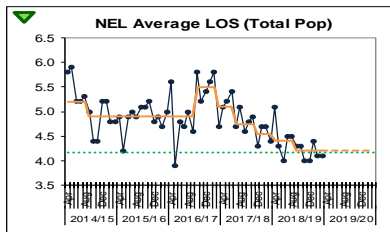
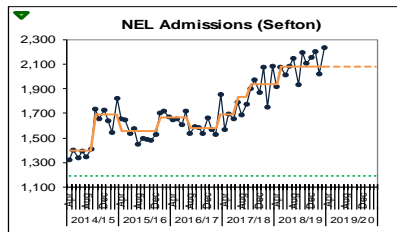
Figure 53 - Aintree A&E Friends and Family Test performance

Friends and Family Response Rates and Scores
Aintree University Hospital NHS Foundation Trust
Latest Month: **Mar-19**

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%	18.7%		86%	88%		8%	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 12 of financial year 2018/19, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £3m/5.9%. 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 £596k/1.2%.

At individual providers, Aintree represents the highest over performing provider for unplanned care at month 12 with a year to date variance of £2.9m/8%. In contrast, Liverpool Women's and Alder Hey hospitals are currently underperforming by -£380k/-8% and -£198k/-9% respectively.

Figure 54 - Month 12 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	98,425	108,740	10,315	10%	£37,740	£40,660	£2,920	8%	£-2,920	£0	0.0%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	10,010	9,469	-541	-5%	£2,227	£2,030	£-198	-9%	£198	£0	0.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	249	124	-125	-50%	£416	£406	£-10	-2%	£10	£0	0.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	3,482	3,427	-55	-2%	£4,491	£4,111	£-380	-8%	£380	£0	0.0%
ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST	5,438	5,364	-74	-1%	£2,047	£2,084	£37	2%	£-37	£0	0.0%
WALTON CENTRE NHS FOUNDATION TRUST	10	15	5	47%	£56	£89	£33	58%	£-33	£0	0.0%
ACTING AS ONE PROVIDERS TOTAL	117,614	127,139	9,525	8%	£46,978	£49,379	£2,402	5%	£-2,402	£0	0%
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	81	98	17	21%	£19	£38	£20	104%	£0	£20	104%
COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	0	91	91	0%	£0	£29	£29	0%	£0	£29	-
Salford Royal NHS FOUNDATION TRUST	0	35	35	0%	£0	£18	£18	0%	£0	£18	-
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	7,888	8,534	646	8%	£2,799	£3,072	£273	10%	£0	£273	10%
ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	1,110	1,156	46	4%	£450	£517	£67	15%	£0	£67	15%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	73	88	15	20%	£182	£218	£36	20%	£0	£36	20%
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER NHS FOUNDATION TRUST	0	40	40	0%	£0	£20	£20	0%	£0	£20	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	0	283	283	0%	£0	£146	£146	0%	£0	£146	-
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	66	48	-18	-27%	£41	£28	£-13	-32%	£0	£-13	-32%
ALL REMAINING PROVIDERS TOTAL	9,219	10,373	1,154	13%	£3,491	£4,087	£596	17%	£0	£596	17%
GRAND TOTAL	126,833	137,512	10,679	8%	£50,469	£53,467	£2,998	5.9%	£-2,402	£596	1.2%

*PbR Only

4.9.2 Aintree University Hospital NHS Foundation Trust

Figure 55 - Month 12 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	41,480	41,522	42	0%	£975	£975	£0	0%
A&E - Accident & Emergency	31,965	35,032	3,067	10%	£4,397	£4,896	£499	11%
NEL - Non Elective	15,472	18,051	2,579	17%	£28,992	£30,231	£1,239	4%
NELNE - Non Elective Non-Emergency	51	46	-5	-10%	£184	£159	-£25	-13%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	21	170	149	698%	£6	£41	£35	585%
NELST - Non Elective Short Stay	2,110	2,538	428	20%	£1,426	£1,679	£253	18%
NELXBD - Non Elective Excess Bed Day	7,326	11,381	4,055	55%	£1,761	£2,680	£919	52%
Grand Total	98,425	108,740	10,315	10%	£37,740	£40,660	£2,920	8%

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. 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 £2.9m/8% is mainly driven by an over performance within Non-Elective admissions, Non-Elective Excess Bed Days, and Accident & Emergency attendances. Acute Medicine accounts for the majority of over performance within Non-Electives, which can be attributed to the aforementioned pathway change. Acute Medicine is also responsible for the majority of over performance within Non-Elective Excess Bed Days followed by Diabetic Medicine, Nephrology and Geriatric Medicine. 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. Collaborative action by all Aintree partners is also detailed in NHSI action plan with trajectory for reductions on long lengths of stay.

Within A&E, type 1 attendances are above plan at month 12 with a variance of 10%. Litherland walk-in centre attendances are much closer to planned levels. May 2018, July 2018 and March 2019 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

5.1.1 Key Mental Health Performance Indicators

Figure 56 - CPA – Percentage of People under CPA followed up within 7 days of discharge

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

Figure 57 - CPA Follow up 2 days (48 hours) for higher risk groups

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CPA follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams	95%	100%	No Patients	No Patients	50.0%	83.3%	No Patients	87.5%	66.7%	100%	100%	100%	100%
Cumulative Quarter				100%	50.0%	75.0%	75.0%	87.5%	81.8%	84.6%	100%	100%	100%

Figure 58 - EIP 2 week waits

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Early Intervention in Psychosis programmes: the percentage of Service Users experiencing a first episode of psychosis who commenced a NICE-concordant package of care within two weeks of referral (in month)	53%	80%	100%	57.1%	100%	80.0%	66.7%	75.0%	50.0%	75%	50.0%	50.0%	62.5%
Cumulative Quarter				73%	100%	83.3%	77.8%	75.0%	60.0%	64%	50.0%	50.0%	58.3%

5.1.2 Out of Area Placements (OAP's)

Figure 59 - 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
	Sep 18 to Nov 18	0
Q3 2018/19	Oct 18 to Dec 18	0
	Nov 18 to Jan 19	0

The government has set a national ambition to eliminate inappropriate out of area placements (OAPs) in mental health services for adults in acute inpatient care by 2020 to 2021. This definition of OAPs has been developed following significant stakeholder engagement to enable progress

against the ambition to be monitored. It is aimed at providers, commissioners and users of local adult inpatient acute mental health services in England.

An out of area placement happens when a person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network of services. Patients should be treated in a location which helps them to retain the contact they want to maintain with family, carers and friends, and to feel as familiar as possible with the local environment.

The CCG are achieving the ambition as they have had no OAPs this financial year.

5.1.3 Mental Health Contract Quality

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 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 May 2020 onwards. Commissioners and the Trust will be working with the Trust to agree reportable KPIs and outcomes early in June 2019.

KPI 125: Eating Disorder Service Treatment commencing within 18 weeks of referrals – Target 95%

- South Sefton CCG – 5.88% (1/17)

Eating Disorder Service		April	May	June	July	August	Sept	October	November	December	January	February	March	
KPI_125	Eating Disorder Service. Treatment commencing within 18 weeks of referrals.	95%	80.00%	40.00%	70.00%	53.85%	28.57%		16.67%	31.25%	42.11%	40.00%	23.53%	5.88%

Performance Overview/Issues

Throughout 2018/19 Eating Disorder waits to commencing within 18 weeks of referral have been sub-optimal and in Month 12 the following performance was reported which has deteriorated significantly from Month 11.

How are the issues being addressed?

Demand for the service continues to increase and to exceed capacity. The Trust will undertake a detailed review of capacity and demand with the aim of stabilising the service. The CCGs have discussed the need for investment in the Eating Disorders Service and commissioners are meeting the Trust on 17th May 2019 to develop a business case in 2019/20 for consideration.

When is the performance expected to recover by?

Performance is linked to current service capacity which mitigates against significant recovery.

KPI 19: Patients identified as at risk of falling to have a care plan in place across the trust – Target 98%

- South Sefton CCG – 50% (3/6)

Falls Management and Prevention		Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
KPI_19	Of the patients identified as at risk of falling to have a care plan in place across the trust.	98%		28.57%	50.00%

Performance Overview/Issues

The Trust reported performance well below the 98% target in Q4, with the above performance reported.

How are the issues being addressed?

Ward staff have been emailed and reminded to ensure that all patients identifying as a falls risk have an appropriate care plan in place.

When is the performance expected to recover by?

The above actions will continue with an ambition to improve performance during 2019/20.

KPI 25 (Keeping nourished) Patients with a score of 2 or more to receive an appropriate care plan – Target 100%

- South Sefton CCG – 80% (4/5)

Keeping Nourished		Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
KPI_25	Patients with a score of 2 or more to receive an appropriate care plan	100%	60.00%	66.67%	50.00%

Performance Overview/Issues

The Trust reported performance well below the 98% target in Q4, with the above performance reported. Out of 5 patients there was 1 patient who didn't receive an appropriate care plan. The transition to Rio has impacted on MUST KPI's as templates in Rio are different to Epex forms therefore ward teams needed additional support.

How are the issues being addressed?

The indicator is number sensitive however to improve KPIs the Dietetic team and Physical Health Performance Nurse are offering a range of support and training to ward staff. MUST training will continue for staff induction.

When is the performance expected to recover by?

Quarter 1, 2019/20.

Mersey Care NHS RiO M12 update

As part of the implementation of the RiO system in June 2018 a plan was agreed between the Trust and CCGs; whereby some KPIs were suspended until RiO was able to provide KPI data. A plan of shadow reporting was set up, and then reporting of all KPIs was implemented and back dated information was supplied. There remain gaps for some measures which will be implemented going forward in 2019/20 KPI 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 60 – Mersey Care Friends and Family Test Performance

Friends and Family Response Rates and Scores
 Mersey Care NHS Foundation Trust
 Latest Month: Mar-19

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%	3.2%		90%	91%		3%	2%	

The Trust has failed below the 3.4% England average for response rates, percentage recommended has gone up from 89 to 91% in March and percentage not recommended has fallen to 2%, 1% drop from February.

5.2 Improving Access to Psychological Therapies

Figure 61 - Monthly Provider Summary including (National KPI s Recovery and Prevalence)

South Sefton IAPT KPIs Summary		% 0-100%	1,200%	1,200%	1,200%	1,200%	1,200%	1,200%	1,200%	1,200%	1,200%	1,200%	1,200%	1,200%	1,200%	1,200%
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	332	272	296	361	299	194	327	313	312	3,599		
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%	0.80%	1.35%	1.29%	1.28%	14.80%		
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%	45.1%	53.9%	44.9%	50.0%	47.9%	47.4%	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%	100.0%	100.0%	100.0%	100.0%	99.5%		
ACTUAL % 18 weeks waits - 85% 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%	100.0%	100.0%	100.0%	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	194	218	183	129	166	147	137	2,221		
National definition of those who have entered Below Caseness (KPI5b)	2017/18	8	4	5	4	9	2	6	8	5	8	8	5	72		
	2018/19	9	7	8	10	5	2	5	3	2	6	3		60		
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	97	57	80	69	63	1,008		
Referral optin 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%	89.7%	88.1%	89.7%	77.5%	84.7%	83.5%	87.0%		

Performance Overview/Issues

Cheshire and Wirral Partnership reported 312 patients entering treatment in Month 12, which is comparable with the 313 reported in Month 11. 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 4 2018/19 at 4.75% which equates to approximately 1.59% per month. The access rate for Month 12 was 1.28% and therefore failed to achieve the standard. The end of year Access rate was 14.8%.

The percentage of people moved to recovery was 47.4% in Month 12, which is comparable with the 47.9% for the previous month and failing to achieve the target of 50%. The year-end Recovery rate was 47.4%. The service has reported that patients entering IAPT in South Sefton have more severity in their condition (linked to demographics/deprivation levels) which has an impact on recovery rates.

How are the issues being addressed?

Access – Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. In addition IAPT services aimed at diabetes and cardiac groups are planned with IAPT well-being assessments will be delivered as part of the routine standard pathway for these conditions. In addition those GP practices that have the largest number of elderly patients are being engaged with the aim of providing IAPT services to this cohort. Additional High Intensity Training staff are in training (with investment agreed by the CCG) and they will contribute to access rates whilst they are in training prior to qualifying in October 2019 when they will be able to offer more sessions within the service. Three staff returning from maternity leave and long term sickness will have a positive impact on the service capacity.

Three staff returning from maternity leave and long term sickness will also have a positive impact on the service capacity.

Recovery – The newly appointed clinical lead for the service will be reviewing non- recovered cases and work with practitioners to improve recovery rates.

When is the performance expected to recover by?

The above actions will continue with an ambition to improve performance during 2019/20

Who is responsible for this indicator?

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

5.3 Dementia

Figure 62 - Dementia casefinding

NHS South Sefton CCG

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
People Diagnosed with Dementia (Age 65+)	1159	1163	1191	1203	1221	1230	1240	1232	1223	1214	1225	1246
Estimated Prevalence (Age 65+)	1869	1874.3	1877.3	1885.7	1892.5	1900.9	1906	1904.8	1907.2	1911.5	1911.6	1916.8
NHS South Sefton CCG - Dementia Diagnosis Rate (Age 65+)	62.0%	62.0%	63.4%	63.8%	64.5%	64.7%	65.058%	64.679%	64.13%	63.51%	64.08%	65.00%
Target	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

Performance Overview/Issues

The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in March of 65.00%, which is under the national dementia diagnosis ambition of 66.7% although a slight increase on last month when 64.08% was reported. CCG believes that coding issues in primary care may be impacting on performance. In addition there may be care home residents who may not have a diagnosis of dementia.

How are the issues being addressed?

The CCG has completed the Dementia Self-Assessment Tool requested by NHS England, which has full details of the planned actions being undertaken by the CCG.

Work is being undertaken to identify any coding errors that will have a negative impact of Dementia Diagnosis rates. The CCG is also exploring the feasibility and costs of identifying care homes in South Sefton that could be targeted to be included in diagnosis registry / identification. South Sefton CCG funds a Care Home liaison service that could be utilised to support dementia diagnosis rates.

When is the performance expected to recover?

The CCG hasn't been able to achieve the National Ambition by March 2019. Plans are in place to achieve by the end of Q2, 2019/20.

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 63 - 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	353	250	171	250	181	250		750	705
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%	11.3%	8.0%	5.5%	8.0%	5.8%	8.0%		24.0%	22.6%

Performance Overview/Issues

The CCG has now received data from a third sector organisation Venus. This Provider has not yet submitted data to the MHSDS although this is a work in progress. These additional figures have been included in the table above thus increasing the CYP Access performance and creating a variation in previous data.

The CCG still failed to achieve the target of 8% in Q3 with 5.8%; a total of 181 children and young people were receiving treatment out of a total 3,121 with a diagnosable mental health condition. This is an increase on the 171 children and young people receiving treatment in quarter 2. The CCG is narrowly failing to meet the year to date target of 24.0% (22.6% year to date).

How are the issues being addressed?

Access rates for Sefton wide CAMHS are in excess of 32% target. Based on most recent data, including figures from VCF provider VENUS the predicted access for 18/19 for South Sefton is circa 29/30%. This reflects historic differences in access between part of the Borough. Additional activity has been commissioned and mainstreamed from the VCF in 19/20 which is South Sefton targeted. Figures for 18/19 are big improvement from previous years.

When is the performance expected to recover by?

Additional activity to be implemented for 19/20. Online counselling for Sefton is being jointly commissioned and will come online in 19/20. AHCH has submitted business cases to increase CYP Eating Disorder activity and Crisis/Out of Hours support during 19/20. These will make notable improvements to access rates in South Sefton.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Peter Wong

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 64 - 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	20	4	24
Number of CYP with a suspected ED (routine cases) that start treatment	3	21	6	21	4	22	4	26
%	100.00%	100.00%	100.00%	100.00%	100.00%	90.91%	100.00%	92.31%

Performance Overview/Issues

In quarter 4 the Trust fell under the 100% plan, out of 26 routine referrals to children and young people’s eating disorder service, 24 were seen within 4 weeks recording 92.31% against the 100% target. Both breaches waited between 4 and 12 weeks.

Figure 65 - 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	4	1	2
Number of CYP with a suspected ED (urgent cases) that start treatment	1	5	1	5	1	5	1	3
%	100.00%	100.00%	100.00%	100.00%	100.00%	80.00%	100.00%	66.67%

In quarter 4, the CCG had 3 patients under the urgent referral category, 2 of which met the target bringing the total performance to 66.67% against the 100% target. The patient who breached waited between 1 and 4 weeks.

Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.

How are the issues being addressed?

Work is being under taken by the Provider to reduce DNAs.

Service works with small numbers and a single case can cause the KPI to be breached, this is understood nationally.

Activity commissioned on nationally indicated levels. The last year has seen activity levels exceed these levels by over 100%. Risk is being managed and is part of national reporting. AHCH submitted business case for extra capacity which will be considered by SMT in June.

When is the performance expected to recover by?

Improvement is dependent upon extra capacity being considered and agreed by the CCG in June.

Who is responsible for this indicator?

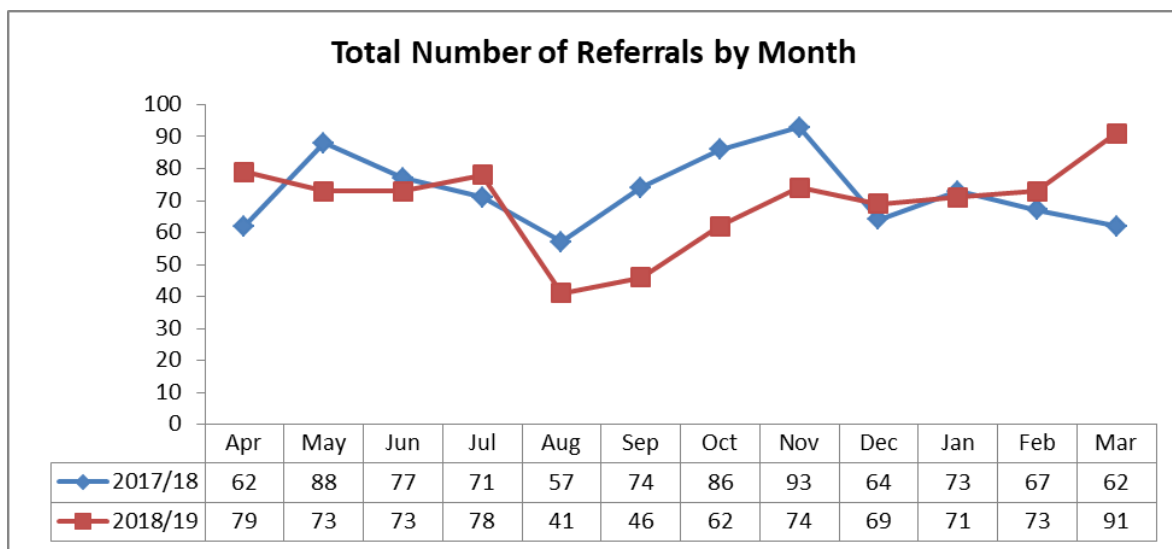
Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Peter Wong

5.6 Child and Adolescent Mental Health Services (CAMHS)

The following analysis derives from local data received on a quarterly basis from Alder Hey. The data source is cumulative and the time period is to Quarter 4 2018/19. The date period is based on the date of Referral so focuses on referrals made to the service during January to March 2018/19. Data includes both South Sefton CCG and Southport and Formby CCGs.

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 66 – CAMHS Referrals



Throughout quarter 4 2018/19 there were a total of 235 referrals made to CAMHS from South Sefton CCG patients. The monthly number of referrals remained stable between November and February then saw a subsequent increase in March 2019.

During the fourth quarter of 2018/19 there were no DNAs, which is an improvement from the last quarter.

The remaining tables within this section will focus on only the 78 Referrals that have been accepted and allocated.

Figure 67 – CAMHS Waiting Times Referral to Assessment

Waiting Time in Week Bands	Number of Referrals	% of Total
0-2 Weeks	30	38.5%
2-4 Weeks	33	42.3%
4- 6 Weeks	6	7.7%
6-8 weeks	0	0.0%
8- 10 weeks	5	6.4%
Over 10 weeks	4	5.1%
Total	78	100%

The biggest percentage (42.3%) of referrals where an assessment has taken place waited between 2 and 4 weeks from their referral to assessment. 94.5% of allocated referrals waited 10 weeks or less from point of referral to an assessment being made.

Of those referrals that waited over 10 weeks, there was one referral that waited 94 days (13.4 weeks) which was the longest wait during this quarter.

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 has 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 68 - CAMHS Waiting Times Assessment to Intervention

Waiting Time in Week Bands	Number of Referrals	% of Total	% of Total with intervention only
0-2 Weeks	10	12.8%	23.8%
2-4 Weeks	9	11.5%	21.4%
4- 6 Weeks	14	17.9%	33.3%
6-8 weeks	5	6.4%	11.9%
8- 10 weeks	0	0.0%	0.0%
10-12 Weeks	3	3.8%	7.1%
Over 12 Weeks	1	1.3%	2.4%
(blank)	36	46.2%	
Total	78	100%	100%

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

46.2% (36) of all allocated referrals did not have a date of intervention. Of these, 10 have already been discharged without having had an intervention so are therefore not waiting for said intervention.

The assumption can be made that of the remaining 26 referrals where an assessment has taken place and no date of intervention reported, these are waiting for their intervention. Of the 26 waiting for an intervention, 17 were referred to the service within the month of March 2019 so have been waiting a maximum of four weeks from their referral date to their first intervention.

If the 36 referrals were discounted, 90.5% of the referrals made within Quarter 4 of 2018/19 waited 8 weeks or less from their referral to their first intervention taking place.

The one referral that waited over 12 weeks for an intervention waited for 94 days (13.4 weeks). This is an improvement on the previous quarter when there was 1 referral that waited over 14 weeks.

Performance Overview/Issues

Specialist CAMHS has had long waits, up to 20 weeks.

How are the issues being addressed?

NHSE non-recurrent funding secured and waits are reducing. CCG has jointly commissioned online counselling for 19/20 which will increase accessible support for those with needs but don't meet CAMHS threshold, reducing necessity to refer to CAMHS. AHCH submitted business case for extending crisis and out of hours support. Additional activity targeted at South Sefton to be brought online in 19/20.

When is the performance expected to recover by?

Impact of NHSE funding will be seen in the first quarter of 2019/20 and the impact of online counselling and additional South Sefton activity will be seen in quarters 2 and 3 of 19/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Geraldine O'Carroll	Vicky Killen	Peter Wong

5.7 Learning Disability Health Checks

Figure 69 – Learning Disabilities Performance Measures

2018/19			
CCG Name	Total Registered	Total Checked	Total % Checked
Plan	675	126	18.7%
Q1	200	37	18.5%
Q2	153	62	40.5%
Q3	102	45	44.1%

Performance Overview/Issues

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people’s health by spotting problems earlier. Anyone over the age of 14 with a learning disability (as recorded on GP administration systems), can have an annual health check. A national enhanced service is place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2018/19 (target 504 for the year). Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. Data quality issues are apparent with practices not submitting their register sizes manually, or incorrectly which is why the ‘actual’ data in the table above is significantly lower than expected. In quarter 3, the CCG reported a performance of 44.1%, above the plan of 18.7%. However, just 102 patients were registered compared to a plan of 675, with just 45 checked compared to a plan of 126. Quarter 4 data has yet to be published, in which we are expecting the total percentage checked to increase.

How are the issues being addressed?

The CCG Primary Care Leads are working with the Council to identify the cohort of patients with Learning Disabilities who are identified on the GP registers as part of the DES (Direct Enhanced Service). The CCG has also identified additional clinical leadership time to support the DES, along with looking at an initiative to work with People First (an advocacy organisation for people with learning disabilities) to raise the importance of people accessing their annual health check.

When is performance expected to recover?

Q2, 2019/20.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Geraldine O’Carroll

5.8 Improving Physical Health for people with Severe Mental Illness (SMI)

As part of the ‘Mental Health Five Year Forward View’ NHS England has set an objective that by 2020/21, 280,000 people should have their physical health needs met by increasing early detection and expanding access to evidence-based care assessment and intervention.

To support this objective CCG’s are to offer NICE-recommended screening and access to physical care interventions to cover 60% of the population with SMI on the GP register in 2018/19. This is to be delivered across primary and secondary care, which will be monitored separately due to different data collection methods. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.

Figure 70 – SMI Health Checks in Primary Care Setting

Data Period	The number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as ‘in remission’	Number of Patients who had all six elements of the Physical Health Checks	% of Patients who had all six elements of the Physical Health Checks
Q2 2018/19	2,048	296	14.5%
Q3 2018/19	1,997	305	15.3%
Q4 2018/19	2,005	344	17.2%

Performance Overview/Issues

The most recent data period is January to March 2018/19. In the 12 month period to the end of quarter 4 2018/19, 17.2% of the number of people on the GP SMI register in South Sefton CCG received a comprehensive health check. Despite not yet achieving the 50% ambition this is an improvement from the previous quarter (15.3%).

How are the issues being addressed?

A Local Quality Contract (LQC) scheme for primary care to undertake SMI health checks has been developed and agreed by Sefton Local Medical Committee (LMC). EMIS screens to enable data capture are being validated on 3rd June 2019.

When is performance expected to recover?

Performance should improve from Quarter 2 onwards.

Who is responsible for this indicator?

Leadership Team Lead	Clinical Lead	Managerial Lead
Jan Leonard	Sue Gough	Gordon Jones

6. Community Health

6.1 Mersey Care Community Contract

The CCG and Mersey Care leads continue to meet on a monthly basis to discuss the current contract performance. Along with the performance review of each service, discussions regarding 2019/20 reporting requirements 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. A detailed action plan has been developed by the Trust to support this and regular meetings with the CCG have been arranged. It has been agreed that additional reporting requirements and activity baselines will be reviewed alongside service specifications and transformation. A discussion regarding ICRAS reporting took place at the April information sub group and amendments to the current report were agreed to meet CCG requirements.

6.1.1 Quality

The CCG Quality Team and Mersey Care NHS Foundation Trust (MCFT) are in the process aligning the Quality Schedule, KPIs, Compliance Measures and CQUIN for community services with Liverpool CCG for 2019/20. In terms of improving the quality of reporting, providers are given quarterly feedback on Quality Compliance evidence which will feed through CQPG/ CCQM. Providers are asked to provide trajectories for any unmet indicators and or measures.

6.1.2 Patient DNA's and Provider Cancellations

Figure 71 – Outpatient Clinic DNA Rates

Sefton Dietetics	12/13 Outturn	13/14 Outturn	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Appointments	2149	2085	2078	1342	1710	1448	156	102	149	138	143	145	164	195	113	79	132	138	1654
DNAs	683	566	595	346	413	310	31	35	30	23	24	30	29	25	10	30	31	27	325
DNA Rate	24.1%	21.3%	22.3%	20.5%	19.5%	14.0%	16.6%	25.5%	16.8%	14.3%	14.4%	17.1%	15.0%	11.4%	8.1%	27.5%	19.0%	16.4%	13.6%

Performance Overview/Issues

The Trust continues to experience a high DNA rate in their Dietetics service for South Sefton CCG patients. In March 2019 a DNA rate of 16.4% was reported against a Trust target of 8.5%.

How are the issues being addressed?

The Trust have highlighted that services who only see a small number of patients are more significantly affected by DNAs e.g. a session with 5 planned consultations and 1 subsequent DNA will report 20%. Work is being carried out to ensure effective utilisation of clinics.

Figure 72 – Outpatient Clinic Cancellations by Provider

Sefton Treatment Rooms	12/13 Outturn	13/14 Outturn	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Appointments	11750	14355	25499	21876	25126	2125	2112	2087	2190	2065	2018	2245	2146	1930	2125	2023	2111	25177	
Cancs	505	680	1097	1368	1498	106	127	77	91	78	80	105	138	115	106	102	130	1255	
Cancs Rate	4.1%	4.5%	4.1%	5.9%	5.9%	4.2%	5.0%	3.1%	3.5%	3.1%	3.3%	3.9%	5.3%	5.0%	4.2%	4.2%	5.1%	4.7%	

Sefton Podiatry	12/13 Outturn	13/14 Outturn	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Appointments	23372	22671	21762	19517	20007	18924	1611	1577	1443	1471	1584	1385	1643	1700	1409	1567	1158	1504	18052
Cancs	501	1117	1420	635	836	579	62	79	41	84	91	40	50	129	69	103	61	74	883
Cancs Rate	2.1%	4.7%	6.1%	3.2%	4.0%	2.5%	2.9%	3.9%	2.2%	4.3%	4.3%	2.2%	2.3%	5.5%	3.7%	4.8%	4.0%	3.7%	3.7%

Sefton Diabetes	12/13 Outturn	13/14 Outturn	14/15 Outturn	15/16 Outturn	16/17 Outturn	17/18 Outturn	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Appointments	5161	4332	7189	5835	5284	4641	409	415	444	368	453	989	535	529	352	577	438	419	5328
Cancs	91	240	155	189	341	342	24	18	16	9	7	19	20	20	29	30	29	21	242
Cancs Rate	1.7%	5.2%	2.1%	3.1%	6.1%	5.3%	4.4%	3.4%	2.9%	1.9%	1.2%	3.5%	2.6%	2.9%	5.9%	3.8%	5.0%	3.8%	3.4%

Performance Overview/Issues

The Trust monitors performance against a 3.5% threshold. Treatment rooms continue to report above the threshold with 5.1% in March, showing an increase in cancellations since last month. Podiatry performance has improved slightly with 3.7% in March, compared to February when 4% was reported. Diabetes has also shown an improvement from 5% in February to 3.8% in March 2019.

How are the issues being addressed?

Treatment rooms has been affected by a range of issues including vacancies, sickness and maternity leave. We are advised that staffing issues are now resolved.

6.1.3 Waiting Times

Figure 70 – Outpatient Clinic Waiting Times

Physiotherapy Sefton	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Number of Referrals	146	134	145	182	154	116	82	101	77	110	99
Incomplete Pathways - 92nd Percentile	18 weeks	12 weeks	12 weeks	13 weeks	15 weeks	16 weeks	18 weeks	21 weeks	23 weeks	23 weeks	23 weeks
Completed Pathways - 95th Percentile	21 weeks	24 weeks	16 weeks	15 weeks	16 weeks	21 weeks	22 weeks	22 weeks	26 weeks	26 weeks	29 weeks
Total Number Waiting	276	242	242	277	370	385	359	373	376	323	284
Number waiting over 18 weeks	19	2	1	0	1	17	24	76	109	72	62
Longest Weeks Waiting - weeks	34	22	27	16	20	22	24	24	26	29	27
Longest Weeks Waiting - No. of Patients	1	1	1	1	1	1	1	3	1	1	1

Occupational Therapy Sefton	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Number of Referrals	48	51	51	63	73	50	55	56	42	55	51
Incomplete Pathways - 92nd Percentile	13 weeks	12 weeks	11 weeks	13 weeks	13 weeks	13 weeks	16 weeks	17 weeks	20 weeks	22 weeks	22 weeks
Completed Pathways - 95th Percentile	22 weeks	16 weeks	14 weeks	14 weeks	18 weeks	19 weeks	19 weeks	21 weeks	21 weeks	25 weeks	26 weeks
Total Number Waiting	96	101	82	101	117	132	157	189	167	161	149
Number waiting over 18 weeks	0	0	0	2	0	4	7	27	29	23	23
Longest Weeks Waiting - weeks	18	16	17	16	17	18	21	21	22	26	24
Longest Weeks Waiting - No. of Patients	1	1	1	1	4	1	2	1	8	1	2

Nutrition & Dietetics Sefton	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Number of Referrals	189	165	191	202	198	172	228	219	188	183	173
Incomplete Pathways - 92nd Percentile	15 weeks	17 weeks	18 weeks	16 weeks	14 weeks	14 weeks	13 weeks	12 weeks	12 weeks	12 weeks	15 weeks
Completed Pathways - 95th Percentile	17 weeks	23 weeks	22 weeks	24 weeks	23 weeks	19 weeks	19 weeks	15 weeks	18 weeks	18 weeks	19 weeks
Total Number Waiting	487	400	456	469	432	372	325	364	326	386	430
Number waiting over 18 weeks	15	16	35	27	7	7	4	7	5	4	6
Longest Weeks Waiting - weeks	26	31	30	35	31	31	29	24	27	31	35
Longest Weeks Waiting - No. of Patients	1	1	1	1	1	1	1	1	1	1	1

Performance Overview/Issues

Waiting times are reported a month in arrears. In February 2019, the following services reported above the 18 week waiting times target.

Physiotherapy: February's completed pathways reported a 95th percentile of 29 weeks, showing a decline on last month. Incomplete pathways also reported above the 18 week standard with 23 weeks, showing no improvement. The longest waiter on the incomplete pathway was at 27 weeks. The Trust has reported that capacity issues due to staff sickness and vacancies have resulted in increased waiting times.

Occupational Therapy: February's completed pathways reported a 95th percentile of 26 weeks, a decline on last month. The incomplete pathways have also shown no improvement reporting 22 weeks. A steady increase in average waits over the past seven 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 February was at 24 weeks. The Trust has reported capacity issues due to sickness and vacancies have resulted in increased waiting times.

Nutrition & Dietetics: The service is beginning to experience an increase in average waits on the completed pathway, a potential early warning that they may also increase for patients on an incomplete pathway.

How are the issues being addressed?

Physiotherapy: All referrals are triaged by senior clinicians so that risks are identified and urgent referrals are seen appropriately.

Trust Actions:

- Utilisation of agency physiotherapists whilst waiting for new starter to commence in post

- Recruitment of additional Band 6 physiotherapist completed and expected to start in March 2019
- Planned move of estates in order to increase the senior support and to enable more collaboration with ICRAS teams.
- Appointment of additional Band 7 Therapy Co-ordinator to assist in waiting list management and assist with throughput of patients.

Occupational Therapy: All referrals are triaged by senior clinicians so that risks are identified and urgent referrals are seen appropriately.




Trust Actions:

- Waiting list cleansed thoroughly to identify patients no longer requiring input.
- Additional Band 5 Resource appointed and due to commence in post March 2019.
- Appointment of additional Band 7 Therapy Co-ordinator to assist in waiting list management and assist with throughput of patients.
- Planned move of estates in order to increase the senior support and to enable more collaboration with ICRAS teams.

6.1.4 Patient Experience of Community Services

Figure 73 – Mersey Care Community Friends and Family Test Performance

Latest Month: Mar-19

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%	1.0%		94%	98%		2%	1%	

The service has seen a decline in response rates in March 2019 with just 1% compared to a national average of 3.3%.

6.2 Any Qualified Provider Mersey Care Podiatry Contract

At month 12 2018/19 the total year end costs for the CCG were £246,183 with 6,200 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 30th September 2018. A new podiatry specification, which brings together core and specialist podiatry, is being developed jointly by the Trust and the CCG.

6.3 Alder Hey Community Services

6.3.1 Services

An initial meeting has been held with Alder Hey, Liverpool CCG and South Sefton CCG regarding current reporting and gaps in information. This specific group is to develop a plan for 2019/20 to create a robust reporting framework which provides assurance for both community and mental health provision for Children’s services.

6.3.2 Waiting Times

The following issues arose in March 2019. This information is currently Sefton wide and a request has been made to the Trust for a breakdown by CCG.

Paediatric SALT: In March the Trust reported a 92nd percentile of 45 weeks for Sefton patients waiting on an incomplete pathway. Performance has steadily declined over the past two financial years, with referrals remaining static.

Figure 74 – Numbers of Referrals for Paediatric SALT

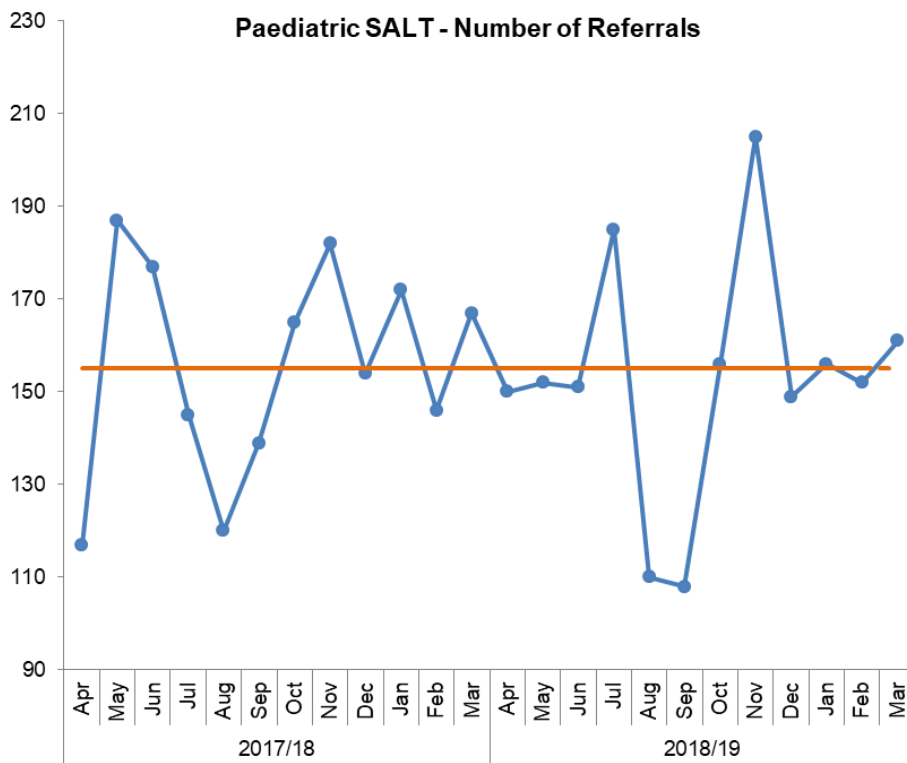
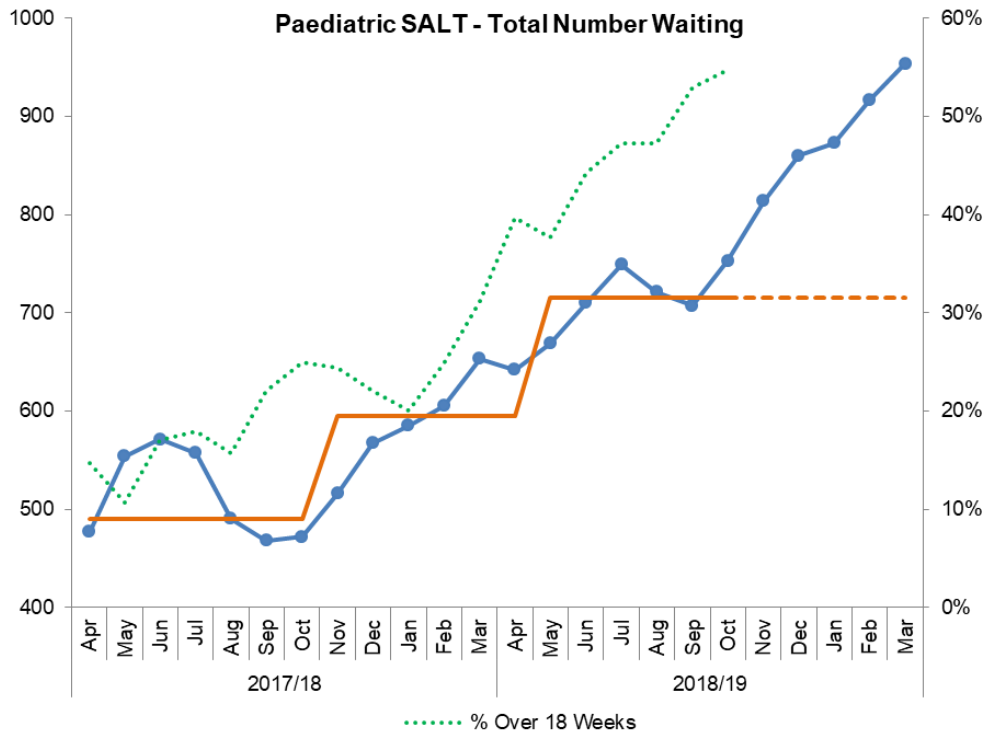


Figure 75 – Total Numbers Waiting for Paediatric SALT – Average Weeks to First Contact



Performance Issues/Overview

The following issues arose in March 2019. This information is currently Sefton wide and a request has been made to the Trust for a breakdown by CCG.

Paediatric SALT: In March the Trust reported a 92nd percentile of 45 weeks for Sefton patients waiting on an incomplete pathway. The longest waiting patient was two patients waiting at **54 weeks**. Performance has steadily declined over the past two financial years, with referrals remaining static.

How are the issues being addressed?

The issue of Sefton long waiters for SALT has been previously raised and discussed at a number of contract review meetings. Alder Hey submitted a recovery plan and options appraisal to the CCG for review. Additional funding of £50k has been provided by the Sefton CCGs as part of additional Neuro development investment. Recruitment has now taken place and the CCGs have asked to see the impact of this on reducing waiting times.

6.3.3 Patient DNA's and Cancellations

Figure 76 – Outpatient Clinic DNA Rates: Paediatric Dietetics

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	88	59	63	0	53	61	64	43	45	55	96	698
DNA	73	66	53	41	147	68	13	8	7	11	0	15	5	21	5	5	6	20	116
DNA Rate	18.1%	16.8%	9.1%	8.7%	18.5%	11.4%	12.5%	10.5%	10.6%	14.9%	0.0%	22.1%	7.8%	24.7%	10.4%	10.0%	9.8%	17.2%	14.9%

Performance Issues/Overview

The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In March 2019 this increased further with a rate of 17.2%.

How are the issues being addressed?

The CCG has invested in extra capacity into the service. The CCG is working with AHCH to understand the nature of the DNAs for this service. AHCH has implemented a text appointment reminder system. The CCG will also raise at the next contract review meeting in June.

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

Figure 77 - 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	Nil return	20	Nil return
Total number of children whose episode of care was closed within the quarter where equipment was delivered or a modification was made	20	Nil return	20	Nil return	20	Nil return	20	Nil return
%	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 4 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

The CCG commission a range of services from local voluntary, community and faith (VCF) organisations towards improving wellbeing and addressing health inequalities in Sefton. This supports our priority work in Shaping Sefton, our annual operational plan, 'Highway to Health', as well as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy that we work on together with the council.

Below are some of the highlights and outcomes achieved by these VCF groups in 2018-2019 to improve the health and wellbeing of all our residents.

Age Concern Liverpool and Sefton

The befriending and reablement service promotes older people's social independence via positive health, support and wellbeing to prevent social isolation. Work has taken place with GP practices to support older patients experiencing bereavement, loneliness and benefit issues.

Alzheimer's Society

The society continued to deliver dementia support sessions in GP practices during 2018-19. Pre-arranged sessions are booked and delivered on the basis of need in particular GP practices. The service also provides a Side-by-Side service, which has successfully matched a number of service users with volunteers enjoying a range of activities including dancing, theatre trips, coffee shop trips, shopping and walking. Dementia peer support groups during this year included Singing for the Brain, Active & Involved, reading sessions and memory cafes across the borough. Alzheimer's Society also showcased a memory garden at the Southport Flower Show, over 750 people stopped to have a chat, pick up a leaflet or ask for advice or support.

Citizens Advice Sefton

This service offers various forms of advice to in-patients at Clock View Hospital in Walton. During 2018-19 the majority of support required related to benefits payments (including Universal Credit applications), housing, mobility debt, health and community care, housing, legal, relationships and family, travel and transport issues.

Crosby Housing and Reablement Team (CHART)

During 2018-19 the service accommodated approximately 150 service users and supported a further 120 people to stay in their current place of residence. The service helped around 40 people avoid admission to hospital and enabled around 80 patients to be discharged. In addition to this, the service prevented around 60 people from becoming homeless.

Expect Limited

Expect Limited provides an environment where service users can participate in formal and informal centre based and wider community activities. These activities include helping service users in regaining skills lost due to illness, developing new skills and knowledge, improving social inclusion, gaining independence, having access to more choice and increasing fitness, improving health and safety, financial stability and enjoyment. A variety of structured activities were delivered during 2018-19 including drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as Let's Talk Mental Health, together with outreach support.

Imagine independence

This service supports individuals with mental disorder living in the community. It promotes independence and recovery, providing support to maintain health and wellbeing, reducing admissions to residential, nursing care and in-patient settings. During 2018-19 Imagine Independence assisted service users with completing personal profiles and search for paid employment. A number of service users attended job interviews. Around 100 people managed to secure paid work for over 16 hours per week and around 30 managed to secure paid work for less than 16 hours per week. The service supported people in retaining their current employment and liaised with employers on their behalf.

Netherton Feelgood Factory

This 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). Three paid staff were employed together with a small number of volunteers. Examples of

work carried out during 2018-19 include issues relating to domestic violence, family issues, unemployment due to mental health related issues, anxiety and depression.

Parenting 2000

The service provides counselling and support to vulnerable children, young people and families most in need – where deprivation, poverty and emotional wellbeing dramatically affect everyday family life promoting and embedding parenting skills, providing a place where all parents, carers, young people and children can access information, advice and support enabling people to meet the diverse challenges that life presents.

Sefton Advocacy

During 2018-19 the service has provided advocacy for a large number of people across the Sefton footprint ranging from housing, benefits, grants, care home advice, safeguarding and wellbeing. During this year, Sefton Advocacy has helped the CCGs to develop an independent service funding model; this involved supporting individuals to identifying their most suitable support agency. The service is also supporting IAPT services across the borough. This enables service users to access advice about to benefit applications and suitable housing.

Sefton Carers Centre

The service provides specialist advocacy, peer support, advice and guidance. This includes advocacy for parent carers to pursue rights to services and to meet needs due to barriers, especially for children with emotional or behavioural issues. The centre has reported an increase in tribunal cases during this year whilst Universal Credit advice and support has been a key issue for those presenting to the service. A number of volunteers have been recruited to the (non-personal care) sitting service, enabling carers to take a short break. Physical and emotional health and wellbeing has also been provided through counselling and holistic therapies (91% of therapy users reporting this had a marked or significant positive impact on them). The service has also been key in working with the CCGs to develop Personal Health Budgets.

Sefton Council for Voluntary Service

BME community support worker – this role links with communities in accessing a range of services that impact on health and wellbeing. This helps to improve access and uptake of services including appropriate mental health services such as IAPT. Help is given to service users to access primary care and supporting asylum seekers and refugees with mental health and physical health conditions. The majority of enquiries during 2018-19 were around mental health, legal issues, safeguarding, benefits, finance, debt and general health.

Children, Young People and Families Lead (Every Child Matters) - provided representation on various working groups and partnerships enabling participation of voluntary, community and faith (VCF) sector organisations in decision making, helping identify gaps and needs (including under-represented groups) and developing training opportunities. During 2018-19 the service facilitated a number of network and forum meetings. As part of a restructure, the Children, Young People & Families Lead now has responsibility for more focussed management of VCF capacity building, volunteer co-ordination and collaborative working with both Sefton Council and both CCGs in Sefton.

Health and Wellbeing Trainers - develop pro-active care programmes to encourage better self-care and behavioural change, to relieve anxiety, prevent unnecessary hospital admissions and signpost to other health and social care services.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse. This includes advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support, plus multi-agency training and VCF partnership working. The service has seen an increased demand identified during 2018-19. Referrals came from various sources. The top three referrers to the service were from the police (41%), self-referrals (19%) and safeguarding children (15%). Other referral sources included adult social care, children’s centres, family and friends, housing and VCF organisations.

Stroke Association

The association provides information, advice and support for patients and their families post stroke and is delivered within 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 this year, it was reported that a significant number of service users accessing the service were under the age of 50 and a number of these patients were assisted in going back to work. Other areas of support included welfare benefits, available financial and emotional support and help for young families. 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.

Swan Women’s Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre also provides an outreach service, available by professional referral, for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The emotional wellbeing support group offers support to women, via a qualified counsellor with experience of group therapy.

8. Primary Care

8.1 Extended Access (evening and weekends) at GP services

Figure 78 - 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 benefiting 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). A CCG working group developed a service specification for an extended care hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service went live on the 1st October 2018 and now all GP practices are offering 7 day access to all registered patients. Therefore the CCG is 100% compliant.

8.2 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission and details of any inspection results are published on their website. There has been one recent inspection at Moore Street Medical Centre, this remains good in all areas. All results are listed below:

Figure 79 - 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	30 April 2019	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	27 March 2019	Good	Good	Good	Good	Good	Good
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 Surgery	19 February 2019	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	27 March 2019	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	15 March 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
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	19 February 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement

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

9. Better Care Fund

A quarter 4 2018/19 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in May 2019. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model; but with on-going work required against national metric targets for non-elective hospital admissions, admissions to residential care, reablement and Delayed Transfers of Care. Narrative is provided of progress to date.

A summary of the Q4 BCF performance is as follows:

Figure 80 – BCF Metric performance

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements
NEA	Reduction in non-elective admissions	Not on track to meet target	NHS England set an expectation nationally for growth within Non-Elective admissions, specifically of note is the requirement to increase zero length of stay activity by 5.6% and any admission with a longer length of stay by 0.9%. Despite these growth asks, the CCGs in the Sefton HWBB area have planned for 18/19 growth as follows: South Sefton CCG: 5.12% 0 day LOS, 0.82% 1+ day LOS. Southport & Formby CCG: 1.4% 0 day LOS, 0.4% 1 day LOS. Indicative Q3 YTD data shows a slight increase for the Sefton HWBB NEA position from 25% in Q2 to 27% in Q3 with 34,677 NEA compared to a plan of 27, 310. However, this is measured against BCF original 18/19 plans that were submitted back in 2017, not the latest CCG Ops Plan submissions for 18/19 which were made Apr 18.	There is a continued focus from our ICRAS services around both the S&O and Aintree systems to provide community interventions that support admission avoidance with activity monitored through A&E Delivery Board. SW posts have now also been implemented within localities as part of our place based developments to support early interventions that may avert emergency admission.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	Sefton's aging in ill health demographics continue to place significant additional demand on social care services for older people. Work continues to provide a home first culture and maintain people at home where possible. This is a key aspect of our Newton Decision Making action plan in regard to hospital discharge. Reablement, rehabilitation and ICRAS services all help to support our care closer to home strategy.	Implementation of enabling beds within Chase Heys and James Dixon care homes is an example of model of care designed to increase independence and avoid permanent placements.
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	Review of reablement service ongoing but recruitment of workforce continues to be a challenge. Recruitment events underway to strengthen workforce. Plans to develop reablement 'offer' available to community cases - such as people in crisis and/or who are at risk of Hospital admission.	Agreement to conduct a Pilot Scheme around rapid response - meeting held with Providers, CCG and Lancashire Care to discuss approach and next steps.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days)	Not on track to meet target	Following Newton Europe Review of delayed transfers of care across system we have reviewed recommendations of report with action plans developed for the three key areas.	At an operational and strategic level there has been enhanced partnership working around the S&O and Aintree systems to address delayed transfers of care. There are weekly calls between partners, MDT flying squads to target patient areas, increased focus on 7 and 21 day + LOS and actions to progress discharge.

Figure 81 – BCF High Impact Change Model assessment

						Narrative	
		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Plans in place	Plans in place	Plans in place	Established		This Chg is in already established for SFCCG area and work continues to progress to move to maturity though implementation of MADE recommendations. Aim to move to one system for S&O across into W.Lancs. For SSCCG area this has been implemented through the ICRAS programme and the discharge lanes/SAFER system within Aintree.
Chg 2	Systems to monitor patient flow	Plans in place	Plans in place	Plans in place	Established		Currently established in Southport and Formby in S&O and system working well to monitor capacity and demand. In Aintree there has been a re-focus in Q4 on use of the Medworxx system in conjunction with the SAFER and discharge lanes approach. Band 4 discharge posts have been introduced attached to wards to support patient flow but also provide additional support to data capture. Ongoing work will aim to develop a mature system with peer support from the Royal Liverpool who also use Medworxx as part of planned merger work.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Plans in place	Plans in place	Established	Mature	Assessment of mature is based on robust implementation of the ICRAS model (Integrated Community Reablement & Assessment Services) within Sefton but also across North Mersey. It is an example of collaboration designed to introduce consistency in approach and pathways across a larger geographical footprint. Further evidenced by linking our ongoing MDT development work to Newton Europe findings to improve Sefton service provision. Again work carried out locally but in conjunction with similar work underway across North Mersey. Shared learning and peer support has been an important part of our development.	Significant progress has been made in regard to multi-disciplinary / multi-agency discharge teams across Sefton. Our ICRAS model (Integrated Community Reablement & Assessment Services) has been key in facilitating joint working arrangements between health and social care and third sector partners with robust pathways in place to support step down from hospital and admission avoidance/step up if required from community. Areas developed in Q4 include our reablement bed based service pathway (Chase Heys & James Dixon Court) developed through collaborative working of all partners. The MDT approach has also been the focus of collaboration with primary care. Examples of this include the pilot work for Integrated Care Communities which is being implemented. During the last quarter activity in the South of the borough has included the identification of resource to support the work this includes two dedicated Primary Care Link Workers who will work across four health localities. This pilot work is being scoped further in terms of monitoring.
Chg 4	Home first/discharge to assess	Established	Plans in place	Plans in place	Established		In Q4 we have achieved our plan to develop short stay enablement beds with model of care and pathway now in place. Work involved inputs from partners across acute, community and primary care (Chase Heys and James Dixon Court pathways referenced in Change 3). The newly introduced enablement bed provision complements our Home First service and our intermediate care beds and has helped to widen the range of support that we can provide for our Sefton population.

		Q1 18/19	Q2 18/19	Q3 18/19 (Current)	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Milestones met during the quarter / Observed impact
Chg 5	Seven-day service	Plans in place	Plans in place	Plans in place	Established		Nurse led discharge and ICRAS services in place at the weekends to support patient flow. Review ongoing of impact alongside social work activity at weekend to move to more mature assessment.
Chg 6	Trusted assessors	Plans in place	Plans in place	Plans in place	Established		Provider has been developed within S&O area in past year. For the Aintree catchment a 12 month pilot is being implemented through Mersey Care community trust with consistent approach being utilised which is in place in Knowsley and Liverpool. Domiciliary Care Trusted assessor established across South Sefton.
Chg 7	Focus on choice	Not yet established	Plans in place	Plans in place	Established		The Choice Policy has been revisited with partners across North Mersey to ensure a consistent approach. In place within S&O and Aintree. The Newton Europe work will focus on strengthening and again ensuring consistency in processes e.g. best interest, capacity assessments. Process is established with opportunity to progress to mature over 19/20 as it is utilised and used positively to support patient flow and decision making.
Chg 8	Enhancing health in care homes	Plans in place	Plans in place	Plans in place	Established		Many key components in place such as Care Home Matrons, Acute Visiting Service (South Sefton) Red Bag scheme and work planned to move to mature such as on falls, pro-active management and therapy strategy. Focus for the Provider Alliance and further strategic development across the system. This work will continue to be progressed in 19/20.

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 12 performance and narrative detailed in the table below.

Figure 82 - South Sefton CCG's Month 12 Submission to NHS England

March Month 12 2019	Month 12 Plan	Month 12 Actual	Month 12 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3,865	3,519	-9.0%	GP referrals and Other referrals have increased in month 12 following seasonal trends. Each were above the baseline median in month but GP referrals were below planned levels. An increase in consultant-to-consultant referrals has been evident at the main hospital provider within various specialities including T&O and ENT. Total referral numbers are also within the 2% threshold year to date for South Sefton CCG. Discussions regarding referrals at the main hospital provider take place via information sub groups, contract review meetings and the planned care group.
Other	2,497	2,628	5.2%	
Total (in month)	6,362	6,147	-3.4%	
Variance against Plan YTD	69,549	69,947	0.6%	
Year on Year YTD Growth			0.0%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	4,624	4,722	2.1%	An issue has been identified with month 12 outpatient data whereby Alder Hey Hospital data was unavailable. As such, a monthly average for this provider was applied to month 12 reporting. First and follow up appointments have increased in month 12 following a similar trend to that seen in the previous year. Activity variances in this time are mainly focussed within the main hospital provider across various specialities. However, overall activity in month was below the current monthly average for South Sefton CCG. The year to date position for outpatient activity is slightly outside of the 2% threshold at month 12 and the year on year growth is below 2%. A planned care group has been established with the main hospital provider to review elements of performance and activity.
Follow Up	10,246	10,995	7.3%	
Total Outpatient attendances (in month)	14,870	15,717	5.7%	
Variance against Plan YTD	193,233	188,922	-2.2%	
Year on Year YTD Growth			-1.8%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1,918	2,038	6.3%	Total YTD elective activity is in line with planned levels at month 12. Seasonal variation in month 12 has shown increased levels of day case procedures. Day case trends are slightly higher per month to 17/18 levels but with similar seasonal trends and recent months have seen increased levels of scopes being performed at the main hospital provider. A planned care group has been established with the provider to review elements of performance and activity.
Elective Ordinary spells	264	264	0.0%	
Total Elective spells (in month)	2,182	2,302	5.5%	
Variance against Plan YTD	25,062	25,064	0.0%	
Year on Year YTD Growth			2.9%	
Urgent & Emergency Care				
Type 1	4,778	4,633	-3.0%	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 and commissioners. Local monitoring suggests type 1 A&E attendances are approx. 3% higher YTD when comparing to 17/18 with the main hospital provider reporting some of the highest attendances of recent years in May-18, Jul-18 and Mar-19. CCG's local monitoring of total A&E activity show month 12 levels above an average for 18/19. Despite the increased attendances in month, the 4hr target position at the main hospital provider has improved slightly to approx. 85.1% in month 12. CCG urgent care leads are working collaboratively with the provider and local commissioners to understand A&E attendances/performance and address issues relating to patient flow.
Year on Year YTD			3.9%	
All types (in month)	9,875	8,644	-12.5%	
Variance against Plan YTD	106,347	100,804	-5.2%	
Year on Year YTD Growth			-1.4%	
Total Non Elective spells (in month)				
	2,197	2,290	4.2%	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, which have been discussed at regular contract meetings. Local monitoring suggests a 8% increase in emergency admissions in month 12 when compared to the previous month with activity also above the current baseline median.
Variance against Plan YTD	23,369	26,448	13.2%	
Year on Year YTD Growth			15.2%	

12. Appendices

a. Paediatric Activity & Performance Information

12.1 Alder Hey Community Services Contract Statement

CCG	Service	Measure	Prev Yr	Outturn	Plan	FOT	Variance (%)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
South Sefton CCG	Paediatric Continence	Caseload at Month End	262	262	264	0.76	274	275	269	267	259	260	253	259	264	263	257	266	266
		Total Contacts (Domiciliary)	1106	1107	1733	59.69	122	126	85	93	101	397	165	205	107	140	80	118	
		Total New Referrals	166	165	173	4.22	14	17	10	11	11	14	16	19	13	18	15	16	
	Paediatric Dietetics	Referral to 1st Contact (weeks Ave)	10.7	10.7	8.7	-18.69	8	8.6	6.7	5.6		10.2	9.6	14.4	5.7	9.4	8.4	8.8	
		Total Contacts	298	283	364	22.15	40	43	26	40	0	25	38	24	21	30	26	49	
		Total Contacts (Domiciliary)	68	63	66	2.94	11	8	7	6	0	3	6	2	7	1	8	6	
	Paediatric Occupational Therapy	Total Contacts (Clinic)	230	220	298	29.57	29	35	19	34	0	22	32	22	14	29	18	43	
		Total New Referrals	270	264	293	8.12	28	30	31	33	19	23	23	29	12	22	18	25	
		Caseload at Month End	256	256	201	-21.48	219	208	205	211	212	217	195	192	216	179	174	185	
	Paediatric SALT	Referral to 1st Contact (weeks Ave)	18.5	18.6	15.9	-14.05	19.7	16.4	15.9	15.2	18.3	15.3	13.7	15.7	19.3	15.9	11.9	13.1	
		Total Contacts (Domiciliary)	5218	5187	4835	-7.36	473	509	342	369	244	393	453	493	280	443	434	394	
		Total New Referrals	731	730	618	-15.46	67	65	36	53	50	38	57	59	36	61	53	44	
	Paediatric SALT	Referral to 1st Contact (weeks Ave)	19.9	19.9	24.9	25.13	21.3	25.8	19.2	20.6	21.7	26	17	18.5	25	32.6	37.5	34.1	
		Total Contacts (Domiciliary)	11309	11252	12685	12.17	991	1115	1020	1204	781	1018	1271	1231	770	1279	990	1025	
		Total Contacts Complex Cochlear (N&S Sefton)	359	359	507	41.23	54	42	58	25	35	19	45	50	49	38	46	46	
		Total New Referrals	1244	1237	1091	-12.3	99	89	87	117	70	63	89	114	96	93	90	85	
		Total New Referrals Complex Cochlear (N&S S	3	3	6	100	1	0	0	0	0	1	1	1	0	0	2	0	

12.2 Alder Hey SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	17/18 Outturn	FOT 18/19	% Variance
Number of Referrals	150	152	151	188	110	108	156	205	149	156	152	161	1,885	1,838	-2.0%
Incomplete Pathways - 92nd Percentile	28	29	31	33	35	35	36	41	44	45	44	45			
Total Number Waiting	642	669	710	750	722	708	754	815	861	874	918	954			
Number waiting over 18 weeks	255	252	314	354	341	374	412	458	491	482	482	501			
Longest weeks waiting - weeks	56	50	54	43	43	45	45	46	50	50	51	54			
Longest weeks waiting - patients	1	1	1	1	1	1	3	1	1	6	5	2			

RAG rating

<= 18 weeks	Green
19 to 22 weeks	Amber
23 weeks plus	Red

Currently Paediatric speech and language waiting times are reported as Sefton view; the Trust is working to supply CCG level information. This is a legacy issue from when Liverpool Community Health reported the waiting time information.

12.3 Alder Hey Dietetic Cancellations and DNA Figures – Sefton

Outpatient Clinics - DNAs

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	96	698
DNA	73	66	53	41	147	68	13	8	7	11	0	15	5	21	5	5	6	20	116
DNA Rate	18.1%	16.6%	9.1%	6.7%	18.5%	11.4%	12.5%	10.5%	10.6%	14.0%	0.0%	22.1%	7.6%	24.7%	10.4%	10.0%	9.6%	17.2%	14.9%

Outpatient Clinics - Cancs by PROVIDER

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	96	698
Cancellations	8	6	0	5	29	0	0	0	5	0	0	11	3	5	11	9	0	0	44
Rate	2.4%	1.8%	0.0%	1.2%	4.3%	0.0%	0.0%	0.0%	7.8%	0.0%	0.0%	17.2%	4.7%	7.2%	20.4%	16.7%	0.0%	0.0%	9.9%

Outpatient Clinics - Cancs by PATIENT

	12/13 Total	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	18/19 Total
Appointments	331	327	532	429	647	528	91	68	59	63	0	53	61	64	43	45	55	96	698
Cancellations	27	63	63	207	128	10	17	24	15	0	27	9	22	20	12	16	12	12	184
Rate		7.3%	10.6%	12.6%	24.2%	19.5%	9.9%	20.0%	28.6%	19.2%	0.0%	33.8%	12.9%	25.6%	31.7%	21.1%	22.5%	11.1%	20.9%

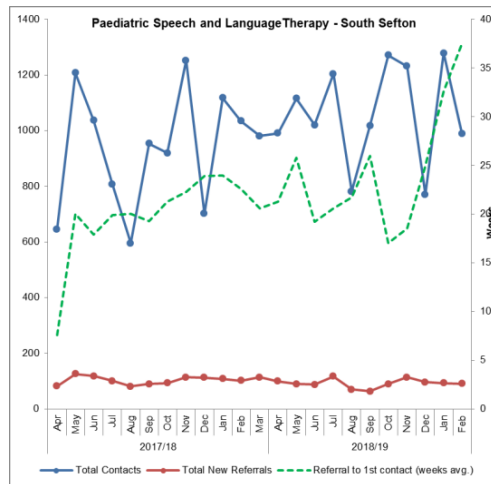
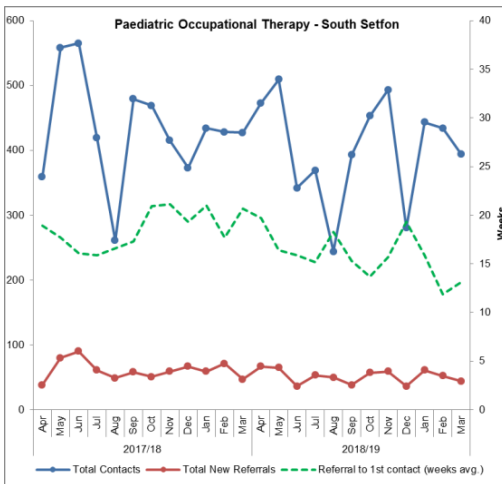
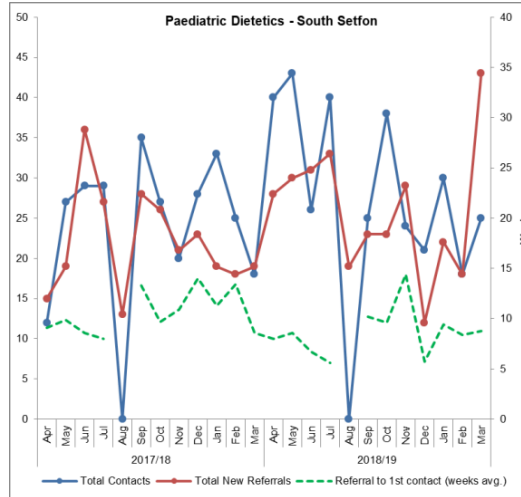
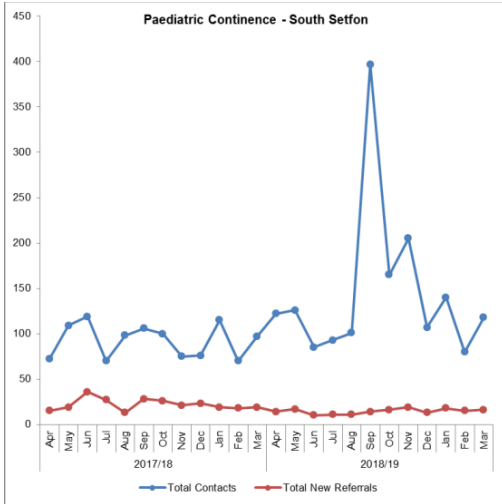
DNAs Outpatients

<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

CANCs Outpatients - by Provider

<= 3.5%	Green
> 3.5% and <= 5%	Amber
> 5%	Red

12.4 Alder Hey Activity & Performance Charts



MEETING OF THE GOVERNING BODY June 2019

Agenda Item: 19/69	Author of the Paper: Luke Garner Strategy & Outcomes Officer Email: luke.garner@southseftonccg.nhs.uk Tel: 0151 317 8465						
Report date: June 2019							
Title: Improvement and Assessment Framework 2018/19 Quarter 3 Exception Report							
<p>Summary/Key Issues: This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q3 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.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table border="0"> <tr> <td>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 2019/20

	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning 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 the Governing Body

June 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 Q3 dashboard was released on Future NHS in April 2019.

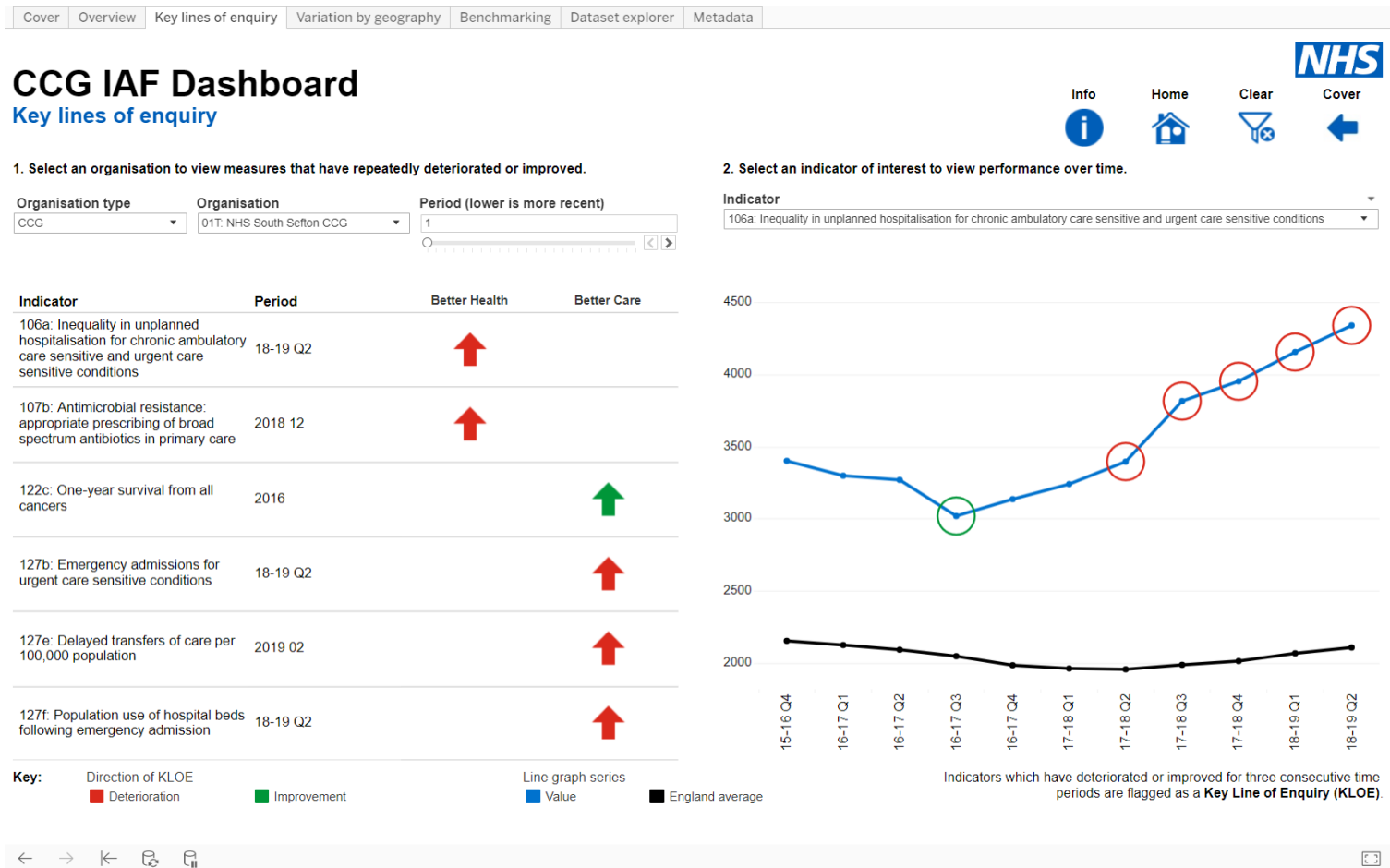
Some areas of performance have been identified as a Key Line of Enquiry (KLOE) by NHS England due to either a significant improving or deteriorating position (identified by three consecutive data points in the same direction). Other indicators identified as residing in the best or lowest performing quartile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

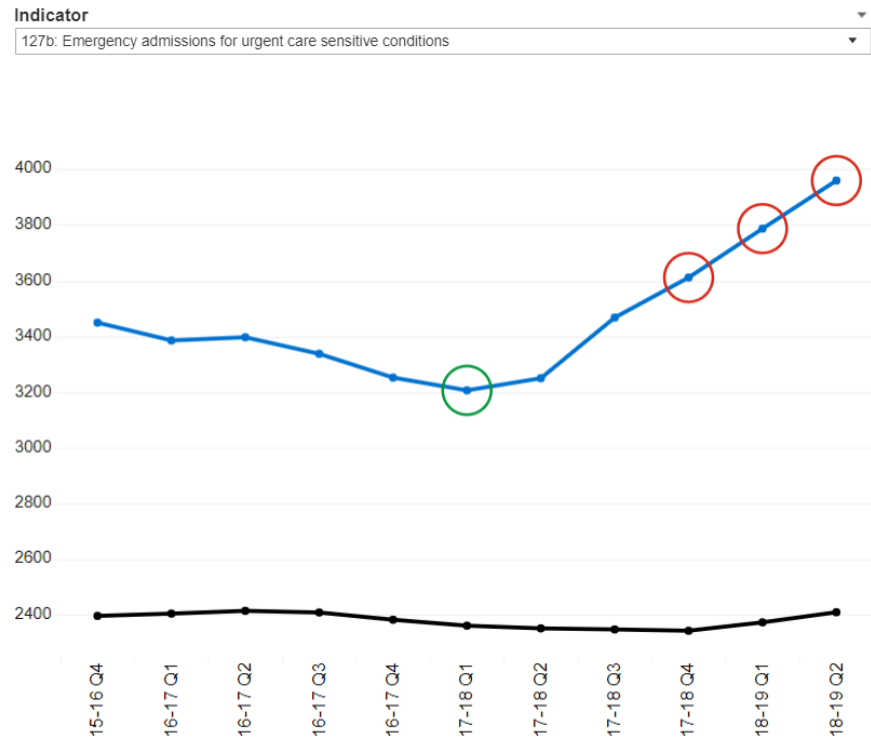
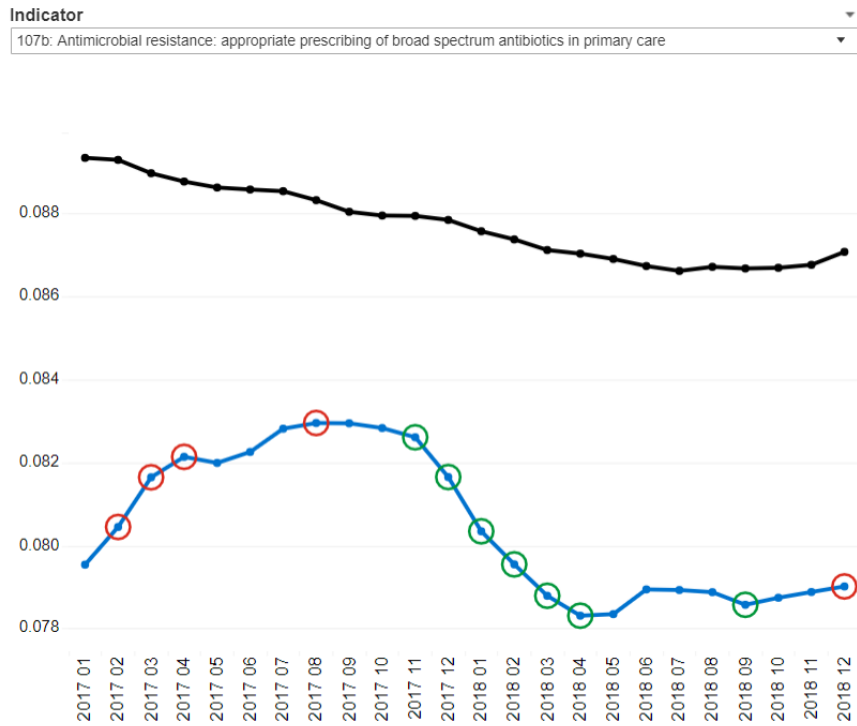
A framework has been drawn up to assign Leadership Team, Clinical, and Managerial leads to every indicator. The purpose of this is to assign responsibility to improving performance for each indicator to a named lead. This paper presents an overview of the 2018/19 CCG Improvement and Assessment Framework, and a summary of Q3 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.

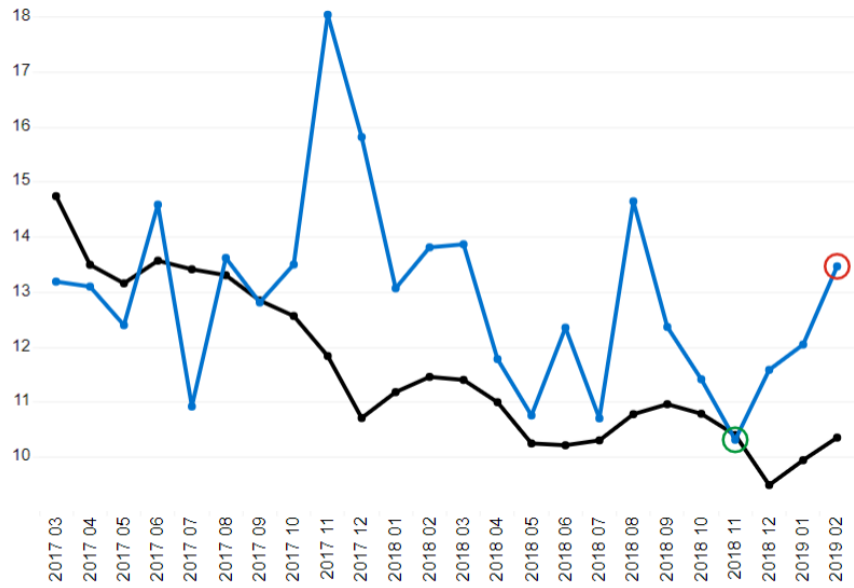
Figure 1 – Q3 2018/19 IAF Dashboard: Key Lines of Enquiry





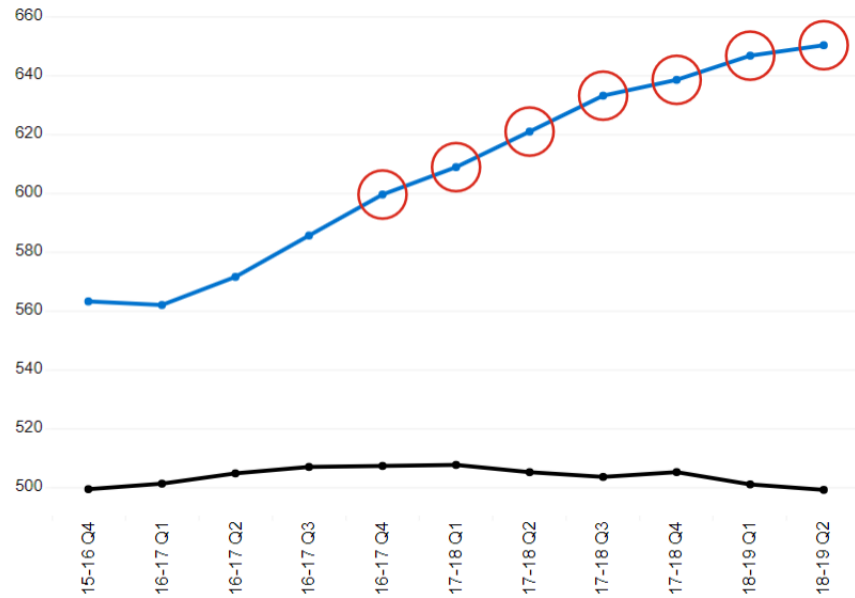
Indicator

127e: Delayed transfers of care per 100,000 population



Indicator

127f: Population use of hospital beds following emergency admission



3. Key Issues

Areas of performance which have been identified as 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:

122c One-year survival from all cancers is recognised in the KLOE for having improved performance with 73.1%. The CCG is ranked joint best amongst peers alongside St Helens CCG.

122b Urgent 62 Day GP referral has improved with a performance of 79.5% in Q3 18/19 and therefore is no longer in the lowest performing quartile.

123a IAPT Recovery performance has improved significantly and the target of 50% is being exceeded with 56.7% in Q3 18/19. The CCG is now ranked in the best quartile nationally (30th) and the third best amongst peers.

124a Specialist inpatient care for learning disability and/or autism performance has improved in Q3 18/19 with the CCG no longer ranked in the lowest performing quartile nationally

133a Percentage of patients waiting 6 weeks or more for a diagnostic test: Although the target of less than 1% was not achieved, with a performance of 1.64% in February 2019, this shows an improvement and therefore the CCG is no longer in the lowest performing quartile nationally.

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 +	Lowest performing 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)	Lowest performing quartile and deteriorating (4,143 in Q1 18/19) This has been	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	Work continues to address this issue with care pathways spanning from community to secondary care. Primary care streaming remains a focus to identify appropriate patients who can be assessed and treated within AED. The service is supported during core hours by the Aintree team led by Advanced Nurse Practitioners and out of hours by the PC24 service who have a base within Aintree. As	On-going work

		recognised in the KLOE for repeatedly deteriorated performance.		<p>about three times as many emergency admissions compared to the least deprived decile at a national level.</p>	<p>the service is embedded the volume of primary care eligible patients, and therefore a number of the non-complex ACS presentations, is expected to increase. This development is aimed at reducing the volume of ACS admissions into the acute Trust. Work has continued between the North Mersey acute trusts to benchmark and learn from each other given that there has been low uptake. This has been aimed at increasing awareness of criteria and communication with patients. This continues to be monitored within the North Mersey A&E Delivery action plan and information dashboard. The CCG are also working with Aintree to review data relating to the Frailty Assessment Unit (FAU) Service. This will support a review of attendances to FAU, also classified as admissions and enable us to ensure patient pathway support rapid assessment and same day discharge as appropriate.</p> <p>Major pathway changes within the CCGs main acute providers has resulted in increased A&E to admission conversion rates and a higher rate of zero length of stay admissions, mainly linked to ambulatory care conditions. Work is on-going with both the local Acute Trusts and the wider Urgent Care services to continue to improve these areas and implement national guidance relating to same day emergency care (SDEC).</p>	
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107a	Anti-microbial resistance – appropriate prescribing in primary care	Lowest performing quartile but improving (1.185 antibacterial drug items per STAR PU September 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). 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: hospital	The CCG was ranked in the lowest performing quartile nationally with 58 in Q3 18/19. Compared to 10 CCG peers this is the third worst performance	Debbie Fagan/ Gina Halstead/ Brendan Prescott	Both primary and secondary care performance remains challenged due to staffing, recruitment, training and continued service pressures.	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. Aintree will be recommended at quality surveillance group to be de-escalated to routine surveillance after significant progress in a number of work streams to promote safety and culture within the Trust.	On-going
123b	Improving access to psychological therapies – access	The CCG was ranked in the lowest performing quartile nationally with 3.66% in Q3 18/19.	Geraldine O'Carroll/ Sue Gough/ Gordon Jones	The service has had a number of vacancies and long term sick which has impacted on performance. Direct self-referral process was identified as an impediment to access. One to One model limited	<ul style="list-style-type: none"> • 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. 	2019/20

		Compared to 10 CCG peers this is the fourth worst performance		access.	<ul style="list-style-type: none"> • 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 	
123c	People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral	The CCG was ranked in the lowest performing quartile nationally with 69.4% in February 2019. Compared to 10 CCG peers this is the worst performance	Geraldine O'Carroll/ Sue Gough/ Gordon Jones	The CCG performance of 69.4% in February 2019 is above the national target of 53%.	<p>The CCG is in discussion with our provider to developing a business case and associated investment to ensure that achievement of the standard is maintained along with the provision of NICE recommended packages of care.</p> <p>The provider is taking step to ensure that referrals that are received by its Single Point of Access are appropriately directed to Early Intervention so as ensure compliance with the standard.</p>	2019/20
123j	Ensuring the quality of mental health data submitted to NHS Digital is robust (DQMI)	The CCG was ranked in the lowest performing quartile nationally with 0.77 in Q2 18/19. Compared to 10 CCG peers this is the fourth worst performance	Jan Leonard/ Sue Gough/ Geraldine O'Carroll	CCG has multiple providers submitting to MHSDS including 3rd sector providers Issues with 3rd sector flowing NHS number (key data item)	<p>2019/20 MHSDS DQ CQUIN applied to Mersey Care and Alder Hey (CAMHS) contracts and penalties will be applied. This will also apply to 3rd sector providers (where applicable)</p> <p>Work on-going to facilitate additional data flows for those not currently submitting.</p> <p>One provider (3rd Sector) will begin to flow during 19/20 will be gaining access and populating NHS numbers in their submissions</p> <p>Continued work with CSU/ DSCRO to develop reports to support monitoring and commitment to partake in any additional support provided by NHS Digital / NHS England</p> <p>National data sets/DQIP's discussed at information sub groups with providers from all sectors with collaboration to improve the data.</p>	2019/20
124b	LD Annual Health checks	The CCG was ranked in the lowest	Jan Leonard/ Sue Gough/ Geraldine	Some practices have signed up to DES with NHS England. Capacity to conduct	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.	March 2019

		performing quartile nationally with 32.3% in 2017/18. Compared to 10 CCG peers this is the worst performance	O'Carroll	checks across all practices has been cited as a challenge.	Promote awareness and importance of the LD Annual Health Checks Scheme with stakeholders. Community LD Team to develop a strategy to ensure that systems are in place to maintain relationships with GP practices, and that people with learning disabilities known to team are receiving Health Checks. GP Practices 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.	
125b	Women's experience of maternity services	The CCG was ranked in the lowest performing quartile nationally with 80.2 in 2018. Compared to 10 CCG peers this is the worst performance although variation is minimal	Debbie Fagan/ Wendy Hewitt/ Peter Wong	System wide pressures in relation to provision of maternity services, shortage in staffing both midwifery and medical.	The CCG continues to liaise with the coordinating commissioner in terms of patient experience and to improve current performance.	2019
125d	Maternal Smoking at Delivery	The CCG was ranked in the lowest performing quartile nationally with 14.5% in Q3 18/19. Compared to 10 CCG peers this is the third worst	Debbie Fagan/ Wendy Hewitt/ Peter Wong	Performance for this indicator has declined and the CCG remains in the lowest performing quartile, ranking 154 out of 195 CCGs. Quarter 3 information available locally shows a slight improvement at 14.5%.	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

		performance				
126a	Dementia Diagnosis Rate	The CCG was ranked in the lowest performing quartile nationally with 64.1% in February 2019. Compared to 10 CCG peers this is the second worst performance	Jan Leonard/ Sue Gough/ Kevin Thorne	CCG believes that coding issues in primary care may be impacting on performance. In addition there may be care home residents who may not have a diagnosis of dementia.	The CCG has completed the Dementia Self-Assessment Tool requested by NHS England, which has full details of the planned actions being undertaken by the CCG. Work is being undertaken to identify any coding errors that will have a negative impact of Dementia Diagnosis rates. The CCG is also exploring the feasibility and costs of identifying care homes in South Sefton that could be targeted to be included in diagnosis registry / identification. South Sefton CCG funds a Care Home liaison service that could be utilised to support dementia diagnosis rates.	2019/20
127b	Emergency admissions for urgent care sensitive conditions (UCS)	Lowest performing quartile with 3,959 in Q2 18/19. This has been recognised in the KLOE for repeatedly deteriorated performance.	Jan Leonard/ Andy Mimmagh/ Janet Spallen	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.	In addition to the work identified above which will also support urgent care sensitive conditions we are developing our community offer to enable patients to be care for closer to home where clinically appropriate. Our ICRAS (Integrated Care, Reablement and Assessment Service) has been well established during 2018/19 with increasing referrals from primary care and NWS and admission avoidance / reduction in conveyance to AED. We are also working to promote and develop community pathways e.g. cellulitis, DVT which will support community based care. In the coming year we will be working with ICRAS to continue to deflect admissions through identification and support to patients in the community but also from AED and other front door units e.g. FAU, AMU (Acute Medical Unit). We will work with other partners within the integrated urgent care system e.g. NHS111, OOH to promote our community pathways and support to avoidance AED attendance and potential admission. Performance for this indicator is also affected by a higher rate of zero length of stay admissions as described in 106a.	On-going work
127c	A&E admission, transfer, discharge	The CCG was ranked in the lowest performing	Jan Leonard/ Andy Mimmagh/ Janet	Aintree has seen a significant increase of 7% in AED activity in 18/19 higher than other local trusts within North	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	March 2019

	within 4 hours	quartile nationally with 80.8% in March 2019.	Spallen	<p>Mersey. Whilst the AED target has not been achieved it has performed at a higher level for Type 1 activity than the local Trusts and maintained a strong position in terms of service delivery over the winter period providing support for other trusts at times of extreme pressures. In the past year there has been a focus on workforce and skill mix in conjunction with revised processes to support assessment and treatment. Whilst there have been improvements these have not been sustained with medical workforce remaining a challenge. This has been highlighted in weekly NHSE calls.</p>	<p>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 NWAS 90 day project to improve ambulance turnaround performance and this now completed. There has been agreement of direct conveyancing of appropriate patients to AEC without need for A&E review. Other initiatives have included a rapid improvement event with focus on the See & 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&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&E but also with external partners within Aintree system to reduce A&E attendances but also support patient flow for patients requiring admission with timely review and discharge processes. Performance for this indicator is also affected by a higher rate of zero length of stay admissions as described in 106a.</p>	
127e	Delayed	The CCG was	Jan Leonard/	This has been an area of	Detailed action plans in place to support main three	On-going

	transfers of care	ranked in the lowest performing quartile nationally with 13.5 in February 2019. This has been recognised in the KLOE for repeatedly deteriorated performance.	Andy Mimmagh/ Janet Spallen	focus for all partners within the Aintree footprint from health and social care. Work has been undertaken to identify areas requiring improvement with data shared on a weekly basis. Patient/family choice in regard to placements has been one of the reasons for health delays. The Merseyside Choice policy has been reviewed in 18/19 but now requires robust and consistent implementation. Other issues include the need to refine discharge to assess pathways and capacity within our reablement/domiciliary care market. Work is underway and is captured within our Newton Europe work plans.	themes – decision making, home care and placements following on from the Newton Europe work with involvement of all partners within Aintree footprint. These are also reflected in the NHSE/I Long length of stay trajectory and action plan recently submitted. At an operational level there are weekly DTOC meetings with frontline staff and stranded/super stranded meetings to identify specific themes that need to be progressed.	
127f	Population use of hospital beds following emergency admission	The CCG was ranked in the lowest performing quartile nationally with 650 in Q2 18/19. This has been recognised in the KLOE for repeatedly deteriorated performance.	Jan Leonard/ Andy Mimmagh/ Janet Spallen		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	March 2019

					<p>priority area of focus for the CCG working with our system partners.</p> <p>Performance for this indicator is also affected by a higher rate of zero length of stay admissions as described in 106a.</p>	
105c	% of deaths with 3+ emergency admissions in last 3 months of life	The CCG was ranked in the lowest performing quartile nationally with 7.84% in 2017	Jan Leonard/ Andy Mimmagh/ Janet Spallen	<p>There are multiple factors which impact upon this performance in relation to in-hospital and community services and which services patients choose. Work is ongoing to identify performance for patients preferred place of death. The CCG is investigating to identify the root cause.</p>	<p>The CCG has the following services in place:</p> <ul style="list-style-type: none"> • Hospice at Home services to prevent hospital admissions and reduce length of stay • TRANSFORM who identify people at end of life in hospital and arrange fast transport to home if appropriate and support families/patient until normal services take over • Care home education via the Education Facilitator • Telehealth in a number of care homes to prevent hospital admissions • Commissioning of end life beds, proposal to increase • Additional GP sessions for the commissioned beds • Two clinical leads for end of life • Two hospices supported by the CCG • CCG work closely with community/hospital teams 	Q3 2018/19
128d	Primary care workforce	The CCG was ranked in the lowest performing quartile nationally with 0.87 in September 2018	Jan Leonard/ Craig Gillespie/ Angela Price	<ul style="list-style-type: none"> • Ageing clinical workforce • NHS Digital – Data Quality • Difficulty recording locums 	<ul style="list-style-type: none"> • International Recruitment Programme • Targeted Recruitment Programme • LQC – Practices required to quality assure workforce data on NHS digital • Application for GP Fellowship • Exploring paramedic workforce • APEX/Insight tool implementation in 2019/20 • 4 PCNs in South Sefton in progression – workforce planning across the PCN footprint to be explored • GP retention/First Five Support Group (PCN Implementation) • CCG to identify clinicians between the age of 55 – 60 who would be eligible for the GPFV retainer scheme 	March 2019

					<ul style="list-style-type: none"> • Progress high impact actions • Continue digital champion post • CCG Practice Nurse Facilitator to promote any opportunities through: <ul style="list-style-type: none"> • Clinical Supervision Policy • Preceptorship Programme • Edge Hill practice nurse placements • Practice manager development through NHSE • Training support programme for administration staff 	
130a	Achievement of clinical standards in the delivery of 7 day services	The CCG was ranked in the lowest performing quartile nationally with a value of 1 in 2016/17	Jan Leonard/ Andy Mimmagh/ Janet Spallen	Assessment was carried out for 16/17 and needs to be reviewed on line with significant work undertaken in all acute Trusts including Aintree since the standards were published. Systems are in place to support all aspects of the standards with the need for us to monitor the quality of those interventions and how effective they are.	Since the standards were published significant work has been carried out in all acute Trusts including Aintree to ensure systems are in place to support these: <ul style="list-style-type: none"> • SAFER board rounds • Consultant reviews in place • ICRAS response with wide ranging MDT involvement available 7/7 • CORE 24 established to support mental health crisis within AED 	2019/20
163a	Staff engagement index	The CCG was ranked in the lowest performing quartile nationally with a value of 3.72 in 2017.	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	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

				footprint of the CCG weighted according to the financial flows.		
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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:

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

6. Recommendations

The Governing Body is asked to receive this report.

Luke Garner
Strategy & Outcomes Officer
June 2019

MEETING OF THE GOVERNING BODY June 2019

Agenda Item: 19/70

Author of the Paper:

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Report date: June 2019

Rebecca McCullough
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Tel: 0151 317 8396

Title: Final 2019/20 Budgets

Summary/Key Issues:

This paper presents the Governing Body with the final budget for 2019/20.

Recommendation

Receive	x
Approve	
Ratify	x

The Governing Body is asked to receive this report.

- The draft budget was presented to the Governing Body in March 2019 with delegated authority approved for the CCG Senior Leadership Team to approve the final budget in May following final contract agreements.
- The Governing Body are asked to ratify the final budget for 2019/20 which was approved by the CCG Senior Leadership Team in May 2019 following delegation in the April Governing Body Meeting.
- The Governing Body are asked to note the control total set by NHS England for 2019/20 of £1m surplus (0.4%) and the value of the QIPP requirement of £14.000m which has not changed since the draft budget was presented in March.
- The CCG requires a robust deliverable plan if it is to meet its statutory financial obligations in 2019/20. The Governing Body are asked to recognise that the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to:
 - Provide leadership required to deliver change
 - Be clear on the risk adjusted pressures arising from QIPP

Links to Corporate Objectives 2019/20	
	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Report to the Governing Body
June 2019

1. Executive Summary

- 1.1 This paper provides details of the CCG's final budget for 2019/20 following agreement of provider contracts.
- 1.2 Changes to the budget since March 2019 are provided in **Table 1** below, the majority of changes relate to provider budgets to reflect final contract agreements and other changes to transfer budgets between headings.

Table 1 – Changes since March 2019 budget

Operating Budgets	MARCH BUDGET 2019/20 £m	MAY BUDGET 2019/20 £m	CHANGE 2019/20 £m	Reason for Change
Primary Care Delegated Budget	23.086	22.422	(0.664)	Reduction of allocation and expenditure to reflect GP indemnity costs held centrally
Acute Care	149.363	148.700	(0.663)	Change to contract budgets following outcome of contract negotiations
Mental Health	21.151	22.978	1.828	Transfer of budgets for Mental Health packages from CHC cost centres
Continuing Care	14.217	12.696	(1.521)	Transfer of Budgets to Mental Health cost centres
Community	40.211	33.632	(6.578)	Transfer Better Care Fund Budget to 'Other CCG Budgets'
Primary Care	38.049	37.740	(0.310)	Removal of non-recurrent budget (GPFV) which will be allocated from NHSE in year
Corporate and Support Services	3.228	3.228	0.000	
Other CCG Budgets	2.410	8.639	6.228	Transfer Better Care Fund Budget from Community Services
CCG Reserve Budget	(11.717)	(12.074)	(0.357)	Increase to QIPP target as a result of contract negotiations
Total Operating budgets	279.998	277.961	(2.037)	

- 1.3 The CCG Allocation has reduced by £2.037m since the March budget was presented. The changes can be summarised as follows:

	£000
Allocation - March 2019	280,998
GP idemnity	(664)
IR Changes	(1,132)
NHSE Flu Vacs	(202)
STP Contribution	(39)
Allocation - May 2019	278,961
Change in Allocation	(2,037)

- 1.4 The CCG has a statutory financial duty for expenditure not to exceed the resource in each financial year. The standard business rules set out by NHS England require a 1% surplus in each financial year. However, NHS England has set the CCG control total for 2019/20 at £1m surplus which is 0.4% of the CCG allocation.
- 1.5 Based on the current planning assumptions, the QIPP target to achieve the required £1m surplus in 2019/20 is £14.000m. The QIPP target will increase if further pressures emerge in year.
- 1.6 The final budget includes contract values agreed with providers. Provider contracts have increased significantly compared to the previous financial year. Access to central funding – the Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) is dependent on providers achieving control totals set by NHS England / NHS Improvement. The CCG has agreed investment and growth funding to support providers in the delivery of their financial plans to enable access to these funds. This means that the CCG has significant exposure to financial risk in 2019/20.
- 1.7 The North Mersey Acting as One contract agreement ended in March 2019. A revised agreement for 2019/20 is in negotiation, the CCG is committed to an approach which is focussed on supporting all parties in the local health economy, operates in the financial envelope available and places emphasis on delivery of all organisations control totals.

2. 2019/20 Final Budget

- 2.1 A summary of the **2019/20 Budget** is presented in Table 2 below.

Table 2 – 2019/20 Proposed Budget

Budget Area	2019/20		
	Rec £m	Non Rec £m	Total £m
Resources			
Base Allocation	243.960	0.000	243.960
Growth funding	11.787	0.000	11.787
Running Cost Allowance	3.228	0.000	3.228
0.5% STP Contribution	0.000	(1.279)	(1.279)
Additional Allocations	0.177	0.000	0.177
Agreed Allocation Adjustments	(1.334)	0.000	(1.334)
Primary Care Delegated Budget	22.422	0.000	22.422
Available Resources	280.240	(1.279)	278.961
Commissioning Budgets			
Primary Care Delegated Budget	22.422	0.000	22.422
Acute Care	145.773	2.927	148.700
Mental Health	22.800	0.178	22.978
Continuing Care	12.696	0.000	12.696
Community Services	33.329	0.303	33.632
Primary Care	37.649	0.090	37.740
Corporate and Support Services	3.302	(0.074)	3.228
Other CCG Budgets	8.097	0.542	8.639
Sub total Operational budgets	286.069	3.965	290.035
Reserves			
QIPP requirement	(12.500)	(1.500)	(14.000)
Other General reserves	(0.239)	0.770	0.531
Contingency	1.395	0.000	1.395
Sub total Reserves	(11.344)	(0.730)	(12.074)
Total Anticipated Spend	274.725	3.235	277.961
Forecast Surplus/ (Deficit)	5.515	(4.514)	1.000
Expressed as %			0.4%

The detailed budget is included in **Appendix 1**.

It should be noted that the layout of the budget has changed since the previous financial year, individual cost centres are unchanged but the reporting structure has been amended to reflect the NHS England reporting requirements.

3. Key Financial Risks and Pressures

- 3.1 The delivery of QIPP savings and statutory financial duties are the highest risks for the CCG in 2019/20. At present, the CCG does not have sufficient assurance on QIPP schemes to deliver the required financial plan. The QIPP savings requirement is challenging and requires continued support to enable to delivery of financial targets. The CCG's focus will need to be on areas where services can be reduced or redesigned without having an impact on patient safety.
- 3.2 The contract negotiation process for 2019/20 is finalised, the Acting as One contract agreement covers the main providers in the CCG on a fixed price basis. However, risk exists in other provider contracts which operate under a PBR arrangement.
- 3.3 It should be noted that aspects of prescribing expenditure remain volatile and this area could present risks. This will require continued support from community pharmacist teams and practices to deliver a balanced position.
- 3.4 There is a risk that the cost and volume of Continuing Healthcare and Funded Nursing Care packages will increase during the year. This area requires a robust budget management process in place to identify and address issues if they arise.
- 3.5 The CCG Running Cost budget will be reduced by 12% (£0.380m) from April 2020. The CCG must take action during the financial year to identify recurrent savings in preparation for this reduction.
- 3.6 It is imperative that the CCG manages the budget during the year, and takes quick, effective remedial action where necessary to address any cost pressures which emerge.

4. Recommendations

The Governing Body is asked to receive this report.

- The draft budget was presented to the Governing Body in March 2019 with delegated authority approved for the CCG Senior Leadership Team to approve the final budget in May following final contract agreements.
- The Governing Body are asked to ratify the final budget for 2019/20 which was approved by the CCG Senior Leadership Team in May 2019 following delegation in the April Governing Body Meeting.
- The Governing Body are asked to note the control total set by NHS England for 2019/20 of £1m surplus (0.4%) and the value of the QIPP requirement of £14.000m which has not changed since the draft budget was presented in March.
- The CCG requires a robust deliverable plan if it is to meet its statutory financial obligations in 2019/20. The Governing Body are asked to recognise that the CCG faces a significant financial challenge which will require support for changes from all members, with a key role for Governing Body GP members and Programme Leads to:
 - Provide leadership required to deliver change
 - Be clear on the risk adjusted pressures arising from QIPP

5. Appendices

Appendix 1 – Detailed Final Budget 2019/20

Rebecca McCullough
Head of Strategic Financial Planning
June 2019

Comparison of 2019/20 Draft Budget to 2019/20 Final Budget					
Cost centre Number	Cost Centre Description	Budget Holder	Annual Budget 2019/20 (March 2019)	Annual Budget 2019/20 (May 2019)	Increase (Decrease)
			£000	£000	£000
Acute Commissioning					
598571	Acute Commissioning	Jan Leonard	130,309	129,435	(874)
598576	Acute Childrens Services	Jan Leonard	5,367	5,858	491
598586	Ambulance Services	Jan Leonard	6,740	6,740	0
598591	Clinical Assessment and Treatment Centres	Jan Leonard	4,285	4,004	(280)
598596	Collaborative Commissioning	Jan Leonard	480	480	0
598606	High Cost Drugs	Susanne Lynch	319	319	0
598616	NCAs/OATs	Jan Leonard	1,864	1,864	0
Total Acute			149,363	148,700	(663)
Mental Health					
598501	Mental Health Contracts	Jan Leonard	262	262	0
598506	Child And Adolescent Mental Health	Jan Leonard	391	378	(14)
598511	Dementia	Jan Leonard	105	105	0
598521	Learning Difficulties	Debbie Fagan	793	793	(0)
598531	Mental Health Services - Adults	Debbie Fagan	0	658	658
598551	Mental Health Services - Older People	Debbie Fagan	0	169	169
598556	Mental Health Services - SLA	Jan Leonard	19,600	19,837	237
598521	Mental Health Services - S117 Mental Health	Debbie Fagan	0	777	777
Total Mental Health			21,151	22,978	1,828
Continuing Care					
598682	Chc Adult Fully Funded	Debbie Fagan	8,259	7,340	(919)
598683	Chc Adult Fully Funded Personal Health Budget	Debbie Fagan	706	706	(0)
598684	Chc Adult Joint Funded	Debbie Fagan	2,393	1,708	(685)
598685	Chc Adult Joint Funded Personal Health Budget	Debbie Fagan	147	147	0
598686	Chc Admin & Support	Debbie Fagan	318	350	32
598687	Chc Children	Debbie Fagan	533	533	(0)
598691	Funded Nursing Care	Debbie Fagan	1,862	1,913	51
Total Continuing Care			14,217	12,696	(1,521)
Community					
598711	Community Services	Jan Leonard	6,258	0	(6,258)
598711	Community Services	Jan Leonard	32,122	31,666	(456)
598721	Hospices	Jan Leonard	1,458	1,580	122
598726	Intermediate Care	Jan Leonard	373	386	13
Total Community			40,211	33,632	(6,578)
Primary Care					
598646	Commissioning Schemes (Programme Cost)	Jan Leonard	628	633	6
598651	Local Enhanced Services and GP Framework	Jan Leonard	4,175	3,789	(386)
598656	Medicines Management (Clinical)	Susanne Lynch	1,009	1,093	84
598661	Out Of Hours	Jan Leonard	1,309	1,309	(0)
598662	Primary Care Transformation Fund	Jan Leonard	0	0	0
598666	Oxygen	Jan Leonard	523	523	0
598671	Prescribing	Jan Leonard	28,649	28,649	0
598676	Primary Care IT	Martin McDowell	1,758	1,744	(14)
598776	Non Recurrent Programmes	Jan Leonard	0	0	0
598	Primary Care Delegated Budget	Jan Leonard	23,086	22,422	(664)
Total Primary Care			61,135	60,162	(974)
CORPORATE & SUPPORT SERVICES					
600251	Administration & Business Support	Tracey Jeffes	226	226	0
600266	Business Informatics	Karl McKluskey	367	367	0
600271	CEO/ Board Office	Fiona Taylor	514	515	1
600276	Chair and Non Execs	Tracey Jeffes	231	231	0
600296	Commissioning	Jan Leonard	678	682	5
600311	Contract Management	Jan Leonard	151	151	0
600316	Corporate Costs & Services	Tracey Jeffes	394	394	0
600346	Estates and Facilities	Martin McDowell	177	156	(21)
600351	Finance	Martin McDowell	392	407	15
600426	Quality Assurance	Debbie Fagan	99	99	0
Total Corporate and Support Services			3,228	3,228	(0)
Other					
598756	Commissioning Non-Acute	Jan Leonard	0	6,184	6,184
598791	Programme Projects	Jan Leonard	546	458	(87)
598796	Reablement	Jan Leonard	1,063	1,024	(39)
598801	Recharges NHS Property Services	Jan Leonard	0	171	171
598809	NHS 111	Jan Leonard	423	423	0
598810	Nursing and Quality Programme	Debbie Fagan	380	380	0
Total Other			2,410	8,639	6,228
Sub-Total Operating Budgets pre Reserves			291,715	290,035	(1,680)
Reserves					
598761	Commissioning Reserve	Martin McDowell	(11,717)	(12,074)	(357)
598781	Non-Recurrent Reserve	Martin McDowell	0	0	0
Sub-Total			(11,717)	(12,074)	(357)
Grand Total I & E			279,998	277,961	(2,037)
Grand Total I & E			279,998	277,961	(2,037)

MEETING OF THE GOVERNING BODY June 2019

Agenda Item: 19/71	Author of the Paper: Debbie Fairclough Interim programme lead – corporate services debbie.fairclough@southseftonccg.nhs.uk 0151 317 3456						
Report date: June 2019							
Title: Governing body sub-committee terms of reference – 2019/20							
<p>Summary/Key Issues:</p> <p>The leadership team have recently reviewed the terms of reference of the governing body sub-committees to ensure they remain fit for purpose. It is essential that the sub-committees operate in a way that ensures the CCG is delivering all of its statutory duties.</p> <p>It is also important to align the work of the committees to that of the work programmes of the Health and Care Partnership for Cheshire and Merseyside, the NHS Long Term plan objectives and the Sefton Transformation Programme.</p> <p>This report sets out the proposed revised terms of reference for the sub committees. The proposed revisions are underlined for ease of reference.</p> <p>Once the committees have received their revised terms of reference, the Chair of each committee will be asked to also review and update the terms of reference of any supporting sub-group or work stream.</p> <p>Further work will also commence to review and update the existing reporting arrangements to further strengthen the performance and assurance processes.</p>							
<p>Recommendations</p> <p>The Governing Body is asked to approve the following terms of reference</p> <ul style="list-style-type: none"> - Joint QIPP and Financial Recovery Committee - Finance and Resource Committee - Audit Committee - Joint Quality and <u>Performance</u> Committee - Remuneration Committee - Approvals (Conflict of Interest) Committee 							
	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">x</td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Receive		Approve	x	Ratify	
Receive							
Approve	x						
Ratify							

Links to Corporate Objectives 2019/20	
x	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
x	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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>)	
	Preventing people from dying prematurely
	Enhancing quality of life for people with long-term conditions
	Helping people to recover from episodes of ill health or following injury
	Ensuring that people have a positive experience of care
	Treating and caring for people in a safe environment and protecting them from avoidable harm

Joint QIPP and Financial Recovery Committee

Terms of Reference

1. Authority

- 1.1. The Committee shall be authorised by the CCG Governing Body of NHS Southport and Formby CCG and NHS South Sefton CCG to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Scheme of Reservation and Delegation.
- 1.2. The principal functions of the Committee are as follows:
- To oversee the implementation and delivery of the Financial Recovery Plans of the CCGs
 - To oversee and be responsible for, the implementation and delivery of the QIPP schemes as set out in the financial recovery plans
 - To ensure there is an appropriate PMO infrastructure to support delivery of all financial recovery and QIPP schemes
 - To hold individual directors, managers and clinical leads to account for the delivery of the Financial Recovery plan and QIPP schemes
 - To provide assurance to the governing bodies that there are appropriate systems in place which operate in order to enable the Committee to fulfil its requirements
 - The Committee is authorised to approve investment into any service improvement opportunities up to a maximum level of £500K. In doing so the committee is required to demonstrate to the governing body that there is a compelling case for such investment including evidence of benefits realisation both in terms of quality and finance. All such investments must be recommended by the Clinical Advisory Group
 - To ensure that all QIPP schemes are aligned to the Sefton Transformation Programme
 - Oversee commissioning decisions through the review of new clinical care models and/or clinical pathways (not always initiated due to a QIPP scheme)
 - Receive and approve annual commissioning intentions
 - Receive and approve changes to the CCGs' commissioning portfolio including procurements for new services or re-procurements.

2. Membership

- 2.1. The following will be members of the Committee:
- Chief Finance Officer (SF/SSCCG) - Chair
 - Lay Member for Governance (S&F CCG) – co - Vice Chair
 - Lay Member for Governance (SSS CCG) – co - Vice Chair
 - Clinical Vice Chair – (S&FCCG)
 - Clinical Vice Chair – (SSCCG)
 - Chief Nurse or Deputy Chief Nurse (SF / SSCCG)
 - Governing Body Secondary Care Doctor (S&F/SS CCG)
 - Director of Strategy & Outcomes (SF / SSCCG)
 - Directors of Place x2

In attendance

- Deputy Chief Financial Officer (SF / SSCCG)
- Deputy Director of Commissioning and Redesign
- Head of Medicines Management
- Strategy and Outcomes Officer

The CCGs' Chief Officer is an ex-officio member

By invitation

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

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

3. Duties of the Committee

The Committee is responsible for the following:

Duties in respect of Financial Recovery

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

Duties in respect of QIPP

- 3.1. To review and scrutinise all QIPP scheme proposals as recommended by the Clinical Advisory Group
- 3.2. To review all schemes, bids and projects arising from the Sefton Transformation Programme
- 3.3. To reject any scheme that does **not** meet the following requirements
- 3.3.1. Is recommended by the Clinical Advisory Group
- 3.3.2. Is aligned to the Sefton Transformation Programme i.e. acute sustainability and "place base" developments *(NB: it is expected that during 2018/19 decisions relating to acute sustainability will be delegated to a joint committee of S&F CCG, West Lancs CCG and NHSE - specialised commissioning. Until that is formally established the Joint QIPP and Financial Recovery Committee will retain its responsibilities as describe within this terms of reference)*
- 3.3.3. Is able to demonstrate benefit realisation in terms of quality and finance
- 3.3.4. Has been subject to a Quality Impact Assessment and Equality Impact Assessment
- 3.3.5. Has sufficient resource and capacity to support the scheme
- 3.3.6. Has clear milestones and indicators that track to delivery
- 3.4. To ensure all QIPP and Sefton Transformation Programme schemes have been subject to an Equality Impact Assessment, assuring the Governing Body that there are no adverse consequences or breaches of the CCGs PSED statutory duties arising from the implementation of any scheme.

- 3.5. To ensure that all QIPP and Sefton Transformation Programme schemes have been subject to a Quality Impact Assessment, assuring the Governing Body that there are no adverse consequences arising from the implementation of any scheme.
- 3.6. To ensure that all QIPP and Sefton Transformation Programme schemes, where appropriate and particularly in respect of any significant service change or de-commissioning proposal, have been subject to the required level of consultation with the public, stakeholder and OSC and that those views are reflected in proposals.
- 3.7. To ensure all QIPP and Sefton Transformation Programme schemes have been subject to a robust benefits realisation assessment
- 3.8. To make recommendations to the Governing Body on those schemes to be approved for which funding exceeds the committees delegated limit of £500K
- 3.9. To ensure that all approved schemes are incorporated into the CCG's overarching QIPP plans
- 3.10. To monitor and review progress on all QIPP schemes detailed in the CCG's overarching QIPP plan by reviewing the QIPP dash board produced by the CCGs PMO.
- 3.11. To review and scrutinise in detail individual schemes or wider programmes (i.e. urgent care, elective care, medicines management, CHC/FNC) using a "check and challenge approach".
- 3.12. To provide updates and assurances to the Governing Bodies on progress in respect of overall financial recovery and QIPP.
- 3.13. To ensure that the financial recovery plan, the QIPP plan and the supporting PMO function are adequately resourced to secure delivery of plans.
- 3.14. To instruct the CCGs appointed internal auditor to review processes from time to time, and in accordance with the CCGs approved internal audit programme.

Duties in respect of service improvement and redesign

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

3.23. *The annual process of collating commissioning intentions should be overseen by the Committee so it aligns with CCGs' priorities.*

3.24. *To oversee procurements of clinical services and any change in the CCGs' commissioning portfolio.*

4. Voting

4.1 Each substantive member shall have one vote on all general business items of the committee.

4.2 For decisions relating to business cases requiring approval the Lay Member for Governance of the respective CCG shall have the casting vote.

5. Establishment of Sub-Groups of the Committee

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

6. Administration

6.1. The Committee will be supported by an appropriate Secretary that will be responsible for supporting the Chair in the management of the Committee's business.

6.2. The agenda for the meetings will be agreed by the Chair of the Committee and papers will be distributed one week in advance of the meeting.

6.3. The Secretary will take minutes and produce action plans as required to be circulated to the members within 10 working days of the meeting.

7. Quorum

7.1. Meetings with at least 50% of the Committee membership, at least one Clinical Governing Body Member from each CCG, at least one Lay Person and either the Chief Finance Officer or Deputy Chief Finance Officer (only when acting as the nominated deputy for the CFO) in attendance shall be quorate for the purposes of the Committee's business.

7.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

8. Frequency and notice of meetings

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

9. Reporting

10.1 The ratified minutes of the Committee will be submitted to the respective Governing Body meeting. Exception reports will also be submitted at the request of the Governing Body.

10.2 The Committee will submit key issues to the Finance and Resource Committee.

10. Conduct and Conflicts of Interest

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

11. Review

Date of production: May 2019

Version No: 5

Review date: May 2020

Finance and Resource Committee

Terms of Reference

1. Authority

- 1.1. The Finance and Resource Committee shall be established as a committee of the Governing Body to perform the following functions on behalf of the CCG Governing Body.
- 1.2. The principal functions of the Committee are as follows:
 - The Committee shall be authorised by the CCG Governing Body to undertake any activity within these terms of reference and act within the powers delegated to it in line with the Scheme of Reservation and Delegation.
 - To provide assurance to the Governing Body that there are appropriate systems in place which operate in order to enable the Committee to fulfil its monitoring requirements.
 - To provide regular reports to the Governing Body on a timely basis and to provide an annual report on the work carried out by the Committee including a self-assessment of how it has discharged its functions and responsibilities.

2. Membership

- 2.1. The following will be members of the Committee:
 - Lay Member (Governance) (Chair)
 - Lay Member (Patient Experience and Engagement) (Vice Chair)
 - Clinical Governing Body Member
 - Clinical Governing Body Member
 - Practice Manager Governing Body Member
 - Chief Finance Officer
 - Deputy Chief Finance Officer
 - Director of place
 - Chief Nurse
 - Head of Medicines Management

The Chief Officer shall be an ex-officio member of the Committee

- 2.2. The Chair of the Governing Body will not be a member of the Committee although they will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.
- 2.3. Members are expected to personally attend a minimum of 60% of meetings held and can send a deputy to attend in their absence as required.
- 2.4. Relevant Officers from the CCG will be invited to attend in line with agenda items. Officers from other organisations including the Commissioning Support Unit (CSU) and from the Local Authority Public Health team will also be invited to attend in line with agenda items.
- 2.5. All Members are required to nominate a deputy to attend in their absence (when practical do so, nominations are not required in the event of sickness absence). Deputies will count towards the quorum but shall be of sufficient seniority to enable decision making.

3. Responsibilities of the Committee

The Finance and Resource Committee is responsible for the following.

- 3.1. Advising the Governing Body on all financial matters and to provide assurance in relation to the discharge of statutory functions in line with the Prime Financial Policies
- 3.2. Reviewing the overall financial position of the CCG to ensure that the organisation meets its statutory financial duties.
- 3.3. Overall financial management of the organisation including the delivery of investment plans, monitoring of reserves, and delivery of QIPP and financial recovery plans and cost improvement plans.
- 3.4. Ensuring that the performance of commissioned services is monitored in line with CCG expectations.
- 3.5. Monitoring key performance indicators (e.g. any outlined in the NHS Operating Framework).
- 3.6. Advising the Governing Body on the approval of annual financial plans.
- 3.7. Monitoring and advising appropriate courses of action with regard to other key areas of CCG business (notably procurement, contracting and monitoring performance of local providers).
- 3.8. Supporting the work of the Audit Committee through review of financial arrangements as required.
- 3.9. Determining banking arrangements
- 3.10. Approving arrangements for exceptional/novel treatments which shall include arrangements for review and consideration of Individual Funding Requests (IFRs)
- 3.11. To receive recommendations from the local Individual patient review (IFR) panel and approve as appropriate.
- 3.12. Reviewing and approving requests for Ex-Gratia payments

4. Duties of the Committee

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

- 4.1. Oversee the development of the short and medium-term strategies for the CCG including assessment of the assumptions underpinning the financial models.
- 4.2. To ensure the delivery of financial balance and that the organisation meets its statutory financial targets.
- 4.3. Ensure that the Finance and Performance Plans are consistent with and complementary to the CCGs Annual Budget, Shaping Sefton Strategy and QIPP plans
- 4.4. To monitor implementation of the annual financial plan to ensure that the total resource available to CCG is invested in high quality services that support the achievement and delivery of specified priorities.
- 4.5. Approving any variations to planned investment within the limits set out in the detailed financial policies of the CCG, ensuring that any amended plans remain within the overall CCG budget and do not adversely affect the strategic performance of the CCG.

- 4.6. Monitoring Financial and Operational Performance across all commissioned services on an exception basis, assessing potential shortfalls and risk and recommending actions to address them.
- 4.7. Monitoring Key Performance Indicators (KPIs) relating to CCG performance, for example as outlined in the NHS Operating Framework.
- 4.8. Monitoring delivery of any QIPP programmes and agreeing corrective action if required.
- 4.9. Monitor key risks facing the CCG, understand the financial consequences and make recommendations for inclusion on the CCG risk register accordingly.
- 4.10. Oversee the approval development and delivery of capital investment plans including any schemes progressed through the LIFT or 3PD initiatives.
- 4.11. Oversee the approval, development and implementation of the Estates strategy.
- 4.12. Oversee the approval, development and implementation of Human Resource strategies, plans and policies
- 4.13. Maintain an overview of recruitment, retention, turnover and sickness trends.
- 4.14. To ensure that services provided by other organisations, notably the CSU, are being delivered as per the CCG's expectations and to advise on remedial action where necessary.
- 4.15. To review, monitor and agree corrective action for all agreed financial performance indicators (KPIs to be determined based on CCG finance regime when published).
- 4.16. To review the CCG procurement strategy and advise on an appropriate course of action regarding commissioning of new services / re-tendering arrangements for existing services.
- 4.17. To review and monitor progress regarding contracting arrangements with healthcare providers.
- 4.18. To monitor progress of local provider plans to advise the Governing Body in terms of key issues and any recommend decisions as appropriate.
- 4.19. The Committee will review monthly reports detailing performance of commissioned services against core standards, national and local targets and the CCGs Strategic Plans, review may be on an exception basis.
- 4.20. To review and approve plans for Emergency Planning and Business Continuity
- 4.21. To produce an Annual Report of the key work programmes of the Committee to the Governing Body on an annual basis.

5. Establishment of Sub-Groups of the Committee

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

6. Administration

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

7. Quorum

- 7.1. Meetings with at least 50% of the Committee membership, at least one Clinical Governing Body Member, at least one Lay Person and either the Chief Finance Officer or Deputy Finance Officer in attendance shall be quorate for the purposes of the CCG's business.
- 7.2. The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

8. Frequency and notice of meetings

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

Reporting

The ratified minutes of the Finance and Resource Committee will be submitted to the Governing Body private meeting. Exception reports will also be submitted at the request of the Governing Body. The minutes and key issues arising from this meeting will be submitted to the Audit Committee.

9. Conduct

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

10. Review

Date: **February and March 2019**

Review date **February 2020**

Audit Committee

Terms of Reference

1. Authority

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

2. Membership

- 2.1. The following will be members of the Committee:
 - Lay Member (Governance) (Chair);
 - Lay Member (Patient Experience and Engagement); and
 - Secondary Care Doctor
 -
- 2.2. A Vice Chair will be selected by the Committee from within its membership.
- 2.3. Other officers as required to be in attendance at the Committee are as follows:
 - Internal Audit Representative;
 - External Audit Representative;
 - Anti-Fraud Representative;
 - Chief Finance Officer (CFO);
 - Deputy CFO, and
 - Chief Accountant.
- 2.4. The Chair of the CCG will not be a member of the Committee although he/she will be invited to attend one meeting each year in order to form a view on, and understanding of, the Committee's operations.
- 2.5. Other senior members of the Group may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Officer.
- 2.6. At least once a year the Committee should meet privately with the external and internal auditors. Regardless of attendance, external audit, internal audit, Anti-Fraud Specialist and security management providers will have full and unrestricted rights of access to the Audit Committee.
- 2.7. Members are expected to personally attend a minimum of 75% of meetings held.

- 2.8. Relevant Officers from the CCG may be invited to attend dependent upon agenda items. Officers from other organisations including the Commissioning Support Unit (CSU) and from the Local Authority team may also be invited to attend dependent upon agenda items.

3. Responsibilities of the Committee

The Audit Committee is responsible for:

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

4. Duties of the Committee

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

- 4.1. To review and recommend approval of the detailed financial policies that are underpinned by the Prime Financial Policies within the Group's Constitution to the Group's Governing Body.
- 4.2. Approve Risk Management arrangements.
- 4.3. To review and approve the operation of a comprehensive system of internal control, including budgetary control, which underpin the effective, efficient and economic operation of the group.
- 4.4. To review and approve the annual accounts.
- 4.5. To review and approve the Group's annual report on behalf of the Governing Body.
- 4.6. To review and approve the arrangements for the appointment of both internal and external audit and their annual audit plans.

- 4.7. To review and approve the arrangements for discharging the Group's statutory financial duties.
- 4.8. To review and approve the Group's Counter Fraud and Security Management arrangements.
- 4.9. To review the circumstances relating to any suspensions to the Group's constitution (as set out in the Scheme of Delegation and Reservation) and to report to the Governing Body and Wider Membership Council on the appropriateness of such actions.
- 4.10. To undertake annual review of its effectiveness and provide an annual report to the Governing Body to describe how it discharged its functions during the year.

5. Administration

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

6. Quorum

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

7. Frequency and notice of meetings.

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

8. Reporting

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

9. Conduct

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

10. Date and Review

Date:	April 2019
Future Review dates	April 2020 April 2021

Joint Quality and Performance Committee

Terms of Reference

The Committee shall be established as a joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG.

The main functions of the are:

- to monitor standards and provide assurance on the quality of commissioned services, by the CCG to ensure that local and national standards are met
- to promote a culture of continuous improvement and innovation with respect to safely, clinical effectiveness and patient experience

The Committee's key responsibilities are to:

- Ensure all decision making is consistent with the CCGs financial recovery and QIPP priorities
- To support the Sefton Transformation Programme by providing advice and guidance in respect of the quality and safety of services ensuring that the CCG continues to discharge its statutory responsibilities
- Ensure that all new schemes, service specifications, investments or disinvestments are subject to appropriate Quality Impact Assessments (QIA).
- approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes
- approve the arrangements for handling complaints
- approve the CCG's arrangements for engaging patients and their carers in decisions concerning their healthcare
- approve arrangements for supporting NHS England in discharging its responsibilities to secure continuous improvement in the quality of general medical services in conjunction with the CCG's Primary Care Commissioning Committee
- Approve and monitor the arrangements in respect of Safeguarding (children and adults)

1. Principal Duties

The principal duties of the Committee are as follows:

- 1.1. to ensure effective management of clinical governance areas (clinical governance, information governance, research governance and health and safety) and corporate performance in relation to all commissioned services
- 1.2. To receive exception reports from the Integrated Performance Group highlighting any areas of performance concern
- 1.3. to receive copies of all completed and signed QIA and EIA
- 1.4. to ensure appropriate arrangements are in place, in respect of medicines management including safety, effectiveness and cost.
- 1.5. to work in conjunction with the Sefton Transformation Programme and associated sub structures and relevant CCG committees in ensuring that quality and safety are an integral feature of the strategic planning process
- 1.6. to receive, scrutinise and monitor progress against reports from external agencies,
- 1.7. receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans

- 1.8. to ensure that patient experience informs the business of the committee through the establishment of appropriate sub groups and associated reporting arrangements
- 1.9. to have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of Never Events and informing the CCG Governing Body of any escalation or sensitive issues in good time.
- 1.10. to work collaboratively to identify and promote “best practice”, the sharing of experience, expertise and success across the CCG and with key stakeholders
- 1.11. to monitor the CCG Quality Performance Dashboard and drive year-on-year improvement in performance. The Committee will agree what information, reports, notes or minutes from other committees or CSU colleagues that it needs to see on a regular or ad hoc basis and ensure they are scrutinised
- 1.12. to establish sub-groups or task and finish groups as and when appropriate to assist the Committee discharge its duties effectively. These groups will be required to report to the Quality Committee by submission of key issues reports as stipulated by the Quality Committee.
- 1.13. support the Governing Body to meet its Public Sector Equality Duty
- 1.14. promote research and the use of research across the organisation
- 1.15. promote education and training across the organisation
- 1.16. support the improvement of primary medical services and primary care quality in liaison with the CCG and NHSE Joint Commissioning Committees
- 1.17. to review and approve arrangements for the proper safekeeping of records.
- 1.18. the Quality Committee shall monitor the effectiveness of meeting the above duties by:
 - reviewing progress against its own programme of business agreed by the Governing Body

2. Membership

2.1. The following will be members of the Committee:

- CCG Clinician (Chairing to be rotated on a basis to be agreed by the committee, between a South Sefton CCG clinician and a Southport and Formby CCG Clinician)
- Clinical Governing Body Member (S&F)
- Clinical Governing Body Member (SS)
- Practice Manager Governing Body Member (S&F)
- Practice Manager Governing Body Member (SS)
- Chief Finance Officer or nominated deputy
- Chief Nurse or nominated deputy
- Clinical Director Lead for Quality (S&F)
- Clinical Director Lead for Quality (SS)
- Lay member for patient and public involvement (S&F)
- Lay member for patient and public involvement (SS)
- CCG Deputy Director of Commissioning

The Chief Officer shall be an ex-officio member

The following leads have an open invitation for each meeting of the Quality Committee:

- Designated Professional Safeguarding Children and Head of Adult Safeguarding.
- Programme Lead for Quality and Safety
- Commissioning Support Unit Quality Leads
- Locality Managers

- 2.2. All Members are required to nominate a deputy to attend in their absence. Deputies must be of sufficient seniority to support decision making and therefore must only be permitted if they are a member of the Leadership Team or the Senior Management Team. Deputies will count towards the quorum.
- 2.3. All members are expected to attend a minimum of 60% of meetings held.
- 2.4. Minutes and papers shall also be sent for information to CCG Chair who shall have a standing invitation to attend committee meetings.

3. Chair

- 3.1. The Committee has a joint Chair that shall Chair the committee on a rotational basis. A vice chair shall be selected from within the membership.

4. Quorum

- 4.1. The quorum shall consist of the
- Chair of the Quality Committee or Vice Chair.
 - 1 x lay member (S&F)
 - 1 x lay member (SS)
 - 1 x CCG Officer (SS)
 - 1 x CCG Officer (S&F)
 - 1 x governing body clinician (SF)
 - 1 x governing body clinician (SS)
- 4.2. As per the NHS Southport and Formby CCG Constitution and NHS South Sefton Constitution, the quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

5. Voting

- 5.1. Each substantive member shall have one vote on all general business items of the committee.
- 5.2. For decisions requiring a vote on a proposal the Lay Member for the respective CCG shall have the casting vote.

6. Frequency of Meetings and Reporting Arrangements

- 6.1. The Committee will meet at least 10 times per year and submit the ratified minutes of its meeting to the next available CCG Governing Bodies, copies of minutes shall also be made available to the Audit Committee upon request.

7. Conduct

- 7.1. All members are required to maintain accurate statements of their register of interest with the Governing Body. Members should notify the committee chair of any actual, potential or

perceived conflicts in relation to the agenda, in advance of the meeting or at the beginning of each meeting. The Chair shall consider such notices in accordance with NHS Southport and Formby CCG and NHS South Sefton procedure for the management of Conflicts of Interest as set out in the Constitution and in set out in the guidance issued by NHSE in June 2016.

- 7.2. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Secretarial Arrangements

- 8.1. PA to the Chief Nurse shall provide secretarial support to the Committee.
- 8.2. The agenda for the meetings will be drawn up with the Chair of the Committee.
- 8.3. The agenda and papers for meetings will be distributed one week in advance of the meeting.
- 8.4. The minutes of the meeting will be produced in 10 working days.

9. Establishing supporting work streams

- 9.1 The committee is able to establish supporting work streams and sub groups to support it in the discharge its duties and responsibilities.
- 9.2 The committee can only delegate to the supporting work streams or sub groups the responsibilities that are set out within its own terms of reference as approved by the Governing Body.
- 9.3 The committee shall at all times remain accountable to the Governing Body for all duties and responsibilities set out in its terms of reference

10. Date and Review

Date: June 2019

Version Number: 11

Future Review dates June 2020

Remuneration Committee

Terms of Reference

1. Authority

The Committee is established as a committee of NHS South Sefton CCG.

The principal function of the Committee is to make determinations about pay and remuneration for employees of the CCG and people who provide services to the CCG and allowances under any pension scheme it might establish as an alternative to the NHS pensions scheme.

The committee will make recommendations in respect of remuneration packages for the Chief Officer and Chief Finance Officer to the Governing Body for approval.

Only members of the Governing Body can be members of the Remuneration Committee.

The committee meets in common with the Remuneration Committee of NHS Southport and Formby CCG.

2. Principal Duties

The principal duties of the Committee are as follows:

- To make recommendations to the Governing Body about the conditions of service, fees and other allowances for CCG employees and clinicians and for people who provide services to the CCG, including determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme.
- To make recommendations in respect of remuneration packages for the Chief Officer and Chief Finance Officers to the Governing Body.
- To make recommendations in respect of remuneration of all staff to the governing body.
- To approve compromise agreements and severance arrangements, non-contractual payments, secondments and ad hoc pension arrangements; taking into account relevant national pay frameworks or any other guidance as appropriate, so as to ensure that each individual is fairly rewarded for their individual contribution to the CCG, while having proper regard to the CCG's circumstances and performance, affordability and the public interest
- To include in determinations all aspects of salary (including any performance related elements/bonuses), provision for other benefits and any other contractual terms.
- To oversee appropriate contractual arrangements for such staff and clinicians, including the proper calculation and scrutiny of termination payments, excluding ill health and normal retirement, taking into account such national guidance as appropriate.
- To approve the design of, and determine targets for, any performance related pay schemes operated by the CCG; and to approve the total annual payments made under any such schemes.
- To review plans prepared by the Chief Officer and /or the Chair of the Governing Body for team and individual managerial development of the senior team, taking into account the challenges and opportunities facing the CCG.

- To review plans produced by the Chief Officer and/or Chair relating to talent management and succession planning of posts within the senior team, taking into account the challenges and opportunities facing the CCG, and what skills and expertise are therefore needed on the Governing Body in the future.
- To ensure that all provisions regarding disclosure of remuneration, including pensions, are fulfilled.
- To ensure that remuneration and terms and conditions of engagement of all staff are set out in writing in a contract of employment.
- The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- The Committee is further authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, within its terms of reference within a limit determined by the Chief Finance Officer.

3. Membership

The committee shall be appointed by the CCG from amongst its Governing Body members as follows:-

Lay Member (governance) – Chair

Lay Member (PPI)

Secondary Care Doctor

GP Governing Body Member

Only members of the CCG Governing Body may be members of the remuneration committee.

The Chair of the CCG's Governing Body shall not be a member of the Committee.

Only members of the committee have the right to attend the Committee meetings.

Other individuals such as the Chief Officer, the HR lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate. They should however not be in attendance for discussions about their own remuneration and terms of service.

4. Quorum

The quorum will be the Remuneration Committee Chair or Vice Chair plus 1 other member of the Remuneration Committee membership

The quorum shall exclude any member affected by a Conflict of Interest. If this has the effect of rendering the meeting inquorate then the Chair shall decide whether to adjourn the meeting to permit the co-option of additional members.

5. Frequency of Meetings and Reporting Arrangements

The Committee will meet at least once a year with clear arrangements for calling meetings at additional times, as and when required, with seven working days' notice. The Committee will

submit its minutes to the next available CCG Governing Body. In addition the Committee will report annually to the Governing Body.

6. Secretarial arrangements

The Corporate Business Manager shall provide secretarial support to the Committee and support the Chair in the management of remuneration business, drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

The agenda for the meetings will be drawn up with the Chair of the Committee.

The agenda and papers for meetings will be distributed one week in advance of the meeting.

The minutes of the meeting will be produced within 10 working days

7. Policy and Best Practice

The Committee will apply best practice in the decision making process. When considering individual remuneration, the committee will comply with current disclosure requirements for remuneration on occasion seek independent advice about remuneration for individuals ensure that decisions are based on clear and transparent criteria.

The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

8. Conduct of the Committee

The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, such as Nolan's seven principles of public life.

The Committee will review its own performance, membership and terms of reference on an annual basis and any resulting changes to the terms of reference will be approved by the Governing Body.

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

9. Review

Date:	<u>May 2019</u>
Version	<u>10</u>
Future Review:	<u>May 2020</u>

Approvals (Conflicts of Interest) Committee

Terms of Reference

1. Authority

The Approvals Committee (the Committee) is established in accordance with NHS South Sefton Clinical Commissioning Group's (the CCG) Constitution, Standing Orders and Scheme of Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Membership

- Deputy Chair (Lay member)
- Chief Officer
- Chief Finance Officer
- Chief Nurse and Quality Officer
- Secondary Care Clinician
- Lay member patient and public involvement

Other representatives will be invited to attend, to provide clinical, procurement or other specialist advice as necessary, at the discretion of the Chief Officer.

3. Responsibilities of the Committee

The role of the Committee will be to provide neutrality in the evaluation and decision making processes relating to the awarding of contracts for commissioned clinical services. It will be made up of non-conflicted members of the Governing Body and its decisions will be noted by the Governing Body.

The Approvals Committee is responsible for ensuring that the CCG applies conflict of interest principles and policies rigorously and provides the CCG with independent advice and judgement where there is any doubt about how to apply them to individual or group cases involving commissioning clinical services.

The Approval Committee's responsibilities are to:

- judge whether or not there is a risk of a conflict of interest existing or arising
- confirm the appropriateness or otherwise of their handling of the matter as the best way to manage the risks.
- to approve the commissioning of clinical services
- provide advice to the CCG governing body as to any other course of action which may be desirable or more appropriate on the matter under consideration

The Committee will operate:

- reactively, when the Chair of a meeting, individual Governing Body member, or South Sefton CCG as a whole seeks advice on a specific issue involving the commissioning of any clinical services,
- proactively, when such a potential Conflict of Interest risk is identified and acts on it.

In either mode, the Approvals Committee will discuss the issue with those involved (and any other relevant party) and issue its written decision, advice or judgement for the Governing Body. The members of the Governing Body, its committees and sub-committees will agree that they will accept the decision advice or judgement of the Committee in such cases.

The existence of the Committee does not preclude the Governing Body / or committee from discussing the appropriateness of certain clinical services or the desirability of significant investment in clinical services. The Committee would assume such informed discussion had taken place prior to items being submitted to it. The Committee does not replace the Governing Body and its committees but works with appropriate information to take the formal decision.

It should be noted that other conflicts of interest may arise that are not around the commissioning of clinical services and such conflicts are not currently proposed to be managed by this Committee.

4. Administration

The Committee Chair and members will be provided with appropriate support in the management of the Committee's business and will have dedicated administrative support.

5. Quorum

The Committee Chair or Vice Chair and at least 3 voting members. If exceptionally, any of the members are conflicted, an additional member will be substituted.

6. Frequency and notice of meetings.

The Committee will meet monthly or as necessary (virtually via teleconference or other means where applicable).

Members shall be notified at least 10 days in advance that a meeting is due to take place. Agendas and reports shall be distributed to members at least 5 working days in advance of the meeting date.

7. Reporting

The Governing Body will receive and note the committee's conclusions and ratified minutes of the Approvals Committee.

8. Conduct

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

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

Date: June 2019

Version Number: 3

Review dates June 2020

MEETING OF THE GOVERNING BODY June 2019

Agenda Item: 19/72	Author of the Paper: Graham Morris, Chair of Audit Committee Governing Body Lay Member, Governance Graham.Morris@southseftonccg.nhs.uk						
Report date: June 2019							
Title: Audit Committee Annual Report 2018/19							
<p>Summary/Key Issues:</p> <p>The work of the Audit Committee, in the sixth financial year in which the CCG has been in existence, continues to provide assurance to the Governing Body:</p> <ul style="list-style-type: none"> i) an effective system of integrated governance, risk management and internal control is in place to support the delivery of the CCG's objectives and that arrangements for discharging the CCG's statutory financial duties are now well established; ii) there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the objective; and iii) ISA260 Audit Highlights Memorandum was reported by Grant Thornton to the May Audit Committee Meeting as part of the Annual Accounts approval process. This will be followed by the publication of the Annual Audit Letter to the Governing Body. 							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">X</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 2019/20

	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton

	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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Audit Committee – 18 th April 2019

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

Audit Committee Annual Report 2018/19

1. Role of the Audit Committee

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

The principal functions of the Committee are as follows:

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

The Audit Committee met 5 times during 2018/19 in April, May (to sign off the accounts), July and October 2018 and in January 2019.

Name	Position	April 18	May 18	July 18	Oct 18	Jan 19
South Sefton Audit Committee Membership						
Graham Morris	Lay Member (Chair)	✓	✓	A	✓	✓
Graham Bayliss	Lay Member (Deputy Chair)	✓	A	✓	✓	A
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A	✓	✓	A	✓
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	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	✓	✓	A
Georgia Jones	Manager, Grant Thornton	✓	✓	A	A	✓

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

- Graham Morris - Lay Member, Governance (Chair)
- Graham Bayliss - Lay Member, Patient Experience & Engagement
- Jeff Simmonds - Secondary Care Doctor

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

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

In carrying out the above work, the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions as required. A number of representatives from external organisations attend to provide expert opinion and support:

- Adrian Poll - Audit Manager MIAA
- Michelle Moss - Local Anti-Fraud Specialist MIAA
- Robin Baker – Director Grant Thornton
- Georgia Jones – Audit manager Grant Thornton

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

2. Internal Audit

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

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

During the year Mersey Internal Audit Agency (MIAA) have reviewed the operations of the CCG, have found no major issues and concluded that overall it has met its requirements. They have reported back on a number of areas. In all cases action plans have been implemented and are being monitored. In all areas reviewed to date '**Significant or High Assurance**', has been reported. There were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the review objective.

The Committee received and approved the Internal Audit Plan 2018/19. Regular progress reports will continue to be provided to each Audit Committee meeting. The Committee also received in April 2019 the Director of Audit Opinion, which stated:

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

3. External Audit

Role - The objectives of the External Auditors are to review and report on the CCG’s financial statements and on its Statement on Internal Control.

In April 2019 (at the time that this report was presented to the Audit Committee), External Audit (Grant Thornton) were in the early stages of their first audit of the CCG’s annual accounts. The ISA260 Audit Highlights Memorandum has been reported to the May 2019 Audit Committee Meeting as part of the Annual Accounts approval process. This will be followed by the publication of the Annual Audit Letter to the Governing Body later in the year.

4. Anti-Fraud Specialist

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

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

5. Regular Items for Review

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

- Losses and special payments;
- Outstanding debts;
- Financial policies and procedures;
- Tender waivers;
- Declarations of interest;
- Self-assessment of Committee's effectiveness;
- Information Governance Toolkit
- Risk Registers

6. Key Items in the Year for Noting

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

- The CCG achieved L2 assurance (91%) satisfactory for its 2017/18 Information Governance Toolkit submission.
- Approved Accounting Policies update.
- 2017/18 Annual Governance Statement noted review that all CCG internal audit reports achieved either Significant or High Assurance.
- 2017/18 Annual report approved, pending final review.
- Audit Committee Terms of Reference reviewed.
- Internal Audit Plan 2018/19 approved.
- Director of Internal Audit Opinion for 2017/18 has been reported as ‘Substantial Assurance’.
- Anti-Fraud Annual Report 2017/18 received – high number of green rated areas, following review of Self Review Toolkit.
- Anti-Fraud Plan 2018/19 approved.
- Reviewed the Losses, Special Payments and Aged Debt reports.
- Received the CCG Assurance Framework benchmarking reported. It was noted that the CCG is ‘green’ rated for performance.
- An update on GP pensions received, noting that further information was requested and that CCG officers had met with some financial advisors to GPs to look to resolve issues.
- NHSE CCG Financial Planning, Control and Governance Self Assurance Template received by the committee.
- CCG Serious Incidents review presented to the committee, noting Substantial Assurance evident from the review.
- CCG Financial Systems Controls review concluded a ‘High Assurance’ level - an improvement from previous year.

7. Conclusions

The Audit Committee remains a key committee of the CCG Governing Body, with significant monitoring and assurance responsibilities requiring commitment from members and support from external parties. In all areas the Audit Committee seeks to assure the CCG Governing Body that effective internal controls are in place and will remain so in the future. In summary, the work of the Audit Committee, in the sixth financial year in which the CCG has been in existence, continues to provide assurance:

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

8. Recommendation

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

Graham Morris
Lay Member - Governance
NHS South Sefton CCG

Appendix 1: Director of Audit's Opinion 2018/19

1. Introduction

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist the Governing Body in the completion of its Annual Governance Statement (AGS), along with considerations of organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

This opinion is provided in the context that the CCG like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.

2. Executive Summary

This annual report provides the 2018/19 Head of Internal Audit Opinion for South Sefton CCG, together with the planned internal audit coverage and output during 2018/19 and MIAA Quality of Service Indicators.

Key Area	Summary
Head of Internal Audit Opinion	The overall opinion for the period 1 st April 2018 to 31 st March 2019 provides Substantial Assurance , that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Planned Audit Coverage and Outputs	<p>The 2018/19 Internal Audit Plan has been delivered in accordance with the schedule agreed with the Audit Committee at the start of the financial year, including approved plan variations. This position has been reported within the progress reports across the financial year.</p> <p>Review coverage has been across governance and leadership, financial performance and financial sustainability, quality, workforce and information and technology.</p> <p>We have raised 8 recommendations as part of the reviews undertaken during 2018/19. All recommendations raised by MIAA have been accepted by management. MIAA has continued to undertake follow up reviews during the course of year.</p>
MIAA Quality of Service Indicators	MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA, provides assurance of MIAA's compliance with the Public Sector Internal Audit Standards.

3. Head of Internal Audit Opinion

3.1 Roles and responsibilities

The whole Governing Body is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Governing Body, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievements of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below. The outcomes and delivery of the internal audit plan are provided in Section 4.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Governing Body takes into account in making its AGS.

3.2 Opinion

Our opinion is set out as follows:

- *Basis for the opinion*
- *Overall opinion*
- *Commentary*

3.2.1 Basis

The basis for forming our opinion is as follows:

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

3.2.2 Overall Opinion

Our overall opinion for the period 1st April 2018 to 31st March 2019 is:

High Assurance, can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.	
Substantial Assurance , can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.	✓
Moderate Assurance, can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.	
Limited Assurance, can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk.	
No Assurance, can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the organisation's objectives.	

3.3.3 Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Our opinion covers the period 1st April 2018 to 31st March 2019 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Assurance Framework

The organisation's Assurance Framework to meet the NHS requirements, is visibly used by the Governing Body and clearly reflects the risks discussed by the Governing Body.

Conflicts of Interest

As required by NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2017), an audit of conflicts of interest was completed following the prescribed framework issued by NHS England. The following compliance levels were assigned to each scope area:

Scope Area	Compliance Level	RAG rating
1. Governance Arrangements	Fully Compliant	●
2. Declarations of interests and gifts and hospitality	Fully Compliant	●
3. Register of interests, gifts and hospitality and procurement decisions	Fully Compliant	●
4. Decision making processes and contract monitoring	Fully Compliant	●
5. Reporting concerns and identifying and managing breaches / non compliance	Fully Compliant	●

Risk Based Reviews

We issued

3 high assurance opinions:	<ul style="list-style-type: none"> Provider Contract Management Key Financial Controls Budgetary Control
3 substantial assurance opinions:	<ul style="list-style-type: none"> Serious Incidents Risk Management Data Security & Protection
0 moderate assurance opinions:	N/A
0 limited assurance opinions:	N/A
0 no assurance opinions:	N/A

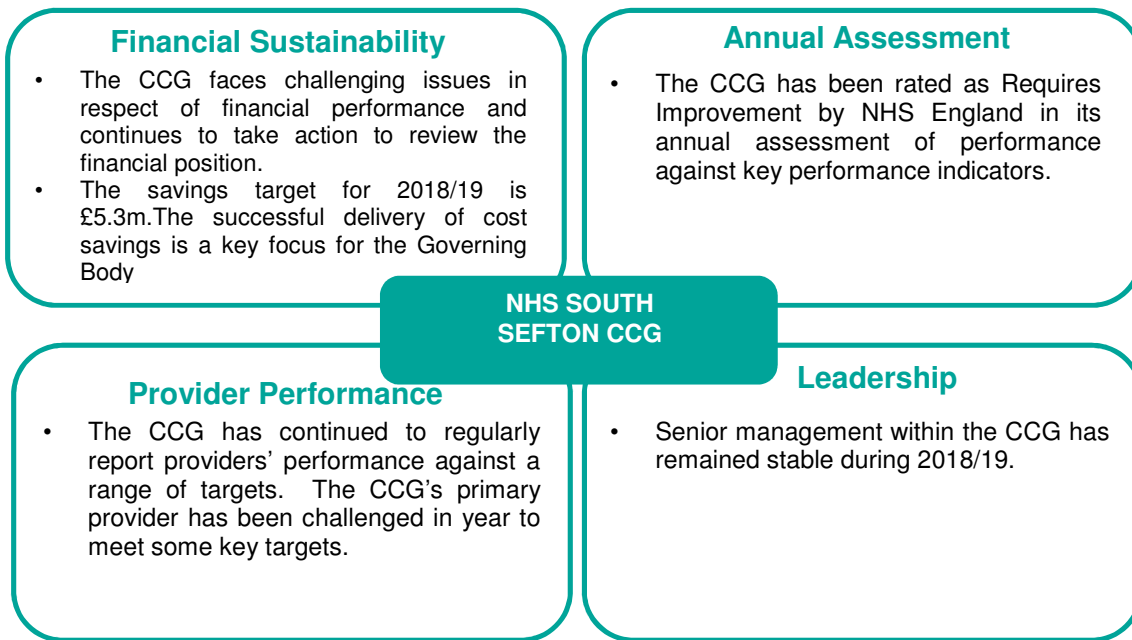
We raised no critical or high risk recommendations in respect of the above assignments.

Follow Up

During the course of the year we have undertaken follow up reviews and can conclude that the organisation has made **good progress** with regards to the implementation of recommendations. We will continue to track and follow up outstanding actions.

Wider organisation context

This opinion is provided in the context that the Governing Body like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.



The CCG is part of the Cheshire & Mersey Health and Care Partnership, working in partnership to deliver transformation across the region.

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

Tim Crowley

Head of Internal Audit, MIAA
March 2019

MEETING OF THE GOVERNING BODY June 2019

Agenda Item: 19/73	Author of the Paper: Andy Woods Senior Governance Manger andrew.woods@southseftonccgg.nhs.uk 07825111596
Report date: June 2019	

Title: Annual Equality Report including Equality Delivery Systems 2 and Equality Objective plan

Summary/Key Issues:

The CCG has produced an annual Equality & Diversity Report 2018 (Appendix A) which sets out how the CCG has been demonstrating 'due regard' to their Public Sector Equality Duty (PSED) and will provide evidence for meeting the Equality Acts 2010 Specific Duties, to: publish Equality Information annually; set Equality Objectives and implement the Equality Delivery Systems 2 (EDS2), which forms part of the NHS England assurance requirements for CCGs.

The report highlights progress and completion against the Equality Objective Plan for 2016-2019 (Annual report section three, appendix two) the new revised Equality Objectives 2019 to 2021 (Appendix B) and outlines the CCG's approach to implementing the Equality Delivery Systems 2 (EDS2) toolkit in close collaboration with other Merseyside CCGs and all NHS Providers who operate within Merseyside, in line with the vision outlined in the Five Year Forward View and NHS Long term Plan.

Recommendation

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

The Governing Body is asked to:

- a) **Receive** the Equality and Diversity Annual Report (Appendix A)
- b) **Receive** CCGs approach to Equality Delivery Systems 2 assessment, (Annual Report section 2, and Appendix 1)
- c) **Receive** progress and completion of 2016 to 2019 Objectives Plan (Annual Report section 3 –and Appendix 2).
- d) **Receive** the Workforce Equality Plan (which was monitored and considered by the Finance & Resource Committee including CCG's work around the workforce Race Equality Standard (Annual Report section 5 and Appendix 4)
- e) **Approve** the refreshed Equality Objective Plan 2019- 2021(Appendix B)

Links to Corporate Objectives 2019/20	
X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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			EDS 2 implementation involved engagement with a range of national and local stakeholders.
Clinical Engagement				
Equality Impact Assessment	x			The report outline how the CCG has paid due regard to the Public Sector Equality Duty.
Legal Advice Sought				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees				

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

Report to Governing Body June 2019

1. Executive Summary

The CCG has produced an annual Equality & Diversity Report 2018/19 (Appendix A) which sets out how the CCG has been demonstrating 'due regard' to their Public Sector Equality Duty (PSED) and will provide evidence for meeting the Equality Acts 2010 Specific Duties, to: publish Equality Information annually; set Equality Objectives and implement the Equality Delivery Systems 2 (EDS2) toolkit (Appendix C), which forms part of the NHS England assurance requirements for CCGs.

The report highlights progress and completion against the Equality Objective Plan for 2016-2019 (Annual report section three, appendix two) the new revised Equality Objectives 2019 to 2021 (Appendix B) and outlines the CCG's approach to implementing the Equality Delivery Systems 2 (EDS2) toolkit in close collaboration with other Merseyside CCGs and all NHS Providers who operate within Merseyside, in line with the vision outlined in the Five Year Forward View and NHS Long term Plan.

This report introduces the NHS South Sefton CCG's (SSCCG) Equality and Diversity (E&D) Annual Report (Appendix A) and the governing body are asked to pay particular attention to:

- The CCGs approach to and feedback in relation to, the Equality Delivery System2 (EDS2), (Annual report, section two).
- Progress and completion against the three years Equality Objectives Plan (Annual Report, section three)
- Approve the refreshed Equality Objective Plan (Appendix B)

2. Introduction and Background

2.1 ANNUAL EQUALITY & DIVERSITY REPORT 201819 (Appendix A)

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

3. Key Issues

3.1 EQUALITY DELIVERY SYSTEMS 2

The CCG adopted the Equality Delivery System (EDS2) toolkit as its performance toolkit to support the NHS England Assurance process on equality and diversity. The CCG's grades can be viewed in *Appendix A section two*. The CCGs performance and grades have progressed incrementally over the last six years to 'achieving' status across twelve outcome areas and 'developing' status across all other outcomes. Caution should always applied to performance

managing equality performance as health inequalities across the north of England are poor and PSED is an anticipatory duty and always applies to SSCCG as and when it makes commissioning decisions that impact on patients.

The CCG has led on implementing EDS 2 across Merseyside. All Merseyside Clinical Commissioning Groups and all the main NHS providers (The Merseyside Equality Collaborative) who operate within the sub region have worked collaboratively to implement the toolkit in an innovative and integrated way across the area. Over the last 19 months all partners have worked closely with a range of stakeholders who represent the interests of people who share protected characteristics at a national, regional and local level to ensure that Merseyside identifies 'barriers' that impact on access and unequal outcomes and is able to address and mitigate these collectively across the area via the development of revised and integrated equality objectives (Appendix B).

3.2 EQUALITY OBJECTIVE PLAN

The CCG developed and agreed equality objective plan in 2016. These actions have now been completed and for assurance purposes can be viewed in the Annual report section 3, Appendix 2. As a direct result of the EDS2 collaborative outlined above, SSCCG has significantly revised their equality Objectives plan 2019 to 2021 (Appendix B). Outstanding actions from the previous plan have been incorporated into the new plan. This revised plan will enable the CCG and the services they commission to mitigate poor access and health inequalities in an integrated way.

Key progress and highlights against our Equality Objectives over the past year include:

- 1) Continuing to monitor Equality and Diversity compliance across all key NHS providers through the quality contract schedule.
- 2) The duty to carry out Reasonable Adjustments (Equality Act 2010) to support better access and outcomes for disabled people and frail elderly is often misunderstood and is also being addressed via contract monitoring and collaborative work between providers of secondary and community services and primary care. A task and finish group across the collaborative is developing a Merseyside wide standard operating procedure and action plan for implementation.
- 3) The development of local Translation and Interpretation Quality Standards to remove variation and poor outcomes for people whose first language is not English or people who communicate via British Sign Language etc. These standards will be incorporated into NHS secondary and community care provider contracts during 2019. The standards are currently being consulted on by key community stakeholders and other key parties including NHSE.
- 4) An equality information and communication strategy has been drafted to specifically support SSCCG GPs to implement Translation and Interpretation best practice standards, Accessible Information Standards and Reasonable Adjustments. The strategy has been welcomed and agreed in a number of committees and forums including the joint primary care committee with NHS England. The CCG has full delegated responsibility from April 2019.
- 5) Merseyside CCGs are working closely with NHS providers on improving transparency and decision-making during the unprecedented financial and demographic challenges faced by the NHS. There has never been more pressure on the system to change and adapt and it's important that 'due regard' is given to the Public Sector Equality Duty (PSED) and the duty to reduce health inequalities is met; The CCG has supported key NHS Providers to improve performance over the last year, but there is still work to do.

- 6) The development of a Transgender pathway via the Cheshire Merseyside Gender Identify Collaborative (CMAGIC). CMAGIC is a multifaceted collaboration between clinicians and patients involved in the support and care of Transgender individuals within the Cheshire and Mersey area, established by South Sefton CCG and Southport and Formby CCG. The pathway is currently being considered as a national pilot by NHS England and a bid to extend the pathway across the Cheshire & Merseyside Health and Care Partnership is supported by Chief Executive Officers from all Merseyside CCGs and from Mersey Care NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust.
- 7) A Deaf access engagement event organised by the Liverpool CCG engagement team highlighted a range of issues and poor outcomes for people not being able to move smoothly from one service to another across physical health and mental health services. Liverpool CCG has developed a strategic plan to improve access to health services for D/deaf people across Merseyside and all CCGs and providers are reporting progress regularly.
- 8) The link between the lack of cultural sensitivity/understanding diversity and the impact this has on patient safety and experience has been explored over the year and a range of work streams have been developed to improve outcomes.
- 9) The CCG's Equality and Inclusion specialist continues to work closely with Black Asian and Minority Ethnic (BAME) communities via the Merseyside wide meeting to ensure the service is supporting access and outcomes for the BAME population.

4 Conclusions

4.1 CONCLUSION RISK AND NEXT STEPS

Despite progress being made by SSCCG in terms of meeting PSED there is still key work that needs to be progressed and these are outlined in the annual report and revised Equality Objective Plan. Unprecedented pressures facing the NHS coupled with increasing health inequalities across the North West mean it is essential that SSCCG pays 'due regard' to its legal duties prior to making commissioning decisions. Furthermore it is of paramount importance that NHS providers and emerging decision making structures across the NHS system are cognisant of their legal obligations to eliminate discrimination, advance equality of opportunity (Equality Act 2010) and reduce health inequalities (Health and Social Care Act 2012).

By receiving the Annual Report and Equality Objective Plan the CCG will continue to meet its specific duties to publish equality information and develop equality objectives.

The SSCCG's Annual Report, Equality Objectives Plan and EDS 2 summary report will be published on the CCG website where it can be accessed by external stakeholders, patients and communities.

5 Recommendations

The Governing Body is asked to:

- a) **Receive** the Equality and Diversity Annual Report (Appendix A)
- b) **Receive** CCGs approach to Equality Delivery Systems 2 assessment, (Annual Report section 2, and Appendix 1)
- c) **Receive** progress and completion of 2016 to 2019 Objectives Plan (Annual Report section 3 –and Appendix 2).
- d) **Receive** the Workforce Equality Plan (which was monitored and considered by the Finance & Resource Committee including CCG’s work around the workforce Race Equality Standard (Annual Report section 5 and Appendix 4)
- e) **Approve** the refreshed Equality Objective Plan 2019- 2021(Appendix B)

6 Appendices

Appendix A: Equality & Diversity Report 2018-2019

Appendix B: Equality Objectives 2019 to 2021

Andy Woods
Senior Governance manager
June 2019

NHS South Sefton CCG
EQUALITY & DIVERSITY ANNUAL
REPORT
2018-2019

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Foreword

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

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

Graham Bayliss, South Seftons CCG's Lay Member for Patient and Public Engagement

1.0 Introduction

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

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

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

This document outlines the CCG's approach to embedding Equality & Diversity within the organisations via the Equality Delivery Systems 2 (EDS 2) toolkit, setting Equality Objectives, monitoring the equality performance of our key NHS providers, ensuring our workforce are supported and engaged and that we have robust processes in place to consider our Public Sector Equality Duty (PSED)¹ when we are making commissioning decisions.

1. 'Due regard' and equality analysis reports

"Due regard" is a legal requirement and means that the Governing Body of the CCG has to give *advanced* consideration (consider the equality implications of a proposal before a decision has been made) to issues of 'equality and discrimination' before making any

¹ Equality Act 2010- section 149

commissioning decision or policy that may affect or impact on people who share protected characteristics. It is vitally important to consider equality implications as an integral part of the work and activities that the CCG does.

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

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

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

SSCCG is becoming stronger at developing and delivering Equality Analysis reports and linking them to the current change programmes but more work is required as NHS nationally and locally is facing unprecedented financial and demographic challenges and widening health inequalities outlined in the Five year Forward View and NHS Long Term Plan.

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

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

2.0 Equality Delivery Systems (EDS2)

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

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

protected characteristics. The grading's available are as follows:

Undeveloped if there is no evidence one way or another for any protected group of how people fare and there is no evidence to address and mitigate poor access and/or outcomes

Developing: the organisation has evidence and plans that it is addressing and mitigating poor access and /or outcomes against 3 to 5 protected characteristics.

Achieving: the organisation has evidence and plans that it is addressing and mitigating poor access and /or outcomes against 6 to 8 protected characteristics.

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

2.1 The local approach to EDS 2

All Merseyside Clinical Commissioning Groups and all the main NHS providers from across Merseyside have worked collaboratively (Merseyside Equality Collaborative) to implement the toolkit in an innovative and integrated way across the area. Over the last 19 months all partners have worked closely with a range of stakeholders who represent the interests of people who share protected characteristics at a national, regional and local level to ensure that this system for NHS organisations in Merseyside identifies 'barriers' that impact on access and unequal outcomes and is able to address and mitigate these collectively across the area.

The Merseyside equality collaborative engaged with stakeholders in a number of ways via one-to-one meetings, workshops, interviews, briefings and research with a range of organisations and stakeholders including but not exclusively: Healthwatch Sefton, Young Ambassadors YPAS, The Race Equality Foundation, Merseyside Society for Deaf, Savere UK, Deafness Resource Centre, Mind, Scope, RNIB, In Trust Merseyside, Age UK, Black Minority Ethnic Community Development Service. The aim of the engagement exercise was to ensure the organisations understood the 'barriers' communities across protected characteristics face to enable the CCG to improve access and outcomes during these unprecedented challenging times. NHS Providers who operate within the sub region and neighbouring CCGs will also be working towards progressing work against the same issues and barriers across the system.

All NHS organisations within Merseyside recognises that patients and staff who share certain protected characteristics are less likely to complain, complete NHS surveys or access community networks to provide their feedback. The work of the collaborative and the level of engagement with stakeholders will ensure that the entrenched barriers communities face in relation to accessing healthcare services are understood and mitigated overtime. Meeting and understanding the needs of people is essential to remove disadvantage and advance equality of opportunity, so we will continue to endeavour to address these issues through mainstream plans, changing service specifications, the way we monitor our NHS providers, business plans and strategies, procurement activity, contract monitoring and

discussions with key partners including NHS England, and community, voluntary and faith sectors.

The EDS2 findings identified a range of actions for CCG's new Equality Objective Plan (2019 to 2023).

The EDS2 assessment for the CCG can be viewed at **Appendix 1**. The CCGs performance and grades have progressed incrementally over the last six years to 'achieving' status across fifteen outcome areas and 'developing' status across all other outcomes. However, caution should always applied to performance managing equality performance as health inequalities across the north west of England are widening and PSED is an anticipatory duty and always applies to SSCCG as and when it makes commissioning decisions that impact on patients.

The CCG will be continue working closely on implementing EDS2 over 2019/20 with other Merseyside CCGs and key providers including: Mersey Care NHS Foundation Trust, Alder Hey NHS Foundation Trust, Aintree University Hospital NHS Foundation Trust, Royal Liverpool and Broadgreen University Hospital NHS Trust, Liverpool Heart and Chest Hospital NHS Foundation Trust, The Walton Centre NHS Foundation Trust, Clatterbridge Cancer Care NHS Foundation Trust, Southport & Ormskirk NHS Trust, St Helens and Knowsley Teaching Hospitals NHS Trust, Bridgewater Community Health NHS Foundation Trust, Lancashire Care NHS Foundation Trust.. This innovative approach will ensure that all organisations are addressing the needs of the population in an integrated and sustainable way.

Please note: Caution should always be applied to EDS2 performance managing and grading equality, as PSED is an anticipatory duty and always applies to SSCCG as and when it makes commissioning decisions.

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

The CCG developed and agreed equality objective plan in 2016. These actions have now been completed and for assurance purposes can be viewed in **Appendix 2**. As a direct result of the EDS2 collaborative, SSCCG has significantly refreshed a new Equality Objective plan (2019-2023). This revised plan will enable the CCG to address barriers through mainstream plans including - changes to specifications, business plans and strategies, improving procurement activity and processes, changing quality contract monitoring and enabling improved information and intelligence exchange with key partners including NHS England, the Local Authority and Community, Voluntary and Faith Sector.

The CCG's current equality objectives are:-

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

Key progress and highlights against our Equality Objectives over the past year include:

- 1) Continuing to monitor Equality and Diversity compliance across all key NHS providers through the quality contract schedule.
- 2) The duty to carry out Reasonable Adjustments (Equality Act 2010) to support better access and outcomes for disabled people and frail elderly is often misunderstood and is also being addressed via contract monitoring and collaborative work between providers of secondary and community services and primary care. A task and finish group across the collaborative is developing a Merseyside wide standard operating procedure and action plan for implementation.
- 3) The development of local Translation and Interpretation Quality Standards to remove variation and poor outcomes for people whose first language is not English or people who communicate via British Sign Language etc. These standards will be incorporated into NHS secondary and community care provider contracts during 2019. The standards are currently being consulted on by key community stakeholders and other key parties including NHSE.
- 4) An equality information and communication strategy has been drafted to specifically support South Sefton GPs to implement Translation and Interpretation best practice standards, Accessible Information Standards and Reasonable Adjustments. The strategy has been welcomed and agreed in a number of committees and forums including the joint primary care committee with NHS England. The CCG has full delegated responsibility from April 2019.
- 5) Merseyside CCGs are working closely with NHS providers on improving transparency and decision-making during the unprecedented financial and demographic challenges faced by the NHS. There has never been more pressure on the system to change and adapt and it's important that 'due regard' is given to the Public Sector Equality Duty (PSED) and the duty to reduce health inequalities is met;
- 6) The development of a Transgender pathway via the Cheshire Merseyside Gender Identify Collaborative (CMAGIC). CMAGIC is a multifaceted collaboration between clinicians and patients involved in the support and care of Transgender individuals within the Cheshire and Mersey area, established by South Sefton CCG and Southport and Formby CCG. The pathway is currently being considered as a national pilot by NHS England and a bid to extend the pathway across the Cheshire & Merseyside Health and Care Partnership is supported by Chief Executive Officers from all Merseyside CCGs and from Mersey Care NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust.
- 7) A Deaf access engagement event organised by the Liverpool CCG engagement team highlighted a range of issues and poor outcomes for people not being able to move smoothly from one service to another across physical health and mental health services. Liverpool CCG has developed a

strategic plan to improve access to health services for D/deaf people across Merseyside and all CCGs and providers are reporting progress regularly.

- 8) The link between the lack of cultural sensitivity/understanding diversity and the impact this has on patient safety and experience has been explored over the year and a range of work streams have been developed to improve outcomes.
- 9) The CCG's Equality and Inclusion specialist continues to work closely with Black Asian and Minority Ethnic (BAME) communities via the Merseyside wide meeting to ensure the service is supporting access and outcomes for the BAME population.

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

During the year SSCCG collaborated with neighbouring CCGs to ensure that contracts with key local NHS providers include requirements to achieve and improve equality and diversity standards.

Providers over 2018/19 were expected to:

- Show evidence that they have implemented the Accessible Information Standard
- Show and demonstrate progress against their Smart Equality Objectives Plan
- Complete an EDS assessment and worked as part of the collaborative
- Provide evidence of compliance with Equality Act 2010 specific duties (including the Workforce Race Equality Standard)
- Only take decisions about service redesign after an equality analysis or equality impact assessment has been carried out to demonstrate due regard of the PSED
- Provide data on the use of translation and interpretation services
- Improve and develop awareness of how to provide reasonable adjustments

EDS2 grades can be viewed in **Appendix 3**. It is expected as a direct result of implementing EDS 2 across the collaborative that Aintree University Hospital NHS Foundation Trust,, Liverpool Heart and Chest Hospital NHS Foundation Trust and Alder Hey NHS Foundation Trust will improve their EDS grade and performance over the next few months.

Overall provider compliance from quarter one to three can be viewed in **Appendix 4**. The CCG has developed a provider collaborative across all Merseyside providers and this group intends to work collectively on a number of key areas including making reasonable adjustments and improving decision making and governance arrangements around meeting its legal duties. The collaborative approach and robust contract monitoring has improved provider performance and this can be viewed in Appendix 4.

5.0 Equality & Diversity and the Workforce

The CCG is committed to developing a representative and supported workforce and we specifically consider equality and diversity for our staff. We are supported by our CSU human resource team to ensure our policies are equality impact assessed. We aim to ensure that we have fair and equitable employment and recruitment practices as well as holding up to date information about the CCG's workforce. Our Finance and Resource Committee will receive our Workforce Equality and diversity plan in **Appendix 4** below and this will ensure we are cognisant of Equality Duties and our Workforce Race Equality Standard and that our relevant committees scrutinise the data available to them and ensure we value diversity and advance equality of opportunity for our staff.

The CCG is working closely with all NHS providers across Merseyside and has already begun to undertake positive action initiatives in response to Workforce Race Equality Standard (WRES) and poor outcomes for staff associated with sexual orientation, transgender and disability. The group intend to share staff support network opportunities and work with local communities to support increases in representation in the workforce.

5.1 Workforce and EDS 2

A key part of our EDS 2 (Goal 3) assessment focuses on our workforce. These grades can be viewed in **Appendix 1**, below. Information and evidence that feeds into our performance are measured on staff survey results, WRES findings and work against our E&D workforce plan.

5.2 Staff Training

Staff working within the CCGs undertake annual equality and diversity training. The training is designed not only as an introduction to diversity and cultural awareness, but also as a practical guide to making our organisational culture an inclusive one. It combines a focus on personal and organisational beliefs, values and behaviours and the impact they have in our interactions at workplace, internally and externally. Furthermore all our staff within the CCG including commissioning programme leads, contract and procurement staff, finance, governing body members within the CCG has received specific training and or support on Equality Acts 2010, Public Sector Equality Duty compliance, specifically during these unprecedented financial challenging times. Governing Body training and supporting commissioning staff to meet their legal obligations is a key equality objective for 2019/2020

6.0 Governance and accountability

The Interim Programme Lead - Corporate Services will be directly responsible to the Senior Management Team and Governing Body of the CCG for providing the necessary information

on progress and compliance to the PSED as part of their update on equality and diversity, which is planned into the Governing Body reporting and meeting cycle. The Finance & resource Committee and the The Engagement and Patient Experience **Group (EPEG)** Committee will receive annual updates and assurance reports on equality and diversity. The Corporate Governance meeting receives quarterly updates against the equality Objective plan.

7.0 Conclusion

The CCG will continue to strive to ensure that the services the CCG commission are accessible to all. During the last twelve months we have made good progress around equality & diversity, developing new and building on existing relationships with groups and individuals who share and represent the interests of protected characteristics. This year's EDS2 exercise has allowed us to fully improve our understanding of what barriers certain communities face and enabled us tackle the issues collaboratively across the system through mainstream processes and plans in a truly integrated way. We have developed a refreshed Equality Objective Plan that focuses' on the internal processes we need to improve and the actions we need to undertake to tackle barriers and disadvantages certain communities face. The CCG has developed a Workforce Equality & Diversity Plan which aims to build on the solid foundations that are already in place. The CCG will continue to engage with the population and staff as a whole and continue to develop strong links with members of the population and groups who represent the interests of people who share protected characteristics and ensure that their views are built into the services we commission or the policies we develop.

However despite progress being made by SSCCG in terms of meeting PSED there is still key work that needs to be done and these are outlined in the annual report (section one) and revised Equality Objective Plan. Unprecedented pressures facing the NHS coupled with increasing health inequalities across the North West mean it is essential that SSCCG pays 'due regard' to its legal duties prior to making commissioning decisions. Furthermore it is of paramount importance that NHS providers and emerging decision making structures across the NHS system are cognisant of their legal obligations to eliminates discrimination, advance equality of opportunity (Equality Act 2010) and reduce health inequalities (Health and Social Care Act 2012).

The CCG will continue to monitor its progress against the action plan and report annually and openly on the development of this work and activity.

APPENDIX 1 SOUTH SEFTON CCG EDS 2 GRADES AND OUTCOMES

NHS South Sefton CCG EDS2: The Goals and Outcomes	Current Grade Status	Grade status 2018-2019
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			2017/18	
Goal	Number	Description of outcome		
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	Achieving
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	Achieving
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing	Achieving
	1.4	When people use NHS services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	Developing	Achieving
	1.5	Local health information and communications reach communities	Achieving	Achieving
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing	Achieving
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing	Achieving
	2.3	People report positive experiences of the NHS	Developing	Developing
	2.4	People's complaints about services are handled respectfully and efficiently	Developing	Achieving
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Achieving
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving	Achieving
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Developing	Developing
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Achieving
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing	Achieving
	3.6	Staff report positive experiences of their membership of the workforce	Developing	Achieving
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing	Developing
	4.2	Papers that come before decision makers and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing	Achieving

4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Achieving

APPENDIX 2 NHS South Sefton CCG Equality Objective Plan 2016-2019

The CCGs current equality objectives are:-

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

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

Protected Characteristic	Key Issue and Barrier Identified	Action and Activity	Responsible Officer	Date	EDS Outcome PSED CCG Equality Objective
Race	Language and cultural barriers	Consider implementation of the new NHS England Translation and Interpretation (T&I) Framework for primary care when it is launched in 2016/17	Chief Delivery and Integration Officer	Closed. NHSE have not produced the standard. Local interpretation guidance developed	1.1, 1.2,1.3, 1.4, 1.5, 2.1, 2.2, 2.3, 2.4 Eliminate Discrimination Advance Equality Of Opportunity
		Develop a local T&I Policy and awareness raising programme for the CCG and Primary Care (and cross-reference with the NHS England guidance when received).	Senior Governance manager & Chief Delivery and Integration Officer & Head of communications and engagement	March 2018 Completed Next stage of implementation is included revised equality objective plan	Equality Objectives 1,2,3

	Identify relevant data that can support the CCG to measure T&I usage in Primary Care	Senior Governance manager & Primary care lead	July 2017 completed	
	Ensure key secondary care providers continue to report on T&I usage as set out in the Quality Contract Schedule 2016/17	Chief Nurse	Completed – on going	
	CCG to consider developing a Bilingual Volunteer project to provide non- clinical T&I support to the CCG and partners	Senior Governance manager & Chief Delivery and Integration Officer	December 2019 In Progress And reviewed and included into new equality Objective plan	

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

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

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

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

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

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

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

	process				Opportunity Foster Good Community Relations Equality Objectives 1,2,3,4
All Protected Groups	Human resources and workforce	Develop an Equality Workforce Plan in conjunction with CSU HR Business Partners to be ratified and approved at CCG HR Committee	CSU Business Partner	Completed	3.1,3.2,3.3,3.4,3.5,3.6 Eliminate Discrimination Advance Equality of Opportunity Foster Good Community relations Equality Objective 4
		Embed and implement the Workforce Race Equality Standard	Governance manager &	April 2016 and	Equality Objective 4

			Chief Delivery and Integration Officer CSU HR Business Partner	repeated in line with NHSE guidance Completed	Advance equality of Opportunity
All Protected Groups		Ensure EDS2 approach and plans are embedded into the refreshed Communications and Engagement Plans & activity	Communication and Engagement Manager & Chief Delivery and Integration Officer	November 2017 Completed	Equality Objectives 1,2,3,4 All PSED 1.1,1.2,2.1,4.2

	Ensure that Governing Body, and other key decision- making panels (including Individual Funding Requests) and programme leads receive the appropriate level of E&D training	Senior Governance Manager & Governance manager & Chief Delivery and Integration Officer	March 2018 Completed Next stage of implementation is included in revised equality objective plan
	Develop guidance to support the CCG to pay due regard to PSED for difficult commissioning decisions, including reductions in service and cessations	Senior Governance Manager & Governance manager & Chief Delivery and Integration Officer Chief Operating Officer	June 2016 Completed

		Continue to monitor and improve the equality performance of providers	Senior Governance Manager & Chief Nurse	Completed Next stage of implementation is included in revised equality objective plan	

	Continue to work closely with NHS provider's Equality Leads through the NHS Equality Leads Provider Forum to improve access and outcomes for protected groups	Senior Governance Manager	March 2018 Completed Next stage of implementation is included in revised equality objective plan	
	Ensure governance and decision-making committee templates are reviewed to meet Equality Act 2010 requirements	Senior Governance Manager &	March 2019 Completed Next stage of implementation is included in revised equality objective plan	

		Develop guidance and support embedding the Equality Act requirements and Fair Consultation principles into consultation and engagement activity	Senior Governance Manager & Head of Communication & Engagement	March 2019 Completed Next stage of implementation is included in revised equality objective plan	
		Embed comprehensive Equality Analysis into the CCG's key Projects and redesign Programme Management Process and Quipp	Senior Governance Manager & Chief Operating Officer	March 2017 Completed	

APPENDIX 3 Key NHS Provider EDS 2 grades

Goal	Number	Liverpool Womens	Aintree	Alder Hey	Mersey Care	Liverpool Heart & Chest	Royal Liverpool
Better health outcomes	1.1	Achieving	Developing	Developing	Achieving	Developing	Excelling
	1.2	Achieving	Developing	Developing	Achieving	Developing	Achieving
	1.3	Developing	Developing	Excelling	Achieving	Developing	Achieving
	1.4	Achieving	Developing	Developing	Achieving	Developing	Achieving
	1.5	Achieving	Developing	Developing	Achieving	Developing	Achieving
Improved patient access and experience	2.1	Achieving	Developing	Developing	Achieving	Developing	Excelling
	2.2	Achieving	Developing	Developing	Achieving	Developing	Achieving
	2.3	Achieving	Developing	Developing	Achieving	Achieving	Achieving
	2.4	Achieving	Developing	Developing	Achieving	Achieving	Achieving
A representative and supported workforce	3.1	Achieving	Developing	Achieving	Achieving	Developing	Achieving
	3.2	Achieving	Developing	Achieving	Achieving	Achieving	Achieving
	3.3	Developing	Developing	Developing	Achieving	Developing	Excelling
	3.4	Developing	Developing	Achieving	Achieving	Developing	Excelling
	3.5	Achieving	Developing	Developing	Achieving	Developing	Achieving

	3.6	Achieving	Developing	Achieving	Achieving	Developing	Developing
Inclusive leadership	4.1	Developing	Developing	Achieving	Achieving	Developing	Excelling
	4.2	Developing	Developing	Developing	Achieving	Developing	Excelling
	4.3	Developing	Developing	Achieving	Achieving	Developing	Achieving

APPENDIX 4 Provider performance Q1 to Q3

Key

No evidence submitted- validation not complete.	
Not Compliant	

Provider	RA_01 Service Changes and Redesign PART A The Provider will submit 3 service redesign proposals between Q1 and Q3				RA_01 Service Changes and Redesign PART B The Provider will submit 3 high risk CIP proposals between Q1 and Q3				RA_02 Information Standards Compliance PART A The Provider will submit an Accessible Information Standard Implementation/ Action Plan and updates against the plan at the end of Quarter 3.				RA_02 Information Standards Compliance PART A The Provider will submit a Reasonable Adjustments Implementation/ Action Plan and updates against the plan at the end of Quarter 3.				RA_03 Equality Specific Duties The Provider will submit a website link to the Annual Equality and Diversity Report at the end of Quarter 4.			
Aintree University Hospital	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Alder Hey	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Clatterbridge	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Liverpool Heart and Chest	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Liverpool Women's Hospital	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Mersey Care Mental Health Contract	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Mersey Care Community Contract	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
The Royal Liverpool University Hospital	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Walton Centre	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

Compliant	
Not Applicable/ No evidence Required	
Subject to Immediate Action Plan	

APPENDIX 5

South Sefton CCGs Workforce Equality and Diversity Plan 2018 2019 (updated March 2019).

Task	Associated Actions	Outcomes	Owner(s)	Completion Date	EDS Comparator
Annual completion of NHS Workforce Race Equality Standard (WRES)	1. Implement and embed the 9 national Workforce Race Equality Standard indicators as per NHS England guidance.	Eliminate Discrimination Advance equality of opportunity	HRBP and Merseyside Equality and Inclusion Lead	WRES report to Finance and resource Committee in July 2019	3.1
	2. Establish conditions for Positive Action.				3.3 3.4 3.6 4.1 4.3
Development of a pan Mersey approach to Positive Action initiatives allowed under the Equality Act 2010	1. Monitor performance of HR policies against the Public Sector Equality Duty to establish baseline.	Challenge barriers if data/evidence identifies them	HRBP and Merseyside Equality and Inclusion Lead	Plan to be ready by March 2020	3.2
		Advance equality of opportunity.			3.5 3.1 3.3 3.5 4.1 4.3

<p>by the Equality Leads Collaborative Forum</p>	<ol style="list-style-type: none"> 2. Identify trends from CCG data. 3. Establish conditions for Positive Action. 4. Utilise WRES and staff results and feedback. 5. Work on WRES data across all NHS Merseyside providers and develop initiatives, including staff support and research. 6. Work closely with Cheshire and Merseyside EDI Steering Group to promote Positive Action initiatives across the Cheshire & Merseyside Health and Care 				
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	Partnership System. 7. Development of staff support offer for CCG staff across Merseyside				
Implementation of the Workforce Disability Equality Standard (WDES) as per NHS England guidance.	Prepare for the implementation of the WDES, to include familiarisation with proposed national KPIs. Inclusion of KPI in quality contract schedule to monitor and support providers organisations	Eliminate Discrimination Advance equality of opportunity	HRBP and Merseyside Equality and Inclusion Lead	Dependent on national timescale (provisional WDES launch date expected to be Autumn 2019)	3.1 3.3 3.4 3.6 4.1 4.3

APPENDIX B

EQUALITY OBJECTIVE PLAN 2019 – 2021 (refreshed 2020)

The CCGs current equality objectives are:-

1. To make fair and transparent commissioning decisions
2. To improve access and outcomes for patients and communities who experience disadvantage
3. To improve the equality performance of our providers through collaboration and partnership working
4. To empower and engage our workforce

Protected characteristic	The barriers and issue at play (as identified by EDS2 collaborative engagement)	Action	Responsible officer	Time and date of completion	EDS Outcome PSED CCG Equality Objective
Disability	Poor access to services and poor outcomes	Ensure the CCG works closely with providers and General practice to progress the D/deaf access action plan.	Interim Programme lead- corporate Services	December 2021	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3 Advance Equality of opportunity and eliminate discrimination
		Accessible Information Standard and reasonable adjustment strategy base line questionnaire returned and analysed	Equality Lead Equality lead and	September 2019	Equality Objectives 2,3

		Implement 2 year strategy in in line with action plan strategy	Primary care team	September 2021	
Disability/ Age	Poor access to services (secondary and primary Care) and poor outcomes	Support Providers of NHS services to implement Reasonable adjustments (including The Accessible Information Accessible Standard) and monitored via Quality contract schedule Reasonable adjustment S.O.P for all Merseyside providers developed via Merseyside equality Collaborative and implemented as sub contract in all trust NHS contracts.	Chief Nurse Equality lead & contract team	December 2021 Developed August 2019 Agreed CCG via quality committee November 2019 Implemented Contract variation January 2020	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3 Advance Equality of opportunity and eliminate discrimination Equality Objectives 2,3
Race/ Disability	Poor access to services (secondary and primary Care) and poor outcomes	Approve Translation and Interpretation Quality Standards and support providers to implement standards across St Helens	Director of Strategy and Outcomes	During contract year 2019/20	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3 Advance Equality of opportunity and eliminate discrimination

		Develop standards via collaborative and implement as contract variation	Equality lead	Agreed at Quality November 2019 committee Implemented Contract variation January 2020	Equality Objectives 2,3
Race	Poor access and outcomes	Work in close collaboration with CDW service to ensure access and outcome are improved and aligned to NHS pathways across all Black, Asian, minority and ethnic communities. Continue to provide leadership and Chair BAME CDW Steering Group and ensure barriers and discrimination acted upon by commissioners and collaborative. Link into wider CDW services across Merseyside	Interim Programme lead- corporate Services Equality Lead Equality Lead	December 2019 On going September 2019	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3 Advance Equality of opportunity and eliminate discrimination Equality Objectives 2,3
Age children	Poor access and	Ensure service change	Director of Strategy	December	1.1, 1.2, 1.3, 1.4, 1.5,

and young people	outcomes	considers PSED and health inequalities and the appropriate level of engagement Ensure Equality analysis and support is available for review SALT services for children and young people	and Outcomes Equality lead and Commissioning managers	2021	2.1,2.2,2.3,2.4,4.1,4.3 Advance Equality of opportunity and eliminate discrimination Equality Objectives 2,3
Age Working age and older citizens	Poor access and outcomes	Ensure service change considers PSED and health inequalities and the appropriate level of engagement for commissioning priorities and QIPP Plan Operational plan to be RAG rated for risk Process plans to be developed	Interim Programme lead- corporate Services & Director of Strategy and Outcomes Equality lead and Commissioning managers	December 2021 August 2019	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3 Advance Equality of opportunity and eliminate discrimination Equality Objectives 2,3
Sex	Access to service and poor outcomes linked to sex	Ensure service change considers PSED and health inequalities and the appropriate level of engagement.	Interim Programme lead- corporate Services and Equality lead and engagement Manager	December 2021 March 2020	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3 Advance Equality of opportunity and eliminate discrimination

		Ensure equality analysis support key priorities as highlighted in the operational plan including Cancer, Mental health and prevention		March 2020	Equality Objectives 2,3
Sexual orientation	Access to service, poor outcomes and poor patient experience	Work with key departments across the CCG to ensure sexual orientation is considered and appropriate levels of engagement are in place.	Interim Programme lead- corporate Services & Director of Strategy and Outcomes	December 2021	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3
		SMT to consider the Navajo charter mark		March 2020	Advance Equality of opportunity and eliminate discrimination
		Promote charter mark to key organisations across primary care		November 2019	Equality Objectives 2,3
Transgender	Access to service, poor outcomes and poor patient experience	Ensure the CCG is aligned to the CMAGIC service and transgender pathway via both STP project and national NHSE pilot.	Director of Strategy and Outcomes	March 2021	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3
		ELT to consider the Navajo charter mark.		March 2020	Advance Equality of opportunity and eliminate discrimination
		Work with CMAGIC on developing bid for STP roll out		Commissioning Manager / transformation	September 2019

		Support the development of the NHS England specialised commissioning transgender pathway pilot bid.	Equality lead and Commissioning Manager / transformation	December 2019	
Religion and belief	Poor patients experience and outcomes	Ensure collaborative action plan around meeting religious and spiritual needs of patients is developed by the provider Collaborative forum and the CCG support implementation across the all NHS providers. Equality Collaborative to set up task and finish group in November 2019 to develop Merseyside wide response.	Interim Programme lead- corporate Services Equality lead	December 2021 March 2020	1.1, 1.2, 1.3, 1.4, 1.5, 2.1,2.2,2.3,2.4,4.1,4.3 Advance Equality of opportunity Equality Objectives 2,3
ALL	Workforce and Human resources	CCG works closely with the EDS2 providers and CSU on progressing the CCG workforce Equality plan (Appendix 6) Collaborative task and Finish group established looking at developing a number of positive action initiative including development of BAME staff support for the CCG.	Interim Programme lead- corporate Services Equality Lead & Interim Programme lead- corporate Services	December 2019 April 2020	

ALL	Cultural sensitivity and patient safety	Support providers to meet the cultural needs of All protected groups and improve patient safety	Chief Nurse & Equality lead	December 2021	
		Develop comprehensive guidance on investigation of serious incidents and links to cultural sensitivity, unconscious bias and discrimination.		September 2019	
		Deliver training/ briefing to investigators across the CCG		February 2020	
		Roll out training and guidance to all equality leads across the collaborative to replicate the work at each trust	Equality lead and Collaborative	April 2020	
		Monitor uptake via the quality contract schedule or via collaborative / partnership approach	Equality lead and Chief Nurse	December 2021	
ALL	Ensure CCG pays 'due regard' to PSED and health inequalities	Ensure Governing Body and executive leads are trained and briefed on lawful	Interim Programme lead- corporate	April 2020	4.1,4.2, 4.3

	during unprecedented challenge facing NHS	<p>decision making and consideration of public law duties.</p> <p>Deliver training to executives and Governing Body of PSED and lawful decision making</p> <p>Deliver EIA lawful decision making training to integrated Commissioning team</p>	<p>Services & Director of Strategy and Outcomes</p> <p>Equality lead & Interim Programme lead- corporate Services</p> <p>Equality lead & Interim Programme lead- corporate Services</p>	<p>December 2019</p> <p>July 2019</p> <p>July 2019</p>	<p>Equality Objective 1,1</p> <p>Eliminate discrimination Advance equality of opportunity</p>
Socio economic (poverty)	Widening health inequalities	<p>Ensure the CCG embeds consideration of health inequalities in decision making and PMO</p> <p>Deliver training to executives and Governing Body of PSED and lawful decision making</p> <p>Review PMO and EIA documentation to improve governance process and decision making</p>	<p>Interim Programme lead- corporate Services & Delivery & Equality lead</p>	<p>March 2020</p> <p>December 2019</p> <p>July 2019</p>	

		<p>Deliver EIA lawful decision making training to integrated Commissioning team</p> <p>Support dissemination of NHSE Right care health Inequalities packs to key providers and incorporate and monitor outcomes</p> <p>Work with NHS providers equality leads and senior leaders via the equality collaborative on prevention agenda (Operational plan)</p>		<p>July 2019</p> <p>MARCH 2020</p> <p>December 2020</p>	
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MEETING OF THE GOVERNING BODY June 2019

Agenda Item: 19/74	Author of the Paper: Judy Graves Corporate Business Manager judy.graves@southseftonccg.nhs.uk 0151 317 8352						
Report date: May 2019							
Title: Governing Body Assurance Framework, Corporate Risk Register and Heat Map - Q4 2018/19							
<p>Summary/Key Issues:</p> <p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map - Q4 2018/19</p> <p>The paper presents the updated Governing Body Assurance Framework (GBAF), Corporate Risk Register and Heat Map for Q4 2018/19 as at 29th March 2019.</p> <p>The GBAF has been updated by the respective leads and presented for review to the Corporate Governance Support Group and Leadership Team.</p> <p>The CRR has been updated by the risk leads, reviewed by the respective committees, the Corporate Governance Support Group and the Leadership Team throughout March. The Heat Map charts these risks in a concise format.</p> <p>The documents were presented to the Audit Committee in April 2019 for review, scrutiny and approval, the discussion from which is contained within this report.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> - receive the report - note the review, scrutiny and approval by the Audit Committee in April 2019 - make recommendation for any further actions 	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">X</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 2019/20

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.

X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning 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			GBAF: Leadership Team and the Corporate Governance Support Group. CRR: Corporate Governance Support Group, respective committees and Leadership Team. Full reports presented to the Audit Committee in April 2019.

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

Report to the Governing Body June 2019

1. Executive Summary

The paper presents the Governing Body Assurance Framework (GBAF), Corporate Risk Register and Heat Map for Q4 2018/19 as at 29th March 2019.

The GBAF has been updated by the respective leads and presented for review to the Corporate Governance Support Group and Leadership Team.

The CRR has been updated by the risk leads, reviewed by the respective committees, the Corporate Governance Support Group and the Leadership Team throughout March. The Heat Map charts these risks in a concise format.

The documents were presented to the Audit Committee in April 2019 for review, scrutiny and approval, the discussion from which is contained within this report.

2. Governing Body Assurance Framework: Q4 2018/19 position as at 29 March 2019

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

GBAF Risk Positions (*appendix A2*)

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
<p>1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position</p> <p>1.2 There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements</p>	<p>Extreme Risk</p> <ul style="list-style-type: none"> • Check and challenge sessions have been revised to focus on overall QIPP delivery and individual scheme support • Review of other CCGs' recovery plans for additional scheme ideas • Preparation of QIPP schemes for 2019/20

3. Corporate Risk Register and Heat Map: Q4 2018/19 position as at 29 March 2019

Of the 48 South Sefton CCG operational risks on the CRR as at the end of Quarter 4 2018/19, there are 25 presented rated high (score of 12) or above:

- Finance: 1
- Quality: 21
- Joint Commissioning: 3

Changes during this quarter include:

- 2 new Quality risks. This is in relation to the system and resource requirements for MCA/DoLS and service provision at Woodlands Hospice.
- 22 risks have remained the same
- 1 risk has increased (FR005a) as a result of the CCG not being on target to fully deliver its QIPP target in 2018/19, as shown on the heat map
- 4 risks have decreased below the reporting threshold:
 - QUA062 is in relation to ERS utilisation and has been reduced as a result of the contract in place for the GP use of the system and the increase in utilisation.
 - Following further review of the finance and resource risks by the F&R Committee in March, the following adjustments have been made as shown on the heat map (*appendix B*):
 - FR005: the risk is in relation to the non-delivery of the NHSE required control total of £1m surplus for 2018/19 caused by potential and emerging expenditure pressures. The committee reduced the risk from 20 (4x5) to 9 (3x3) as the CCG is now on target to deliver its control total of £1m surplus subject to external audit opinion.
 - FR005b: the risk is in relation to the CCG failing to contain expenditure against its opening budgets and reserves in 2018/19 caused by potential expenditure pressures. The risk has been reduced from 16 (4x4) to 9 (3x3) as the CCG is now on target to deliver its control total of £1m surplus subject to external audit opinion.
 - FR008: the risk is in relation to the non-delivery of the Sefton Transformation Programme as a result of insufficient appropriate resources. The committee reduced the risk from 16 (4x4) to 6 (2x3) due to the plan sign off and funding allocation for the Project Management Office by the STP Board.

Furthermore, three risks already below the reporting threshold are now being recommended for removal:

- QUA041: risk is in relation to safeguarding concerns not being notified to the appropriate practitioner caused by staffing changes. Reasonable assurance has been provided against this risk with an upward trajectory in performance.
- QUA050: risk is in relation to maternity care provision at Ormskirk Maternity Unit and has been reduced as a result of assurance received on staffing numbers which has been monitored satisfactorily with no further concerns raised.
- QUA057: risk is in relation to the SI process and has been reduced following substantial assurance received from MIAA on CCG processes, these of which will continue to be monitored by the Joint Quality Committee.

CRR Risk Positions

Risk	Score	Number of Risks
High	(8-)12	17
Extreme	15 - 25	8

CRR Details and Highlights

The risks are charted in the risk heat map (*appendix B*) the themes for which have also been identified (*appendix C*), with the risk detail contained in the corporate risk register (*appendix D*).

4. Audit Committee Discussion: April 2019

Following review of the documentation the committee noted:

The committee were reported to the changes to risk scores within the quarter. It was noted that the total post mitigation score for the risk in relation to the delivery of its planned QIPP target in 2018/19 was increased from 20 to 25 in March 2019, as the CCG was not on target to fully deliver its QIPP target.

Also reported was the post mitigation score for the risk of non-delivery of the Sefton Transformation Programme which had been reduced from 12 to 6, as funding for a revised Project Management Office has been secured. As the score is now below 12, the risk has been removed from the CRR.

The committee approved the updates presented and removal of risks QUA041, QUA050, QUA057.

5. Next Steps

A full review of the GBAF and CRR risks is currently underway for Q1 2019/20.

6. Recommendation

The Governing Body is asked to:

- receive the report
- note the review, scrutiny and approval by the Audit Committee in April 2019
- make recommendation for any further actions

7. Appendices

- A: Governing Body Assurance Framework
- B: Corporate Risk Heat Map
- C: Risk Themes
- D: Corporate Risk Register 12+
- E: Risk Matrix

Judy Graves
Corporate Business Manager
May 2019



South Sefton
Clinical Commissioning Group

South Sefton CCG
Governing Body Assurance Framework
2018/19
Update: 12 March 2019 (Q4 2018/19)

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.	<p>1.1 Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position</p> <p>1.2 There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements</p>	Martin McDowell	20	20	<ul style="list-style-type: none"> At the end of Month 10 this risk is likely to materialise Alternative financial measures will be required to achieve financial balance The CCG has developed a new QIPP plan for 2019/20 QIPP and financial recovery remain a key risk for the CCG Recovery Programme Lead appointed Governing Body development sessions undertaken to raise awareness and support financial planning for 2019/20 Review of NHS England’s Menu of Opportunities, RightCare and NHS England/Improvement’s Efficiency Map to produce and long list of schemes for 2019/20 Reviewing contracting approach for 2019/20 Check and challenge sessions have been revised to focus on overall QIPP delivery and individual scheme support Review of other CCGs’ recovery plans for additional scheme ideas Preparation of QIPP schemes for 2019/20
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	2.1 N/A		15	9	<ul style="list-style-type: none"> Risk being assured through Strategic Objective 1 and QIPP. Consolidated “plans on a page” have been shared with the Provider Alliance OPS Plan “plans on a page”

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.					<p>completed with outcomes and KPIs.</p> <ul style="list-style-type: none"> • OPS Plan signed off by NHSE • Transformation Programme in place • Shaping Sefton Strategy currently under review to ensure alignment of all programmes between acute sustainability, place based development and QIPP.
3. To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.	3.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	8	<ul style="list-style-type: none"> • Monthly performance calls with NHSE to review all constitutional targets • CCG Improvement and Assessment Framework performance reported to Governing Body quarterly • Continued monthly performance meetings internally • On-going review of all standards by governing body
	3.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category C responder.	Tracy Jeffes	5	4	<ul style="list-style-type: none"> • Business Continuity plans approved and exercised, with an action plan being progressed as a result of the plan being implemented • Composite plan and strategy approved • Training and awareness raising continues • Development Plan in place • NHSE Self-Assessment Assurance process completed
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"> • International recruitment application submitted by NHSE on behalf of the CCGs. Application successful and engagement session held with practices. NHSE process on-going. • Programme of LQC planning meetings in conjunction with the LMC in place. LQC live and no issues arising. • Recruitment is now underway on the successful Clinical pharmacist application. • Extended 7 day access continues to be monitored for utilisation and impact.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<ul style="list-style-type: none"> Primary Care Strategy final draft being shared for comments. Working with NHSE on the C&M primary care strategy. Support Primary Care Networks in their development. The networks have appointed a programme manager and are continuing to develop their plans. Seaforth and Litherland have successfully applied to become a network, we will support their development and are working with the networks to assist them in ensuring they have adequate managerial support. Focus on PCNs in new GP contract we continue to work through the implications for this. Application has been approved, delegated status from 1st April 2019. Training on going from NHSE and recruitment underway for additional posts.
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	
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"> Priority areas agreed for joint working within the integrated commissioning group. S75 signed and completed. Health and Well Being Board Executive Workshop completed with agreed approach to partnership planning around the five year plan.

Strategic Objective 1	To focus on the identification of QIPP (Quality, Improvement, Productivity & Prevention) schemes and the implementation and delivery of these to achieve the CCG QIPP target and to support delivery of financial recovery.			
Risk 1.1	Failure to deliver the QIPP plan will adversely impact on the CCGs overall financial position			
Risk 1.2	There is a risk that the CCG will not be able to deliver its QIPP plan due to the acting as one arrangements			
Risk Rating Initial Score Current Score	4 x 5 =20 4 x 5 =20		Lead Director Martin McDowell Date Last Reviewed 11 March 2019	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • Constant review by the Joint QIPP Committee and the Governing Body • QIPP update provided regularly at leadership team • Governing Body development sessions have taken place and will continue to be undertaken to review the organisation's financial strategy • Monitoring and evaluating the impact of the Acting as One arrangements for consideration in 2019/20 • Commissioning subjects re-aligned with commissioning leads • Review of RightCare data to identify QIPP opportunities • Check and challenge sessions have been revised to focus on overall QIPP delivery and individual scheme support • Review of other CCGs' recovery plans for additional scheme ideas • Continued focus on delivery of finance delivery overseen by the Finance Committee • Appointed recovery programme lead • Review of the menu of opportunities • Review of nationally produced reference comparison documents (NHS Efficiency Map) 		Action	Responsible Officer	Due By
		• Recruitment of additional commissioning staff to support QIPP scheme development and implementation	Debbie Fairclough	29 March 2019
		• Alignment of QIPP to Sefton's Transformation Programme	Cameron Ward	29 March 2019
		• Engagement in 2019/20 contract negotiations	Martin McDowell	29 March 2019
		• Continued focus on preparing schemes for 2019/20 delivery	Cameron Ward	29 March 2019
		• Phasing of 2019/20 QIPP schemes	Karl McCluskey	29 March 2019
		• Continued check and challenge sessions with commissioning leads	Cameron Ward	On-going
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • Preparation of QIPP schemes for 2019/20 • Delivery of QIPP targets – monitored month on month • Contracts agreed for 2019/20 which do not risk CCG financial balance 				
Additional Comments:		Link to Risk Register:		
The CCG will not deliver the QIPP plan which without alternative financial measures will adversely impact the CCG's overall financial position.				

Strategic Objective 2	To progress Shaping Sefton as the strategic plan for the CCG, in line with the NHSE planning requirements set out in the “Five Year Forward View”, underpinned by transformation through the agreed strategic blueprints and programmes and as part of the NHS Cheshire and Merseyside Healthcare Partnership.		
Risk 2.1			
Risk Rating			Lead Director
Initial Score	5 x 3 = 15		Karl McCluskey
Current Score	3 x 3 = 9		Date Last Reviewed
Controls (what are we currently doing about the risk?):			Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):
<ul style="list-style-type: none"> Joint QIPP and transformation scheme methodology in place. 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. Shaping Sefton Strategy currently under review to ensure alignment of all programmes between acute sustainability, placed based development and QIPP 			Action
			Responsible Officer
			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
			On-going
Assurances (how do we know if the things we are doing are having an impact?):			Gaps in assurances (what additional assurances should we seek):
<ul style="list-style-type: none"> . 			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.
Additional Comments:			Link to Risk Register:

Strategic Objective 3		To ensure that the CCG maintains and manages performance & quality across the mandated constitutional measures.		
Risk 3.1		There is a risk that identified areas of adverse performance are not managed effectively or initially identified		
Risk Rating Initial Score 4x4 = 16 Current Score 2x4 = 8		Lead Director Karl McCluskey Date Last Reviewed 13 March 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. New management structure put in place with clear lines of accountability and responsibility Identified individuals update monthly through integrated performance meetings Links between Contracting team and CQPG to triangulate on quality aspects of performance New nationally set performance metrics for ambulance performance and CAMHS introduced. Session on metrics delivered to the Governing Body. CCG Improvement and Assessment Framework performance reported to Governing Body quarterly Continued monthly performance meetings internally On-going review of all standards by governing body 		Action	Responsible Officer	Due By
		Continued monitoring of associated risks	All	on-going
		Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> - A&E performance - Diagnostic test waits performance - Cancer wait times performance - RTT performance 	All	On-going
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> Weekly discussions of performance issues at LT/SLT/SMT and progress on actions checked Integrated Performance Report shows CCG understanding of issues and oversight of actions Integrated Performance Reports may show improved performance as a result of robust management by CCG Assurance from MIAA review of performance reporting Performance continues to be maintained Monthly check and challenge meetings with planned/unplanned care leads 				
Additional Comments:		Link to Risk Register:		
		QUA002, QUA005, QUA008, QUA009, QUA020, QUA022		

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

Strategic Objective 4	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.			
Risk 4.1	Current work pressures reduce ability to engage on GP Five Year Forward View implementation.			
Risk Rating Initial Score Current Score	3x3=9 3x3=9	Lead Director Jan Leonard Date Last Reviewed 12 March 2019		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Joint Commissioning Committee with NHSE established, readiness for delegated commissioning underway. LQC for 19/20 ready for approval. GPFV plan GPFV international recruitment programme in place, with participation by the CCG 4 localities now have Primary Care Networks. 		Action	Responsible Officer	Due By
		Support Primary Care Networks in their development. The networks have appointed a programme manager and are continuing to develop their plans. Seaforth and Litherland have successfully applied to become a network, we will support their development and are working with the networks to assist them in ensuring they have adequate managerial support. Focus on PCNs in new GP contract we continue to work through the implications for this.	Jan Leonard	April 2019
		Clinical pharmacist application successful. Recruitment underway.		March 2019
		ETTF Maghull – awaiting update on process with NHSE	Martin McDowell	January 2019
		Primary Care Strategy final draft being shared for comments. Working with NHSE on the C&M primary care strategy .	J Leonard	March 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 Continue to monitor utilisation and impact.		February 2019
		Application has been approved, delegated status from 1st April 2019 . Training on going from NHSE and recruitment underway for additional posts.		April 2019.

Strategic Objective 4	To support Primary Care Development through the development of an enhanced model of care and supporting estates strategy, underpinned by a complementary primary care quality contract.
Risk 4.1	Current work pressures reduce ability to engage on GP Five Year Forward View implementation.
Assurances (how do we know if the things we are doing are having an impact?):	
<ul style="list-style-type: none"> • Primary Care Dashboard in development in Aristotle • Transformation agenda and GPFV plan monitored through Joint Commissioning Committee 	
Additional Comments:	Link to Risk Register:
	SS043

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

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

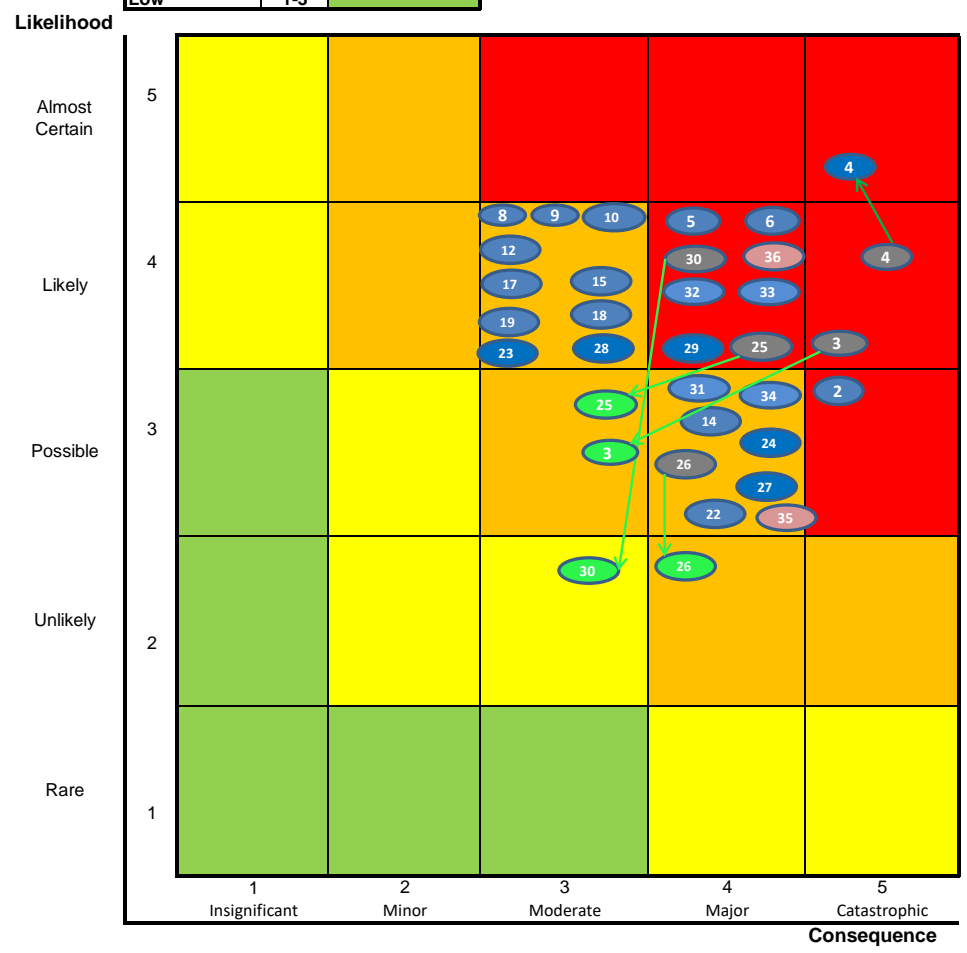
SOUTH SEFTON CCG - SUMMARY OF CORPORATE RISKS HEAT MAP (MITIGATED SCORES - 12 AND ABOVE)

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



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



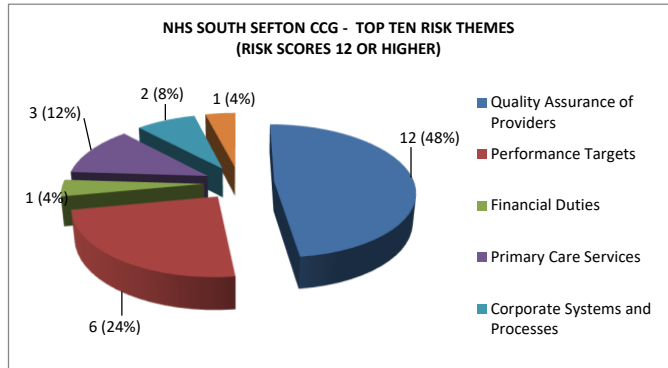
Key Risks	Risk	Score	Risk Owner
1			
2	Quality of care, patient outcomes challenging performance AUH	QUA047	15 (3x5) DCF
3			
4	Delivery of QIPP target and impact on financial position 18/19	FR005a	25 (5x5) MMcD
5	Non delivery A&E target - patient flow	QUA009	16 (4x4) KMCC
6	Patient care - lack of commissioner 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			
26			
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			
31	Non delivery of CQC recommendations	QUA066	12 (3x4) HC
32	Non delivery of GP medical services	JC03	16 (4x4) JL
33	Primary Care data issues	JC05	16 (4x4) JL
34	Service Delivery Risk: High Street Surgery	JC07	12 (4x3) JL
35	System and resource pressures in relation to MCA/DoLs	QUA067	12 (3x4) DCF
36	Ability of hospice to sustain provision relating to financial resource	QUA068	16 (4x4) DCF

Movement

- 26 Reduced and removed:** QUA062 - GPs now contracted to use ERS.Latest utilisation 73% and improving.
- 3 and 25 Reduced and removed:** FR005 (3) and FR005b (25) - risks reduced below the reporting treshold as a result of the CCG now being on target to deliver its control total of £1m surplus subject to External Audit opinion
- 30 Reduced and removed:** FR008 risk reduced below the reporting treshold. STP plan signed off and funding prioritised for the Project Management Office
- 4 Increased:** FR005a increased as the CCG is not on target to fully deliver its QIPP target for 2018/19

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				
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				
26				
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				
31	Non delivery of CQC recommendations	QUA066	HC	Performance Targets
32	Non delivery of GP medical services	JC03	JL	Primary Care Services
33	Primary Care data issues	JC05	JL	Corporate Systems and Processes
34	Service Delivery Risk: High Street Surgery	JC07	JL	Access to Services
35	System and resource pressures in relation to MCA/DoLs	QUA067	DCF	Quality Assurance of Providers

Governing Body Meeting	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. There is a risk that X risk caused by Y event resulting in Z effect.	Key controls and assurances in place (What controls/systems are already in place to reduce the risk/range)	Likelihood	Consequence	Initial Score	Mitigating Action (What additional controls/systems need to be put in place to reduce the risk/range)	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	2018 Q3 Score	Trend to prior Q	Q4 Score	Overall Trend
PTI	Quality Committee	QUA002	SS041	Jan 15: Q4 2014/15	QUA011	Karl McCluskey (Jan Leonard & Geraldine 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 IPT (Improving Access to Psychological Therapies) resulting in the potential for reduced levels of patient care.	<ul style="list-style-type: none"> Key controls and assurances in place (What controls/systems are already in place to reduce the risk/range) Monthly performance and contractual meetings and reporting process in place Enhanced open access provision for patients to self refer including online on line referral. Business case pending Sept 18 to increase capacity in service. 	4	3	12	<ul style="list-style-type: none"> Additional focus on reducing Internal Waits and Did Not Attend Increased IPT group work. 	<ul style="list-style-type: none"> Early indicators of reduced DNAs and significant heightened levels of self-referral. New Access Target remains challenging in terms of patient numbers, requested expert team to support the CCG in improving performance. Year to date performance 18/19 (August) was sub-optimal. But improved when compared to similar period of 17/18. Self-referrals have increased within the Access Self-referral service in August 17. The numbers of internal waiters have 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. Further initiatives in place focusing on specific: GP practices, community groups and local employers. Group sessions are also in place. Draft business case has been submitted to the provider to enable them to achieve 4.75% in last quarter (equivalent of 19%) in 2018/19. Access target increases to 19% in 2018/19, 20% of the increase are to be LTC/IAPT as part of the MHYFV commitment to integrated Long Terms Condition working. Business case has been approved, recruitment of additional staff will be commencing. 	4	3	12	Jan-19	Feb-19	12	12	12	12	--	12	--
PTI	Quality Committee	QUA008	SS001	Apr 2015: Q1 2015/16		Karl McCluskey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional 62 day target for cancer caused by patient choice and complex pathways between providers resulting in delayed cancer treatment for patients.	<ul style="list-style-type: none"> Monthly contract meetings ALM with trajectory set for recovery being monitored Clinical Quality and performance meetings Clinical lead for contracts and quality Clinical meetings with Cancer Leads and Manager. Managerial lead for cancer has action plan in place. Weekly and monthly monitoring through SMT and contractual performance. RCA for any 62 day breaches Action plans requested from providers for failed areas. Integrated Performance Report developed and presented to Governing Body Patients that are 104+ days are subject to clinical harm review. If harm has been identified, this must be reported as a serious incident. North Mersey Cancer Operational and Performance Group. Proposal agreed regarding the escalation process and timescales for issuing notices for review by CEOCO 	3	3	9	<ul style="list-style-type: none"> Performance of providers against constitutional target is monitored monthly with individual exceptions being addressed in turn Because of the configuration of tertiary oncology services and specialist surgical providers, the majority of cancer pathways for Sefton residents involve more than one provider, a North Mersey system-wide cancer performance view has highlighted priority areas for recovery in quarter 1 18/19 	<ul style="list-style-type: none"> Challenges in managing referrals from NHS screening service due to complicated pathways, issue raised with Spex Comm & NHSE. CCG to escalate at Q2 assurance review with NHSE. Both Aintree and SAO classes as marginally breaching Trusts 62 day target. JAG accreditation suspended for both AULT and RLBUHFT for bowel screening in February 2018. Auditing use of patient letters within primary care designed to reinforce importance of attending appointments and investigations. Priority areas for recovery in quarter 1 18/19 Histopathology reporting turnaround at Liverpool Clinical Laboratories. A comprehensive recovery plan is in place. Radiology and endoscopy work-streams aimed at sharing capacity and reporting resources across providers Capacity pressures in robotic endoscopy surgery, work with Specialised Commissioning to review Investigation of optimal timed pathways for lung and colorectal diagnostics Patient choice factors in pathway delays. This remains a complex and challenging area to address Liverpool Women's Hospital has reported increases in 2 week referrals as a probable consequence of increasing wait times for routine gynaecology appointments. A recovery plan for RTT and cancer pathways is in place Work is ongoing to develop a local cancer dashboard to help us focus on themes and trends and identify areas for improvement 	4	3	12	Feb-19	Feb-19	12	12	12	12	--	12	↑
PTI	Quality Committee	QUA009	SS019	Apr 2015: Q1 2015/16	QUA024	Karl McCluskey (Sharon Forrester)	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"> A&E Delivery Board in place to monitor & manage performance S&F subgroup in place Monthly contractual performance meetings Monthly Integrated Performance Report: reported to Governing Body Operational Service level meetings held: DW: currently weekly MADE events, weekly DTCC Teleconference and bi-weekly Purple to Gold meeting Monthly contractual performance meetings Monthly Integrated Performance Report: reported to Governing Body Monthly Quality meeting: reported to Governing Body (SS) Pan Mersey Sub Group responsible for prescribing 	3	3	9	<ul style="list-style-type: none"> Recovery plan agreed SFT trajectory agreed 	<ul style="list-style-type: none"> ECIP review undertaken in Nov and draft report shared with CCG Enhanced recruitment of nursing staff to support ambulance turnaround times A&E staff resource (Medical and Nursing) discussed in April's COGP. Trust actively reviewing RCA 12 hour breaches perceived as per timeline fed back to Trust at Aintree COGP in April discussion on low levels of harm due to long waits at A&E. Report to Aintree Board on harm over previous 12 months. Will come to COGP. The consequence and impact scores remains higher than the initial score due to lack of sustained month on month performance. Not meeting constitutional target or SFT trajectory. Increased number of 12 hour breaches for which RCAs are being completed. Frailty Unit opened in Dec to support patient flow and turnaround. Winter Plan developed and agreed and submitted to the A&E Delivery Board for approval. Stratix (Integrated Care Readiness and Assessment) model scheduled for implementation 1st October. Multi-agency Discharge events (MADE) on a weekly basis with representation from health and social care to review practice at ward level. Supplemented by weekly patient flow telephone meetings to facilitate and support discharge processes with multi-agency representation. 	4	4	16	Feb-19	Feb-19	16	16	16	16	--	16	↑
PTI	Quality Committee	QUA011	SS029	Sep 2016: Q2 2016/17	QUA045	Jenny Owen	Quality	Risk of infection/hospital admission caused by poor maintained nebuliser equipment resulting in harm to patients.	<ul style="list-style-type: none"> Pan Mersey Sub Group informed Identifying most ten solutions for patients currently prescribed a nebuliser to be reviewed, be given advice on cleaning equipment and have access to replacement filters and tubing. Long term leasing with respiratory teams, consultants, CH and GP teams to ensure basics are right for the future. Patient information leaflet produced. 	<ul style="list-style-type: none"> All organisations to follow guidance from governance leads within their organisations Regarding primary care prescribing – JO requested practice information facilitators to run a search on all patients prescribed nebulisers. This will identify the size of the problem and enable patients to receive a review & education. Update presented at the August 17 Quality Committee Meeting A meeting will be held with all providers to work up a longer term solution. 	4	5	20	<ul style="list-style-type: none"> 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. July 2018 - this process went to the LMC in Feb 18 and was approved. Nurses in CRT given deadline for referral in for Sept 2018. Audit process put in place to review activity and effectiveness will report Nov 19. Work being undertaken with providers and primary care to identify and put in place safe patient pathways across the system, in line with best practice. Sep 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 in the bulletin. The 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 Current status - referral process to complete and commissioners are awaiting for a feedback report on numbers identified, referred and reviewed by the respiratory team and practice facilitators. Nov 18 - CCG still awaiting the report from Merseycare re numbers of patients reviewed, 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 Southport Dr Kai Schütz 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. Report received from the provider. The service only received one third of the number that were identified. The reasons behind this are anecdotal. The service have agreed to extend the referral process out so there is no time limit to sending referrals to try to capture as many patients as possible. JO to communicate with all providers. 	4	3	12	Feb-19	Feb-19	12	12	12	12	--	12	↓
PTI	Quality Committee	QUA014	SS029	Sep 2016: Q2 2016/17	N/A	Karl McCluskey (Sarah McGrath)	Redesign & Commissioning	There is a risk the CCG will not meet the constitutional RTT target for 18 weeks caused by lack of clinical capacity resulting in delayed treatment for patients (SSCCG)	<ul style="list-style-type: none"> Clinical Quality and performance meetings with providers Clinical lead for contracts and quality Weekly and monthly monitoring through SMT and contractual performance. 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 SLT (Senior Leadership Team). Integrated Performance Report developed and presented to Governing Body. Proposal agreed regarding the escalation process and timescales for issuing notices for review by CEOCO Aintree Planned Care Group - monthly meeting 	<ul style="list-style-type: none"> RTT provider/commissioning group now re-established 	<ul style="list-style-type: none"> The Trust is reviewing long waiting patients and capacity within the Divisions in the Trust RTT action plan. A weekly PTL meeting has been commenced. Stratix (North Mersey review of dermatology). New RTT workgroup has been established. Aintree Planned Care Group now re-established and is meeting monthly. Jan 19 - Validation processes and SOPs to ensure pathway start and stop compliance with national guidance especially inter-provider transfers Review of individual specialties and escalated through COGP or Contract Review Meetings/ Aintree Planned Care Group needs to be re-established 	4	4	16	Feb-19	Feb-19	12	12	12	12	--	12	↓			
PTI	Quality Committee	QUA025	SS04	Jun 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 outcome.	<ul style="list-style-type: none"> KPIs in contract for Looked After Children and monitored through Quality Committee and contract meetings. CCG concerns raised by Chief Nurse via meetings with Director of Operations and Integration at NWB Chief Nurse concerns reported to both JO and Governing Body. Designated Doctor for LAC, now in post NWB restitute now complete 	<ul style="list-style-type: none"> Data quality exercise to be carried out. Areas of assessment in on data to 31st March 2018 and will include: <ul style="list-style-type: none"> whether or not assessed if assessed, at what stage whether assessments have been carried out but information not forwarded. Lessons Learnt event to be held - by July 15 	4	4	16	<ul style="list-style-type: none"> Action plan aligned to Business Continuity Plan - December 2017 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 improvement. Timeline of 12 months post contract given. Nov 18 - NWB reminded LAC been now partially staffed and should be at full complement of staff by Q4. CCG remain concerned regarding KPI performance for LAC however quality of KPI data now more accurate and unlikely to see improvement in performance until remediated to full complement. LAC been now fully staffed and comments returned to CCG regarding factual accuracy. Final report still awaited. CCG report received and action plan being managed through task and finish group (please see risk HC). Ongoing meetings with NWB with on-site support continuing to be delivered by LAC designated nurse. 	4	4	16	Feb-19	Feb-19	16	16	16	16	--	16	--
PTI	Quality Committee	QUA025	SS002	Apr 2015: Q1 2015/16	BU0017	Tracy Jeffes	Corporate	Result of a disengaged membership cause by ineffective locally working resulting in less influence over clinical priorities.	<ul style="list-style-type: none"> Locality Roles and Functions to be reviewed Context of primary care networks due in November 18 Locality Profiles being refreshed and compared to Local Authority Profiles December 18 Key issues continue to be reported to Governing Body on a quarterly basis 	<ul style="list-style-type: none"> Development of localities and primary care networks to support collaborative work in General Practice 	3	4	12	<ul style="list-style-type: none"> Nov 18 - development of localities and primary care networks to support collaborative work in General Practice Continuing work regarding development of localities and primary care networks to support collaborative work in General Practice. Increased coverage to 10/14 Oct 2018/19. 	3	4	12	Feb-19	Feb-19	12	12	12	12	--	12	--
PTI	Quality Committee	QUA026	SS008	Jun 2016: Q1 2016/17	N/A	Tracy Jeffes	Corporate	There is a risk that gaps in workforce across the healthcare system caused by insufficient national workforce planning and funding pressures resulting in additional pressures on services.	<ul style="list-style-type: none"> Link with Q&I Healthcare Partnership Workforce Development work stream. Continue to work with Sefton Council on wider strategies to promote Sefton as a great place to work Development of workforce element in Sefton Transformation Programme 	<ul style="list-style-type: none"> Continue to work with LMC and NHSE schemes to attract more GPs to Sefton 	4	3	12	<ul style="list-style-type: none"> Nov 18 - Continue to work with LMC and NHSE schemes to attract more GPs to Sefton Work above ongoing 	4	3	12	Feb-19	Feb-19	12	12	12	12	--	12	--

Governing Body Meeting	Responsible Committee/ Team	Committee / Term ID	CRR ID / SS	Date Risk Added	Previous ID	Risk Owner	Responsible Function	Description of Risk (Description of the actual risk. There is a risk that X risk caused by Y event resulting in Z effect. 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.	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realized)	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 CCG risk 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	2018 Q3 Score	Trend to prior Q	Q4 Score	Overall Trend
	Quality Committee	QUA037	SS043	Jan 2017/ Q4 2016/17		Jan Leonard (Aprice Price)	Quality		<ul style="list-style-type: none"> Joint Commissioning Committee Action Plans Joint Quality Committee Action Plans 	4	3	12	<ul style="list-style-type: none"> • LOC for 18-19 now in place. • GP FV Plan being delivered • Primary Care Network funding secured for S&F 4 out of 4 localities: S&F 3 out of 4 	<ul style="list-style-type: none"> • GPFF – developing plans for 7 day access to primary care services for implementation due to go live October 18 (on track). • CAM wide bid for international recruitment to include both CCGs November 2017. As part of the bid workforce at practice level is being mapped/analysed for candidates to be sourced, care navigator training started for practice (September 2018) • The CCG has been successful in the application for clinical pharmacist posts from GPFF and are on with agreeing an implementation plan. • Sept 18 - All localities have been successful in their applications for Network beds, over the next month we will work with them to develop plans. 	4	3	12	Feb-19	Feb-19	12	12	12	12	++	12	++
	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, under the 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"> • CCG LeDeR Local Area Contact in Place who monitors progress and number of cases via the LeDeR dashboard • The CCGs have access to two LeDeR reviewers and a trained assessor to help review outstanding cases • DASH is now Deputy LAC following completion of training 	<ul style="list-style-type: none"> • LeDeR Local Area Contact liaising across with NHS E CAM LeDeR lead • Request made for CCG Local Area Contact to attend the NHS E CAM LeDeR steering Group • Contact made with CCG LeDeR reviewers to provide oversight and support • Letter template developed to support information from Seltion M&C • Information requested to send out to Directors of Nursing across CCG lead providers to increase the number of local area reviewers • Briefing and updates to be included within the Chief Nurse report to Quality Committee 	<ul style="list-style-type: none"> • LeDeR reviewers started and completed, number of LeDeR reviewers remain significant. • Sept 18 - MCT to pick up a further 6 reviews of LeDeR cases from additional funding received from NHS E to support the backlog. Completion of reviews will be monitored by Local Area Contact • Oct 18 - MCT are undertaking 7 reviews as part of the backlog monies provided by NHSE under an memorandum of understanding (MOU) with NHSE CAM. 6 cases are progressing with a further 2 to be allocated. NHSE are supporting another 6 cases to be completed as part of additional backlog monies. NHSE are supporting M&C with the expectation that cases will be identified and allocated in October 2018. Additional review training date in October circulated to all NHS Providers and online training to increase pool of reviewers. • Draft KPI date set and developed and out for consultation with NHS providers for expected inclusion in the quality schedule from April 2019. • Nov 18 - 27 cases still to be allocated. Proposal to pilot new process based on structured judgement review to be agreed with main providers for the CCG. • Revised process being piloted by S&O and Antree, Mersey Care have provided reviewers to carry out the additional 5 cases as part of the NHSE backlog monies. 	4	3	12	Feb-19	Feb-19	12	12	12	12	++	12	++			
	Quality Committee	QUA039	SS065	Jun 2017/ Q1 2017/18	N/A	Gerislene O'Carroll	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 in decreased quality of care and non compliance with the Mental Health Act.	<ul style="list-style-type: none"> • Review of packages of care is an MHA and contractual requirement. • IPA Programme Board is also in place which is responsible for the review of MHA • Contract framework in place (inc COPG). 	<ul style="list-style-type: none"> • Issue has been raised at Contract meetings and COPG, but there is still no assurance that reviews have been undertaken by Mersey care. The issue will be discussed at executive nurse level and if not resolved a Contract Performance Notice in line with GCG National Standard NHS Contract will be issued. The CCG Quality team are undertaking analysis of Mersey Care GI reports to ascertain if there is any correlation with reviews not being carried out. • The Trust are reviewing CPA packages of care and improved links have been established with the CSU. Query over review Non CPA patients who receive "Statement of Care". 	<ul style="list-style-type: none"> • July 18 - CSU Mental Health Commissioners have met with MCT staff to agree process of review. Transition to RIO 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. • Aug 18 - MCT agreed to provide quarterly reports on CPAN-CPA reviews. First draft expected end of September 2018. • Dec 18 - Non-CPA/CPA review update list expected end of December 18. • Nov 18 - S&O awaiting update list. 	4	3	12	Feb-19	Feb-19	12	12	12	12	++	12	↓			
	Quality Committee	QUA047	SS060	Sep 2017/ Q2 2017/18		Debbie Fagan	Quality	There is a risk in relation to performance at Antree University Hospital caused by a number of pressures resulting in reduced quality of care and outcomes for patients.	<ul style="list-style-type: none"> • Integrated performance reports produced monthly and presented to GB • Surveillance level of provider has been stepped up to enhanced (September 2017) and QIP completed with NHSE. Regulators and associated commissioners (April 2018) - action plan progress being monitored via COPG meetings with CCG AO as Chair • Exception reporting highlighted concerns is escalated to monthly to CAM DSG • AUIH CCF in place 	<ul style="list-style-type: none"> • Regular one to ones established with new provider DoN • Review level of concern against the NHSE QIP • Main working between CCG Ops and Quality teams 	<ul style="list-style-type: none"> • March 2018 COCP inspection report demonstrates reduction to previous inspection and Trust now "Requires Improvement" • Single Item QCG - April 2018 subsequent quality improvement action plan to incorporate both commissioner and regulator assurance sent July 2018. NHSE to complete response back to Trust on actions and potential changes. To be followed through at Antree COPG. • July 18 - follow up S&SG outcome is for AUIH to remain on enhanced surveillance, trust has presented action plan to provide assurance on the COCP concerns. CCG to commence as chair of COPG from July 2018 to focus on areas of concern and subsequent trust actions. • Sept 18 - Working on COPG form and function now taking place AO chairing. Input from other Commissioning colleagues to promote assurance being considered as part of new COPG process. Next COPG scheduled September 2018. Enhanced monitoring is now in place. • Nov 18 - CCG working with other commissioners to agree on assurance relating to the reduction in surveillance level for the trust. To be discussed with the provider at November 2018 COPG, with NHSE input. • Surveillance status reviewed on enhanced surveillance for theatre but has been de-escalated to routine surveillance on other commissioner concerns. Action plan regarding theatre improvement submitted with evidence on change to be presented at April 19 COPG. 	4	5	20	Feb-19	Feb-19	20	16	16	16	++	16	↓			
	Quality Committee	QUA051	SS061	Dec 17/ Q3 17/18	N/A	Debbie Fagan and Jan Leonard	Quality	There is a risk for patients presenting as A&E at Antree University Hospital caused by system pressures resulting in reduced quality and safety of care.	<ul style="list-style-type: none"> • Regular meetings with Trust on plans in place to ensure quality is maintained via COPG and enhance monitoring of provider performance (via QIP process) • Interim routing, Corridor nursing and Safety Nurses in place • MA&E events taken place at the trust to continue internal process issuing and promoting safe and appropriate discharge. • Regular updates from Director of Nursing with RCAs being carried out for 12 hour breach • Review of SIs and monthly reviews with feedback to provider being undertaken by CCG. 	<ul style="list-style-type: none"> • Unplanned Care Lead and Quality Team supporting events for discharge. Support continues on discharge process and updated to be received at COPG and QIP meeting in April 2019. Deputy Head of Quality and Safety attending regular A&E meetings at AUIH. No 12-hour breaches for AUIH for May 2018. • Nov 2018 - A&E performance remained challenging although there had been some significant improvements over the longer-term, particularly given the highest ever number of attendances recorded at the hospital during the summer months. Investment had been made in the area particularly in Junior Medics to support weekend work and this was starting to see some dividends. • Reduced breaches over 60 mins - 50% improvement • A&E performance at AUIH whilst under target remains consistent in performance despite increased pressures. No 12-hour breaches reported Q2 and 3. Quality visit undertaken in December 18 and demonstrated good performance and care of the deteriorating patient. Recommendations fed back to trust regarding patient pathways in unplanned care. 	3	4	12	Feb-19	Feb-19	12	12	12	12	++	12	++				
	Quality Committee	QUA058	SS065	Mar 18/ Q4 17/18	N/A	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"> • Monitoring of Staffing resources developed by Trust via COQRM on monthly basis with one to one meetings with CCG CN and Trust DoN to ensure delivery of quality of care to patients at the Trust. 	<ul style="list-style-type: none"> • CCG will maintain established surveillance systems/processes to quality review services (incidents, safe staffing, SI, complaints, sickness). • Review S&O workforce strategy. 	<ul style="list-style-type: none"> • July 2018 - staffing levels subject to review at both S&O CF and S&O COQRM. Trust working on HR modelling regarding registered and non registered staff; review at SRG with provider presence at SRG meetings. Triangulation of staffing pressures, RCAs and complaints reports discussed at COQRM. • Sept 18 - Concerns re staffing levels highlighted monthly at COQRM. Trust continued information requirement has been used to address certain areas e.g. an A&E patients. CCG are awaiting latest quality compliance report for safer staffing levels from provider. • Nov 18 - staffing levels remain a concern at S&O. Trust undertakes daily monitoring of staffing levels. Safer staffing report presented at Oct 18 COQRM and number of staffing incidents reported may link to current staffing levels. Trust requested to investigate staffing levels and location of SIs. • Trust recruitment event provided some recruitment to H&A roles. Further recruitment events planned in Q4 18/19. 	4	3	12	Feb-19	Feb-19	12	12	12	12	++	12	++			
	Quality Committee	QUA060	SS069	Mar 18/ Q4 17/18	N/A	Gordon Jones	Redesign & Commissioning	The is a risk that KPIs may be not able to be captured from June 2018 as MercyCare caused by its RIO 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"> • Contract monitored via COQRM and COPG • RIO patient information system now implemented 	<ul style="list-style-type: none"> • On going contract monitoring via CRM and COPG. 	<ul style="list-style-type: none"> • The Trust implemented its new RIO patient information system on 1st June 2018. The Commissioners agreed with the Trust to suspend the number of KPI reporting to allow for more accurate information flows and reporting. With the exception of nationally mandated KPIs and those not generated by RIO (e.g. sickness and absence) KPI reporting will be suspended M3 and M4. In M5 a shadow report will be generated. In M6 a report will be generated with backdated performance. • On-going monitoring by CRM/COPG. • Dec 18 - MCT have still not been able to produce a comprehensive list of KPIs. Discussed at finance and information group on 27/11/18. Trust agreed to provide updates in January 2019 regarding when full compliance will be achieved. • Working with the Trust to agree trajectory of KPI performance. Meeting in February 2019 to agree revised KPIs so they align with Trust board and CCG requirements - awaiting feedback from Feb 19 meeting. 	3	4	12	Feb-19	Feb-19	12	12	12	12	++	12	++			
	Quality Committee	QUA063	SS072	Jun 2018/ Q1 2018/19	N/A	Janet Spallan	Quality	There is the risk of failure to provide emergency ambulance responses that meet the national QIP programme caused by delays in handover times at providers resulting in decreased standards of patient care and safety.	<ul style="list-style-type: none"> • NIN&S (intervention with CCG Lead and NWAS) to agree recovery plan detailing how performance will be improved to meet ARP standards • Weekly and daily performance monitoring implemented with review of incidents underway (in liaison with Lancs. OSC) • Information shared with all CCGs on monthly basis at NIN&S Q11 meeting with NM commissioners present. • Collaboration with other Providers who contribute to the Pathway e.g. acute trusts and ambulance handovers times, introduction of alternative to transfer with community trust. 	<ul style="list-style-type: none"> • Target for NIN&S to improve by end of Q2 (18/19). Improvement in Q1 call response times but will still not have met standards at end of Q1. 	<ul style="list-style-type: none"> • Jan Davies (LCOO) 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. Workshop held last week to examine hospital handover times with view that from A&E perspective all necessary action has been identified and actioned. Continued focus on overall hospital flow / discharge processes to support from A&E to support front door handovers. There is a national focus on this and particularly NWAS who are one of the poorer performers. On-going work with community trusts to develop alternatives to transfers for patients seen by NWAS who do not require conveyance but alternative support with the community. • Aug 18 - NWAS continue to implement the agreed ARP 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 NWAS working with a number of trusts to facilitate improvements. AUIH has been identified as one of these trusts with issues being raised at Executive level (NWAS to Antree) to enable engagement in priority work over September 18. • Performance (based on November 2018 data) continues to be addressed through the ARP action plan which included a range of actions e.g. 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. Performance within Seltion continues to be variable with improvements in hospital handover times which are now being offset by earlier pressures and increased ambulance activity. The target remains a shared focus of the Acute Trusts and NWAS with the community providers working in partnership on alternative pathways to support people in the community without needs for conveyance. 	3	4	12	Feb-19	Feb-19	12	12	12	12	++	12	++			
	Finance and Resource	FR006a	SS	Q1 2018/19	N/A	Marin McDowell	Finance	There is a risk that the CCG will not fully deliver its planned QIP target in 2018/19 caused by non delivery of high risk QIP schemes resulting in a failure to deliver required levels of savings.	<ul style="list-style-type: none"> • Monthly review and monitoring of all QIP schemes to assess delivery in year and highlight risks and issues affecting delivery of planned QIP savings. • Monthly RAG rated QIP reporting and challenge at Joint QIP and Financial Recovery Committee. • Rapid mobilisation of QIP projects and on-going review of timing of delivery. Development of two year QIP plan. • Joint QIP Committee Reports • Monthly IPR to GB • Financial recovery plan submitted to NHS England. 	<ul style="list-style-type: none"> • Multi-disciplinary teams to work on development / progression of QIP schemes. • Progression and on-going development of future QIP plans through to 2020/21. 	<ul style="list-style-type: none"> • Check and challenge sessions to provide assurance to the Joint QIP and Financial Recovery Committee on the likelihood of delivery of QIP schemes. • On-going development of assurance processes to ensure alignment and accuracy of QIP reporting through monthly financial reports. • Q4 18 (03.2019) - discussion in F&R Committee meeting - as the CCG is not on target to fully deliver its QIP target in 2018/19, it was agreed to increase the likelihood post mitigation score from 4.5 to 5, which would increase the total post mitigation score from 20 to 25. 	5	5	15	Mar-19	Mar-19	15	20	20	20	↑	20	↑			

Governing Body Meeting	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. Is there a risk that X risk caused by Y event cascades to Z effect?)	Key controls and assurances in place (What controls/ systems are already in place to prevent the risk from being realized?)	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	Q3 Score	Trend to prior Q	Q4 Score	Overall Trend
PTI	Quality Committee	QUA064	SS073	Aug 2018 Q2 2018/19	N/A	Tracy Forshaw	Quality	There is a risk that the CCG will not be able to meet the required frequency 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"> The CCG has a PHB lead in place. PHBs are a standing agenda item at the CHC Programme Board as a sub group of the Joint Quality Committee. Quarterly reporting via the Integrated Performance Report. The CCG supported the funding of a complex care nurse within the CHC team to support the assessment of complex patient and PHBs until the end of March 2019. CHC, PHB Default Task and Finish Group in place. 	4	3	12	<ul style="list-style-type: none"> The PHB policy is under review to support the expansion of PHBs outside of adults CHC and Children CC The CCG commissions a home care services from Alder Hey paper has been submitted to SMT in June and July 2018 to confirm the CCGs intention to service notice on the block contract considering the risks of redundancy. The children's commission is working with Children complex care nurse in MLCU to support the PHB for 1 client. Chief Accountant Officer has requested the CCG QPP lead to support prioritisation of PHBs and to consider if this can be delivered differently. The CCG does not have in place a CHC end to end service; the CCG is considering the model with MLCU undertaking a piece of work which will come through the CHC Steering Group A meeting is to be arranged with Seflon Carers Centre, to review the contract as part of the PHB 	<ul style="list-style-type: none"> PHB policy and procedures reviewed by MLCU, awaiting feedback on the final version before ratification. Consultant and engagement events taken place with CCG commissioner providers, CCG Big Chats, 3rd sector to support the awareness and access of PHBs CCG has obtained mentorship for the expansion of PHBs outside of NHS CHC and Children CC for wheelchairs (Hull CCG) and children complex care (TBC). Hull CCG have provided teleconference events and supported stakeholder event co-ordinated by the CCG PHB lead in September 2018. Wheelchair PHBs were tabled at the Integrated Commissioning Group with confirmation of engagement from Seflon MCB on 30/08/18 (Hull CCG). The CCG is exploring the possibility of PHBs for CHC end 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 SFCOG and GP clinical lead as part of the CCG QPP agenda. The CCG is exploring the possibility of PHBs for mental health and learning disabilities for S117 outside of NHS CHC, with attendance to NHS session on 17/10/18. Delays in the PHB process have been reviewed by CCG and MLCU with MLCU scheme of delegation now in place. The CCG has identified an alternative independent provider from the 3rd sector due to issues with current CCG independent support provider. 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 COOPG, COORM and CHC steering group for commissioned providers and MLCU for clarification on how this will be delivered. A meeting to be arranged with Mersey Care contracts and commissioning leads to review the contract and service specification. 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. Reports have been submitted to SMT in relation to under performance and recovery plans Nov 18: CHC PHB Default Task and Finish Group in progress with process mapping being completed. Discussions are taking place in parallel via contractual arrangements with the community providers The CCG is exploring the possibility of piloting Seflon Carers Centre as a PHB provider. A paper has gone to LT for 15th January 2019 to consider signing a letter signifying the CCGs intention and to work up a contract. The CCG has supported a Band 5 PHB commissioner - the post is to be developed in conjunction with Billie Dodd 	4	3	12	Feb-19	Feb-19	x	N/A	12	12	--	12	--
PTI	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"> Financial position reported through to SMT, SLT and governing body. Commitment made for up to £100k recurrent for NDR/ ASD/ ADHD and up to £20k recurrent to support SALT reducing waiting lists / input into the NDR diagnostic pathway. 	4	3	12	<ul style="list-style-type: none"> Regular reporting on the Improvement Plan once agreed by CCG and DIE to JQC, SLT and Governing body 	4	4	16	Feb-19	Feb-19	x	N/A	12	16	--	16	↑	
PTI	Quality Committee	QUA066	SS079	Dec 18, Q3 2018/19	N/A	Helen Case	Quality	There is risk that recommendations from the CCG review are not 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"> Task and Finish meetings have been undertaken chaired by the Accountable Officer and will be ongoing until the CCG recommendations have been implemented. Key stakeholders are members of the Task and Finish Group 	3	4	12	<ul style="list-style-type: none"> Key stakeholders have commenced actions against the recommendations and have provided the CCG with their action plans against the recommendations. CCG action plan was submitted to CCG on 04/07/2019 and a response received from CCG on 11/01/19. The next submission of the action plan is due on 04/07/2019 - No further update 	3	4	12	Feb-19	Feb-19	x	N/A	N/A	12	--	12	--	
PTI	SS & SF Joint Commissioning	JC03	SS	Mar 2017, Q4 2016/17		Jan Leonard	Commissioning	Pressure in primary medical care services resulting from workload, workforce and funding. Risk that GP Practices will be unable to continue to provide medical services.	Strategic priority of the CCG. Discussed at Joint Commissioning Committee, GPSPVY plans, LGC funding to support transformation.	4	4	16	<ul style="list-style-type: none"> Continued roll out of GPSPVY workstreams. Resubmission of GPSPVY plan. Reduced capacity in 3rd due to transformational post freezing. Identifying support to practices for 17/18 resilience funding. 	<ul style="list-style-type: none"> International recruitment application due at end Nov 17. Primary care workshop planned for mid Nov to review Shaping Seflon plans. Views from localities to be gathered to build plan. 2 year LGC to be considered. LGC planning meetings scheduled. Further clinical pharmacist application to be submitted, specification for Extended Access (7 days services) near finalised. To be presented to G8 Feb 18 ahead of procurement. Despite GPVY roll out no reduction in pressure in practices. Clinical pharmacist application submitted. LGC being finalised. LGC has been approved via approvals panel. Clinical Pharmacy pilot bid successful. Plan to mobilise clinical pharmacists progressing. Bids for Primary Care Network funding being progressed. Pilot is being trialled in North Locality for 3 months then will be rolled out to all localities. 7 day access live, monitoring appointment usage and impact on core hours. 7 of the 8 localities have been successful in obtaining lands to develop Primary Care Networks. 7 day access Hub is now live and offering appointment between 5pm and 8pm weekday evenings and 10am to 1pm weekends. staff include GP, ANP, RN and physio from November 2018 	4	4	16	Feb-19	Dec-18	16	16	16	16	--	16	--
PTI	SS & SF Joint Commissioning	JC05	SS	Apr 2017, Q1 2017/18		Jan Leonard	Commissioning	Primary Care Services England. On-going issues over transfer of records, DSS checks, salaries and pensions. Despite logging and reporting little resolution. Risk to service delivery if practices unable to function effectively due to financial risks. Risk to continuity of patient care due to impact of delays in records transfers.	PCSE working groups, regular updates to practices. Discussed at Joint Committee and LMC liaison meetings.	5	4	20	<ul style="list-style-type: none"> LMCs have been invited, it was noted that Rob Barnett (Liverpool LMC) attends on behalf of Liverpool and Seflon 	<ul style="list-style-type: none"> Attendance at meeting by CCG reps. JL has written to T Knight at NHSE regarding on-going situation and lack of progress, awaiting formal response. Issues raised at Regional Meeting, similar issues in other areas, await formal response. Issues continue with concerns over performers lists - meeting with NHSE Jan 18 to discuss actions. Issues continue to be raised and forwarded to NHSE / PCSE. JL to escalate to FT. No further update although PCSE staff now based within Regatta Place with NHSE which may help with resolving issues. Issues continue - committee felt risk of likelihood has increased. Further incidents have been identified around children not being invited for screening. A subgroup has been set up to reduce further incidents 	4	4	16	Feb-19	Dec-18	16	16	20	16	--	16	↓
PTI	SS Joint Commissioning	JC07	SS	May 2017, Q1 2017/18		Jan Leonard	Commissioning	Outstanding lease issue with a practice. Potential risk to continuity of service delivery if not resolved.	Meetings have taken place with NHSE / CCG and practice to address issues. Progress tracked through operational joint committee.	3	3	9	<ul style="list-style-type: none"> Letter going to practice supporting a meeting which CCG will attend if required 	<ul style="list-style-type: none"> Meeting planned for mid Nov. NHSE concern at lack of progress in obtaining a signed lease. Practice meeting discussed issues and task practice to present new case for formal closure if unable to open list. Support from CCG estates regarding lease issue, deadline of Jan 18 re progress. Progress on lease support on-going from NHSPS. Meeting with NHSE, LMC and CCG arranged for 23/5/18. Actions agreed with practice as a result of meeting, avoid obliquity of actions. Agreement of lease now progressing NHSE offer of financial assistance (in form of an advance of contract payment) has not been taken up by practice. Awaiting confirmation that lease is now in place. 	4	3	12	Feb-19	Dec-18	12	9	9	12	--	12	↑
PTI	Quality Committee	QUA067	SS076	Q4 - Feb 19	N/A	Hebbie Fagan (Nat Herby)	Quality	There is risk that the CCG will not have systems and resources to support the MCA/D&S process dictated by amended legislation due to come into force in April 2019 resulting in risk to quality and safety of care for vulnerable patients	Implementation plan in place - progress reviewed monthly at JQC	3	4	12	<ul style="list-style-type: none"> No key controls as yet - awaiting update in early April 2019 for sign going forward 	<ul style="list-style-type: none"> New risk added February 2019 	3	4	12	Feb-19	N/A	x	N/A	N/A	N/A	N/A	N/A	--
PTI	Quality Committee	QUA068	SS077	Q4 - Mar 19	N/A	Maura Harrison	Quality	There is risk that Woodlands Hospice will not be able to sustain the level of provision caused by lack of financial resources resulting in the potential closure of Woodlands Hospice.		4	4	16	<ul style="list-style-type: none"> No key controls as yet - awaiting update in early April 2019 for sign going forward 	<ul style="list-style-type: none"> Woodlands have informed and met with the 3 CCGs (Seflon, Liverpool and Knowsley) to advise them of the situation. Woodlands are meeting with their board on the 02/04/2019 to discuss options and present them back to the CCGs. Each CCG is adding his to their corporate risk registers. Seflon CCG is presenting a paper to SMT to advise them if there is no legacy payments met etc Woodlands, the hospice have advise there is a £550, 000 shortfall at the end of 2019/20. Woodlands have contacted Hospice UK to see if there is any support available. They have also approached AUH to discuss finances. 	4	4	16	Mar-19	N/A	x	N/A	N/A	N/A	N/A	N/A	--

Risk Matrix

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

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

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

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

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

MEETING OF THE GOVERNING BODY June 2019

Agenda Item: 19/75	Author of the Paper: Mel Wright Programme Manager Melanie.wright@southseftonccg.nhs.uk 0151 317 8456						
Report date: May 2019							
Title: Sefton Transformation Programme Update							
Summary/Key Issues: This paper presents the Governing Body with an update as to progress on the Sefton Health and Social Care Transformation Programme.							
Recommendation The Governing Body is asked to receive this report.	<table border="1"> <tr><td>Receive</td><td style="text-align: center;">X</td></tr> <tr><td>Approve</td><td style="text-align: center;"> </td></tr> <tr><td>Ratify</td><td style="text-align: center;"> </td></tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 2019/20 *(x those that apply)*

X	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
X	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
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 and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

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

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

Sefton Health and Care Transformation Programme

Lead	Fiona Taylor, SRO	Overall RAG:	TBC
Scope	Transformation of health and care services across Sefton	Stage:	Define
Deliverables	<ul style="list-style-type: none"> Starting Well, Living Well, Aging Well Locality Development Optimised Acute Care 	Est. imp date:	April 2020
		Current date:	21 May 2019

Initiate/Define/Delivery/Close

Report this month	Key tasks to be completed next month
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<ul style="list-style-type: none"> Following agreement of the appropriate workstreams necessary to deliver whole system transformation across Sefton, work is now under way to formally define and agree the specifics. SROs have been agreed the for a number of workstreams, however, work is ongoing in relation to the gaps in relation to Primary Care Networks, Digital, Workforce, OD and Culture and Business Intelligence, which constitutes a significant risk to programme delivery. The programme governance process continues and the STB will be further considering governance generally in June, with a formal paper to be presented in July 2019. The first engagement event was held on 10 April with a view to preparing a five-year health and wellbeing strategy and was well- attended and received; Early Intervention and Prevention was a key theme with the 'EIP3' approach which aims to enable communities, the workforce and the voluntary, care and faith sector within themes of developing resilient communities, taking a 'hands off' approach and brining the common purpose across partners to the forefront. A further event is planned for 10 July to maintain pace in progressing. The terms of reference to deliver a draft pre consultation business case in relation to the Acute Sustainability workstream for Southport and Ormskirk NHST for October 2019 are now being developed. 	<ul style="list-style-type: none"> Further engagement event scheduled for 10 July. Agreement of remaining SROs. Event to be held on 27 June to launch Estates, Digital and Workforce enabling workstreams and consider connection to wider programme context.
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Key risks, issues for resolution / escalation and any mitigating actions

- Risks are escalated to the Sefton Health and Care Transformation Board.

Key Milestones

Baseline Date	Forecast Date	Description	RAG
To follow			

MEETING OF THE GOVERNING BODY June 2019

Agenda Item: 19/76	Author of the Paper: Luke Garner Head of Business Intelligence, Strategic Planning & Performance luke.garner@southseftonccg.nhs.uk 0151 317 8467
Report date: June 2019	
Title: Operation Plan 2019/20	
Summary/Key Issues: This paper outlines the rigorous process undertaken to produce the CCGs 2019/20 Operational Plan to provide assurance to the Governing Body. It details the requirements nationally, the standards to be met and the key issues encountered during the planning process.	
Recommendation The Governing Body is asked to receive the report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2019/20

	To progress Shaping Sefton II as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
	To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton
	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 and strategic commissioning 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 the Governing Body June 2019

1. Executive Summary

Each year CCGs are required to build, test, and approve Operational Plans based on a number prescribed activity and performance metrics. The metrics cover secondary care activity levels, constitutional measures, and other indicators related to Mental Health, Learning Disability, Personal Health Budgets, and aspects of community services.

Activity requirements follow a national set of definitions based on 'Specific Acute' specialties and exclude activity related to such things as Maternity and Diagnostics.

Activity and Performance plans are developed in conjunction with our main providers and tested nationally via NHS England's alignment process. Throughout the year the CCGs plans are monitored at a regional level via NHS England and NHS Improvement with any variation beyond prescribed limits require detailed information regarding the issues. The CCG is also asked for narrative on specific issues and what actions are in place to ensure recovery of plans.

2. Introduction and Background

The latest operational guidance required CCG's to produce a one year plan for 2019/20 against national definitions and in line with historic trend based on activity and performance over the past three years. Performance plans required robust yet realistic levels to take into account both the national deliverables but also current / historic trends.

The planning round for 2019/20, more so than other years, required close collaboration with our main acute providers to ensure alignment of activity figures and performance trajectories. 'Appendix A' details all measures requiring plans and any national deliverables which are linked to such metrics.

The planning of activity and performance for 2019/20 goes through a number of iterations both via internal triangulation with finance, contracts and commissioning colleagues, as well as external via contractual discussions with our main providers.

Post each submitted draft operational plan NHS England & NHS Improvement test the resilience of the plans and produce an alignment tool to identify variation between provider / commissioner assumptions. This is then worked through collaboratively to iron out remaining differences.

Activity

NHS England provided detailed methodology to follow in producing activity figures and a template with a pre-populated forecast position for each CCG. This was to form a basis of planning activity levels with the expectation on CCGs to attempt to reconcile with local activity levels.

No specific growth aspirations provided nationally as NHSE England had in previous years, instead an average growth rate taken from the past three years was to be used as a basis for growth assumptions. Reductions in activity linked to transformation work to be included only where service are imbedded and producing reduced levels of acute activity flows.

Performance

Similar to activity requirements, performance metrics were planned on the basis of growth levels over the past three years at an average rate. Performance against the national standards historically and a view on the 19/20 deliverables were requirements to be factor into operational plans.

3. Key Issues

Detailed below are specific issues relating to the planning process.

Data Source, Forecast Outturn and Seasonal Profile

Nationally the data provided in the template detailing CCGs forecast position came from the National Commissioning Data Repository (NCDR), which is a variation of the CCG accessible Secondary Uses Services (SUS) data. CCGs and Providers nationally do not have access to the NCDR and are unable to replicate using the SUS data flows with the main reason linked to the Commissioner Assignment Method (CAM) used within NCDR which reassigns activity to the relevant commissioner (CCG or NHSE).

Both the CCG and the main Acute Trusts have used SUS to base their plans on with this being the common data source between Providers and Commissioners.

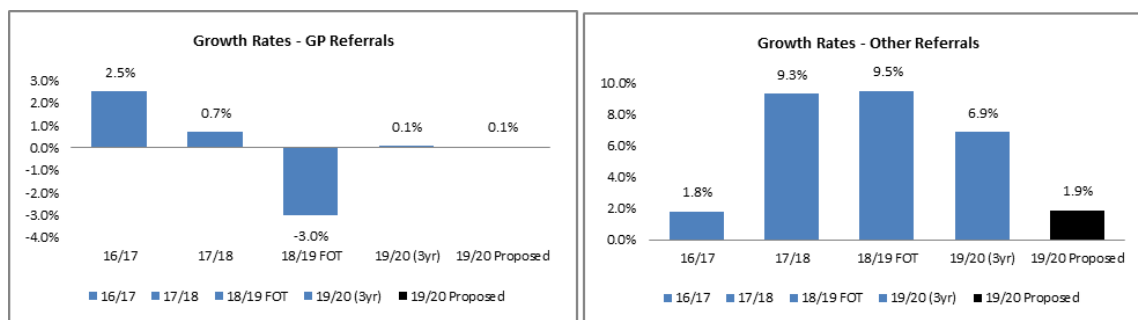
Linked to the issues above forecast outturn reconciliation could not be reached and as such CCG used a period of April to November 2018/19 (latest position) instead of the months April to October as in the operational plan template. A seasonally projected year end position based on the SUS dataset as per the national guidance was achieved. (See 'Appendix B' for forecast variation table).

A seasonal profile for the forecast position and monthly planning for 2019/20 was based upon the average monthly seasonal variation with the exclusion of months which showed a variation beyond the statistical norm.

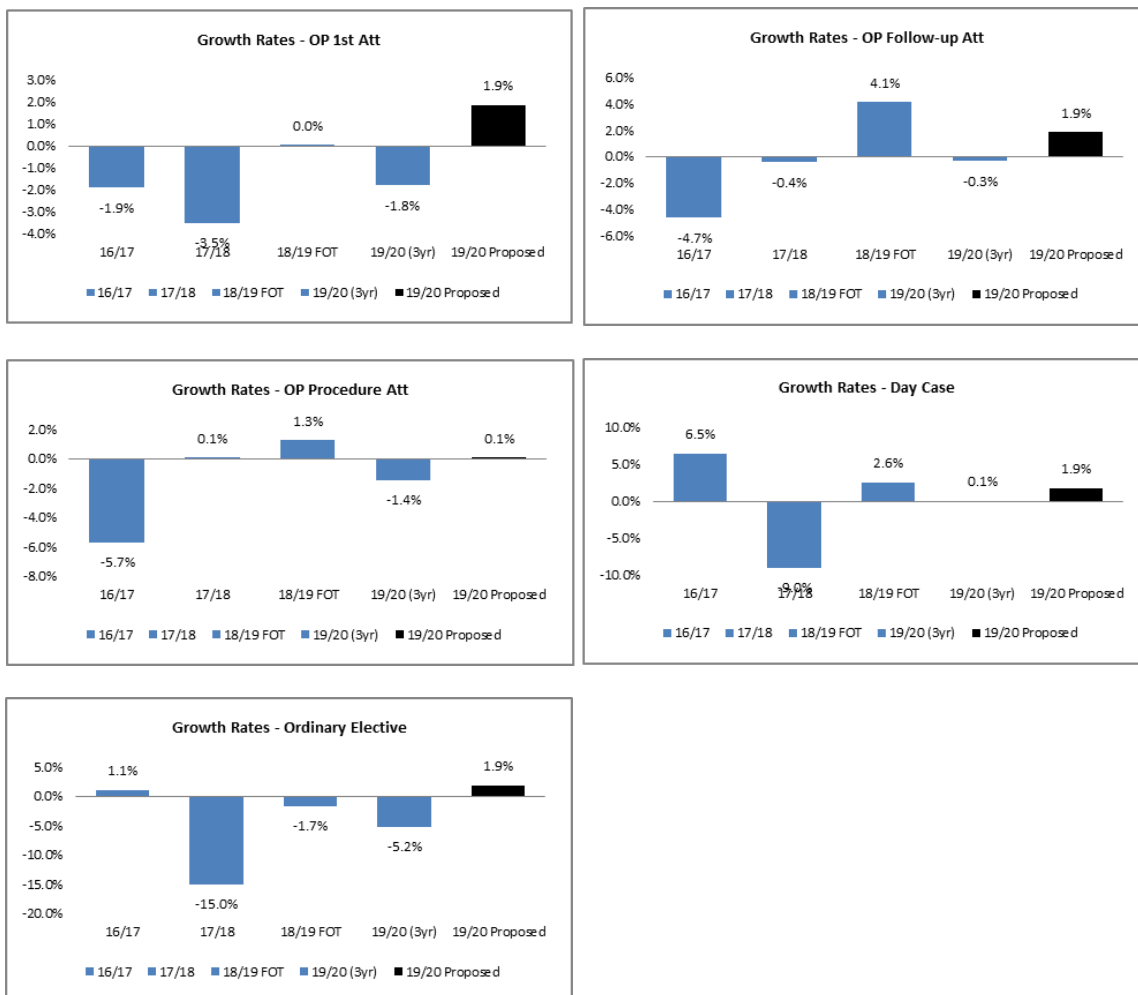
Activity Growth Assumptions and Plans

Planned Care

Planned care average growth rates indicate a reduction across most measures with the exception of a slight increase in Day Case levels and a larger rate in 'other' referrals, see charts below;



Demographic growth levels have been applied to GP referrals of 0.06% instead of using negative growth levels. Due to increases in 'other' referrals linked mainly to consultant to consultant a revised growth rate of 1.86% has been used, this growth rate is in line with financial allocation increases for activity levels. Changes within coding of consultant generated referrals have occurred over the past few years and do not always specially map to activity increases as noted by the activity growth rates below.



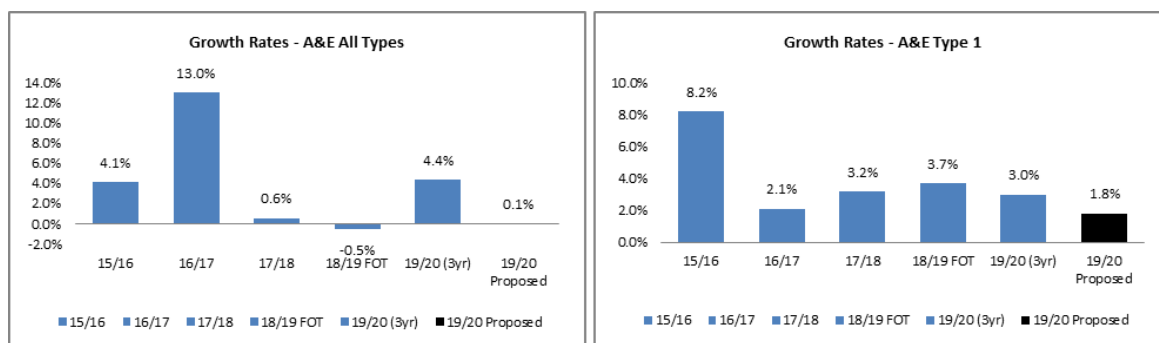
A standard growth rate of 1.86% has been used across the majority of planned care points of delivery at a CCG catchment level which is linked to the financial allocation increases. Only Outpatient Procedures have a lower rate linked to demographic growth which is due to changes in coding at the main provider. Detailed plans at Trust levels have varying growth assumptions linked to the contractual agreements.

Negative growth rates not applied for a number of reasons:

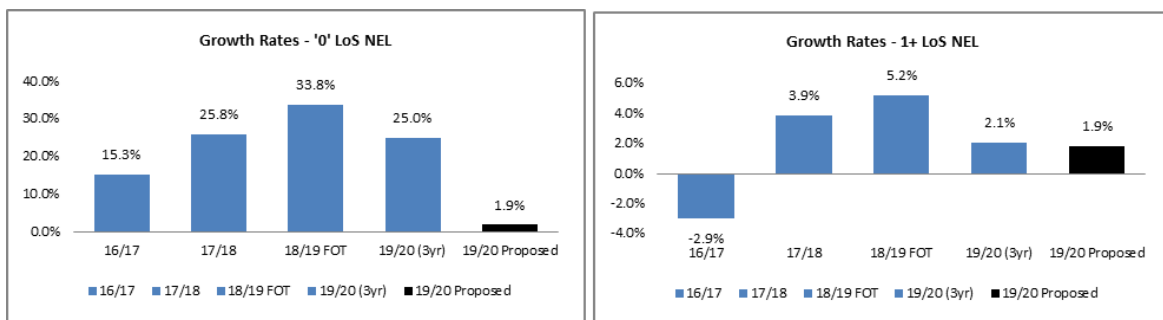
- Alignment of CCG activity and financial plans
- Alignment and agreement between commissioners and providers
- Specific work at the CCGs main provider around efficiency of services and greater planned care utilisation
- Transformation figures reducing activity levels not applied

Urgent Care

Urgent care levels differ from that of planned care with increased activity noted across most areas, some genuine growth and others linked to coding changes.



Steady growth rates in A&E linked to type-1 activity, with the exclusions of 2015/16. CCG plans are aligned with provider plans and have an overall growth rate for type-1 activity of 1.86% linked to the financial allocation. Ally types have a lower demographic rate of 0.06% linked to walk in centre activity taking into account the view from 17/18 and 18/19 forecast.



Growth rates for Non-elective admissions have been affected, specifically in '0' length of stay activity, by coding and recording changes at the main acute provider. These changes do not represent true growth in actual patients but rather changes linked to ambulatory care pathways. As such three year average growth rates cannot be used due to accuracy. Increased levels for emergency admission plans are aligned to our financial allocation for growth.

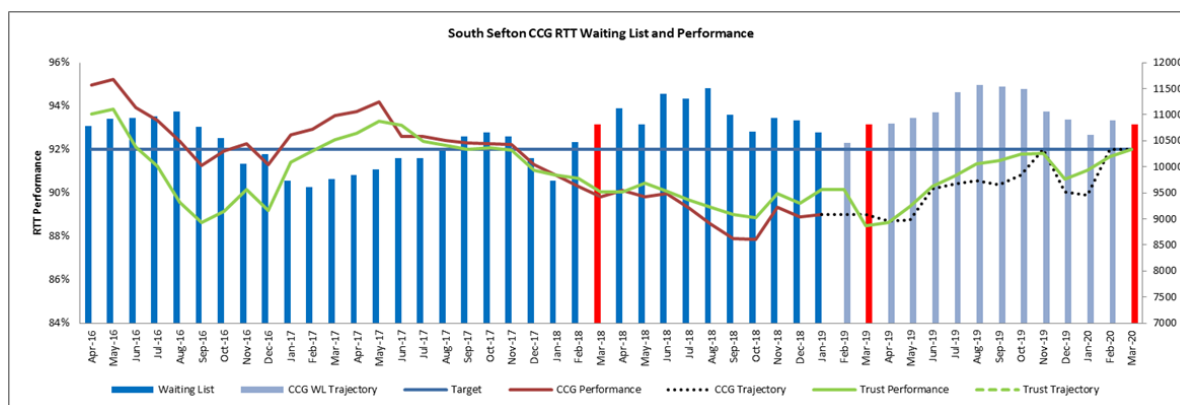
Performance Plans

Constitution

Constitution plans have been established via the NHS England performance planning tool and in line with activity planning principles utilising an average growth rate over the past three years. As with activity, CCG and provider constitution plans were asked to align and show a realistic view of performance over 2019/20.

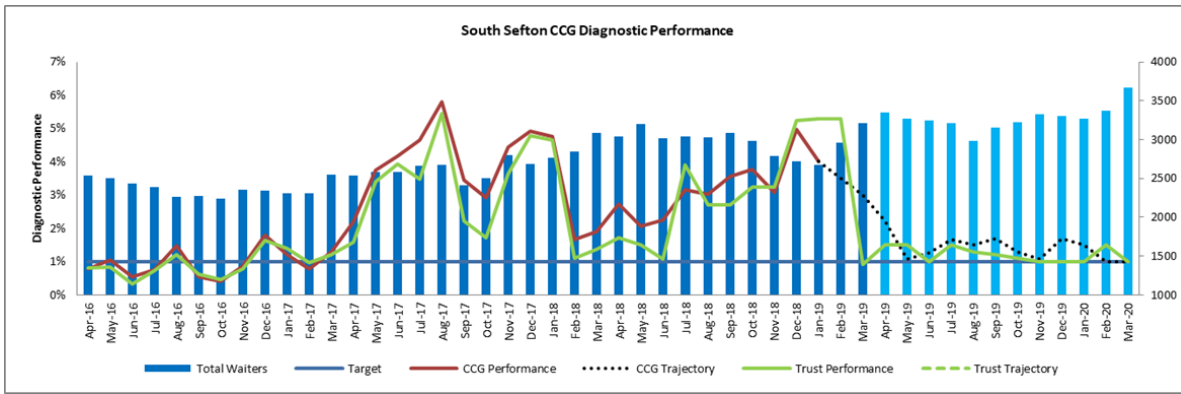
Differing from previous years NHS England direction to CCGs asked for robust, realistic plans taking into consideration the national deliverables but in cases where standards are not being achieved and providers planned non-recovery from April, CCGs were to mirror such plans. (Please see 'Appendix A' for details of national deliverables)

Referral to Treatment



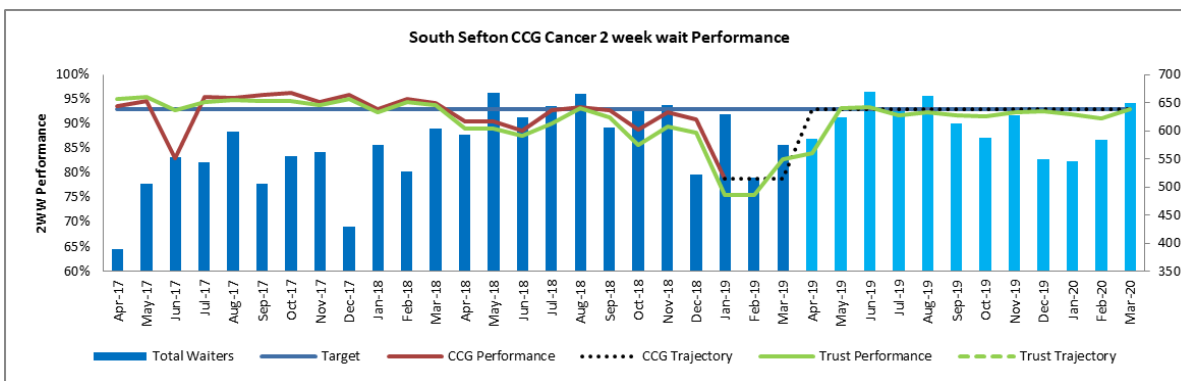
CCG plans indicate achievement of the waiting list position and plans for no 52 week waits. Based on current information and historic trend aligned to our main providers the CCG plans not to achieve the 18 week standard from April but recover in year by quarter 4 which has been agreed in conjunction with NHS England.

Diagnostics



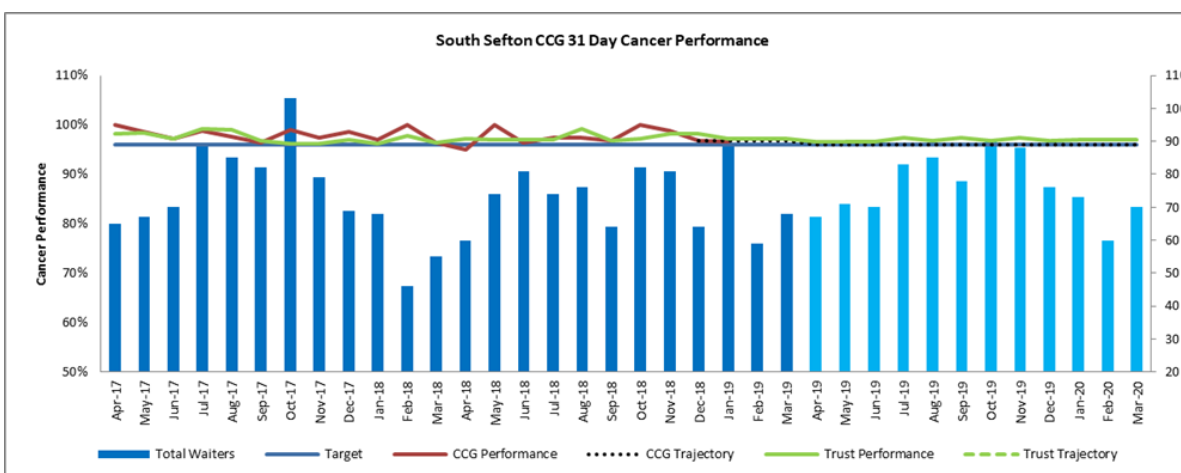
CCG plans indicated significant improvement for diagnostic performance in line with provider plans and current waiting list initiatives in place. Recovery of the standard has been planned for quarter 4 but work is progressing to improve the CCGs position earlier.

Cancer – 2 week wait



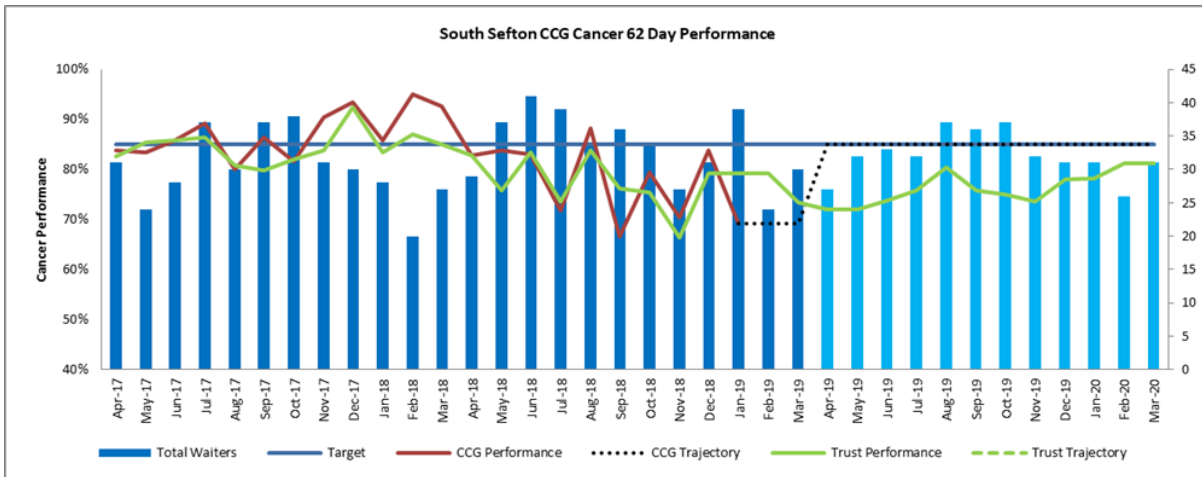
The CCG plans indicate achievement of the 2 week wait targets for total patients and those referred for breast symptoms.

Cancer – 31 Day



The CCG plans indicate achievement of the 31-day week wait targets for total patients and each of the subset areas linked to the 31-day target.

Cancer – 62 Day



The CCG has planned to achieve all the 62 day targets for 2019/20 and each of the quarters but, linked to provider plans, some months indicate below standard achievement. Small numbers of patients and complex pathways contribute to the fluctuation of historic and planned performance. CCG plans are not in alignment with providers due to national direction and the small numbers of patients within this area.

Other Performance Plans

Further plans detailed in the planning template relating to Mental Health, LD, Primary Care and ‘Other’ have been set in line with the stated targets and ambitions which are linked to the commissioned levels of performance. The CCGs understand the difficulty in achieving some of the national targets due to multiple factors outside of funding and resource but remains committed to attaining the national standards.

Work carried out through 2018/19 and further planned developments to target patients flowing to such services as IAPT are in place with improvements expected throughout the year.

4. Conclusions

Operational plans for 2019/20 have been developed in collaboration with financial, contracting, commissioning and other CCG leads and rigorously tested in detailed discussions with our local providers.

NHS England have challenged aspects of CCG plans throughout the process and, in some instances, have requested specific changes to align with regional and national direction.

The CCGs operational plans have been reviewed discussed and signed of at executive level within the CCG prior to submission of each of the planning iterations.

The plans are monitored on a regular basis via key lines of enquiry (KLOEs) required by NHS England and NHS Improvement on a monthly basis where variation against activity or under performance against national standards is noted. Monthly monitoring internally is provided through the Integrated Performance Report which is presented to the CCG Governing Body.

5. Recommendations

The Governing Body is asked to receive the report.

6. Appendices

Appendix A – List of national measures and standards required for Operational Plans
Appendix B – Variation between NHS England and CCG forecast position

Luke Garner
Head of Business Intelligence, Strategic Planning and Performance
June 2019

Appendix A

Area	Measure Code	Measure Name	National Deliverable (if applicable)	
Activity	E.M.7	Total Referrals (General and Acute)	N/A	
	E.M.7a	GP Referrals (General and Acute)	N/A	
	E.M.7b	Other Referrals (General and Acute)	N/A	
	E.M.8+9	Total Consultant Led Outpatient Attendances	N/A	
	E.M.8	Consultant Led First Outpatient Attendances	N/A	
	E.M.9	Consultant Led Follow-Up Outpatient Attendances	N/A	
	E.M.21	Total Outpatient Appointments with Procedures*	N/A	
	E.M.10	Total Elective Admissions	N/A	
	E.M.10a	Total Elective Admissions - Day Case	N/A	
	E.M.10b	Total Elective Admissions - Ordinary	N/A	
	E.M.11	Total Non-Elective Admissions	N/A	
	E.M.11a	Total Non-Elective Admissions - 0 LoS	N/A	
	E.M.11b	Total Non-Elective Admissions - +1 LoS	N/A	
	E.M.12	Total A&E Attendances excluding Planned Follow Ups	N/A	
	E.M.12a	Type 1 A&E Attendances excluding Planned Follow Ups	N/A	
	E.M.12b	Other A&E Attendances excluding Planned Follow Ups	N/A	
	E.M.18	Number of Completed Admitted RTT Pathways	N/A	
	E.M.19	Number of Completed Non-Admitted RTT Pathways	N/A	
	E.M.20	Number of New RTT Pathways (Clockstarts)	N/A	
	Constitution	E.B.3	RTT Incomplete Pathway	Reduction in Waiting list from March 2018 position, 92% 18 week target
E.B.18		RTT 52 Week Waits	No patient waiting over 52 weeks	
E.B.4		Diagnostic Tests waiting Times	No more than 1% waiting over 6 weeks	
E.B.6		Cancer Waiting Times - 2 Week Wait	93% seen within 2 weeks of referral	
E.B.7		Cancer Waiting Times - 2 Week Wait (Breast Symptoms)	93% seen within 2 weeks of referral	
E.B.8		Cancer Waiting Times - 31 Day First Treatment	96% first treatment from decision to treat within 31 days	
E.B.9		Cancer Waiting Times - 31 Day Surgery	94% first treatment from decision to treat within 31 days	
E.B.10		Cancer Waiting Times - 31 Day Drugs	98% first treatment from decision to treat within 31 days	
E.B.11		Cancer Waiting Times - 31 Day Radiotherapy	94% first treatment from decision to treat within 31 days	
E.B.12		Cancer Waiting Times - 62 Day GP Referral	85% first treatment within 62 days	
E.B.13		Cancer Waiting Times - 62 Day Screening	90% first treatment within 62 days	
E.B.14		Cancer Waiting Times - 62 Day Upgrade	85% local target	
Mental Health		E.A.S.1	Estimated Diagnosis rate for people with dementia	66.7% of people with Dementia, 65yrs +, to have formal diagnosis

	E.A.3	IAPT Roll-out	Timely access to treatment at least 22% of people with anxiety and depression disorders.
	E.A.S.2	IAPT Recovery Rate	50% recovery rate
	E.H.1_A1	IAPT Waiting Times - 6 weeks	75% referral to treatment within 6 weeks
	E.H.1_A2	IAPT Waiting Times - 18 weeks	95% referral to treatment within 18 weeks
	E.H.4	Psychosis treated with a NICE approved care package within two weeks of referral	56% 14-65yrs old start treatment within 2 weeks after experiencing their first episode of psychosis
	E.H.9	Improve access rate to Children and Young People's Mental Health Services (CYPMH)	At least 34% of CYP with diagnosable mental health condition to receive NHS funded treatment
	E.H.10	The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	95% routine within 4 weeks (March 2021)
	E.H.11	The proportion of CYP with ED (urgent cases) that wait one week or less from referral to start of NICE-approved treatment. (rolling 12 months)	95% routine within 1 week (March 2021)
	E.H.13	People with a severe mental illness receiving a full annual physical health check and follow-up interventions	60% of people with SMI to receive annual health check
	E.H.14a	IAPT Trainees	National - 4,500 additional therapists trained by 2020/21
	E.H.14b	Therapists co-located in primary Care	National - 3,000 therapists co-located in primary care by 2020/21
Primary Care	E.D.16	Proportion of the population with access to online consultations	75% of population with access to online consultation
	E.D.17	Extended Access Appointment Utilisation	75% Utilisation
	E.D.18	Proportion of population that the urgent care system (NHS 111) can directly book appointments for in contracted extended access	100% Extended access available
LD Projections	E.K.1a	Reliance on Inpatient Care for People with LD or Autism - Care commissioned by CCGs	Reduction to 18.5 per 1m adult population by Mar-20
	E.K.1b	Reliance on Inpatient Care for People with LD or Autism - Care commissioned by NHS England	Reduction to 18.5 per 1m adult population by Mar-20
Other Commitments	E.N.1	Personal Health Budgets	National - 50,000-100,000 people to have a PHB
	E.O.1	Children Waiting more than 18 Weeks for a Wheelchair	92% waiting less than 18 weeks
	E.K.3	AHCs delivered by GPs for patients on the Learning Disability Register	75% on LD register to have an annual health check

Appendix B

Ref	Measure	Forecast			
		NHSE	CCG	Var	% Var
E.M.7	Total Referrals (General and Acute)	68,898	70,796	1,898	2.8%
E.M.7a	GP Referrals (General and Acute)	39,029	40,188	1,159	3.0%
E.M.7b	Other Referrals (General and Acute)	29,869	30,608	739	2.5%
E.M.8+9	Total Consultant Led Outpatient Attendances	189,007	201,230	12,223	6.5%
E.M.8	Consultant Led First Outpatient Attendances	59,655	59,964	309	0.5%
E.M.9	Consultant Led Follow-Up Outpatient Attendances	129,352	141,266	11,914	9.2%
E.M.21	Total Outpatient Appointments with Procedures	38,554	41,929	3,375	8.8%
E.M.10	Total Elective Admissions	24,992	22,646	-2,346	-9.4%
E.M.10a	Total Elective Admissions - Day Case	22,102	19,805	-2,297	-10.4%
E.M.10b	Total Elective Admissions - Ordinary	2,890	2,841	-49	-1.7%
E.M.11	Total Non-Elective Admissions	26,391	25,890	-501	-1.9%
E.M.11a	Total Non-Elective Admissions - 0LoS	11,255	11,438	183	1.6%
E.M.11b	Total Non-Elective Admissions - +1LoS	15,136	14,452	-684	-4.5%
E.M.12	Total A&E Attendances excluding Planned Follow Ups	101,285	109,105	7,820	7.7%
E.M.12a	Type 1 A&E Attendances excluding Planned Follow Ups	52,107	52,975	868	1.7%
E.M.12b	Other A&E Attendances excluding Planned Follow Ups	49,178	56,130	6,952	14.1%

Luke Garner
Head of Business Intelligence, Strategic Planning and Performance
June 2019

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Finance and Resource Committee Meeting held on Thursday 21st March 2019

Chair:
Graham Morris

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is on target to deliver its control total of £1m surplus subject to External Audit opinion. 	<ul style="list-style-type: none"> The CCG is reliant upon other non-recurrent sources to deliver this position. It is still carrying a substantial underlying deficit position. 	<ul style="list-style-type: none"> All members of the CCG should continue to review expenditure at all levels / accelerate the Transformation programme to enable more cost effective delivery of services.

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

- The CSU service update report was received.
 - Review format – focus only on S&F CCG in next report.
- An update on 19/20 contract negotiations was received, noting that significant financial risks still exist.
- The CCG will be required to lead the development of a system wide recovery plan for submission by the end of April / final draft to be agreed at the end of June.
- The committee received the proposed GPIT / ETTF expenditure plan, noting that the ETTF element may need to be re-presented to the committee for prioritisation purposes. The committee asked that the Primary Care Networks (PCNs) had the opportunity to comment on the final proposals.
- Prescribing – significant underspend compared with budgets.
- Renewal of prescribing rebate scheme agreed - GlucoRx Products.
- F&R Committee Terms of Reference agreed.
- F&R Committee 19/20 Attendance Tracker agreed.

- The committee approved the F&R risk register, taking account of proposed changes discussed during the meeting.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality Committee held on 28th February 2019

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
•	•	•

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

- External CHC Clinical Review – the review was received by the Committee
- Quality Risk Profile Tool – to be reviewed at a meeting on 28th February 2019 as part of the quality surveillance process
- Quality Team Portfolio - the Quality Team portfolio and lead areas were presented. Members highlighted concerns about the impact of staffing movement on the team
- CCG Serious Incident Improvement Plan – this was received by the Committee. Three actions are rated as amber remain which are on track to close by April 2019
- CCG Research Strategy - the revised Research Strategy was approved by the Committee
- CCG Professional Registration Policy this was approved by the Committee
- CCG Safeguarding Policy – amendments noted and approved

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 16th January 2019
NHS South Sefton CCG

Chair:
Graham Morris
(Meeting chaired by Helen Nichols)

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> Members of the committee requested an update on progress relating to the Sefton Transformation Board and Health and Care Partnership at the next Governing Body meeting. 	<ul style="list-style-type: none"> Potential for GB members to be unaware of current issues / progress. 	<ul style="list-style-type: none"> Updates to be arranged at the next Governing Body meeting (February – public meeting) and issues to be reflected in the GBAF.

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

- Full Governing Body Assurance Framework (GBAF) review by Governing Body (to be arranged for March Development session).
- The committee asked for a response to current cyber security issues.
- The committee noted the update to the Register of Interests and suggested a letter of thanks be sent to Judy Graves for her diligence in the matter.
- The committee requested an update on the CCG's arrangements in relation to Brexit.
- The committee requested further assurance in relation to performance and management controls relating to the PMO.
- An update on GP pensions was received, noting that further information was requested and that CCG officers had met with some financial advisors to GPs to look to resolve issues.
- NHSE CCG Financial Planning, Control and Governance Self Assurance Template was received by the committee.
- CCG Serious Incidents review was presented to the committee, noting Substantial Assurance was evident from the review.

- CCG Financial Systems Controls review concluded a High Assurance level - an improvement from previous year.
- Meeting scheduled between committee members and Auditors for April – can GB members please raise any issues with Audit Committee Chairs.
- The committee approved the GBAF, Corporate Risk Register and Heat Map, subject to confirmation that the Leadership Team have reviewed and moderated the risks.
- The committee asked for an update on Primary Care Delegation at the next Governing Body Development Session.

Key Issues Report to Governing Body



South Sefton & NHSE Joint Commissioning Meeting Part 1, Thursday 21st March 2019

Chair: Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions

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

The committee noted the changes to the GP contract and are awaiting further guidance due to be published at the end of March 2019. The committee will review this at the next meeting.

Key Issues Report to Governing Body

Primary Care Commissioning Committee Part 1, Thursday 18th April 2019

Chair: Gill Brown

Key Issue	Risk Identified	Mitigating Actions

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

Terms of Reference for the Primary Care Commissioning Committee were noted.

The Delegation Agreement between the CCG and NHSE was received.

The committee noted the review of the Terms of Reference for the Operational Group.

The committee delegated responsibility for sign off of Primary Care Network agreements to the Leadership Team due to the timescales involved in the process.

Finance and Resource Committee Minutes

Thursday 21st March 2019, 1pm to 3pm

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

Attendees (Membership)		
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
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
In attendance		
Joyer Gibson	Head of Financial Management & Planning, SS CCG	JG
Brendan Prescott (item FR19/43 onwards)	Deputy Chief Nurse, SS CCG	BP
Apologies		
Debbie Fagan	Chief Nurse, SS CCG	DF
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr John Wray	GP Governing Body Member, SS CCG	JW
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Membership	May 18	June 18	July 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Graham Morris	Lay Member (Chair)	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member	A	A	✓	✓	✓	A	✓	✓	✓	✓	✓
Dr Pete Chamberlain	GP Governing Body Member							✓	✓	A	A	✓
Dr Sunil Sapre	GP Governing Body Member	✓	A	✓	✓	✓	A	✓	A	✓	A	✓
Dr John Wray	GP Governing Body Member	A	A	A	✓	A	A	✓	A	A	✓	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	A	✓	✓	A	✓	✓	✓	A
Debbie Fagan	Chief Nurse	A	✓	A	A	✓	✓	✓	✓	A	✓	A
Jan Leonard	Chief Redesign & Commissioning Officer	✓	A	✓	✓	✓	A	✓	✓	✓	A	✓
Susanne Lynch	CCG Lead for Medicines Management	A	A	✓	✓	✓	A	✓	✓	✓	A	✓
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	✓	*	*	✓	*	*	*	*	*	*

No	Item	Action
General business		
FR19/37	<p>Apologies for absence Apologies for absence were received from Debbie Fagan, Alison Ormrod and Dr John Wray.</p> <p>Joyer Gibson, who has recently joined the CCG as Head of Financial Management and Planning whilst Jenny White is on secondment, was in attendance as an observer.</p> <p>It was noted that Brendan Prescott would be in attendance on behalf of Debbie Fagan (joined the meeting from item FR19/43 onwards).</p>	
FR19/38	<p>Declarations of interest regarding agenda items Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • 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. • <i>FR19/47: GPIT and ETTF Bids for 2019/20</i> SS declared he is a partner GP at two practices in South Sefton which could potentially benefit from GPIT and ETTF bids. PC declared that he is a partner GP at a practice in South Sefton which could potentially benefit from GPIT and ETTF bids. SS and PC had indirect pecuniary conflicts of interest in relation to this item. It was noted that the information in the report for this item was to be received and that a decision / resolution was not required. The Chair reviewed the declarations and decided that SS and PC could be present during this item and participate in discussion, as the item did not require a committee decision. • <i>FR19/45: Finance Strategy Update</i> It was noted that a brief update on contract negotiations would be given under this item. PC declared that he is on secondment at Mersey Care NHS Foundation Trust, which has a contractual relationship with the CCG. The Chair reviewed the declaration and decided that PC could be present during this item and participate in discussion, given that a brief update was being provided and a committee decision would not be required. 	
FR19/39	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting held on 21st February 2019 were approved as a true and accurate record and signed-off by the Chair. The key issues log</p>	

No	Item	Action
	was approved as an accurate reflection of the main issues from the previous meeting.	
FR19/40	<p>Action points from the previous meeting</p> <p>FR19/12 Prescribing Spend Report – Month 7 2018/19 SS confirmed the issue regarding access to pneumococcal vaccines has been resolved. Action closed.</p> <p>FR19/13 Pan Mersey APC Recommendations <u>Rheumatology high cost drug pathways – sequential options</u> SL has contacted Midlands & Lancashire CSU regarding the use of Blueteq to further gain assurance relating to sequential use. She is awaiting information from the CSU as to whether the software will allow this. Action still open.</p> <p>FR19/24 HR Policies MMcD reported that the Attendance Management policy was discussed at the Leadership Team meeting on 19th March 2019 and it has been agreed that the clause regarding routine medical appointments should be a decision reserved to the line manager's discretion. The policy is to be brought back to the next F&R Committee meeting for formal approval, as agreed at the committee meeting on 21st February 2019.</p> <p>FR19/25 Brexit Considerations Members discussed the action regarding a letter being issued to patients to advise against ordering early prescriptions due to Brexit. It was agreed to close this action on assessment of the impact it would have at this stage. Action closed.</p> <p>FR19/25 Brexit Considerations MMcD reported that Debbie Fairclough (the CCG's primary contact for EU Brexit planning arrangements) has written to Sefton Council to seek assurance regarding the local situation with care home staffing – further to national figures showing there is a high reliance upon non-UK employees for care home staffing. A response is awaited and an update will be provided at the next committee meeting. This action is to supersede the current action on the tracker.</p> <p>FR19/28 Finance & Resource Committee Risk Register The post mitigation score for risk FR005 will be discussed under item FR19/44. Action closed.</p> <p>FR19/28 Finance & Resource Committee Risk Register The post mitigation score for risk FR008 (related to the delivery of the Sefton Transformation Programme) will be discussed under item FR19/44. Action closed.</p> <p>FR19/33 F&R Committee Terms of Reference The F&R Terms of Reference have been updated following discussion at the last committee meeting and will be presented under item FR19/50. Action closed.</p> <p>FR19/33 F&R Committee Terms of Reference No further comments regarding the F&R Terms of Reference were sent to MMcD and TK following discussion at the last committee meeting. Action closed.</p> <p>FR19/33 F&R Committee Terms of Reference In reference to recruitment of a Practice Manager Governing Body member to</p>	MMcD

No	Item	Action
	the F&R Committee – JL noted she would liaise with Tracy Jeffes (Director of Corporate Services at the CCG) about inviting Lynne Creevy to join the committee. Action closed.	JL
<i>Service contracts</i>		
FR19/41	<p>Midlands & Lancashire CSU: Summary Service Report</p> <p>MMcD provided a brief overview of the CSU Service Report as at January 2019. Members commented on the format of the report and requested that future reports are to be on South Sefton CCG only due to information governance concerns. This feedback is to be provided to Debbie Fairclough, the CCG's Interim Programme Lead – Corporate Services.</p> <p>GM referred to <i>Annex C – Service Delivery Overview</i> and queried the following text: 'CHC delivery has been challenged by staff absence and system demand impacting 28 day target... by agreement of the Sefton CCGs lead nurse the CSU CHC Team continue to work in the hospital at Aintree on D2A'. It was agreed to query this with Debbie Fagan for clarity. TK to action.</p> <p><i>The committee received this report.</i></p>	MMcD TK
<i>Brexit</i>		
FR19/42	<p>Brexit Considerations</p> <p>The committee discussed Brexit considerations. MMcD reported that a number of CCG staff have been involved in work relating to assurance regarding Brexit and the risk of a potential 'no deal' arrangement.</p> <p><i>The committee received this verbal update and noted the work being carried out by the CCG in relation to Brexit.</i></p>	
<i>Finance</i>		
FR19/43	<p>Finance Report - Month 11</p> <p>MMcD provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 28th February 2019. The following points were highlighted:</p> <ul style="list-style-type: none"> • The CCG is on target to deliver its control total of £1m surplus following implementation of Governing Body agreed mitigations and an adjustment to the allocation. This is subject to External Audit opinion. • QIPP delivery is £2.173m to date which is £3.669m below planned delivery at month 11. • The CCG is on target to meet the year end cash target of 1.75% of cash drawdown for month 12 (£0.236m). • The year to date performance for the Acting as One providers shows an over performance spend against plan; this would represent an overspend of £0.846m under usual contract arrangements. <p>MMcD updated members on discussions with the CCG's External Auditors regarding the 2018/19 financial position. He also provided an overview of the Risk Adjusted Position table in Appendix 4 of the finance report.</p> <p>Members discussed the CCG's financial position. Concerns were raised that the CCG's current financial position and performance does not address underlying issues; it was noted that the CCG is still carrying a substantial underlying deficit</p>	

No	Item	Action
	<p>position which would be documented as a risk in the F&R key issues report that will be presented to the Governing Body.</p> <p>GM thanked MMcD and the finance team on the work carried out to date.</p> <p>The committee received the finance report and noted the summary points as detailed in the recommendations section of the report.</p>	
FR19/44	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R risk register and proposed the following:</p> <p><i>Risk FR005: There is a risk of non delivery of the NHSE 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 its Statutory Financial Duty (SFD).</i></p> <p>As the CCG is now on target to deliver its control total of £1m surplus subject to External Audit opinion, MMcD proposed that the likelihood post mitigation score and consequence post mitigation score be reduced from 4X5 to 3X3, which would reduce the total post mitigation score to 9.</p> <p><i>Risk FR005a: 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.</i></p> <p>As the CCG is not on target to fully deliver its QIPP target in 2018/19, members agreed to increase the likelihood post mitigation score from 4 to 5, which would increase the total post mitigation score from 20 to 25.</p> <p><i>Risk FR005b: There is a risk that the CCG will fail to contain expenditure against its opening 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.</i></p> <p>MMcD proposed that the risk description be expanded to read 'opening budgets and reserves.' As the CCG is now on target to deliver its control total of £1m surplus subject to External Audit opinion, MMcD proposed that the likelihood post mitigation score and consequence post mitigation score be reduced from 4X4 to 3X3, which would reduce the total post mitigation score to 9.</p> <p><i>Risk FR008: There is a risk of non-delivery of the Sefton Transformation Programme caused by insufficient appropriate resources resulting in non-resolution of the system wide deficit with potential reputational damage.</i></p> <p>MMcD reported that the Sefton Transformation Board has signed off a plan, prioritising funding for the revised Project Management Office. He therefore proposed the likelihood post mitigation score and consequence post mitigation score be reduced from 4X3 to 2X3, which would reduce the total post mitigation score to 6.</p> <p>The committee agreed with the proposed changes to the risk register, which are to be actioned.</p> <p>The committee approved the proposed changes to the risk register discussed during the meeting.</p>	MMcD / TK

No	Item	Action
FR19/45	<p>Finance Strategy Update</p> <p>PC had declared an interest in relation to this item (details of this together with the decision made are under item <i>FR19/38: Declarations of interest regarding agenda items</i>).</p> <p>MMcD provided an update on the CCG's financial strategy, noting that it will be updated once contract arrangements have been finalised. He provided an update on 2019/20 contract negotiations, noting that significant financial risks still exist.</p> <p>MMcD reported that the CCG will be required to lead the development of a system wide recovery plan for submission by the end of April; a final draft is to be agreed at the end of June. He also commented on the system wide deficit and on the likelihood of system wide cost improvement plans being implemented in 2019/20.</p> <p>An extensive discussion followed, which included focus on quality within contracts; tariffs and provider costs; and benchmarking activity. PC referred to an NHS Trust in the Midlands which has had a significant improvement in its financial position and suggested the CCG make contact for benchmarking activity.</p> <p><i>The committee received this verbal update.</i></p>	
FR19/46	<p>Benchmarking and VFM</p> <p>MMcD reported that the system wide recovery plan referred to under item FR19/45 will have a strong focus on benchmarking and Value for Money.</p> <p><i>The committee received this verbal update.</i></p>	
<i>IT</i>		
FR19/47	<p>GPIT and ETTF Bids for 2019/20</p> <p>SS and PC had declared an interest in relation to this item (details of this together with the decision made are under item <i>FR19/38: Declarations of interest regarding agenda items</i>).</p> <p>MMcD presented a paper outlining bids that have been submitted to NHSE for the GPIT and Estates and Technology Transformation (ETTF) schemes (which were required to be submitted by 15th March 2019). He noted that the ETTF element may need to be presented back to the committee for prioritisation. Members noted that discussions will continue via the IM&T Steering Group and requested that the Primary Care Networks (PCNs) have the opportunity to comment on the final proposals. MMcD confirmed he would ask iMerseyside to contact the PCNs once the proposals are at a final stage.</p> <p>MMcD referred to the list of projects funded from 2018/19 bids, which are currently in progress. He noted that some of these projects will take up to 12 months to complete.</p> <p><i>The committee received this report.</i></p>	MMcD

No	Item	Action
<i>Prescribing</i>		
FR19/48	<p>Prescribing Spend Report – Month 9 2018/19</p> <p>SL provided an overview of the prescribing report for month 9. It was noted that at month 9, the CCG is forecast to be underspent by £2.39m or 8.4%.</p> <p>SL reported that the current NCSO cost pressure forecast is £1.22m.</p> <p>PC raised a clinical query regarding physio arrangements, which was discussed by members; PC and SL agreed to continue discussion after the meeting.</p> <p><i>The committee received this report.</i></p>	
FR19/49	<p>Prescribing Rebate Scheme - GlucoRx Products</p> <p>SL presented a paper with a recommendation to approve the renewal of the following rebate scheme, which is already in place.</p> <p><i>GlucoRx Products - GlucoRx Nexus Test Strips, GlucoRx Lancets, GlucoRx Finepoint insulin pen needles. The products are listed as part of the APC Pan Mersey Formulary.</i></p> <p><i>The committee approved the renewal of the above rebate scheme.</i></p>	
<i>Committee Governance</i>		
FR19/50	<p>F&R Committee Terms of Reference</p> <p>MMcD presented the F&R Committee Terms of Reference, which have been updated following discussion at the last F&R Committee meeting on 21st February 2019. He noted that the terminology has been updated in the Terms of Reference.</p> <p><i>The committee approved the updated committee Terms of Reference.</i></p>	
FR19/51	<p>F&R Committee 2018/19 Attendance Tracker (For Annual Report)</p> <p>Members noted that the F&R Committee meeting attendance record for the Governing Body members of the committee will be included in the CCG's annual report for 2018/19. In preparation for this, members have been asked to approve the F&R Committee attendance tracker to date for 2018/19. It was noted that the CCG's Interim Programme Lead - Corporate Services had asked for this approval process to be carried out by all the relevant committees which will be included in the annual report.</p> <p><i>The committee approved the F&R Committee 2018/19 Attendance Tracker to date.</i></p>	
Closing business		
FR19/52	<p>Any Other Business</p> <p>No items of other business were raised at this meeting.</p>	

No	Item	Action
FR19/53	<p>Key Issues Review</p> <p>MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Date of next meeting</p> <p>Thursday 16th May 2019</p> <p>1pm to 3pm</p> <p>Room 5A, NHS South Sefton CCG, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL</p>	

Approved

Joint Quality Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 28th February 2019 at 09.00 – 12.00

Venue: Library, 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

Debbie Fagan	Chief Nurse & Quality Officer (SFCCG/SSCCG)	DF
Tracey Forshaw	Assistant Chief Nurse	TF
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Helen Roberts	Lead Pharmacist	HR
Graham Bayliss	Lay Member (SSCCG)	GBa
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety	BP
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Gill Brown	Lay Member (SFCCG)	GBr

Apologies

Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DF
Dr Andy Mimmagh	Governing Body Member (SSCCG)	AM
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Billie Dodd	Head of Commissioning (SFCCG/SSCCG)	BD

Minutes

Michelle Diable	PA to Chief Nurse & Deputy Chief Nurse (SFCCG / SSCCG)	MD
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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 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19
Dr Rob Caudwell	GP Governing Body Member	✓	✓									
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	✓									
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓									
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	A									
Billie Dodd	Head of CCG Development	✓	A									
Debbie Fagan	Chief Nurse & Quality Officer	A	✓									
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓									
Martin McDowell	Chief Finance Officer	✓	A									
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A									
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A									

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held

No	Item	Actions
19/25	<p>Welcome, Introductions & Apologies</p> <p>Dr Robert Caudwell welcomed everyone to the meeting. Apologies were noted from Fiona Taylor, Dr Andy Mimmagh, Billie Dodd, Dr Jeffrey Simmonds and Dr Doug Callow.</p> <p>The meeting was deemed quorate.</p>	
19/26	<p>Declarations of Interest</p> <p>No declarations were noted.</p>	
19/27	<p>Minutes & Key issues log of the previous meeting</p> <p>With the following amendments, the minutes and key issues log were deemed to be an accurate reflection of the previous meeting held on 31st January 2019;</p> <ul style="list-style-type: none"> • Agenda Item 19/6 Provider Quality and Performance Report/Dashboard. Second and third paragraphs should read; <i>Dr Gina Halstead questioned whether 2 week wait dermatology referrals are being seen at Aintree University Hospitals NHS Trust and will raise this with Dr Harvey. Dr Halstead also highlighted an issue in relation to a liver patient recall system breakdown. The Trust has raised this as a serious incident and a review is being undertaken.</i> • Agenda Item 19/2 Declarations of Interest. Paragraph should read <i>Initially no declarations were reported, however under agenda item 19/21, Dr Rob Caudwell wished to note a declaration of interest as the Coloplast Service rents one of the rooms at his Practice.</i> 	

No	Item	Actions
19/28	<p>Matters Arising/Action Tracker</p> <p>The Committee noted the following Action Tracker updates:-</p> <ul style="list-style-type: none"> 18/83(ii) Month 12 Serious Incident Performance Report – A summary of the roles and responsibilities within the Quality Team to be circulated to the Committee. <p>Debbie Fagan presented the Quality Team portfolio and lead areas including the current and the proposed portfolio which was noted by the Committee.</p> <p>Gill Brown wished to express concerns in relation to the Serious Incident Administrator post not being substantive and the impact staffing movements will have on the Quality Team. Clinical and Lay Committee members also raised the importance of the requirement for other directorates within the CCGs to work effectively in sharing ownership of the quality agenda and prevent escalation and increased workload for the Quality Team if it can be avoided.</p> <p>Debbie Fagan advised that the presentation would be circulated to the Committee.</p> <p>Action: Michelle Diable to circulate the Quality Team Portfolio Presentation to the Committee.</p> <p>Action: Debbie Fagan to escalate the concerns raised regarding team establishment and ensure these are on the Corporate Risk Register.</p> <p>Debbie Fagan advised that a paper is to be presented to the Governing Bodies in relation to the realignment of CCG teams by the Chief Officer. Further update to be presented to the Quality Committee in April 2019 regarding Quality Team capacity and realignment.</p> <p>Action: Quality Team capacity and realignment paper to be presented to Joint Quality Committee in April 2019.</p> <ul style="list-style-type: none"> 18/116 S&O RTT/Follow-Up Update – Fiona Taylor to circulate to the Committee. <p>Brendan Prescott advised that he had followed up this action with Moira Harrison, but had not yet received the update. Brendan Prescott to circulate to the Committee upon receipt. Action to remain open on the tracker.</p> <ul style="list-style-type: none"> 18/137 Deprivation of Liberty Safeguards (DoLS) Update Report <p>Action to remain on the open on the tracker for when the legislation changes come in to force.</p> <ul style="list-style-type: none"> 18/144 LeDeR Briefing Paper – TF and Geraldine O’Carroll will discuss any disconnect within the CCG. <p>Action completed and therefore to be removed from the tracker.</p> <ul style="list-style-type: none"> 19/6 (i) Provider Quality and Performance Report/Dashboard. Dr Gina Halstead to discuss dermatology patient recall breakdown with Dr Debbie Harvey. <p>Action completed and therefore to be removed from the tracker.</p> <ul style="list-style-type: none"> 19/6 (ii) Gill Brown to contact Amanda Gordon in relation to context being added against the metrics to provide assurance. 	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>MD</p> <p>DF</p> <p></p> <p>DF</p> <p></p> <p>BP</p> <p></p> <p></p>

No	Item	Actions
	<p>Action: Tracey Forshaw to ask Amanda Gordon to contact Gill Brown.</p> <ul style="list-style-type: none"> • 19/6 (iii) Dr Rob Caudwell to raise the poor performance for TIA patients with the Medical Director at S&O. <p>Action: Dr Caudwell to meet with the Medical Director and will raise the poor performance for TIA patients (meeting date set).</p> <ul style="list-style-type: none"> • 19/6 (iv) Amanda Gordon to highlight the lack of provider comments in relation to key areas of concern at Mersey Care NHS Foundation Trust (Mental Health) to Gordon Jones and Sue Gough. <p>Action not completed and to remain open on the tracker.</p> <ul style="list-style-type: none"> • 19/14 Learning from a Multi-Agency Learning Disability Mortality Review. The presentation slides to be circulated to the Committee. <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • 19/16 Clinical Supervision Policy <p>Action: Tracey Forshaw to present the amended policy at the Joint Quality Committee in March 2019 on behalf of Colette Page.</p> <ul style="list-style-type: none"> • 19/18 Safeguarding Children and Adults at Risk Policy – Dr Rob Caudwell and Dr Gina Halstead to liaise with Natalie Hendry and Dr Wendy Hewitt to produce a clear narrative in relation to the meaning of what is lawful with the Information Sharing Guidance document. <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • 19/19 Corporate Risk Register – Quality Update. <p>Action completed and to be removed from the tracker.</p> <p>Debbie Fagan advised that the recent Quality Contract Review meeting at S&O was cancelled due to availability of staff from SFCCG and WLCCG but she had met with the Trust Medical Director (Dr Terry Hankin) and Executive Nurse (Juliette Cosgrove) to discuss how the CCQRM will operate in 19/20. Debbie also advised the Committee that she had invited Dr Terry Hankin and Juliette Cosgrove to the Joint Quality Committee, but they were unable to attend this month or the March meeting but would attend a future meeting.</p> <p>The Committee discussed the lack of assurance in relation to coding being correctly recorded. Dr Gina Halstead advised that she would take forward this action.</p> <p>Action: Dr Gina Halstead to liaise with Dr Doug Callow regarding potential coding differences.</p>	<p>TF</p> <p>RC</p> <p>AG</p> <p>TF</p> <p>GH</p>

No	Item	Actions
19/29	<p>External Clinical Review of Continuing Healthcare (CHC) for NHS South Sefton and Southport and Formby CCGs</p> <p>Debbie Fagan presented the External Clinical Review of CHC which was commissioned by the CCGs. The review was undertaken in Q3 2018/19. The initial draft report was received by the CCGs at the end of November 2018 and the final report received at the end of January 2019. Debbie Fagan advised that she presented the review at the CHC Programme Board recently. There were six recommendations noted and a number of next steps to be taken.</p> <p>Dr Gina Halstead raised a concern in relation to the recommendation for an end to end service and the impact on patients when having their initial assessments, as the patients won't see their district nurse and so may not be familiar with the person providing the initial assessment.</p> <p>Brendan Prescott advised that it might be that the patient knows the person providing the assessment but they might not be familiar with the decision support tool or the process. Gill Brown suggested exploring what other providers are operating in this market. Brendan advised that there are alternative providers in the market and procurement rules would be followed when commissioning the end to end service.</p> <p>It was noted that there is a backlog of reviews highlighted within the review report. Brendan Prescott advised that the number of patients dating back over 12 months are reducing. Debbie Fagan advised that the backlog of reviews had increased recently as the workload of CSU had been re-prioritised to undertake the Discharge to Assess assessments to support safe discharge from acute trust providers and system safety. Debbie Fagan stated that this had previously been reported to the Governing Bodies.</p> <p>Debbie Fagan advised that the full report would be circulated.</p> <p>Action: Michelle Diable to circulate the full external clinical review report to the Committee.</p>	MD
19/30	<p>Chief Nurse Report</p> <p>Debbie Fagan presented the Chief Nurse report which seeks to update the Committee with any key issues that have occurred since the last report presented on 31st January 2019.</p> <p>It was highlighted that following the receipt of NHSE serious incident assurance report and the outcome of the MIAA serious incident review for the CCGs which gave a 'substantial' assurance rating, the Chief Officer had formally thanked the Quality Team at the February 2019 Governing Body Meeting for the quality improvement work they had undertaken.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/31	<p>Southport and Ormskirk Hospitals NHS Trust / NHS Southport and Formby CCG System De-escalation Briefing</p> <p>Debbie Fagan presented the System De-escalation briefing and plan which seeks to provide the Committee with the actions undertaken to support the de-escalation of the current system pressure within Southport and Formby/Southport & Ormskirk Hospitals NHS Trust health economy in order to maintain patient safety across the local system.</p> <p>Debbie Fagan noted that ward 1 was still open as an escalation area but needed to be closed as soon as possible. Gill Brown highlighted that keeping the system safe and patients safe are two separate issues. Mutual aid from Mersey Care NHS Foundation Trust has been secured due to workforce resilience issues in the community during times of significant pressure. ICRAS pathway support has commenced by Mersey Care NHS Foundation Trust. Work is in progress within the provider teams to further improve the Trusted Assessment documentation. Debbie Fagan stated that the CCG Chief Officer has commissioned an external review of community services and the community provider are willing to work with the CCG on this.</p> <p>Outcome: The Committee received the report.</p>	
19/32	<p>NHS England (North) Cheshire and Merseyside Quality Surveillance Group Report</p> <p>Brendan Prescott presented the report which states the updates that had been provided to NHSE North Cheshire and Merseyside Quality Surveillance Group in February 2019. The group is currently consulting with CCGs on a proposed change to the reporting template.</p> <p><u>Paediatric Lost to Follow up</u></p> <p>It was noted that Southport and Ormskirk NHS Hospitals NHS Trust had recorded a further serious incident relating to paediatric follow ups. A meeting took place to review the extent of the issues. Tracey Forshaw advised that the cohort relates back to November 2018 and following a delay in follow up after intervention, there was no initial harm noted.</p> <p>Dr Gina Halstead highlighted that in the absence of a robust system and using multiple IT Systems it would fail. Tracey Forshaw advised that the data would go on Medway which adds a level of scrutiny and she also advised that a plan was in place.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/33	<p>NHS South Sefton CCG and NHS Southport and Formby CCG Quarter 3 Serious Incident Reports</p> <p><u>NHS South Sefton CCG</u></p> <p>Tracey Forshaw presented the Q3 serious incidents report and it was noted that there continues to be an improvement in the number of incidents closed on StEIS which have been reviewed at the SIRG panel.</p> <p>It was noted that an incident has been reported at AHCH following the switch off from paper referrals to the E Referral System, investigation showed that all children were seen and there was no harm as a result of paper referrals received after the switch off. Internal processes including Standard Operating Procedures are being monitored at Aintree University Hospitals NHS Trust and Southport and Ormskirk Hospitals NHS Trust also.</p> <p><u>NHS Southport and Formby CCG</u></p> <p>Tracey Forshaw presented the Q3 serious incidents report and it was noted that the CCG will continue to work with the provider and support them through their serious incident improvement plan as a result of the contract performance notice. An additional SIRG meeting is to be convened in March 2019 and a further 2 meetings to take place in April 2019.</p> <p>Gill Brown queried that in Q3 Mersey Care NHS Foundation Trust (South Sefton Community Services) had reported 9 serious incidents and Lancashire Care NHS Foundation Trust had reported 1 serious incident. Tracey Forshaw suggested that the CCG will look at the National Reporting and Learning System (NRLS) for these specific Trusts.</p> <p>Action: The CCG to look at the NRLS reporting to compare MCFT and LCFT.</p>	TF
19/34	<p>Month 11 CCG Serious Incident Management Improvement Programme</p> <p>Tracey Forshaw presented the report which seeks to provide an update on the CCG Serious Incident Improvement Programme. It was noted that 3 areas remain open and are rated as amber. The action plan was also noted by the Committee with progress reported against each element. Completion for each action is anticipated by April 2019.</p> <p>Outcome: The Committee received the report.</p>	
19/35	<p>Merseyside Safeguarding Adult Board (MSAB) Annual Report 2018/19</p> <p>Debbie Fagan presented the report which seeks to provide the Committee with the first annual report which has been approved by the MSAB, highlighting the work undertaken in 2017/2018. The following five priorities for the MSAB were noted :-</p> <ul style="list-style-type: none"> • Voice of the Service User and Front Line Staff • Assurance and Challenge; • Safeguarding Adult Reviews; • Effective Communication; • Effectiveness of the Board. <p>Outcome: The Committee received the report and recommended presentation to the Governing Bodies.</p>	

No	Item	Actions
19/36	<p>GP Quality Lead Update</p> <p>Dr Gina Halstead raised a concern on the impact following the Heath Visiting Team being disbanded and having a centralised booking office. Debbie Fagan advised that she would raise the concerns with Margaret Jones and Kerrie France.</p> <p>Action: Debbie Fagan to raise the concerns of the impact of the Health Visiting Team being disbanded and the introduction of a centralised booking office.</p> <p>Dr Gina Halstead advised that two F2 doctors had undertaken a social prescriber audit focusing on all patient initiated contacts before and after the intervention which highlighted a significant reduction in GP appointments. The audit and its presentation had been well received.</p> <p>Gill Brown requested that the two F2 doctors attend and present their audit findings to the EPEG.</p> <p>Outcome: The Committee received the verbal update.</p>	DF
19/37	<p>Locality Updates</p> <p>There were no updates received.</p>	
19/38	<p>Joint South Sefton and Southport and Formby CCG Medicines Operation Group (JMOG) Meeting Key Issues Log</p> <p>The Committee noted the key issues from the JMOG meeting held on 1st February 2019.</p> <p>Outcome: The Committee received the report.</p>	
19/39	<p>Extraordinary Engagement and Patient Experience Group (EPEG) Meeting – Key Issues Log</p> <p>The Committee noted the key issues log from an Extraordinary EPEG meeting held on 14th February 2019 at Mersey Care NHS Foundation Trust Headquarters where an overview of a trust wide patient experience data performance and an update on the processes for this year's assessment were presented.</p> <p>Outcome: The Committee received the report.</p>	
19/40	<p>Serious Incident Review Group (SIRG) Minutes</p> <p>The Committee noted the NHS South Sefton CCG SIRG minutes from the meeting held on 10th January 2019 and the minutes from the NHS Southport and Formby CCG SIRG meeting held on 9th January 2019.</p> <p>Outcome: The Committee received the SIRG minutes.</p>	
19/41	<p>Corporate Governance Support Group Key Issues</p> <p>The Committee noted the key issues from the Corporate Governance Support Group Meeting held on 23rd January 2019.</p> <p>Outcome: The Committee received the report.</p>	

No	Item	Actions
19/42	<p>NHSE – Cheshire and Merseyside Complaints Annual Report for South Sefton CCG and Southport and Formby CCG 1/4/2017 – 31/3/2018</p> <p>The Committee noted the NHSE – Cheshire and Merseyside Complaints Annual Report for South Sefton CCG and Southport and Formby CCG 1/4/2017 – 31/3/2018 which had been presented for information purposes.</p> <p>Outcome: The Committee received the reports.</p>	
19/43	<p>Research Strategy</p> <p>Brendan Prescott presented the Research Strategy which seeks to present the Committee with the revised research strategy which was last approved in 2017.</p> <p>Outcome: The Committee approved the Strategy.</p>	
19/44	<p>Safeguarding Children and Adults at Risk Policy</p> <p>The Committee noted that the Safeguarding Children and Adults Risk Policy had been approved by Governing Body subject to the suggested amendments which had been made.</p> <p>Outcome: The Committee received the report and noted the amendments.</p>	
19/45	<p>Professional Registration Policy for NHS South Sefton CCG and Southport and Formby CCG</p> <p>The Committee were received the Professional Registration Policy for NHS South Sefton CCG and Southport and Formby CCG.</p> <p>Outcome: The Committee approved the policies.</p>	
19/46	<p>Any Other Business</p> <p>Dr Rob Caudwell advised that he had attended an Orthopaedic (Getting It Right First Time (GIRFT) Meeting at Southport and Ormskirk Hospital NHS Trust the previous day which was chaired by Professor Tim Briggs.</p>	

No	Item	Actions
19/47	<p>Key Issue Log (issues identified at this meeting)</p> <p>SFCCG:</p> <ul style="list-style-type: none"> • External CHC Clinical Review – the review was received by the Committee; • Quality Risk Profile Tool – to be reviewed at a meeting on 28th February 2019 as part of the quality surveillance process; • De-escalation of System Pressures – work is being undertaken across the local system to de-escalate current pressures within Southport and Formby health economy. The de-escalation plan was received and the external commissioned review of Community Services by Chief Officer was noted; • Quality Team Portfolio - the Quality Team portfolio and lead areas were presented. Members highlighted concerns about the impact of staffing movement on the team; • CCG Serious Incident Improvement Plan – this was received by the Committee. Three actions are rated as amber remain which are on track to close by April 2019; • CCG Research Strategy - the revised Research Strategy was approved by the Committee; • CCG Professional Registration Policy this was approved by the Committee; • CCG Safeguarding Policy – amendments noted and approved. <p>SSCCG:</p> <ul style="list-style-type: none"> • External CHC Clinical Review – the review was received by the Committee; • Quality Risk Profile Tool – to be reviewed at a meeting on 28th February 2019 as part of the quality surveillance process; • Quality Team Portfolio - the Quality Team portfolio and lead areas were presented. Members highlighted concerns about the impact of staffing movement on the team; • CCG Serious Incident Improvement Plan – this was received by the Committee. Three actions are rated as amber remain which are on track to close by April 2019; • CCG Research Strategy - the revised Research Strategy was approved by the Committee; • CCG Professional Registration Policy this was approved by the Committee; • CCG Safeguarding Policy – amendments noted and approved. 	
19/48	<p>Date of Next Meeting and Notice of Apologies</p> <p>Thursday 28th March 2019 at 9am – 12noon at Merton House.</p> <p>Apologies noted for the next meeting: Debbie Fagan.</p>	

Audit Committees in Common

South Sefton CCG

Minutes

Wednesday 16th January 2019, 1.30pm to 4pm
3rd Floor Board Room, Merton House

South Sefton CCG Members present		
Graham Morris	Lay Member (Chair)	GM
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Southport and Formby CCG Members present		
Helen Nichols	Lay Member (Chair)	HN
Gill Brown	Lay Member (Vice Chair)	GBr
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SSCCG and SFCCG	MMcD
Leah Robinson	Chief Accountant, SSCCG and SFCCG	LR
Adrian Poll	Audit Manager, MIAA	AP
Georgia Jones	Manager, Grant Thornton	GJ
Apologies (South Sefton CCG Members)		
Graham Bayliss	Lay Member (Vice Chair)	GBa
Apologies (In attendance)		
Alison Ormrod	Deputy Chief Finance Officer, SSCCG and SFCCG	AOR
Claire Smallman	Anti-Fraud Manager, MIAA	CS
Robin Baker	Audit Director, Grant Thornton	RB
Minutes		
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
South Sefton Audit Committee Membership						
Graham Morris	Lay Member (Chair)	✓	✓	A	✓	✓
Graham Bayliss	Lay Member	✓	A	✓	✓	A
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	A	✓	✓	A	✓
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	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	✓	✓	A
Georgia Jones	Manager, Grant Thornton	✓	✓	A	A	✓

No	Item	Action
General Business		
A19/01	<p>Introductions and apologies for absence Apologies for absence were received from Graham Bayliss, Alison Ormrod, Claire Smallman and Robin Baker.</p> <p>The committee noted that Helen Nichols, Chair of the Southport and Formby Audit Committee, would chair this CiC meeting.</p>	
A19/02	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • JS declared he is a member of both of the respective Governing Bodies and Audit Committees of 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. • 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. 	
A19/03	<p>Minutes of the previous meeting and key issues The South Sefton minutes of the Audit Committees in Common meeting on 17th October 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>	
A19/04	<p>Action points from previous meetings</p> <p>A18/130 (SS & S&F) Governing Body Assurance Framework, Corporate Risk Register and Heat Map The committee discussed the action related to capturing the wider Cheshire & Merseyside work and the impact on the CCG within the GBAF. Members stressed the need for the GBAF to be reviewed in light of the changing environment in which the CCG is operating. It was agreed for this to be actioned when the GBAF is reviewed as a whole for the next financial year. The finance risks will also be reviewed to ensure they are captured more clearly within the GBAF. It was agreed to close this action.</p> <p>Members raised concerns about the flow of information sharing with Governing Body members in relation to the additional work of the CCG, outside the scope of usual CCG business, and identified this as a risk. Members referred specifically to information sharing in relation to the Sefton Transformation Programme (STP) and the Project Management Office (PMO). It was agreed that this risk needs to be captured in the Corporate Risk Register; MMcD to action.</p>	MMcD

	<p>Members requested clarity around the objectives, outcomes and achievements of the STP and PMO, and asked for an update on progress relating to the Sefton Transformation Board and Health and Care Partnership at the next Governing Body meeting.</p> <p>MMcD confirmed he would liaise with Debbie Fairclough, the CCG's Interim Programme Lead (Corporate Services), regarding increasing the frequency of Governing Body meetings, to help address the concerns about information sharing in relation to the CCG's external environment.</p> <p>A18/137 (SS & S&F) Action points from previous meetings (A18/115 NHSE CCG Financial Planning, Control and Governance Self-Assessment Template) In reference to a financial training needs assessment to be carried out for the Governing Body – LR confirmed that a SurveyMonkey questionnaire will be circulated to Governing Body members to assess training needs in relation to carrying out their role. Action to stay on the tracker until completed.</p> <p>A18/138 (SS & S&F) GDPR Implementation Update MMcD confirmed that Claire Smallman (Anti-Fraud Manager, MIAA) has sent the necessary information related to information on the Fraud and National Fraud Initiative to be included in the CCG's Privacy Notice. The CCG's Corporate Governance Manager is arranging for this to be included in the CCG's Privacy Notice on the CCG website. Action closed.</p> <p>A18/142 (SS & S&F) Scheme of Delegation Members noted that a review of the Scheme of Delegation would be discussed under item A19/10. Action closed.</p> <p>A18/154 (SS & S&F) Governing Body Assurance Framework, Corporate Risk Register and Heat Map It was noted that the GBAF strategic objectives would be reviewed by the Governing Body when the GBAF as a whole is reviewed for the next financial year. The review is to be arranged for the Governing Body Development Session in March 2019.</p> <p><i>Members noted that all other actions from the Audit Committees in Common meeting in October 2018 have been completed, with updates provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	<p>MMcD</p> <p>MMcD</p> <p>MMcD</p>
Governance		
A19/05	<p>Deloitte: CCG Conflicts of Interest – Internal Audit Report MMcD provided an overview of the Deloitte report evaluating the arrangements for the management of conflicts of interest and gifts and hospitality in place across 10 unidentified CCGs in England.</p> <p>AP reported MIAA will be auditing the CCG's management of conflicts of interest in February / March 2019. Members asked for assurance that the CCG is compliant on the points highlighted in the Deloitte report, and confirmation of what actions need to be taken if the CCG is not compliant in any area. It was requested that this be done before the MIAA audit on the CCG's management of conflicts of interest. MMcD to ask Debbie Fairclough to action.</p> <p><i>The committee received this report.</i></p>	<p>MMcD</p>

A19/06	<p>GP Pensions – Update</p> <p>LR presented a report providing an update relating to a national issue concerning GP Governing Body and Clinical Lead pension payments. She noted the actions taken to date and the next steps, as detailed in the report. She confirmed that the issue is being managed by the Leadership Team and Remuneration Committee. Members noted that actions to resolve this issue are on-going and stressed the importance of achieving a resolution as soon as possible.</p> <p>GJ confirmed she has been in discussions with LR, MMcD and AOR regarding how the GP pensions issue may potentially impact on the Remuneration Report section of the annual report, which is subject to audit.</p> <p><i>The committee received this report.</i></p>	
A19/07	<p>NHSE CCG Financial Planning, Control and Governance Self Assurance Template</p> <p>LR presented an updated self-assessment template on financial planning, control and governance for Q3. She noted the updates that have been made as detailed under the <i>Completed Actions</i> section of the Action Tracker, which was received under item A19/04.</p> <p><i>The committee received this report.</i></p>	
A19/08	<p>Losses, Special Payments and Aged Debt</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 17th October 2018. No losses have been identified for write-off and no special payments have been made in this period.</p> <p>LR reported on the outstanding debt as at 31st December 2018. Of the total debt outstanding (£2,295,752), there are two invoices totalling £59,002 above the £5k threshold which are greater than 6 months old. These relate to Manchester House and NHS Liverpool CCG. LR provided an update on the two invoices and the actions that have been taken, as detailed in the report. In relation to the debt associated with Manchester House, LR reported a repayment plan has been agreed with the supplier and that the balance is expected to be settled by the end of March 2019.</p> <p><i>The committee received the losses, special payments and aged debt report.</i></p>	
A19/09	<p>Liaison Accounts Payable Review 2018</p> <p>LR presented a report notifying the committee of recoveries made as part of the Liaison Accounts Payable Review 2018. She noted the Liaison Accounts Payable Review investigated all items of expenditure that the CCG has incurred since April 2016 with a total of £925 identified. She confirmed a summary of the overpayments in progress and overpayments in recovery are detailed in Appendix 1 and 2 of the report and that a progress update will be provided at the next Audit Committee meeting in April 2019.</p> <p><i>The committee received this report.</i></p>	
A19/10	<p>Scheme of Delegation Review</p> <p>LR reported that the CCG's Interim Programme Lead (Corporate Services) has confirmed the Scheme of Delegation, including the schedule of financial limits, is being reviewed to take account of changes including the Sefton Transformation</p>	

	<p>Programme. The CCG has also submitted an application to become fully delegated for commissioning GP services; the full extent of responsibilities cannot be established until the application has been formally approved. As a result of these changes, it will be necessary to update the relevant schemes and schedules to align with roles, responsibilities and delegations.</p> <p>A revised scheme of delegation will be presented to the Audit Committee at the next meeting in April 2019.</p> <p><i>The committee received this verbal update.</i></p>	
A19/11	<p>Single Tender Action Forms – Southport & Formby CCG MMcD reported on two Single Tender Action (STA) forms for Southport & Formby CCG, related to the Sefton Transformation Programme - Project Management Office.</p> <p>GM referred to the second STA that was presented, related to extension of contract (up to 31st March 2019) for a consultant who has expertise in the legal framework associated with major service change and reconfiguration. GM noted that as a part of the total cost is applicable to South Sefton CCG, a separate STA would need to be completed for South Sefton CCG and presented to the next Audit Committee meeting in April 2019. MMcD to ask Mel Wright (Programme Manager, Sefton Transformation Programme) to action.</p> <p>Members also asked for assurance regarding the outputs of this role.</p> <p>In reference to the general STA template, members asked for a <i>Declaration of Interests</i> section to be added to ensure any conflicts of interest are noted.</p> <p><i>The South Sefton Audit Committee requested an STA be submitted to the next Audit Committee meeting in April 2019, as detailed above.</i></p>	<p>MMcD</p> <p>MMcD</p> <p>TK</p>
A19/12	<p>Register of Interests MMcD presented an updated Register of Interests, as at 19th December 2018. Both the unpublished and published versions of the register had been included in the meeting pack.</p> <p>Members commented that the presentation and accuracy of the register had improved significantly. It was agreed for MMcD to write a formal letter of thanks on behalf of the committee to Judy Graves, the CCG's Corporate Business Manager, who maintains the register.</p> <p><i>The committee received the Register of Interests.</i></p>	<p>MMcD</p>
A19/13	<p>Policy Tracker MMcD presented the policy tracker. The committee received updates on the policies that are out of their review dates as detailed in the report. A status update on each policy is included in the report.</p> <p>It was noted that the status update for the Safeguarding Children and Adults at Risk Policy states that an update will be presented to the Governing Body in January 2019. As a Governing Body meeting will not take place in January, members noted that an update will be provided to the next Governing Body meeting in February 2019.</p> <p><i>The committee received the policy tracker.</i></p>	

A19/14	<p>Cyber Security – CCG Audit Chairs Update GM and HN presented an update on the role of cyber security readiness in handling patient data safely and securely, for information for Audit Committee members.</p> <p>GM asked for assurance that the questions raised in the section entitled ‘<i>Takeaways for CCG Audit Chairs</i>’ are being addressed. It was agreed for MMcD to ask iMerseyside to provide a brief response that the issues raised in this section are being addressed.</p> <p><i>The committee received this report.</i></p>	MMcD
A19/15	<p>Brexit Considerations The committee discussed planning arrangements for Brexit and in particular, a potential ‘no deal’ Brexit.</p> <p>MMcD reported that NHS bodies have been asked to nominate a senior responsible officer to be the primary contact for EU Brexit planning arrangements. He confirmed Debbie Fairclough is the lead for the CCG. Members requested an update on Brexit planning arrangements for the CCG be provided to the Senior Leadership Team. MMcD to ask Debbie Fairclough to action.</p> <p>Members agreed to delegate the overseeing of Brexit considerations to the Finance & Resource Committee, as the Audit Committee would not be meeting again until April, which is after the date the UK is scheduled to leave the EU.</p> <p><i>The committee discussed Brexit Considerations and delegated the overseeing of this issue to the Finance & Resource Committee.</i></p>	MMcD
<i>Audit and Anti-Fraud Specialist</i>		
A19/16	<p>Audit Committee Recommendations Tracker LR presented the Audit Committee Recommendations Tracker. She referred to the recommendation related to Better Care Fund review (April 2017). She confirmed this has now been completed; the section 75 agreement has been signed and will be presented to the Governing Body in February for formal adoption. This recommendation will therefore be removed from the tracker prior to the next committee meeting.</p> <p><i>The committee received the Audit Committee Recommendations Tracker.</i></p>	
A19/17	<p>MIAA Internal Audit Progress Report AP presented the MIAA Internal Audit Progress Report.</p> <p>Since the last Audit CiC meeting in October 2018, an audit report has been finalised on Serious Incidents. The audit reported a substantial assurance level on the effectiveness of the CCG’s arrangements in place to ensure Serious Incidents are effectively managed, reported and lessons learned. An audit report has also been finalised on Financial Systems Controls, which concluded a high assurance level on the effectiveness of the key controls in place across each of the key financial systems. AP reported that a low risk action was raised in relation to the CCG ensuring that all budgets receive the appropriate approval of the budget holder and a member of the finance team before the budget deadline.</p>	

	<i>The committee received the MIAA Internal Audit Progress Report.</i>	
A19/18	<p>Review of NFI Matches LR provided an update on review of NFI matches, noting that NFI matches have not been released yet. Claire Smallman (Anti-Fraud Manager, MIAA) has confirmed that the NFI matches will be released at the end of January 2019 so a paper will be brought to the next Audit Committee meeting scheduled for 18th April 2019.</p> <p><i>The committee received this verbal update.</i></p>	
A19/19	<p>Bribery Compliance Strategy 2018 LR presented an update on actions taken by the CCG to improve on compliance in the areas where 'No' and 'Partial' responses were provided in relation to 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. It was noted that four of the questions still require actions to be taken to ensure compliancy. The actions relate to updates to CCG policies, which LR will be raising with the CCG's Corporate Governance Manager.</p> <p><i>The committee received this update report.</i></p>	
A19/20	<p>External Audit Plan GJ presented the External Audit Plan for the year ending 31st March 2019, providing an overview of the planned scope and timing of the statutory audit of South Sefton CCG. She presented the headlines in the report and explained how the planning materiality has been determined.</p> <p><i>The committee approved the External Audit Plan for the year ending 31st March 2019.</i></p>	
A19/21	<p>External Audit Progress Report GJ presented the progress report for external audit, highlighting the progress to date. She reported Grant Thornton have started planning for the 2018/19 financial statements audit and are due to commence an interim audit in January 2019. She also reported Grant Thornton's annual accounts workshop will be taking place in February 2019.</p> <p>It was agreed for a private meeting to be arranged between South Sefton and Southport & Formby Audit Committee members, the External Auditors and Internal Auditors in April 2019. It was agreed for the invitation to be open to Counter Fraud and for the meeting to take place in between the two Audit Committee meetings scheduled for 18th April. TK to arrange.</p> <p>MMcD referred to the Mental Health Investment Standard and asked LR for an update on an NHSE event she had attended in November 2018. LR reported that at this event, NHSE confirmed that the Mental Health Investment Standard will be subject to audit in 2018/19 for both the 2018/19 and 2017/18 financial years. It had been reported that this will form part of a separate audit engagement. There has been no guidance issued as yet on how this will be undertaken and reported. The National Audit Office are still in discussions with NHSE on this matter.</p> <p><i>The committee received the External Audit Progress Report.</i></p>	TK

Risk		
A19/22	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</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>Members noted that the documents would usually have been reviewed and moderated by the Leadership Team but that due to the Christmas break this has not been possible.</p> <p>Members referred to the heat map and queried the reason given for the reduction in score for risk FR005b: CCG fails to contain expenditure against its opening budgets in 2018/19. MMcD clarified that the consequence post mitigation score for this risk had been reduced, as the financial pressure 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 risk score remains unchanged at 20. The heat map is to be updated with this information.</p> <p>Members noted that a full review of the GBAF will be carried out for the next financial year, as discussed under item A19/04.</p> <p><i>The committee reviewed the CRR, GBAF and Heat Map and approved the updates subject to the action detailed above and subject to moderation by the Leadership Team.</i></p>	MMcD
Other		
A19/23	<p>Self-assessment of committee's effectiveness</p> <p>GM and HN reported that all members of the respective Audit Committees of the Sefton CCGs have completed a self-assessment questionnaire related to the committee's effectiveness, which had been taken from the latest Audit Committee Handbook in October 2018. GM and HN have also completed a separate questionnaire designed for Audit Committee Chairs, related to committee processes.</p> <p>GM and HN confirmed they have reviewed all submissions. Regarding the self-assessment of the committee's effectiveness, GM and HN raised a couple of queries they had on areas where there was a difference of opinion. Members discussed these queries and reached agreement.</p> <p>GM and HN discussed queries in relation to the self-assessment of committee processes. Further to discussion, members agreed the following:</p> <ul style="list-style-type: none"> • The Internal Audit Charter is to be presented to the next Audit Committee meetings scheduled for 18th April 2019. • An External Quality Assessment of MIAA is to be presented at a future Audit Committee meeting, as there is an update expected this calendar year. <p><i>The committee received this verbal update.</i></p>	AP AP
A19/24	<p>Committee Work Plan 2019/20</p> <p>MMcD presented the committee work plan for 2019/20.</p>	

	<p>The committee discussed factoring in the impact (on the CCG) of primary care delegated commissioning from 1st April 2019. AP reported that MIAA will be auditing four new elements of the internal audit framework for delegated commissioning arrangements. The audits will be reported to future Audit Committee meetings when complete and added to the work plan prior to this.</p> <p>Members requested a report be presented to the Governing Body Development Sessions in March 2019 regarding how the Sefton CCGs are fulfilling the requirements of primary care delegated commissioning and how capacity issues are being addressed. MMcD to ask the CCG's Interim Programme Lead (Corporate Services) to action.</p> <p>Members discussed the work plan and agreed to remove the Remuneration Committee and Approvals Committee Annual Reports, as these will be presented directly to the respective Governing Bodies of the Sefton CCGs at their meetings in July 2019. TK to update the work plan.</p> <p><i>The committee received the committee work plan for 2019/20.</i></p>	<p>MMcD</p> <p>TK</p>
A19/25	<p>Committee Meeting Dates 2019/20 MMcD presented a paper listing the Audit CiC and Audit Committee meetings scheduled for 2019/20.</p> <p><i>The committee received the committee meeting dates for 2019/20.</i></p>	
Key Issues of other committees to be formally received		
A19/26	<p>Key Issues reports of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committees September and October 2018 • Joint Quality Committee September and October 2018 • Joint Commissioning Committee August 2018 (Part 2, South Sefton only) October 2018 <p><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></p>	
Closing business		
A19/27	<p>Any other business <u>Data Security and Protection Toolkit Submission / Delegated Approval for Sign-off</u> MMcD reported that the sign-off of the Data Security and Protection Toolkit (previously known as IG Toolkit) will need to be actioned prior to the next Audit Committee meeting scheduled for 18th April 2019. The committee agreed to provide delegated authority to GM and MMcD to review and sign the Data Security and Protection Toolkit for South Sefton CCG. TK to arrange a teleconference between MMcD and GM to review and sign-off the toolkit.</p> <p><u>Joint Auditor Panel – 18th January 2019</u> Members discussed representation of the Sefton CCGs at the Joint Auditor</p>	<p>GM / MMcD / TK</p>

	Panel meeting scheduled for 18 th January 2019. It was agreed that HN and MMcD would attend.	
A19/28	Key Issues Review MMcD highlighted the key issues from the meeting and these will be circulated as a Key Issues report to Governing Body.	
	Date and time of next meeting South Sefton Audit Committee Thursday 18 th April, 1pm-2.30pm Room 5A, Merton House Southport and Formby Audit Committee Thursday 18 th April, 3pm-4.30pm Room 5A, Merton House	

Approved

SS NHSE Joint Commissioning Committee Approved Minutes – Part I

Date: Thursday 21st March 2019. 10.00am – 11.00am
 Venue: 3A Merton House, Stanley Road, Bootle, L20 3DL

Members		
Gill Brown	SF CCG Lay Member (Chair)	GB
Graham Bayliss	SS CCG Lay Member (Chair)	GM
Graham Morris	SS CCG Lay Member	JL
Jan Leonard	SS CCG Chief Redesign and Commissioning Officer	CG
Dr Craig Gillespie	SS CCG Clinical Vice Chair	AC
Alan Cummings	NHSE Senior Commissioning Manager	SL
Suzanne Lynch	SF&SF CCG Head of Medicines Management	BP
Brendan Prescott	Deputy Chief Nurse and Quality Officer	
Attendees:		
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
Minutes		
Jane Elliott	SSCCG	JE

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance C= Cancelled

Name	Membership	Feb 19	Mar 19	Apr 19	May 19	June 19
Members:						
Graham Bayliss	SS CCG Lay Member (Chair)	N	✓			
Graham Morris	SS CCG Lay Member (Vice Chair)	A	✓			
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	✓	✓			
Brendan Prescott	Deputy Chief Nurse and Quality Officer	N	N			
Alan Cummings	NHSE Senior Commissioning Manager	A	A			
Attendees:						
Sharon Howard	Programme Manager General Practice Forward View	✓	✓			
Angela Price	Primary Care Programme Lead	✓	✓			
Diane Blair	Healthwatch Sefton	A	✓			
Dwayne Johnson	Sefton MBC Director of Social Services and Health	N	N			
Joe Chattin	Sefton LMC	N	N			
Rebecca McCullough	SSCCG Head of Strategic Financial Planning	N	N			
Jan Hughes	NHSE Assistant Contract Manager	N	✓			
Colette Page	SS&SF CCG Practice Nurse Lead	A	A			

No	Item	Action
JCCiC 19/21	<p>Apologies for absence Apologies were received as noted above.</p> <p>It was noted that the meeting was not Quorate. No decisions were made.</p>	
JCCiC 19/22	<p>Declarations of interest regarding agenda items GB reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of South Sefton Clinical Commissioning Group.</p> <p>Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website.</p>	
JCCiC 19/23	<p>Minutes of the previous meeting The minutes of the previous meeting held on 7th February 2019 were agreed. SS – item JCCiC 19/05 should have read JL reported to the group</p>	
JCCiC 19/24	<p>Action points from the previous meeting The action tracker was discussed and updated.</p>	
JCCiC 19/25	<p>Report from Operational Group and Decisions made AP reported that the group had discussed:</p> <ul style="list-style-type: none"> • Bridge Road Medical Centre has submitted an application to close their list. Further information is required from the practice therefore the list remains opens • Discussions took place around plans and procedures now in place take on delegated commissioning • LQC phase 5 is progressing and on track for publication in April 2019 	

JCCiC 19/26	<p>GPFV Operational Plan/ Primary Care Programme Report</p> <ul style="list-style-type: none"> • Resilience funding has be received to translate common letters in general practice into the top 5 languages spoken locally • Training will be planned over the next 12 months with regards to signposting and document management. First Practice Management and Talking Life will provide training • International recruitment team have recruited further staff. Numbers of potential GP recruits are low. • ETTF – David Scallen (NHSE) is scheduled to attend the April JOG meeting. • e-consultations is being promoted and rolled out to all practices. There are some discussions taking place regarding 7 day access services utilising this facility • 7 day access services. Further funding has been secured to advertise this service further. Digital champion posts will support practice utilisation of the service. There is still some underutilisation of HCA and PN but this is being addressed. NHSE praised the CCG for their promotion of the service so far. • Clinical pharmacist – the HUB has exceeded all expectations and there have been some good outcomes in patient safety. Practices are keen for the HUB to be rolled out to all practices. This can only be done when all the posts are recruited for. • PCN – there are 4 Networks in South Sefton. Only one practice remains unsubscribed to a network. The CCG are continuing to support this practice. Networks are awaiting publication of further guidance around the new DES which requires practice sign up by May 2019. Sefton on track to meet this deadline. NHSE noted how well Sefton had done to have so many bids approved as not all bids were successful as they didn't meet the criteria. • LQC is business as usual LQC 5 on track • Apex Insight is a tool that enables practices to monitor workload and staffing levels. Software was presented to practices at the Wider Group Meeting. Expressions of interest are now being taken • Learning Disability health checks have increased this year with the introduction of the new procedure. 2019/20 will continue in the current format allowing practices to choose between delivering the DES themselves or handing this over the Federation. • SMI health checks are mandated for practices. This has been included in the LQC phase 5. Practices will offer patients a Health check. • Delegation goes live on 1st April 2019. NHSE have been working with the CCG to map across policies and procedures to ensure a smooth transition. A guide has been put together for practices to ensure they know who to contact and for what. Diane Lewis from NHSE has been instrumental in this process and training staff. CCG wish to extend their thanks to Diane for all her hard work. 	
JCCiC 19/27	<p>Delegation As discussed in item JCCiC 19.26</p>	
JCCiC 19/28	<p>Healthwatch Feedback Health Watch had completed and enter and view assessment at the Strand Medical Centre. The practice is aware of access issues and is addressing them. Patients felt that it was hard to gain access to pre-bookable appointments for long term conditions.</p>	
JCCiC 19/29	<p>Key Issues Log None identified</p>	

JCCiC 19/30	Any Other Business None	
JCCiC 19/31	Date of Next Meeting: Thursday 18th April 2019. 10.00am – 11.00am Family Life Centre, Almond Room, Ash Street Southport PR8 6JH	
<p>Meeting Concluded.</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common

Approved Minutes – Part I

Date: Thursday 18th April 2019. 10.00am – 11.00am

Venue: **Family Life Centre, Almond Room, Ash Street Southport PR8 6JH**

Members		
Gill Brown	S&F CCG Lay Member (Chair)	GBr
Graham Bayliss	SS CCG Lay Member (Vice Chair)	GBa
Graham Morris	SS CCG Lay Member	GM
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	DF
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Non Voting Attendees:		
LMC Representative		
Healthwatch Representative		
Health & Well Being Representative		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Minutes		
Debbie Fairclough	Interim Programme Lead – Corporate Services	DFair

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance C = Cancelled

Name	Membership	April 19	May 19	June 19	July 19	August 19
Members:						
Gill Brown	S&F CCG Lay Member (Chair)	✓				
Graham Bayliss	SS CCG Lay Member (Vice Chair)	✓				
Graham Morris	SS CCG Lay Member	A				
Helen Nichols	S&F CCG Lay Member	✓				
Fiona Taylor	S&F SS CCG Chief Officer	A				
Martin McDowell	S&F SS CCG Chief Finance Officer	✓				
Jan Leonard	S&F CCG Director of Place (North)	✓				
Debbie Fagan	S&F CCG Chief Nurse and Quality Lead	A				
Angela Price	S&F SS CCG Programme Lead Primary Care	✓				
Alan Cummings	NHSE Senior Commissioning Manager	✓				
Non Voting Attendees:						
LMC Representative		✓				
Health Watch Representative		A				
Health & Well Being Representative		A				
Dr Craig Gillespie	GP Clinical Representative	✓				
Dr Kati Scholtz	GP Clinical Representative	✓				

No	Item	Action
PCCiC19/01	<p>Apologies for absence Apologies were received from Graham Morris, Fiona Taylor Debbie Fagan and Health Watch Debbie Fairclough attended on behalf of FT Susanne Lynch attended on behalf of DF Martin McDowell via dial in facility</p> <p>Welcome and Introductions GBr welcomed all to the inaugural meeting of the NHS Southport and Formby CCG and NHS South Sefton CCG Primary Care Commissioning Committees (PCCC) in Common. This was the first meeting under the newly established arrangements that had been created to ensure there was a robust governance framework in place to preside of the CCG's newly acquired responsibilities in respect of the commissioning of primary medical services.</p> <p>GBr advised members that this is a meeting to be held in public and the dates, time and venue of this and all future meetings had been published. No members of the public were in attendance at the meeting.</p>	
PCCiC19/02	<p>Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings. It was noted that Martin McDowell, Susanne Lynch, Angela Price, Jan Leonard and Debbie Fairclough all held joint appointments with both Southport and Formby and with South Sefton CCG however, it was agreed that those arrangements did not constitute any conflict of interest that would give rise to concern or prejudice in respect of the business items for discussion</p>	
PCCiC19/03	<p>Minutes of the previous meeting The minutes of the NHS South Sefton CCG NHSE Joint Commissioning Committee meeting held on Thursday 21st March 2019 were approved as an accurate record of proceedings.</p> <p>The minutes of the NHS Southport and Formby CCG NHSE Joint Commissioning Committee meeting held on Thursday 21st March 2019 were approved as an accurate record of proceedings. It was however noted that attendance register was inaccurate in showing Helen Nichols as a member and this should be removed from the record. Helen Nichols tenure on the newly established S&F Primary Care Commissioning Committee did not commence until 1st April 2019</p> <p>ACTION: Helen Nichols name to be removed from the attendance register of the meeting held on 21st March 2019.</p>	

PCCiC19/04	<p>Action points from the previous meeting</p> <p>Members reviewed the action log and the following was agreed:</p> <p>Members reviewed the action log and the following was agreed:</p> <p>SSNHSE18/42 – ACTION OPEN - Louise Hallaron to be invited to PCCC to provide and update on ETTF – JL</p> <p>SSNHSE 18/65 – ACTION CLOSED - Workforce Steering Group meeting had not taken place but it was noted that the CCG did not have any influence over when that might take place and members agreed this action should now be closed.</p> <p>SFNHSE 19/06 – ACTION CLOSED – 7 day access is now on PCCC work plan for review in July 2019 (this was on the plan for June where we moving this to July to focus on June being a workshop?. Action to be closed.</p> <p>SFSSNHSE 19/06 – ACTION CLOSED – GP5YFV now on PCCC work plan</p>	
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PCCiC19/05	<p>Terms of Reference of the NHS Southport and Formby CCG and NHS South Sefton CCG Primary Care Commissioning Committees (PCCC) in Common</p> <p>DFair presented the terms of reference that had been developed in accordance with national guidelines, in consultation with members of the Joint Commissioning Committee, governing bodies and the wider group membership of the respective CCGs. The committee was asked to receive and adopt the terms of reference as approved by the respective memberships.</p> <p>It was noted there was a typographical error relating to the number of days that papers should be circulated to members and that it should refer to seven days and not five. DFair agreed to update and asked the PCCC to receive and adopt the terms of reference subject to that amendment.</p> <p>JC did query the guidance available from NHSE relating to the membership of the committee as it was felt that there should be more GP input. It was also noted that there were examples of PCCCs elsewhere that had significantly more GP members. DFair agreed to share the relevant guidance with all committee members.</p> <p>HN queried if there was single simple document that set out role and responsibilities of primary care commissioning committees to greater assist in understanding of these new duties for committee members. DFair agreed to circulate a briefing note.</p> <p>Members were asked to note that the terms of reference of the Joint Commissioning Committee Operational Group will need to be updated to reflect the new governance arrangements. Proposed terms of reference will be presented to the next PCCC for approval.</p> <p>ACTION: DFair to prepare terms of reference for a PCCC operational sub group for approval at the next PCCC.</p> <p>ACTION: DFair to circulate NHSE guidance relating to the membership of primary care commissioning committees.</p> <p>ACTION: DFair to circulate a briefing note setting out the roles and responsibilities of PCCCs.</p> <p>RESOLUTION: The PCCC received and adopted the Terms of Reference.</p>	
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PCCiC19/06	<p>Delegation Agreement <u>NHS Southport and Formby CCG – Delegation Agreement</u></p> <p>DFair presented the delegation agreement that had been signed off by the Wider Group members. It was noted that although NHSE had sent through email authorisation, a final signature was awaited. It was agreed that this should not in any way prevent the PCCC and CCG staff from discharging the newly acquired primary medical services commissioning responsibilities.</p> <p>Following receipt of the final signed document DFair will produce a Scheme of Reservation and Delegation (SORD) setting out the</p> <p>RESOLUTION: The PCCC received the Delegation Agreement</p> <p><u>NHS South Sefton CCG – Delegation Agreement</u></p> <p>DFair presented the delegation agreement that had been signed off by the Wider Group members. It was noted that although NHSE had sent through email authorisation, a final signature was awaited. It was agreed that this should not in any way prevent the PCCC and CCG staff from discharging the newly acquired primary medical services commissioning responsibilities</p> <p>RESOLUTION: The PCCC received the Delegation Agreement</p>	
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PCCiC19/07	<p>Transition plan to Delegation</p> <p>AP presented the primary medical services commissioning transition plan that set out the responsibilities and tasks that would now transition to the CCG. Members of the primary care team of the CCG and NHSE had been implementing and monitoring the plan and were able to positively report on progress. A practice guide had been produced to clarify the different roles of organisations following transition to delegation. JC advised that the LMC had acknowledged that this was an excellent guide and report. AP advised that the guide would be updated further as new policy and guidance is introduced. The transition plan will be updated to clearly show which tasks had been completed, were in progress or had not yet commenced.</p> <p>GBr sought assurances from JL that there was sufficient staffing resource in the CCG to manage the new responsibilities in terms of contracting management, performance, quality and core contract payments. AP confirmed that the leadership team had identified funding for new posts some of which had now been appointed to and others were due to be appointed to soon. The committee was also asked to note that NHSE primary care staff have continued to provide support and have agreed to continue to do so until the transition is fully complete. JL reported that CCG leads are currently designing a new post that will be focussed on quality matters and individual patient support, not just for primary care but to support the wider commissioning portfolio.</p> <p>In respect of Directed Enhanced Service (DES) payments; payments will remain to be processed through NHSE. However, a process had been agreed to enable the CCG to validate those payments before final authorisation to pay.</p> <p>In recognition that the CCG was now managing new responsibilities and there will inevitably some learning from month 1, an update on the first 30 days of operation will be reported to the next meeting of the PCCC.</p> <p>ACTION: AP to provide a summary verbal report on the first 30 days</p> <p>RESOLUTION: The PCCC received the transition plan and noted progress to date.</p>	
PCCiC19/08	<p>Report from Operational Group and Decisions made</p> <p>AP provided an update on matters that were being addressed by the Operational Group. Members were advised that NWAS were developing a new “rotational scheme” so that staff could rotate into primary care. The proposed staff development model would require staff to spend four months with NWAS, four months in primary care and then four months within the network. The employment arrangements are yet to be agreed.</p> <p>CG provided a view from a GP perspective. It was felt that there was an opportunity to direct those skills were they would have the greatest impact, e.g. in care homes or to deal with incidents of falls. More work is required to agree the optimum delivery model.</p> <p>JC reported that there was an excellent model that was currently operating in Southport, linked to nursing homes.</p> <p>RESOLUTION: Members received the update.</p>	

<p>PCCiC19/09</p>	<p>Update on GPFV Operational Plan/ Primary Care Programme Report</p> <p>AP presented <i>the Primary Care Programme Report</i>. This set out the primary care work programme that had been established to support the GP Forward View transformation programme, delegation responsibilities including the GP contract reform agenda, and CCG business as usual work programmes. Members reviewed the report in detail and in particular commented positively on the improvements in respect of learning disability patients that were beginning to take place.</p> <p>It was agreed however, that since the CCG have been operating a different way of delivering the LD DES, anomalies had been identified which had not previously been understood and were being worked through and validated.</p> <p>An update will be brought to the meeting in May.</p>	
<p>PCCiC19/10</p>	<p>Primary Care Network (PCN) update</p> <p>CG provided the committees in common with an update on the establishment and evolution of the local PCNs. The networks are still forming and there is an expectation that this will be completed by 15th May 2019. There are four PCNS in South Sefton.</p> <p>There are four PCNs for South Sefton however, 1 practice has advised that they do not wish to sign up to the PCN DES. JL and CG had offered to speak with the practice but this offer has been declined to date. The committee noted that this will pose a risk and it is likely that the Maghull PCN will need some support.</p> <p>JL reported that the deadline for the sign off of all PCN agreements is the 15th May and is required before the next meeting of the PCCC. JL sought approval from the PCCC to delegate authority for the signing of the PCN applications to the leadership team with a verbal report on outcomes then being submitted to the next meeting of the PCCC.</p> <p>RESOLUTION: The PCCC delegated authority to the CCGs' leadership to sign off the PCN applications.</p> <p>Members considered the potential risks to the success of the PCNs. CG reported that the CCG had been positively and constructively providing support that was very much welcomed, however, this support may prove to be insufficient given the size of the task the PCN were facing. DFair advised the committee that the leadership team had received and approved a resourcing model that had been prepared by Tracy Jeffes, Director of Place – South. The model drew upon existing CCG staff and skill set resources.</p> <p>There is an expectation from NHSE that there would be 100% population coverage with PCNs by 1st July 2019, CG reported that it is unlikely that target would be achieved. Even if other practices agreed to cover those practices that do not wish to participate, the differences and complexities between practices would make engagement difficult.</p> <p>ACTION: Primary Care Network update to be a standing item agenda for PCCC.</p>	

PCCiC19/11	<p>Overview of GP Contract Changes</p> <p>AP advised members that the summary of changes had been dealt with under item PCCiC 19/09.</p>	
PCCiC19/12	<p>Healthwatch Feedback</p> <p>There were no issues raised in respect of Health Watch</p>	
PCCiC19/13	<p>Key Issues Log</p> <p>GBr and JL summarised the key issues of the meeting that are to be reported to the governing body.</p>	
PCCiC19/14	<p>Any Other Business</p> <p>Sepsis – Dfair and SL discussed the Sepsis return for NHSE which formed part of the Improvement and Assessment Framework (IAF) indicator report. The CCG is asked each year to confirm that sepsis awareness raising and education on the use of National Early Warning Score (NEWS2) is included in the commissioning priorities of the CCG and is included (or there is evidence of a planned commitment to include) in service specifications and in any local incentive schemes funded by the CCG.</p> <p>RESOLUTION: The PCCC confirmed its commitment to ensuring that these would be reflected in the service specifications of incentive schemes.</p> <p>The CCG is also asked to confirm that Health Education England resources relating to sepsis are referenced and used.</p> <p>For this year's return, and out with of the IAF sepsis parameters, the CCG was asked to provide information on the number of practices that had an identified sepsis link. This is not something that practices are mandated to have in place, however it was agreed that the CCG would seek to establish how many. CG, KS and JC all advised that it is more important that practices have a sepsis protocol in place.</p>	
PCCiC19/15	<p>Date of Next Meeting:</p> <p>Date of Next Meeting: 16th May 2019 Room 3A, Merton House, Stanley Road, Bootle L20 3DL</p>	
<p>Meeting Concluded.</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		