

Governing Body Meeting (Part I) Agenda

Date: Thursday 2nd April 2020, 13:00hrs to 14:45hrs

Venue: Teleconference

To help the CCG respond to the coronavirus we are moving all meetings that we hold in public to teleconferences for the foreseeable future. This also applies to our regular operational internal meetings in line with national guidance to ensure our staff are supported to work remotely. Whilst members of the public are currently unable to observe these meetings due to these essential changes, we will continue to publish papers as normal.

13:00hrs Formal meeting of the Governing Body commences.

The Governing Body Members

Dr Craig Gillespie	Chair	CG
Alan Sharples	Deputy Chair & Lay Member - Governance	AS
Graham Bayliss	Lay Member, Patient & Public Involvement	GB
Dr Peter Chamberlain	GP Clinical Director	PC
Dr Gina Halstead	GP Clinical Director	GH
Jane Lunt	Chief Nurse	JLu
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.

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:00hrs
GB20/40	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB20/41	Declarations of Interest	Chair	Verbal	Receive	
GB20/42	Minutes of previous meeting	Chair	Report	Approve	
GB20/43	Action Points from previous meeting	Chair	Report	Approve	
GB20/44	Business Update	Chair	Verbal	Receive	
GB20/45	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					13:20hrs
GB20/46	Integrated Performance Report 46.1: - NHS Constitution - Quality 46.2: - Financial Position	Cameron Ward JLu MMcD	Report	Receive	30 mins
Governance					13:50hrs
GB20/47	Annual Report 2019/20: Governing Body Attendance Register	Debbie Fairclough/ AS	Report	Approve	20 mins
GB20/48	Finance and Resource Terms of Reference	AS	Report	Approve	
GB20/49	Corporate Objectives 2020/21	FLT	Report	Receive	
Quality					14:10hrs
GB20/50	SEND Improvement Plan and Dashboard	Kerrie France	Report	Receive	10 mins
Service Improvement/Strategic Delivery					14:20hrs
GB20/51	Sefton Transformation Programme: Update	Mel Wright	Report	Receive	15 mins
For Information					14:35hrs
GB20/52	Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities	Chair	Report	Receive	5 mins
GB20/53	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee: None d) Primary Care Commissioning Committee PTI	Chair	Report	Receive	
Closing Business					14:40hrs
GB20/54	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
GB20/55	<p>Date of Next Meeting</p> <p>Thursday 4th June 2020, 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. Public meeting dates for 2020/21 are as follows:</p> <p>3rd September 2020 5th November 2020 4th February 2021 1st April 2021</p> <p>All PTI public meetings will commence 13:00hrs and be held in the Boardroom, 3rd Floor Merton House.</p>				
Estimated meeting close					14:45hrs

Given the move to a teleconference the motion to exclude the public is not required.

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 6th February 2020, 13:10hrs to 15:45hrs
Venue: Boardroom, 3rd Floor, Merton House, Bootle, L20 3DL

The Governing Body Members in Attendance

Dr Craig Gillespie	Chair	CG
Alan Sharples	Deputy Chair & Lay Member for Governance	AS
Graham Bayliss	Lay Member Patient & Public Engagement	GB
Dr Peter Chamberlain	GP Clinical Director	PC
Dr.Gina Halstead	GP Clinical Director	GH
Jane Lunt	Interim Chief Nurse	JL
Martin McDowell	Chief Finance Officer	MMcD
Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

Co-opted Members (or deputy) in Attendance

Helen Armitage	Consultant in Public Health	HA
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In Attendance

Jan Leonard	Director of Place - North	JL
Cameron Ward	Programme Director – Sefton Transformation Programme	CW
Tanya Wilcock MBE	Head of Communities, Sefton MBC (<i>item 20/14</i>)	TW

Member Apologies

Maureen Kelly	HealthWatch
Dr Sunil Sapre	GP Clinical Director
Dr John Wray	GP Clinical Director

Name	Governing Body Membership	Apr 19	June19	Sept 19	Nov 19	Feb 20
Dr Craig Gillespie	Chair & GP Clinical Director	✓	✓	✓	✓	✓
Graham Morris	Deputy Chair & Lay Member - Governance	✓	✓			
Alan Sharples	Deputy Chair & Lay Member - Governance			✓	✓	✓
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	✓	A	✓	✓	✓
Dr Peter Chamberlain	GP Clinical Director	A	✓	✓	✓	✓
Lynne Creevy	Practice Manager	A	A	A		
Debbie Fagan	Chief Nurse	✓				
Gina Halstead	GP Clinical Director	✓	✓	A	✓	✓
Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A				
Maureen Kelly	Chair, HealthWatch (<i>co-opted Member</i>)	A	✓	✓	✓	A
Jane Lunt	Interim Chief Nurse				A	✓

Name	Governing Body Membership	Apr 19	June 19	Sept 19	Nov 19	Feb 20
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Brendan Prescott	Registered Nurse		✓	✓		
Dr Sunil Sapre	GP Clinical Director	✓	✓	✓	✓	A
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	A	✓	✓
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓
Dr John Wray	GP Clinical Director	A	A	A	A	A

Quorum: Majority of voting members.

No	Item	Action
	<p>Questions from the public</p> <p>None.</p>	
GB20/1	<p>Apologies & Welcome</p> <p>Apologies were given on behalf of John Wray, who had been unable to attend due to a conflicting commitment regarding his role with NWAS in relation to emergency planning. Apologies had also been received from Dr Sapre and Maureen Kelly.</p>	
GB20/2	<p>Declarations of Interest</p> <p>The members were reminded of their obligation to declare any interests they may have in relation to any items on the agenda and any issues arising at governing body meetings which might conflict with the business of NHS South Sefton CCG.</p> <p>Those holding dual roles across both South Sefton CCG and Southport & Formby CCG declared their interest; Fiona Taylor, Martin McDowell and Jane Lunt who had been appointed as Interim Chief Nurse and had a substantive post with Liverpool CCG.</p> <p>Also noted was Dr Peter Chamberlain's secondment with Mersey Care.</p> <p>It was noted that the interests raised did not constitute any material conflict of interest with items on the agenda.</p> <p>Declarations made are listed in the CCG's Register of Interests which is available on the website http://www.southseftonccg.nhs.uk/about-us/our-constitution/</p>	
GB20/3	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting from 7th November 2019 were confirmed as an accurate record subject to the following amendments:</p> <p>Pg 5: question (II) second paragraph, the line 'an appointment she was never give'; give to be amended to given.</p>	

No	Item	Action
	Pg 10 spelling error within first line commencing '....members acknowledged'.	
GB20/4	<p>Action Points from Previous Meeting</p> <p>(ii) Waiting times at Litherland Walk-in centre (up to 5 hours). Getting an appointment at the doctors surgery</p> <p>FLT advised that the governing body were not aware that there had been any problems with waiting times at Litherland but would ask that a member of the team investigate further and provide an update.</p> <p><u>Update</u> FLT advised that that there had been no feedback to suggest that there were any issues with waiting times at the walk-in centre. GC and PC confirmed the same. FLT agreed to obtain the current waiting time data.</p> <p>GB19/132: Question 1. In relation to: Following extensive discussion on the process for reviewing waiting times, how providers are held to account, issues that impact waiting times and waiting time triggers FLT offered for KMcC to contact the member of the public to address any remaining concerns.</p> <p><u>Update</u> It was confirmed that KMcC had made contact to discuss any continuing concerns.</p> <p>GB19/135: Integrated Performance Report (IPR)</p> <p>1. Cancer Deep Dive for December Development Session</p> <p><u>Update:</u> It was not possible to schedule for the December session due to the availability of individuals. It had been re-scheduled for March pending confirmation of attendance.</p> <p>2. Children's CAMHS waiting times</p> <p>Additional detail was requested for single point of access activity, waiting times and pathway issues for future reports.</p> <p><u>Update:</u> MMcD confirmed that there had been further discussion regarding the reporting of additional data relating to referrals received via the single point of access. Individuals that have been appropriately signposted to alternative services are recorded as rejected which gives a misleading understanding of the outcomes for children.</p> <p>3. Development of the Children's service performance dashboard.</p> <p><u>Update:</u> The members were asked to note the importance of ensuring the data set provided is functioning and correct. This can only be achieved by providers understanding their data. Currently the CCG translate that data in order to present in an informed way. This needs to be the responsibility of the provider. FLT with JLu as lead for Quality and Children, will take back and discuss with Alder Hey.</p> <p>4. QIPP Opportunities: The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain approach so that the membership can support implementation of the recovery plan.</p>	<p>FLT</p> <p>Closed</p> <p>Ongoing</p> <p>MMcD/CW</p> <p>FLT and JLu</p>

No	Item	Action
	<p><u>Update:</u> MMcD confirmed that this was part of the ongoing action in relation to reviewing QIPP. A special QIPP session was planned for late February with the involvement of Community leads looking at to determine options and expected impact of schemes in 2020/21 financial year.</p> <p>5. Observational review of Quality and Performance Committee</p> <p><u>Update:</u> This had been completed by Debbie Fairclough who advised that the committee were discharging its duties accordingly.</p>	<p>Closed</p> <p>Closed</p>
GB20/5	<p>Business Update</p> <p>The Chair welcomed Jane Lune, Interim Chief Nurse, to her first public governing body meeting.</p> <p>The Chair noted that the governing body was dependent on a few individuals in terms of clinical membership and therefore a risk to the organisation due to over-reliance. The Chair highlighted the opportunities for leadership development and Chair programmes to the clinical directors present at the meeting.</p> <p>Resolution: The members received the report.</p>	
GB20/6	<p>Chief Officer Report</p> <p>The governing body received the Chief Officer report. FLT noted that QIPP and financial recovery remains a key priority for the CCG and that staff continue to focus their efforts on implementing schemes and identifying new opportunities.</p> <p>The following areas not covered elsewhere on the agenda were highlighted:</p> <p>The members were referred to the request for delegated authority in relation to the Data Security and Protection Toolkit (DSP Toolkit) sign off. This has been requested in order to ensure compliance with submission deadlines by 31st March, as the Audit Committee will not meet again before this date.</p> <p>There had now been a de-escalation of EU Exit Planning and Sitrep reporting following exit on 31st January 2020.</p> <p>Sefton2gether, the Five Year Plan had now been published on the CCG website. A collaborative approach was now being taken on the implementation of this plan with local authority colleagues.</p> <p>The members and public were asked to note the Joint Targeted Area Inspection held in September 2019 on the multi-agency response to abuse and neglect in Sefton and which focused on children's health and emotional wellbeing. It was noted that this was the first such visit to be held in the country. The CCG had since received a response on the findings of the inspection which identified areas for development as well as areas of strength. The CCG and local authority were in the process of compiling a joint response and action plan to the findings. A copy of the inspector's letter is available: https://files.ofsted.gov.uk/v1/file/50134652.</p> <p>The members received the report of the Merseyside Safeguarding Adults Board annual report for 2018-19 which highlights the work undertaken by</p>	

No	Item	Action
	<p>board members and sub-groups during the reporting period. The CCGs are represented at MSAB by the Chief Nurse and the Designated Safeguarding Adult Manager. The report is available at https://www.merseysidesafeguardingadultsboard.co.uk/the-board/annual-reports-business-plans/</p> <p>A recommendation had been supported by the Primary Care Commissioning Committee (PCCC) to extend the Extended Access (7 day access) Contract for six months until March 31st 2021. 'Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' was published in January 2019, after the original contract was awarded. This details the transfer of funding and responsibility for the CCG commissioned service to Primary Care Networks (PCN's). The proposed contract extension will allow time for commissioners to translate guidance, once available, into operational plans which will be subject to approval via the PCCC.</p> <p>The members were updated on the visit to the CCG by the Chair of C&MCHP Alan Yates and the 'Place and Programme Forum' event where the CCG provided an update on the development of our "place" and the work showcased by Stephen Williams on Transformation in Sefton.</p> <p>In addition, an update was provided on the receipt of the Operational Guidance at the end of January 2020 which is also available on the NHS England website. The CCG will be working to timetable with the sign off date for 2020/21 contracts being 27th March 2020. It was noted that the Technical Guidance was still to be received.</p> <p>Resolution: The members formally received the report and approved delegated authority to the Deputy Chief Officer/Chief Finance Officer and the Chair of the Audit Committee to sign off the DSP submission.</p>	
GB20/7	<p>Integrated Performance Report (IPR)</p> <p><u>7.1 NHS Constitution and Quality</u></p> <p>Cameron Ward presented the members with the latest NHS constitutional activity and quality performance report and highlighted the Executive Summary on page 35 of the meeting pack which identified key areas including:</p> <p>There has been a decrease in GP referrals when compared to the previous month and a reduction when compared to the same period for 2018/19. This is in contrast to the continued increase in consultant to consultant referrals, which is being analysed in order to ascertain the likely causes.</p> <p>The CCG's performance for RTT 18 weeks has dropped which has resulted in the CCG failing the constitutional target of 92%.</p> <p>There has been 1 patient reported as waiting in excess of 52 weeks for treatment. Although treatment has now commenced, LWH have been requested to complete a harm review and RCA.</p> <p>Significant pressures have been seen during December 2019 and January 2020 at Aintree University Hospital. This is not dissimilar to that seen in other parts of the country.</p> <p>A new Faster Diagnosis Standard (FDS) is being introduced for 2020/21 and</p>	

No	Item	Action
	<p>is designed to ensure that patients who are referred for investigation of suspected cancer will have a decision on diagnosis within a 28 day timeframe. This is detailed on page 53 of the meeting pack.</p> <p>The CCG is at risk of not achieving the IAPT target for 2019/20. Further work is being undertaken to procure new services however that will not impact until 2020/21.</p> <p>A discussion was held regarding the presentation and format of the performance data which is segmented to either quarters or months and then placed within one of the three colour categories of the traffic light system. This is provided as a summary and then supported with more detailed performance information. It was recognised that there was the potential for the data summary to not necessarily reflect the positive performance activity and this was being looked at. An example was discussed in section 6.1.1 (page 82); despite not achieving the quarterly Access rate, the year to date Access rate is 17.7% against the target of 17.0%, therefore the CCG is on target to achieve the yearly Access rate despite missing the quarterly target.</p> <p>FLT made reference to the earlier discussion in relation to the Children's dashboard and data quality. FLT emphasised the need to ensure that the data the CCG receives is correct, complete and clear and presented to the governing body in a way that makes sense and provides an accurate reflection.</p> <p>Further dialogue was held regarding Children's and SEND performance data. JLu, Quality and SEND Lead, considered that there were areas of activity not included and that the CCG need to understand the impact on services. This issue had been highlighted whilst working through the SEND improvement process during which it had been evidenced that some areas were not progressing fast enough due to the lack or delay of data. JLu confirmed that conversations regarding these issues had already commenced.</p> <p>GH highlighted ASD as an area not being reported to the governing body and considered a greater oversight was needed and that this needed to include how the children are benefitting.</p> <p>FLT agreed that Alder Hey be invited to the Governing Body Development Session in May 2020.</p> <p>Further discussion was had in relation to data and metrics, specifically:</p> <p>The potential impact on reporting as a result of the Aintree and Royal University Hospitals merger. JLu advised that CQPG were in the process of considering this and discussions were being had with the Trusts.</p> <p>The Urgent Care dashboard was requested to be reinstated within the report.</p> <p>A discussion was held regarding the additional costs that have been incurred by the CCG as a result of activity being shifted due to maintaining performance and whether there was any opportunity for lessons learnt and safeguards during contract negotiations. Particular areas of significant cost where highlighted including Elective care and CHC.</p> <p>The members noted the increase in Healthcare associated infections, specifically E.coli and the increase in the number of cases and as detailed on page 65 of the meeting pack. It was commented that some of the cases were</p>	<p>FLT</p> <p>CW</p>

No	Item	Action
	<p>attributable to the use of catheters and understood that NICE guidance update had recently been published in relation to this. The members were informed that this was being monitored by the Single Item Quality Surveillance Group.</p> <p>JLu confirmed that there was no further update on the quality aspects of the report to add to that which had already been discussed, included within the report or listed on the main agenda.</p> <p>Resolution: The governing body received the report and the Chair clarified the actions to be carried out for the 'Children's' element:</p> <ul style="list-style-type: none"> • Continued review of the Children's performance dashboard including areas of activity not year included: mirroring the work and dashboard being compiled by Liverpool CCG • Greater oversight is needed on assessment and diagnostic data for ASD and community paediatrics. This needs to be included within the IPR with information on how children have benefitted. • Consideration to be given on how the third sector data can be formalised and incorporated i.e. collective dashboard. Some of this work was already being done by Liverpool CCG. <p>It was noted that the new pathway date is 1st April 2020 and as such increased reporting was expected to be seen.</p> <p><u>7.2 Financial Position</u></p> <p>MMcD presented the members with the financial position as at M9 2019/20, page 99 of the meeting pack.</p> <p>MMcD reminded members of the prediction at the beginning of the financial year of a likely £8.9m deficit and the indication of this to NHS England. Month 9 calculations are showing a current year to date £7.650m deficit with a forecast outturn of £9.700m deficit.</p> <p>To date the CCG has identified potential QIPP opportunities of £19.796m although a high proportion of these remain high risk. Prescribing efficiency schemes have achieved higher than expected, however other costs have emerged which has resulted in increased pressure. This includes category M medicines which are priced by NHS England part way through year. This has attributed to the increased pressure on CCGs nationally.</p> <p>A discussion was had on the high cost pressures detailed on page 106 of the report, specifically CHC which had already been noted as an area of concern. It was agreed that the system needed to work together as a single NHS with joint responsibility, to minimise overall costs.</p> <p>Resolution: The governing body received the report and noted:</p> <ul style="list-style-type: none"> • The agreed financial plan for South Sefton CCG is a surplus of £1m for 2019/20. • The QIPP efficiency requirement to deliver the agreed financial plan is £14.000m. QIPP schemes of £19.796m have been identified although a high proportion of schemes remain high risk. • The CCG deficit at Month 9 has been calculated at £7.650m and the likely case forecast outturn is £9.700m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery. • The CCG is unlikely to deliver its 2019/20 financial plan. However, the 	<p>CW</p> <p>CW</p> <p>CW</p>

No	Item	Action
	<p>focus must remain on continued progression of work undertaken during QIPP weeks which is essential to provide mitigation against the current projected deficit. . The governance arrangements to support full system working have been developed and will need to support the delivery of the system financial recovery plan.</p> <ul style="list-style-type: none"> • It is essential that clinical leaders engage with colleagues across the system to influence change which will lead to improved quality and reductions in cost The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare to work together to deliver more efficient and effective models of care. • The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that the membership can support implementation of the recovery plan. 	
GB20/8	<p>Oversight Framework 2019/20 Q2 Exception Report</p> <p>The members were presented with a report which outlined the joint approach by NHS England and NHS Improvement to oversee organisational performance and identify where commissioners and providers may need support. It was noted that the document supersedes the Improvement and Assessment Framework (IAF).</p> <p>Many of the indicators from the IAF remain, with an additional 6 metrics. The document continues to support the CCG's IPR (item 20/7) and provides a summary of performance identifying where the CCG is ranked as either performing in the lowest 25% of CCGs nationally, or where performance is consistently declining.</p> <p>CW provided members with an update on the development of the report, including a discussion on how to best mark the CCG performance across the system and quartile in order to give an overarching view.</p> <p>Reference was made to the areas of performance highlighted in section 3 of the report, specifically:</p> <p>FLT highlighted the green star rating achieved for indicator 166a (<i>compliance with the statutory guidance on patient and public participation in commissioning health care</i>) and thanked the lay membership, the public and patient engagement group and Health Watch on their work to achieve this.</p> <p>Indicator 107b (<i>Antimicrobial Resistance: appropriate prescribing of broad spectrum antibiotics in primary care</i>) has improved position to below the 10% threshold and is no longer in the worst performing quartile.</p> <p>A discussion was had on the falls related indicators (104a and 106a). 'Falls' was noted as an area for concern for the CCG. The members received an update on the work being done and planned by the Provider Alliance as part of the transformation agenda on looking at falls, especially given the consequence and cost to the person and services, with the impact being broader than just health. The next fall's meeting is due to be held the beginning of March 2020 to which JL will be attending.</p> <p>Resolution: The members received the report.</p>	
GB20/9	<p>Future of CCGs</p> <p>The paper presented a proposal to commence a process to inform a decision</p>	

No	Item	Action
	<p>for a proposed merger of the four North Mersey CCGs – NHS Southport and Formby CCG, NHS South Sefton CCG, NHS Knowsley CCG and NHS Liverpool CCG.</p> <p>It set out a case for change and a proposal to commence engagement on a preferred option to merge the four North Mersey CCGs. The outcome of that engagement will inform a final proposal for a preferred recommendation to be made by CCG Governing Bodies to the CCG members in March 2020.</p> <p>The members were reminded of the prior discussions regarding this issue and the discussions that had now taken place at Liverpool CCG and Knowsley CCG, with similar paper presented to the Southport & Formby CCG Governing Body the previous day.</p> <p>The members were taken through the report which detailed the background, the North Mersey CCG overview, national policy, the merger objectives, the financial overview, benefits and risks, options and option appraisal, arrangements, process, engagement, timescales and programme plan and statutory requirements. The population health data per North Mersey CCG based on 100 people and patient flows based on the North Mersey system was also discussed.</p> <p>Following discussion of the report presented there were a number of areas highlighted:</p> <p>The members were reminded that the rationale for clinical commissioning in the Health and Social Care Act (2012) was that GP-led CCGs would better understand and meet the particular needs of their population. By streamlining commissioning across a bigger footprint, there is a risk that this localism could be diluted. The membership emphasised the need to ensure that the good work to date and localism is retained.</p> <p>Following appraisal a list of 8 possible options was produced.</p> <p>The CCG value the face to face discussion with their population and as such it is expected that the stakeholder engagement would likely use the Big Chat events as an opportunity to engage with the population, as well as the involvement of Health Watch and any other such events on the CCG calendar. FLT asked the membership to note that this was not a consultation exercise as changes to CCG footprints and associated arrangements, including mergers, do not require a formal consultation.</p> <p>It was noted that the figures relating to South Sefton CCG and Southport and Formby CCG required adjustment. This would be updated for the next version of the document.</p> <p>Resolution: 1 member abstained from voting. The remaining 8 voting members:</p> <ul style="list-style-type: none"> • Supported the case for change • Supported the preferred option for a single CCG commissioner serving the North Mersey population • Endorsed the commencement of stakeholder engagement to inform a final proposal to the Governing Body in March 2020 <p>Additionally:</p> <ul style="list-style-type: none"> • It was noted that the support and endorsement of the governing body would be presented to the membership with an update to the governing 	<p>FLT</p>

No	Item	Action
	<p>body in March 2020.</p> <ul style="list-style-type: none"> • The last sentence on page 141 of the meeting report is to be reworded to reflect borough or place rather than CCG • Arrangements would now be put in place for project management support to further develop the case for change. 	FLT
GB20/10	<p>Criteria Base Clinical Treatment Policy</p> <p>The GP members in attendance declared an interest in this item: CG, GH and PC. AS took the chair for this item and agreed that the members could remain in the meeting and offer advice based upon clinical knowledge.</p> <p>The members were reminded of the CCGs legal obligation to have in place and publish arrangements for making decisions and adopting policies on how particular healthcare interventions are to be accessed. The Criteria Based Clinical Treatments Policy (CBCT) is intended to be a statement of the arrangements made by the CCG and will act as a guidance document for patients, clinicians and other referrers in primary and secondary care. It sets out the eligibility criteria under which CCGs will commission the service.</p> <p>The report details the background, development and policies. The members were asked to note that the fertility policy is still under review. Reference was made to appendix 1 which provides an overview of the changes against each of the policies noting that the documents had been made available on the CCG website via the link provided on the appendix. This was instead of being included within the public due to the size and number of the documents.</p> <p>Resolution: The members approved the inclusion of the revised Suite 3 policy statements (listed in 4) into the main Criteria Based Clinical Treatment Policy.</p>	
GB20/11	<p>Governing Body Assurance Framework, Heat Map and Corporate Risk Register</p> <p>The members reviewed the content of the CCG's risk report for Q3 2019/20 as at 15th January 2020.</p> <p>It was noted that the documents had been through the review and scrutiny process and updated by the respective risk leads and following analysis by the respective committees where relevant, had been presented to the Leadership Team and the Corporate Governance Support Group prior to Audit Committee.</p> <p>The commissioning and provision of SEND services has been identified as a key area of risk for the CCG and an area requiring accelerated and demonstrable improvements. The SEND Continuous Improvement Board (CIB) risk register is presented to the governing body as part of the risk report to ensure that members are fully signed on progress.</p> <p>The full SEND CIB risk register was received and updated by members of the CCGs Senior Management Team on 20th December 2019 and the CCG Audit Committee on 15 January 2020. The full register was also submitted to the SEND review team that will be facilitating a 6 month progress review of the SEND Improvement Plan on 22nd January 2020. These risks will now be incorporated into the CCG risk process.</p>	

No	Item	Action
	<p>The Audit Committee Chair updated on the discussion and outcome at the meeting as detailed within the report and in addition noted that:</p> <ul style="list-style-type: none"> • The committee had discussed the scoring of those risks as '5', either as a likelihood or consequence. On review of the scoring matrix and description, it was not necessarily clear why some risks had been scored at that level. • The Heat Map had been updated so as to enable the moderation of risks across the Sefton area. • A discussion was had on risk 12 of the heat map /QUO047: <i>There is a risk in relation to performance at Aintree University Hospital caused by a number of pressures resulting in reduced quality of care and outcomes for patients.</i> <p>Following review of the risk by the risk lead, the risk had been reduced to below the reporting level to Audit Committee (and Governing Body). The lead had proposed the removal of the risk from the full (all risks) CRR. The Audit Committee considered that, in light of the continued performance issues, the risk should remain and be presented through the internal moderation process again with a review of description and score.</p> <ul style="list-style-type: none"> • Reference was made to the two strategic objectives with particular risk; delivery of QIPP; integration of in-hospital and community services. <p>It was further noted that work was soon to commence on the annual review of content and format of the GBAF, CRR and corporate objectives for the following financial year.</p> <p>Resolution: Following review and scrutiny the governing body:</p> <ul style="list-style-type: none"> • Approved the CRR and Heat Map as recommended by the Audit Committee, specifically: <ul style="list-style-type: none"> ○ Removal of risks QUA039 and QUA060 ○ Risk QUO047 to remain and presented back through the moderation process for review • Approved the GBAF as recommended by the Audit Committee, noting the change to the risk descriptor for 3.1. • Noted the update on the process and audit committee action • Made recommendation for a review of risks rated '5' for consequence • Received and noted the content of the SEND CIB risk register and the inclusion of within the report 	<p>Judy Graves</p> <p>Judy Graves</p>
GB20/12	<p>SEND Improvement Plan Update</p> <p>The paper presented an update on delivery of some of the key health elements and issues relating to the Sefton SEND Improvement Plan.</p> <p>The governing body noted that the Sefton SEND Continuous Improvement Board is the substantive forum for overseeing delivery of all agreed actions and are supported in that role by a number of key work streams. The work of which has been co-ordinated with extra capacity by Kerrie France, Programme Director.</p> <p>FLT updated members on the recent work carried out in relation to the review</p>	

No	Item	Action
	<p>and sign-off of the evidence submission collated by health partners. The group also considered the recovery actions needed for those not on track against the improvement plan; as required for actions 3 and 5 and as detailed on pages 215 and 216 of the meeting pack.</p> <p>It was noted that a further detailed report was scheduled for the PTII private governing body meeting, to consider further investment in the Commissioning of ASD/ADHD services.</p> <p>Resolution: The governing body received the report and noted:</p> <ul style="list-style-type: none"> • The evidence submission was shared as planned on 20th December 2019 with Department for Education and NHS England and Improvement. • Proposed recovery actions relating to actions 3 and 5 of the improvement plan were agreed. • Update provided on risks and exception report requirements relating to action 3 was shared with the SEND continuous Improvement board on 17th January 2020. • A six month progress review meeting was held on 22nd January 2020 with NHS England and improvement leaders and Department of Education, representatives from Sefton parent carers, local authority and schools. Reviewers advised they will continue to monitor Sefton as per Improvement notice. A feedback report is expected from the lead reviewer. <p>The members further noted:</p> <ul style="list-style-type: none"> • The reference to the SEND risks which the governing body had now received under item GB20/11 • As discussed under the Chief Officer report item GB20/06 <ul style="list-style-type: none"> ○ the Improvement Plan with key exceptions to be presented to the April 2020 governing body ○ a structure of the agreed governance arrangements to be circulated to the governing body members 	<p>FLT</p> <p>FLT</p>
GB20/13	<p>Sefton Health and Wellbeing Strategy 2020/25</p> <p>The members were presented with the new Health and Wellbeing Strategy for 2020/25 titled Living Well in Sefton 2020/25.</p> <p>The plan is intentionally high-level and the overarching strategy that identifies the key ambitions that the wider system should focus on in order to improve the health and wellbeing and to reduce health inequalities in Sefton. The content is based on the needs and assets identified in the Joint Strategic Needs assessment and through public and stakeholder engagement, taking account of the latest policy, guidance and evidence.</p> <p>The document is a joint strategy and is jointly owned with the CCG and local authority. This is reflected in the membership of the Health and Wellbeing Board which is the accountable board and holds the system to account for delivery of the plan.</p> <p>The members were highlighted to specific sections of the strategy:</p> <ul style="list-style-type: none"> • page 224 of the meeting report which set out a plan on a page for the vision and ambitions in Sefton • page 227 and the four pillars of population health. Clarification was being awaited on the source information used to compile the data in relation to physical activity. 	

No	Item	Action
	<ul style="list-style-type: none"> page 228 and Sefton's health and wellbeing across the life course. The inclusion of a key on the page had already been suggested, given the use of acronyms. The members considered the life course and excellent one page meaningful plan. GH requested that the same information is made available at PCN level. <p>Resolution: The members received the strategy.</p>	JL/TJ
GB20/14	<p>Sefton Early Help Strategy and Children and Young Peoples Plan</p> <p>Tanya Wilcock MBE presented the reviewed and refreshed Children and Young People's Plan and the Early Help Strategy.</p> <p>The members were asked to note the background of the documents and the key issues and priorities summarised on pages 240 and 241 of the meeting report, especially in relation to ensuring children and young people are heard, happy, healthy and achieving and supported to attain this. FLT emphasised the importance of these strategies for the transformation of services across Sefton and the focus on people and communities.</p> <p>GH highlighted the concern regarding the lack of information being forwarded through to GP's when a child is identified as needing Early Help. It was considered that processes should be in place to ensure GP's are notified as soon as possible. TW advised that there is an Early Help Partnership that manages the programme which is supported by Early Help Workers who have links with the schools in the communities. TW considered it imperative that links are made with GP's also, with the schools and GP's being seen as the anchors within the communities. TW offered to relay back to the Early Help Partnership.</p> <p>The Chair thanked TW for attending to present the strategies which were welcomed. FLT highlighted the importance of commissioning services that support them.</p> <p>Resolution: The members received the strategies.</p>	
GB20/15	<p>Transforming Care for People with Learning Disabilities: Update</p> <p>JL presented the paper on behalf of the author and apologised for the reference to Southport & Formby but confirmed that the data was correct for South Sefton CCG. This will be rectified and updated on the website. FLT suggest the use of 'CCG' rather than being specific.</p> <p>The paper provided an update on the Transforming Care programme aimed at improving the lives of people with a learning disability and or Autism programme for the registered population, for both children and adults.</p> <p>Locally commissioners have been working with Cheshire and Merseyside partners to implement the new models of care in a number of areas and all aimed at developing community services and close inpatient facilities for people with a learning disability and/or autism who display behaviours that challenges, including those with a mental health condition.. A recent bid to the Transforming Care Programme Board was successful in securing funding for Autism Spectrum Disorder waiting times and a post Diagnostic Support Pilot which will assist in the development of the models of care.</p> <p>The CCG currently has two CCG locally commissioned and three specialised</p>	Geraldine O'Carroll

No	Item	Action
	<p>commissioning inpatients making a total of five inpatient beds. The CCG maintains regular updates to support planned discharges.</p> <p>FLT advised members that the CCG had representation on the Cheshire and Merseyside Transforming Care Partnership Board and highlighted the importance of this work which is a priority area for the CCG.</p> <p>JL described the challenges experienced in trying to bring the system together given the differing aspects, organisations and authorities involved, each having their own processes and systems and the differing skills that needed to be learned in order to best support those with behaviours that were challenging. The programme was now at a point where that work was coming together to provide the support for both staff and families. Strong partnership working including co-production with patients, their families and carers is enabling real change to take place locally.</p> <p>The members discussed those living within supported living and the safeguards in place to ensure that they are being cared for properly. These safeguards included the use of lessons learnt, better joint arrangements, learning how to commission better, improved systems and monitoring, enhanced local services and better transition into supported living locally.</p> <p>Further evidence of how this work is making a difference can be seen in the patient stories and how the programme has impacted their lives. FLT requested these be shown at the next governing body meeting.</p> <p>A positive example of patient support and good practice was being evidenced at Blundellsands Surgery with the introduction of specific coloured lanyards used to support patients identified as having learning difficulties. The lanyards alert staff that support may be needed for that patient.</p> <p>The team and programme were commended on the work being done and the difference being made to the lives of staff, patients, families and carers. Recognition was given to the team members in the Supported Living Service who had been nominated for a Local Government Award (LGA).</p> <p>Resolution: The members received the report, noting the progress being made and endorsed the continuing work on the Cheshire and Merseyside Transforming Care Partnership.</p>	Geraldine O'Carroll
GB20/16	<p>Sefton Transformation Programme Update</p> <p>The paper presented members with an update on the progress since last reported in November 2019.</p> <p>The members were referred to page 293 of the meeting report which provided an overview of the recent areas of work, including the progression towards programme close by the end of March and transition into business as usual.</p> <p>Additional reference was made to appendix 1 which defined the output and key areas following an STB session held in December 2019, and appendix 2 which provided an update on work streams.</p> <p>FLT highlighted to members the review of scope, purpose and programme of work being carried out by the Provider Alliance in response to the top 3 ambitions, how they align and the similar ambitions identified across the area.</p>	

No	Item	Action
	Resolution: The members received the report.	
GB20/17	<p>Key Issues Reports:</p> <p>The members received the key Issues reports for:</p> <p>a) Finance & Resource Committee</p> <p>MMcD referred members to the key issues dated 23rd January on page 304 and 305 of the meeting pack where the meeting of the F&R committee for that date had not been quorate. Due to such and so as not to delay, the governing body are being asked to consider and support the committee approval of the use of Andexanet, subject to the conditions listed.</p> <p>The members were updated to the detail of the drug, its use to stem bleeding in a major trauma, the discussion at F&R committee including the conditions of recommendation and the safeguard that A&E are required to contact a haematologist for authorisation prior to use.</p> <p>Following lengthy discussion, the remaining members who were not F&R committee members (GH, GB, FLT, AS, CG, JS, JL) agreed more information was needed; members needed to see sight of the paper presented to the F&R committee, that the paper is also circulated to those members not present, and that a decision be made by e-mail with a date to be specified on circulation.</p> <p>b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities</p> <p>Resolution: the members received the key issues and noted the action request in relation to Andexanet. It was further noted was that any such future requests be highlighted in advance of the meeting with any applicable documentation circulated in advance so as to enable discussion.</p>	Judy Graves
GB20/18	<p>Approved Minutes:</p> <p>a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) TCP Strategic Board</p> <p>Resolution: The governing body received the approved minutes.</p>	
GB20/19	<p>Any Other Business</p> <p><u>New Southport Mental Health Hospital Visit: Hartley Hospital</u></p> <p>FLT updated members on a recent visit to the new Southport hospital which is to provide state of the art facilities for inpatient and community services to the benefit of patients, staff, carers and families.</p> <p>The members congratulated Mersey Care on the development.</p>	

No	Item	Action
GB20/20	<p>Date of Next Meeting</p> <p>Thursday 6th February 2020, 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>2nd April 2020 4th June 2020 3rd September 2020 5th November 2020 4th February 2021 1st April 2021</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>	15:50hrs

Governing Body Meeting in Public Action Points

Date: Thursday 6th February 2020

No	Item	Action
GB20/1	<p>Action Points from Previous Meeting</p> <p>(ii) Waiting times at Litherland Walk-in centre (up to 5 hours). Getting an appointment at the doctors surgery</p> <p>FLT advised that the governing body were not aware that there had been any problems with waiting times at Litherland but would ask that a member of the team investigate further and provide an update.</p> <p><u>Update</u> FLT advised that that there had been no feedback to suggest that there were any issues with waiting times at the walk-in centre. GC and PC confirmed the same. FLT agreed to obtain the current waiting time data.</p> <p>GB19/135: Integrated Performance Report (IPR)</p> <p>1. Cancer Deep Dive for December Development Session</p> <p><u>Update:</u> It was not possible to schedule for the December session due to the availability of individuals. Re-scheduled for March pending confirmation of attendance.</p> <p>2. Additional data detail was requested for single point of access activity, waiting times and pathway issues for future reports.</p> <p><u>Update:</u> MMcD confirmed that there had been further discussion regarding the reporting of additional data relating to referrals operating as single point of access. Individuals that have been signposted to alternative services are recorded as rejected which then gives a misleading picture of activity. This was being looked at in addition to the data set for waiting times.</p> <p>3. Development of the Children's service performance dashboard.</p> <p><u>Update:</u> The members were highlighted to the importance of ensuring the data set provided is functioning and correct. This can only be achieved by providers understanding their data. Currently the CCG translate that data in order to present in an informed way. However this needs to be put back to the provider. FLT with JLu as lead for Quality and Children, will take back and discuss with Alder Hey.</p>	<p>FLT</p> <p>Ongoing</p> <p>MMcD/CW</p> <p>FLT and JLu</p>
GB20/7	<p>Integrated Performance Report (IPR)</p> <p><u>7.1 NHS Constitution and Quality</u></p> <p>Children's</p> <p>FLT agreed that Alder Hey be invited to the Governing Body Development Session in May 2020.</p>	<p>May 2020</p>

No	Item	Action
	<p>Urgent Care The Urgent Care dashboard was requested to be reinstated within the report.</p> <p>Resolution: The governing body received the report and the Chair clarified the actions to be carried out for the 'Children's' element:</p> <ul style="list-style-type: none"> • Continued review of the Children's performance dashboard including areas of activity not year included: mirroring the work and dashboard being compiled by Liverpool CCG • Greater oversight is needed on assessment and diagnostic data for ASD and community paediatrics. This needs to be included within the IPR with information on how children have benefitted. • Consideration to be given on how the third sector data can be formalised and incorporated i.e. collective dashboard. Some of this work was already being done by Liverpool CCG. 	<p>CW</p> <p>CW</p> <p>CW</p> <p>CW</p>
GB20/9	<p>Future of CCGs</p> <p>Resolution: Additionally:</p> <ul style="list-style-type: none"> • It was noted that the support and endorsement of the governing body would be presented to the membership with an update to the governing body in March 2020. • The last sentence on page 141 of the meeting report is to be reworded to reflect borough or place rather than CCG 	<p>FLT</p> <p>FLT</p>
GB20/11	<p>Governing Body Assurance Framework, Heat Map and Corporate Risk Register</p> <p>The Audit Committee Chair updated on the discussion and outcome at the Audit Committee meeting as detailed within the report:</p> <ul style="list-style-type: none"> • The committee had discussed the scoring of those risks as '5', either as a likelihood or consequence. On review of the scoring matrix and description, it was not necessarily clear why some risks had been scored at that level at that this should be reviewed. • A discussion was had on risk 12 of the heat map /QUO047: <i>There is a risk in relation to performance at Aintree University Hospital caused by a number of pressures resulting in reduced quality of care and outcomes for patients.</i> <p>Following review of the risk by the risk lead, the risk had been reduced to below the 12+ reporting level to Audit Committee (and Governing Body). Furthermore the lead had proposed the removal of the risk from the full (all risks) CRR. The Audit Committee considered that, in light of the continued performance issues and no clear rationale for removal, the risk should remain and be presented through the internal moderation process again with a review of description and score.</p> <ul style="list-style-type: none"> • The inclusion of the SEND CIB risk register to be the CCG risk process 	<p>Judy Graves</p> <p>Judy Graves</p> <p>Judy Graves</p>
GB20/12	<p>SEND</p> <ul style="list-style-type: none"> • the Improvement Plan with key exceptions to be presented to the April 2020 governing body 	<p>FLT</p>

No	Item	Action
	<ul style="list-style-type: none"> a structure of the agreed governance arrangements to be circulated to the governing body members 	FLT/Kerrie France
GB20/13	<p>Sefton Health and Wellbeing Strategy 2020/25</p> <ul style="list-style-type: none"> Across the life course one page plan: GH requested that the same information is made available for PCN level. 	JL/TJ
GB20/15	<p>Transforming Care for People with Learning Disabilities: Update</p> <p>JL presented the paper on behalf of the author and apologised for the reference to Southport & Formby but confirmed that the data was correct for South Sefton CCG. This will be rectified and updated on the website. FLT suggest the use of 'CCG' rather than being specific.</p> <p>The film of patient stories showing how the programme has impacted their lives to be shown at the next governing body meeting.</p>	<p>Geraldine O'Carroll</p> <p>Geraldine O'Carroll</p>
GB20/17	<p>Key Issues Reports:</p> <p>The members received the key Issues reports for:</p> <p>a) Finance & Resource Committee</p> <p>MMcD referred members to the key issues dated 23rd January on page 304 and 305 of the meeting pack where the meeting of the F&R committee for that date had not been quorate. Due to such and so as not to delay, the governing body are being asked to consider and support the committee approval of the use of Andexanet, subject to the conditions listed.</p> <p>The members were updated to the detail of the drug, its use to stem bleeding in a major trauma, the discussion at F&R committee including the conditions of recommendation and the safeguard that A&E are required to contact a haematologist for authorisation prior to use.</p> <p>Following lengthy discussion, the remaining members who were not F&R committee members (GH, GB, FLT, AS, CG, JS, JL) agreed more information was needed; members needed to see sight of the paper presented to the F&R committee, that the paper is also circulated to those members not present, and that a decision be made by e-mail with a date to be specified on circulation.</p>	Judy Graves

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/45	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456						
Report date: March 2020							
Title: Chief Officer Report							
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's update.							
Recommendation							
<p>The Governing Body is asked:</p> <ul style="list-style-type: none"> - Formally receive the report - Governing Body is asked to fully delegate authority to the Chief Officer and the COVID-19 Incident Management Team authority to take all relevant actions to respond to the COVID-19 pandemic. This will include implementation of all nationally mandated guidelines, allocation of resources as necessary to support that response and to take any internal decisions and actions as may be required in these exceptional circumstances. - In the absence of the Chief Officer, the Deputy Chief Officer or another member of the Leadership Team will have relevant authority to act and take decisions necessary to respond to COVID-19. 	<table style="border-collapse: collapse;"> <tr> <td style="padding-right: 5px;">Receive</td> <td style="border: 1px solid black; text-align: center; width: 20px;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives 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	

Report to Governing Body April 2020

General

1. Response to coronavirus

We are working hard with a wide range of partners locally, regionally and nationally to prepare for and respond to COVID-19, the current coronavirus pandemic.

To deal with this fast changing and unprecedented situation, major incident 'command and control' structures have been mounted across the NHS, as the Government puts a number of measures in place aimed at stemming the spread of the virus.

As part of this response, the CCG has a now well established and director led Incident Management Team (IMT) reporting to NHS England / Improvement.

The role of the IMT is to focus solely on our CCG strategic and operational response to COVID-19 and to steer our wider work across the organisation and beyond. A number of workstreams or 'cells' are in place, tasked with supporting two overarching areas of work:

- Hospital services - elective care, critical care, cancer, independent sector
- Out of hospital services - care homes, continuing healthcare (CHC), primary care, medicines management, community services, discharge planning and working with the voluntary, community and faith sector (VCF) sector

In line with Government guidance, the majority of our staff have switched to working at home, with only a very small number of 'key workers', mostly carrying out patient facing roles or supporting our incident management response, are operating from our headquarters closely following social distancing.

COVID-19 is taking priority over nearly all of our usual business activities, apart from a few areas of work important in ensuring our CCG continues to function during any major incident, such as essential finance and governance.

For the foreseeable future, all our meetings held in public have been moved to teleconferences. We will however, continue to publish papers on our website as usual.

Along with our partners, we are promoting the Government's latest announcements and guidance around COVID-19 to our residents, providers and other stakeholders.

Visit www.gov.uk/coronavirus for the Government's response to and the latest information about COVID-19.

2. Potential merger of CCGs

Following the recent meeting on 11 February 2020 of the CCG members, the Local Medical committee (LMC) has been formally asked to undertake a ballot of members. This will be complete on the 31 March 2020. It is expected that the results will be available for a verbal update at the Governing Body meeting.

3. Section 75

Sefton Council and the CCG have arrangements in place for pooling resources and delegating certain function(s) to the other partner if it leads to an improvement in the way those functions are exercised. This agreement is made under Section 75 of the National Health Services Act 2006.

Following joint and final agreement, the next phase of these arrangements under Section 75 is now being signed off by the Chief Officer, as per delegated authority.

4. Recommendation

The Governing Body is asked:

- Formally **receive** the report
- Governing Body is asked to **fully delegate authority** to the Chief Officer and the COVID-19 Incident Management Team authority to take all relevant actions to respond to the COVID-19 pandemic. This will include implementation of all nationally mandated guidelines, allocation of resources as necessary to support that response and to take any internal decisions and actions as may be required in these exceptional circumstances.
- In the absence of the Chief Officer, the Deputy Chief Officer or another member of the Leadership Team will have relevant authority to act and take decisions necessary to respond to COVID-19.

Fiona Taylor
Chief Officer
March 2020

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/46.1	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 317 8468
Report date: April 2020	
Title: Integrated Performance Report	
Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group Information was collated in advance of the outbreak of Covid-19 which in all performance areas is likely to have an impact on the final quarter's performance. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2019/20 (x those that apply)	
	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	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report

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Summary Performance Dashboard

Metric	Reporting Level		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
E-Referrals																
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	
		Actual	66%	62.8%	70.9%	69.3%	62.1%	60.0%	58.5%	61.6%	62.9%					
		Target	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Diagnostics & Referral to Treatment (RTT)																
% 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	G	R	R	G	R	R	R	G	R	R			R	
		Actual	0.77%	1.06%	1.56%	0.94%	1.37%	1.59%	1.37%	0.97%	2.72%	2.70%				
		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%	1.00%
% 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	
		Actual	89.49%	89.64%	88.46%	88.15%	87.22%	87.77%	87.00%	86.04%	85.30%	83.23%				
		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%	92.00%
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	G	R	R	G	G	R	R	G	G			R	
		Actual	1	0	1	1	0	0	1	1	0	0			4	
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
% of Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G	G	G	G			G	
		Actual	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
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	AINTREE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	RAG	G	G	G	G	G	G	G	G	G	G			G	
		Actual	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

Cancer Waiting Times															
<p><u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP with suspected cancer</p>	South Sefton CCG	RAG	R	G	G	G	R	R	G	G	G	R			R
		Actual	86.142%	94.578%	93.813%	94.25%	89.09%	88.85%	95.50%	94.52%	96.34%	92.26%			92.61%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<p><u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for susp breast cancer</p>	South Sefton CCG	RAG	R	R	R	G	R	G	G	R	G	G			R
		Actual	50.00%	86.842%	91.176%	93.103%	91.67%	96.23%	96.77%	92.16%	97.78%	97.37%			89.27%
		Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
<p><u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> % of patients receiving their first definitive treatment within one month (31 days) of a decision to treat for cancer</p>	South Sefton CCG	RAG	G	G	G	G	R	R	G	G	G	R			G
		Actual	96.296%	98.718%	100.00%	96%	94.118%	91.18%	96.39%	98.02%	97.65%	95.06%			96.46%
		Target	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (surgery)</p>	South Sefton CCG	RAG	G	G	R	G	G	G	R	R	R	R			R
		Actual	100.00%	100.00%	93.333%	95.00%	100%	100%	89.47%	90.0%	91.67%	81.82%			93.94%
		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%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	G	G	G	G	R	R	R	G	G	R			G
		Actual	100.00%	100.00%	100.00%	100.00%	96.552%	97.14%	96.97%	100%	100%	96.30%			98.58%
		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%
<p><u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)</p>	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G			G
		Actual	96.667%	100.00%	100%	100%	100%	100%	93.55%	96.77%	100%	96.30%			98.19%
		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%
<p><u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months of urgent referral</p>	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	G	R			R
		Actual	75.00%	77.273%	65.517%	75.676%	68.00%	71.43%	81.40%	82.61%	96.11%	82.86%			77.35%
		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%
<p><u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> % of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.</p>	South Sefton CCG	RAG	N/A	R	R	N/A	G	R	G	G	G	G			G
		Actual	-	85.714%	0.00%	-	100.00%	83.33%	100%	100%	90.91%	90.91%			92.06%
		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%
<p><u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % 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.</p>	South Sefton CCG (local target)	RAG				G									
		Actual	60.00%	70.00%	33.333%	88.889%	50.00	50.00%	80.00%	64.71%	72.73%	77.78%			67.37%
		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%

Metric	Reporting Level		2019-20												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency																
4-Hour A&E Waiting Time Target (Monthly Aggregate based on HES 17/18 ratio) % of patients who spent less than four hours in A&E (HES 17/18 ratio Acute position via NHSE HES DataFile)	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R	
		Actual	78.178%	78.324%	81.153%	80.07%	85.15%	83.43%	84.32%	81.53%	80.65%	81.17%			81.41%	
		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%	
EMSA																
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G			R	
		Actual	0	0	0	0	0	0	0	1	0	0	0			1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G	G	G	G	G	G	R	G	G	G			R	
		Actual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.1	0.00	0.00	0.00			0.1
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI																
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	
		YTD	0	0	0	1	1	1	1	1	1	1	1			1
		Target	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	R	G	G	G	G	R	R	G	G	G			G	
		YTD	7	7	11	17	22	29	35	36	42	50			50	
		Target	6	11	15	20	24	28	34	40	46	51	55	60	60	
Number of E.Coli infections Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R			R	
		YTD	15	33	47	63	75	84	99	112	125	139			139	
		Target	11	21	32	42	53	63	75	85	96	108	125	128	128	

Metric	Reporting Level		2019-20												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G			G			G						G
		Actual	100%			100%			100%						100%
		Target	95.00%			95.00%			95.00%			95.00%			
Episode of Psychosis															
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	R			G			G						G
		Actual	54.5%			100%			85.7%						80.1%
		Target	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%	56.00%
IAPT (Improving Access to Psychological Therapies)															
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	R	R	R	R	R			R
		Actual	37.10%	46.7%	36.7%	48.5%	44.2%	45.2%	41.1%	45.4%	28.6%	41.8%			41.84%
		Target	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%
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	R	R	R	R	R			R
		Actual	1.34%	1.23%	1.06%	1.11%	0.99%	1.07%	1.27%	1.02%	0.71%	0.97%			10.76%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.83%	1.83%	1.83%	19.8%
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	G	G	G	G	G			G
		Actual	99.60%	97.70%	100%	96.9%	100%	97.5%	96.3%	94.6%	93.8%	97.7%			97.4%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
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	G	G	G	G	G			G
		Actual	100%	100%	100%	100%	100%	100%	100%	99.1%	98.8%	100%			99.8%
		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%
Dementia															
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
		Actual	64.169%	64.37%	64.60%	63.90%	63.90%	63.69%	63.05%	63.63%	63.93%	64.64%			63.98%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2019-20												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Children and Young People with Eating Disorders															
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	R	R	R										
		Actual	86.96%	82.6%	91.3%										
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%							
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	R	R	G										
		Actual	50%	66.7%	100%										
		Target	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%							

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 10 (note: time periods of data are different for each source).

Constitutional Performance for January 2020/Quarter 3	CCG	Aintree
A&E Improvement Trajectory	89%	86%
A&E (All Types) (Nat Target 95%)	81.17%	78.33%
RTT Improvement Trajectory	90.8%	91.0%
RTT (Nat Target 92%)	83.20%	82.20%
Diagnostics Improvement Trajectory	1.50%	1.00%
Diagnostics (Nat Target less than 1%)	2.70%	1.03%
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	257
Ambulance Handovers 60+ mins (Zero Tolerance)	-	271
Stroke (Target 80%)	-	73.8%
TIA Assess & Treat 24 Hrs (Target 60%)	-	100%
Mixed Sex Accommodation (Zero Tolerance)	0	0
Cancer 62 Day (Nat Target 85%)	86.11%	-
Care Programmed Approach (CPA) (Target 95%)	100%	-
Early Intervention in Psychosis (EIP) (Target 56%)	85.7%	-
IAPT % 6 week waits to enter treatment (Target 75%)	93.8%	-
IAPT % 18 week waits to enter treatment (Target 95%)	98.8%	-

Planned Care

Year to date referrals at January 2020 are 6.8% up on 2018/19 due to a 15% increase in consultant-to-consultant referrals. The cause of the increase is being investigated by the Trust. In contrast, GP referrals are -0.3% lower when compared to 2018/19. GP referrals have increased by 27.8% (709) at month 10 compared to the previous month although this is in line with seasonal trends.

At provider level, Aintree has reported a 5.4% increase in total referrals at month 10 when comparing to 2018/19. Closer inspection shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being conducted by the provider to identify the potential cause of these increases.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance has dropped since April and is reporting 83.2% for January. This has resulted in the CCG failing the improvement plan of 89.9%. In January, the incomplete waiting list for the CCG was 13,503 against a plan of 10,608; a difference of 2895 patients over plan.

The CCG are failing 5 of the 9 cancer measures year to date. Please note, due to how the Cancer Wait Times (CWT) 62-day activity data is recorded specifically relating to the recording of Inter Provider Transfers (IPT), it is not possible to report 62-day targets at site level (Aintree Hospital) using the extracts.

Aintree Friends and Family Inpatient test response rate is still below the England average of 24.9% in January 2020 at 19.4%. The percentage of patients who would recommend the service has increased to 94%, which is below the England average of 96% and the percentage who would not recommend has also decreased to 3% but still above the England average of 2%.

Performance at month 10 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£2.6m/-6.3%. However,

applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £430k/1%.

Renacres over performance is evident across the majority of planned care points of delivery. The CCG's Business Intelligence (BI) Team are working with the Planned Care Lead to review referral patterns and planned care activity to review patient flows into the independent sector rather than main providers.

Unplanned Care

In relation to A&E 4-Hour waits, the CCG reported a 0.52% increase in patients seen reporting 81.17%. Aintree revised their trajectory for 2019/20. The provider has failed their improvement plan in January with 78.33% (an increase of 1.41% from the previous month), which is below the target of 86%.

Throughout 2018/19 and 2019/20 NWS has made good and sustained progress in improving delivery against the national ARP standards. Significant progress has been made in re-profiling the fleet, improving call pick up in the EOCs and use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21.

Stroke Performance against the 90% stay standard was 78.57% for January 2020. There were 42 patients with a diagnosis of stroke discharged from Aintree during the month. Of these, 33 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified. The Trust continues to achieve the TIA target.

The CCG and lead provider have reported no new cases of MRSA in January. July saw the first case for the CCG reported at Aintree so have failed the zero-tolerance threshold for 2019/20. Aintree have had 2 cases year to date so have also failed the zero tolerance threshold.

For C difficile, the CCG are reporting 50 cases. This is 1 under their year to date target of 51 in January and are reporting green. Aintree are reporting over their year to date plan for C difficile as at January they have had 109 cases and are reporting red for this indicator.

NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20 (NHS South Sefton CCG's year-end target is 128). In December there were 14 cases (139 YTD) and the CCG is reporting red for this measure.

Performance at month 10 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.6m/5.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a smaller variance of £318k/0.7%.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for M10 2019/20 is approximately 1.59%. Month 10 performance was 0.97% so failed to achieve the target standard. The percentage of people moved to recovery was 41.8% in month 10 of 2019/20 which failed the 50% target and shows a significant improvement from the previous month.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in January of 64.6%, which is under the national dementia diagnosis ambition of 66.7%. This is a small improvement from last month when 63.9% was reported.

Community Health Services

CCG and Mersey Care FT leads continue to work on a collaborative basis to progress the outcomes and recommendations from the service reviews undertaken of South Sefton community services. A transformation plan has 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.

Children's Services

Children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services. Long waits in paediatric speech and language remains an issue. Alder Hey has provided a Recovery Plan to bring waiting times down by February 2020 and are on track to do so. South Sefton and Southport & Formby CCGs have provided additional investment.

Better Care Fund

A quarter 3 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in January 2020. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model. Narrative is provided of progress to date in the appendices.

CCG Oversight Framework (OF)

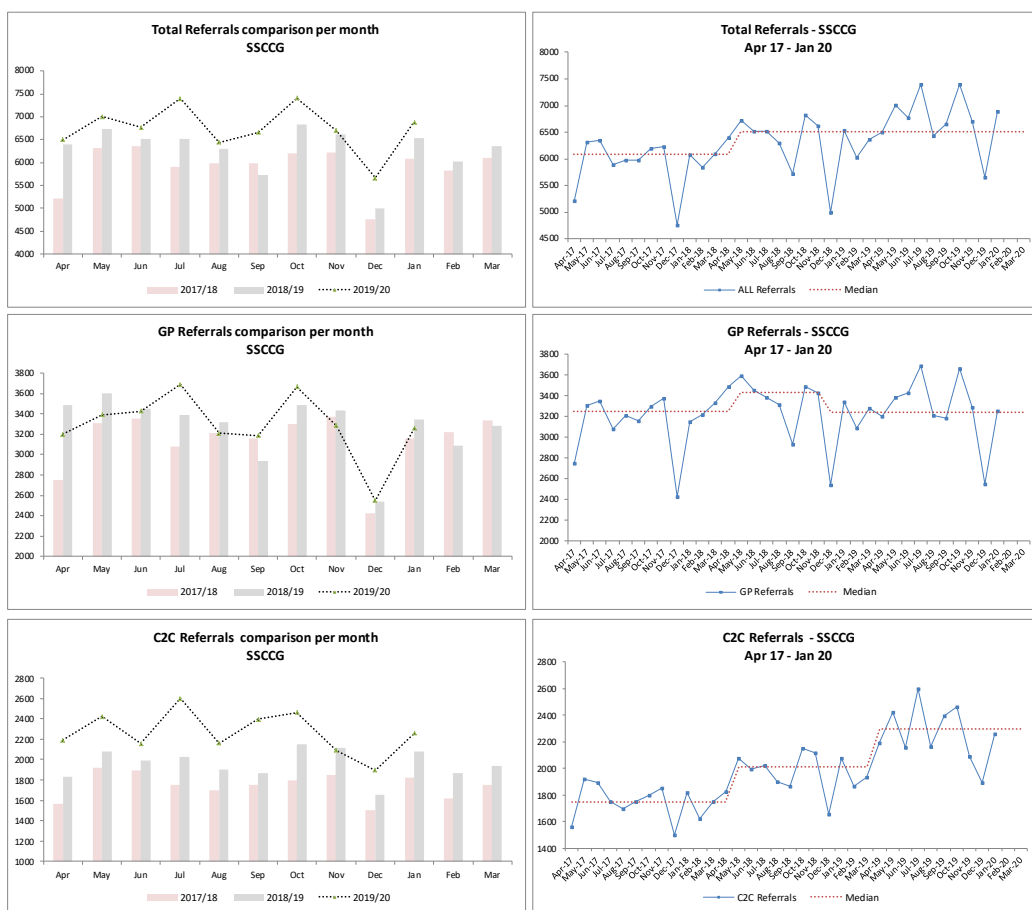
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the Long Term Plan priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%	2018/19 Previous Financial Year	2019/20 Actuals	+/-	%
April	3487	3200	-287	-8.2%	1828	2191	363	19.9%	6399	6499	100	1.6%
May	3599	3390	-209	-5.8%	2076	2423	347	16.7%	6727	7003	276	4.1%
June	3453	3426	-27	-0.8%	1992	2155	163	8.2%	6525	6770	245	3.8%
July	3386	3689	303	8.9%	2025	2600	575	28.4%	6510	7394	884	13.6%
August	3320	3212	-108	-3.3%	1899	2162	263	13.8%	6303	6440	137	2.2%
September	2934	3190	256	8.7%	1864	2397	533	28.6%	5727	6658	931	16.3%
October	3487	3669	182	5.2%	2154	2463	309	14.3%	6825	7406	581	8.5%
November	3430	3286	-144	-4.2%	2114	2090	-24	-1.1%	6613	6703	90	1.4%
December	2541	2550	9	0.4%	1653	1896	243	14.7%	4993	5662	669	13.4%
January	3343	3259	-84	-2.5%	2076	2258	182	8.8%	6530	6883	353	5.4%
February	3090				1864				6028			
March	3284				1934				6369			
Monthly Average	3280	3287	8	0.2%	1957	2264	307	15.7%	6296	6742	446	7.1%
YTD Total Month 10	32980	32871	-109	-0.3%	19681	22635	2954	15.0%	63152	67418	4266	6.8%
Annual/FOT	39354	39445	91	0.2%	23479	27162	3683	15.7%	75549	80902	5353	7.1%



Figure 1 - Referrals by Source across all providers for 2017/18, 2018/19 & 2019/20





Month 10 Summary:

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, after the two consecutive monthly decreases to the lowest monthly total since Dec-18, referrals have now risen back above average at January 2020 after a 21.6% (1,221) increase.
- This is in line with seasonal trends with the extended festive period impacting on referral numbers reported. Taking this into account results in 5.7% (16) more referrals for the 3 extra working days compared to December 2019.
- Year to date referrals at January 2020 are 6.8% up on 2018/19 due to a 15.0% increase in consultant-to-consultant referrals.
- In contrast, GP referrals are -0.3% lower when compared to 2018/19. However, GP referrals have increased by 27.8% (709) at month 10 compared to the previous month due to the seasonal trends noted above.
- Taking into account working days, further analysis has established there have been approximately -12 fewer GP referrals per day in 2019/20 when comparing to the equivalent period of the previous year.
- Aintree Hospital has reported a 5.4% increase in total referrals at month 10 when comparing to 2018/19. Further investigation shows that consultant-to-consultant referrals are driving the increases across 2019/20 compared to 2018/19. Further analysis is being conducted by the provider to find the potential causes of these increases.
- Liverpool Heart & Chest Hospital has also seen a number for consultant-to-consultant referrals to the Congenital Heart Disease Service in 2019/20. These were previously not recorded in 2018/19.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality at month 10 are currently 34.3% (194) higher than in 2018/19.
- South Sefton CCG is also aware of potential impacts on referral patterns due to the merger of Aintree Hospital and Royal Liverpool in October 2019. The Trauma & Orthopaedic speciality merged in November 2019 and an immediate impact on referral flows has been evident with a drop in referrals from A&E at Aintree Hospital and subsequent increase in those coded as 'self-referrals' at the Royal Liverpool site.

2.2 E-Referral Utilisation Rates

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
NHS e-Referral Service (e-RS): Utilisation Coverage		Previous 3 months and latest				144a	e-RS national reporting has been escalated to NHSD via NHSE/I. Data provided potentially inaccurate therefore making it difficult for the CCG to understand practice utilisation. Potential for non e-RS referrals that are rejected to be missed by the practice.
RED	TREND	Sep-19	Oct-19	Nov-19	Dec-19		
		60.0%	58.5%	61.6%	62.9%		
		Plan: 100% by end of Q2 2018/19					
Performance Overview/Issues:							
<p>The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved. Latest published e-referral utilisation data for South Sefton CCG is for December 2019 and reports performance to be 62.9%. This shows a small improvement from the previous month and remains significantly below the national position. 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 denominator by which utilisation is ascertained.</p> <p>In light of the issues in the national reporting of E-Rs utilisation, a local data set has been used. The referrals information 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. December data shows an overall performance of 74.6% for South Sefton CCG, a slight improvement on the previous month (72.9%).</p>							
Actions to Address/Assurances:							
<p>The Planned Care Team has assigned a commissioning manager to review e-RS performance in line with the CCGs outpatient strategy. As such, Advice and Guidance and improved e-RS performance are key areas that have been identified to reduce unwarranted variation. e-RS will be included as part of the outpatient strategy case for change which will go through the CCGs governance process early 2020.</p> <p>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 e-RS data at Trust level is of poor quality. This has therefore provided difficulties in identifying the root causes of the underperformance. However, as outpatients is a priority QIPP area and e-RS is a nationally recognised vehicle to achieve outpatient reductions (Advice & Guidance), the CCG Programme Lead will be working with local Acute Trusts to formulate a plan to increase utilisation.</p> <p>The CCG has communicated to its Acute providers (LUHFT and S&O) with regards to the development of Trust plans to reduce outpatient activity. An expectation was set that the Trusts develop plans that would be ratified by the CCG before submission to the system management board. Advice and Guidance, and improved utilisation of e-RS will be key components. The CCG have yet to receive detailed plans and this has been escalated to the CCGs turnaround director.</p> <p>The CCG are in negotiations with iMersey to recruit a digital lead whose responsibility will be to pick up e-Rs and advice and guidance.</p>							
When is performance expected to recover:							
To be confirmed as part of the outpatient strategy case for change.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Rob Caudwell			Terry Hill		

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Diagnosics - % of patients waiting 6 weeks or more for a diagnostic test		Previous 3 months and latest				133a	The risk that the CCG is unable to meet statutory duty to provide patients with timely access to treatment. Patients risks from delayed diagnostic access inevitably impact on RTT times leading to a range of issues from potential progression of illness to an increase in symptoms or increase in medication or treatment required.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		CCG	1.37%	0.97%	2.72%		
		Aintree	0.03%	0.15%	0.65%	1.03%	
		Plan: less than 1% January's CCG improvement plan: 1.50% Aintree's improvement plan: 1% Yellow denotes achieving 19/20 improvement plan but not national standard of less than 1%					
Performance Overview/Issues:							
<p>The CCG have failed the improvement plan of 1.50% in January and the national standard reporting 2.70%. In January out of a total of 2,592 patients on the waiting list, 69 patients waited over 6 weeks. Of these patients, 5 waited over 13+ weeks. A significant proportion of our diagnostic breaches still reside at Liverpool Heart & Chest and therefore a sustainable delivery of our target is dependant on delivery on reductions on backlogs of patients, as a result of the theatre upgrade programme, which is expected to be completed by June 2020.</p> <p>Aintree are now failing in January reporting 1.03%. this being slightly over the improvement plan of 1%, prior to January a continuation of the improvement had been observed since January 2019. This metric is continually monitored via weekly operations groups down to modality level. Radiology experienced a sustained increase in demand for imaging (CT Cardiac). The provider have stated that diagnostic demand is in excess of the funded capacity, however, this is yet to be validated and will be discussed at the next Planned Care Group meeting. The Provider have also referenced additional inpatient activity as having a knock on effect, reducing Outpatient capacity for CT. Resource for additional sessions for CT cardiacs have been agreed by the Trust, however, limited number have been carried out, due to annual leave and Radiologist unavailability.</p>							
Actions to Address/Assurances:							
Aintree Trust Actions:							
<ul style="list-style-type: none"> - Additional CT Cardiac sessions have been booked - Review underway to look at all day CT cardiac sessions in hours - Collaboration with cardiology to review imaging protocols and pathways 							
CCG Actions:							
<ul style="list-style-type: none"> - To formally request the Trust to provide activity data that would support the statement that diagnostic activity is in excess of funded capacity, via the Planned Care Group meeting. <p>Liverpool Heart & Chest performance is expected to fluctuate as a result of ongoing theatre upgrade programme, which has now been completed. However, patient backlog will be addressed up until expected recovery in June 2020. The Sefton Planned Care Lead will liaise closely with the lead commissioning organisation (LCCG) to understand if changes in performance are expected.</p>							
When is performance expected to recover:							
<p>December 2019 and January 2020 have shown a dip in performance with an expectation set from draft planning submissions for 2020/21 that the Trust expect to meet the constitutional target of less than 1% by March 2021. This improvement trajectory has not been ratified by the CCG and the regulators. It is anticipated that there will be a ratified improvement trajectory by April 2020.</p>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		John Wray		Terry Hill			

2.4 Referral to Treatment Performance

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Referral to Treatment Incomplete pathway (18 weeks) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; background-color: #ccc; border-radius: 50%;"></div> <div style="font-size: 2em; color: red;">↓</div> </div>		Previous 3 months and latest				129a	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.
		RED	TREND	Oct-19	Nov-19		
		CCG	87.0%	86.0%	85.3%	83.2%	
		Aintree	85.8%	84.3%	83.0%	82.2%	
		Plan: 92% January's improvement plan: CCG - 90.8% and Aintree - 91% Yellow denotes achieving 19/20 improvement plan but not national standard of 92%					
Performance Overview/Issues:							
<p>The CCG's performance has dropped since April 2019 when 89.5% was reported. In January 83.2% was reported, which is lower than the previous month. The CCG continues to fail their improvement plan (January being 90.8%). The CCG's main provider Aintree are also under the 92% target reporting 82.2%; also failing their local trajectory of 91% for January and is a decline in overall performance of 0.8% from December's position. The total number of patients on an incomplete pathway referred from an English Commissioner at month end was 19,929 which is a reduction of 231 patients from December. Despite this overall reduction, the number of South Sefton patients on an incomplete pathway at Aintree has seen a significant increase in January when comparing to the previous month.</p> <p>Challenges still exist however in increasing activity levels back to plan which will also help in reducing the overall caseload size back to planned levels. RTT however continues to be adversely affected by non-elective pressures, short term sickness of medical staff and reduced additional sessions as a result of pension/ tax implications for consultants. As Aintree Trust has now merged with the Royal Liverpool Broadgreen this is a local data flow relating to the Aintree site only.</p> <p>The CCG is working closely with the main provider, Aintree, via the Planned Care Group to ensure performance remains on trajectory. The Trust was issued a Contract Performance Notice in August, and the improvement trajectory plan received in October. The improvement trajectory plan suggested that improvement would be notional with the Trust achieving 87.1% by March 2020, below the original NHSE/I ratified improvement trajectory. This was escalated to the Collaborative Commissioning Forum (CCF) for discussion and agreement on next steps. The recommendation of the CCF was to respond to the Trust stating that the improvement trajectory was unsatisfactory and requires revising. The CCG formally responded to Aintree's initial improvement trajectory via contract review meeting and letter, reiterating verbal conversations regarding repatriation and also set an expectation that an improved trajectory should be received by the 22nd January 2020. A response was received and discussed at the March LUHFT CCF and agreement sought for a re-issue of the Contract Performance Notice (CPN) by the new lead commissioner (Liverpool CCG) as a single provider.</p> <p>Further updates from the Trust suggests that capacity shortfalls are being met by outsourcing of scopes and delivery of waiting list initiatives whilst recruitment to posts is ongoing. Delivery of Waiting List Initiatives (WLI's) have been challenging due to HMRC Pensions and Tax issues. In addition the CCG is actively working with the Trust on QIPP programmes (i.e. Gastroenterology etc.) that will support the Trust to reduce unwarranted variation and support in delivery of its RTT position. However, delays in implementing Task & Finish Groups will have an impact on delivering reductions in activity. This issue has been escalated via the CCG turnaround director for a one-to-one discussion with the Trust turnaround director to identify an expeditious resolution.</p>							
Actions to Address/Assurances:							
<p>CCG Actions:</p> <ul style="list-style-type: none"> • CCG received a revised improvement trajectory response which was discussed at March CCF. • Liverpool CCG to re-issue a CPN. • The CCG have the support of Trust turn-around directors to support Task & Finish Groups in order to get a system resolution. • A Project Team will be mobilised to deliver the high level action plan developed at the Task & Finish Group. However, escalation via Turnaround Directors has been initiated to accelerate mobilisation. • The CCG have facilitated discussions with local acute providers to agree North Mersey Gastro Pathways which are anticipated to be clinically signed off via the CCG in January 2020. • The CCG has escalated HMRC Pensions and Tax issues with NHSE and are awaiting a response. • CCG to challenge inconsistency in waiting list positions for Mersey Commissioners (South Sefton CCG saw a significant increase in Jan-20) at March contract/planned care meetings. <p>Trust Actions Overall:</p> <ul style="list-style-type: none"> • The Trust to respond with a revised trajectory on receipt of a re-issued CPN. • Improve theatre utilisation at speciality level in conjunction with transformational team. • 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 in the evening and at weekends. • 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 meeting with managers on a weekly basis to focus on data quality, capacity and demand and pathway validation. This is also to include weekly performance focus on delivery against specialty level trajectories. • Continue to support the Clinical Business Units with their RTT validation processes and Standard Operating Procedures (SOPs) with a special focus on inter provider transfers and data recording / entry. • In conjunction with the central RTT team ensure staff undergo refresher training in RTT rules and clock stop processes. 							

Trust Actions Gastro:		
<ul style="list-style-type: none"> 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. Endoscopy capacity and demand modelling has been implemented. Additional scoping activity commissioned by Trust by independent provider Medinet to continue. Recruitment to posts ongoing however locum consultants recruited until permanent posts are filled. Virtual consultant led clinics scheduled (30 patients per clinic) with an expected 80% discharge rate. Telephone confirmation of endoscopy appointments implemented reducing DNA rates from 14% to 9% (in line with national average). Trust to support the delivery of actions identified in the Task & Finish Group Trust and CCG have drafted 5 clinical pathways that are awaiting a clinical sign off before implementation (will support reductions in unwarranted demand). The Trust has supported the CCG in the development of gastro pathways that will support the implementation of a Referral Assessment Service (RAS) via ERS. The Trust anticipate implementation of the RAS by May 2020 which will look to reduce inappropriate activity/appropriately direct activity resulting in a more efficient service. 		
When is performance expected to recover:		
Liverpool CCG to re-issue CPN and ratify the recovery trajectory the Trust provides.		
Indicator responsibility:		
Leadership Team Lead	Clinical Lead	Managerial Lead
Karl McCluskey	John Wray	Terry Hill

2.4.1 Referral to Treatment Incomplete pathway – 52+ week waiters



Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Referral to Treatment Incomplete pathway (52+ weeks)		Previous 3 months and latest				129c	The CCG is unable to meet statutory duty to provide patients with timely access to treatment. Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required. Risk that patients could frequently present as emergency cases.	
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20			
		CCG	1	1	0			0
		Aintree	0	0	0			0
		Plan: Zero						
Performance Overview/Issues:								
In January, there were no South Sefton CCG patients waiting over 52 weeks for treatment. Due to having 2 patient breaches this financial year (1 in October and 1 in November) at the Liverpool Women's, the CCG have failed the zero tolerance threshold for 2019/20 and will therefore report red for the remainder of the financial year.								
Actions to Address/Assurances:								
Monitoring of the 36 week waiting continues.								
When is performance expected to recover:								
A sustainable recovery expected to continue.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		John Wray			Terry Hill			

Figure 2 - RTT Performance & Activity Trend

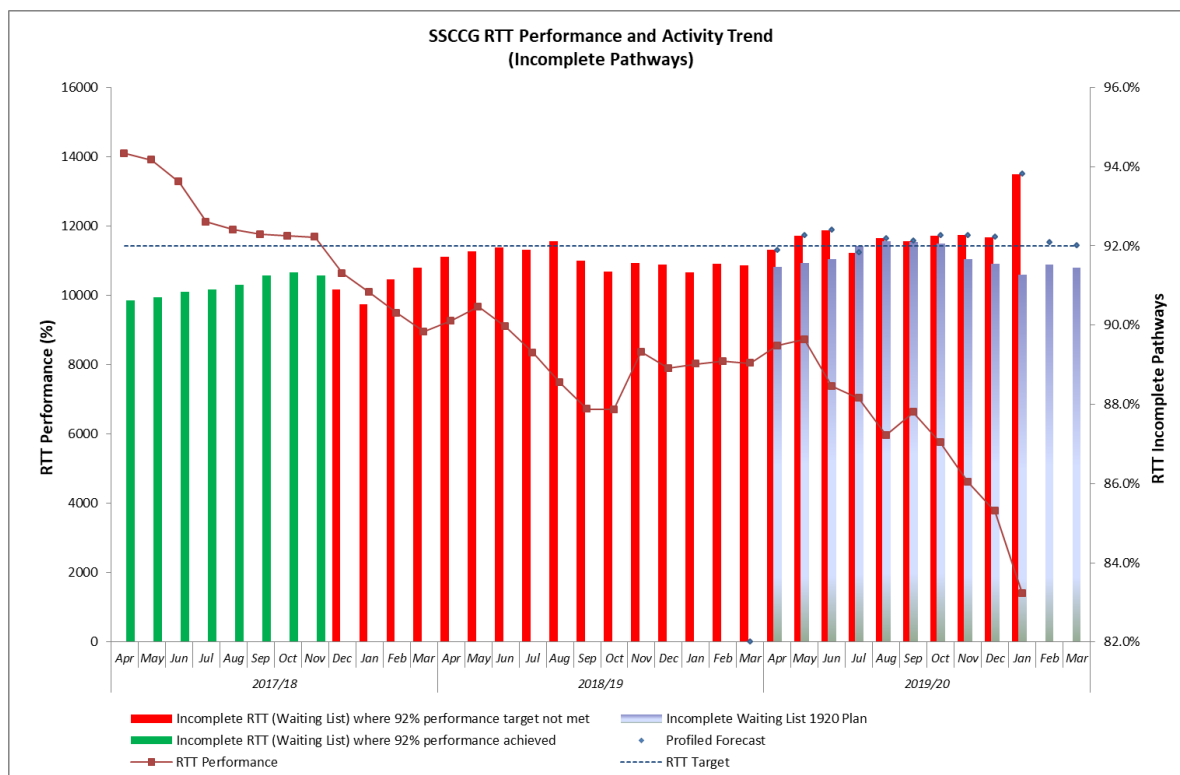


Figure 3 - South Sefton CCG Total Incomplete Pathways

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan	10,833	10,934	11,046	11,422	11,561	11,541	11,498	11,052	10,910	10,608	10,893	10,863	10,863
2019/20	11,309	11,727	11,880	11,234	11,648	11,574	11,725	11,734	11,680	13,503			13,503
Difference	476	793	834	-188	87	33	227	682	770	2,895			2,640

In January, the incomplete waiting list for the CCG was 13,503 against a plan of 10,608; a total 2,895 patients over plan. The total waiting list has increased significantly compared to December 2019, which is heavily influenced by Aintree Hospital. This increase is in contrast to the position for Liverpool CCG and overall at Aintree catchment level. This will be challenged at the next contract review meeting and planned care group to understand the inconsistencies.

South Sefton CCG’s incomplete pathways have seen a 1,643/15.61% increase for January 2020 compared to December 2019. In terms of the NHSE plans, 2019/20 incomplete pathways is currently at 13,503 compared to the March 2020 plan of 10,863.

2.4.2 Provider assurance for long waiters



Figure 4 - South Sefton CCG Provider Assurance for Long Waiters

Trust	Speciality	Wait band (Weeks)	Detailed reason for the delay
Alder Hey	All Other	36-48	14 patients: 7 treated, 4 TCI dates given, 3 sent for service dates. Attended Treatment Started. Community Paeds - capacity. Main areas of concern are patients from South Sefton and Southport & Formby CCGs. Interviews took place for a locum on Friday 31st January 2020 and the successful candidate will start in post in May 2020 and will be allocated to the Southport area. WLI clinics will continue until March 2020 as an improvement has been seen in the RTT performance. Long term sickness is now at 1 member of staff, but the returning member is still on a long phased return. A new round of recruitment is underway for 2 new nursing staff to support the clinics (previous recruitment round was unsuccessful in appointing).
Cambridge University	All Other	36	2 patients: No Trust Information given
Liverpool Heart & Chest	Cariothoracic Surgery	36	1 patient: No Trust Information given
Aintree Hospital	ENT	38-47	5 patients: 2 treated, 2 TCI dates in March, 1 awaiting appointment
Aintree Hospital	Gastroenterology	36-40	5 patients: 5 treated
Aintree Hospital	General Surgery	36-45	47 patients: 46 treated, 1 Awaiting Appointment. Validated.
Aintree Hospital	Ophthalmology	36-46	78 patients: 53 treated, 15 TCI dates given, 6 Awaiting appointment, 3 validated no longer a long waiter, 1 failed to attend. Validated.
Aintree Hospital	Respiratory Medicine	36-44	9 patients: 6 treated, 2 awaiting appointment, 1 TCI date in March.
Aintree Hospital	T&O	36-46	20 patients: 9 treated, 6 awaiting TCI date, 2 TCI Dated in March, 1 failed to attend, 1 validated no longer a long waiter, 1 awaiting appointment. Transferred to Royal, Validated.
Aintree Hospital	Urology	36-41	3 patients: 3 treated. Validated.
Royal Liverpool Hospital	All Other	41	1 patient: 1 Pathway stopped. Capacity issues
Royal Liverpool Hospital	Dermatology	36	1 patient: 1 Pathway stopped. Capacity issues
Royal Liverpool Hospital	ENT	36	2 patients: 1 treated, 1 TCI date in March.
Royal Liverpool Hospital	General Surgery	37	1 patient: 1 Pathway stopped. Capacity issues
Royal Liverpool Hospital	T&O	37-42	7 patients: 6 pathways stopped, 1 TCI date in March. Capacity issues, Long wait on waiting list.
Liverpool Womens Hospital	Gynaecology	37-47	15 patients: No trust information given.
Manchester University	ENT	39	1 patient: No Trust Information given. MFT has submitted a trajectory for reducing waiting waits to NHSI, and is currently performing well against this. MFT reports as Trust and not by individual CCG, patients are all treated to the same rules: Clinical priority and Chronological order. The trajectory includes how Executive oversight of long wait patients will be provided weekly by the Group Chief Operating Officer and MHCC Director of Performance to ensure due process is followed. Unfortunately, the Trust cannot provide tailored reports to individual CCG's. Marie Rowland, Associate Director of performance attends the monthly FIP with commissioners where any issues of concern can be raised.
Southport & Ormskirk Hospital	Gynaecology	38-41	2 patients: 2 treated. TCI cancelled twice by the hospital, It took 36 weeks for the hospital to offer a TCI date.
St Helens & Knowsley	Plastic Surgery	36-37	2 patients: No Trust Information given.
Wirral University	ENT	40	1 patient: No Trust Information given.
Wirral University	General Surgery	36	1 patient: No Trust Information given.
Wirral University	Gynaecology	44	1 patient: No Trust Information given.



The CCG had a total of 219 patients waiting 36 weeks and over. Of the 219, there were 134 patients treated, 26 with To Come In (TCI) dates, 24 patients unknown (which includes Trusts who have not provided updates), 11 awaiting first appointments, 2 DNA's, 3 highlighted with service, 13 pathways stopped and 6 awaiting TCI dates.

2.5 Cancer Indicators Performance



2.5.1 Two Week Urgent GP Referral for Suspected Cancer

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
2 week urgently GP Referral for suspected cancer		Previous 3 months, latest and YTD					122a (linked)	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RED	TREND		Oct-19	Nov-19	Dec-19	Jan-20			YTD
		CCG	95.50%	94.52%	96.34%	92.26%			92.61%
		Aintree	94.92%	94.03%	96.55%	91.64%			92.71%
		Plan	93%	93%	93%	93%			93%
		Aintree January Trajectory: 91.9% (National 93%)							
Performance Overview/Issues:									
<p>The CCG failed the target in January reporting 92.26% and therefore continues to fail the target year to date with 92.61%. In January there were 52 breaches from a total of 672 patients seen. 30 breaches were due to inadequate out-patient capacity, 21 due to patient choice and 1 due to other reason. 49 breaches were at Aintree with 3 at Liverpool Women's. The maximum wait was 50 days.</p> <p>Aintree failed the 93% target in January reporting 91.64%, a significant decline in performance since December when the target was achieved. This is also below the Trust's improvement trajectory of 91.9% for January 2020. Therefore the Trust also continues to fail year to date with 92.71%. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Hospital Foundation Trust (LUFHT).</p>									
Actions to Address/Assurances:									
<p>Please note that reasons for breaches allocated by the national Cancer Waiting Times system only enable one reason from a limited list to be assigned to a pathway. "Inadequate outpatient capacity" does not include cancelled clinics but would include workforce constraints. The South Sefton CCG Governing Body has requested an analysis of breach reasons for each tumour type. This has highlighted breast, colorectal and skin pathways as having the highest proportion of pathway breaches attributed to "inadequate outpatient capacity". An analysis of commissioned capacity versus actual activity is underway.</p> <p>A request has been made to the national cancer team for more meaningful and multiple breach reasons to be recorded by the Cancer Waiting Times system to enable a deeper understanding of performance issues.</p>									
When is performance expected to recover:									
There were a number of failing specialties; notably lung, head and neck, lower GI and skin. A LUFHT level cancer improvement plan has been requested and will be reviewed at the Aintree Planned Care Group on 27th March.									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.2 Two Week Wait for Breast Symptoms

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
2 week wait for breast symptoms (where cancer was no initially suspected)		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RED	TREND		Oct-19	Nov-19	Dec-19	Jan-20			YTD
		CCG	96.77%	92.16%	97.78%	97.37%			89.27%
		Aintree	96.84%	96.35%	96.18%	96.67%			89.02%
		Plan	93%	93%	93%	93%			93%
		Aintree January Trajectory: 93% (National 93%)							
Performance Overview/Issues:									
The CCG achieved the target in January reporting 97.37% but remains below the YTD target with 89.27% due to previous months breaches. YTD there have been 59 breaches from a total of 550 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting red.									
Aintree reported 96.67% in January and are therefore achieving the 93% target and improvement trajectory, having just 4 breaches out of a total of 120 patients. They are however failing year to date due to a significant number of breaches earlier in the year. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Hospital Foundation Trust (LUHFT).									
Actions to Address/Assurances:									
The majority of breast symptomatic referrals from South Sefton GPs are made to Aintree or Royal Liverpool sites. Both sites are now meeting the operational standard for this indicator.									
When is performance expected to recover:									
Recovery against the year to date position is unlikely due to very low performance early in the financial year but sustained recovery is planned and expected for 2020/21.									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.3 31 Day first definitive treatment of cancer diagnosis

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day first definitive treatment of cancer diagnosis		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND		Oct-19	Nov-19	Dec-19	Jan-20			YTD
		CCG	96.39%	98.02%	97.65%	95.06%			96.46%
		Aintree	97.20%	95.14%	93.13%	92.11%			96.61%
		Plan	96%	96%	96%	96%			96%
Performance Overview/Issues:									
The CCG are failing the 96% target in January reporting 95.06%, but are still achieving year to date with 96.46%. In January there were 4 breaches out of 81 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting green. Breaches related to skin, urology and lung pathways. No themes for breach reasons dominate.									
Aintree failed this measure in January reporting 92.11% but are achieving year to date recording 96.61%. In January there were 9 patient breaches out of a total of 114. Please note the Aintree data is taken from a local flow, as the Trust has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Hospital Foundation Trust (LUHFT).									
Actions to Address/Assurances:									
Breaches relate to complex pathways, medical reasons and patient choice. A LUHFT level cancer improvement plan is being compiled for the Aintree Planned Care Group meeting on 27th March 2020 including specific site specific actions for Aintree and Royal Liverpool sites.									
When is performance expected to recover:									
Trajectory for 2020/21 indicates a 96% average monthly performance.									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.4 31 Day Standard for Subsequent Cancer Treatment – Drug

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day standard for subsequent cancer treatment drug		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
GREEN	TREND	Oct-19	Nov-19	Dec-19	Jan-20	YTD			
		CCG	96.97%	100%	100%	96.30%			98.58%
		Aintree	100%	100%	100%	93.33%			98.54%
		Plan	98%	98%	98%	98%	98%		
Performance Overview/Issues:									
The CCG are failing the 98% target in January, reporting 96.30%, but are still achieving year to date with 98.58%. In January, out of 27 patients there was just one patient breach due to patient choice. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
Aintree have failed the target in January reporting 93.33% with 1 patient breach out of a total of 15 patients. However the Trust continues to achieve year to date with 98.54%.									
Actions to Address/Assurances:									
Breach this month was due to patient's own decision to defer treatment.									
When is performance expected to recover:									
Trajectory for 2020/21 indicates an average monthly performance of 99%.									
Quality:									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Karl McCluskey			Debbie Harvey			Sarah McGrath			


2.5.5 31 Day Standard for Subsequent Cancer Treatment – Surgery

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
31 day standard for subsequent cancer treatment surgery		Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20	YTD			
		CCG	89.47%	90.00%	91.67%	81.82%			93.94%
		Aintree	94.4%	87.1%	95.7%	92.86%			94.83%
		Plan	94%	94%	94%	94%	94%		
Performance Overview/Issues:									
The CCG failed the 94% target for January with 81.82% and therefore continue to fail year to date reporting 93.94%. In January there were 2 patient breaches out of 11 seen.									
Aintree are also failing the target reporting 92.86% in January; out of 28 patients there were 4 patient breaches. However the Trust continue to achieve year to date with 94.83%.									
Actions to Address/Assurances:									
CCG breaches were for gynaecology at Liverpool Women's Hospital.									
When is performance expected to recover:									
Trajectory for 2020/21 indicates an average monthly performance of 97% with the majority of months achieving the operational standard of 94%.									
Quality:									
Indicator responsibility:									
Leadership Team Lead			Clinical Lead			Managerial Lead			
Karl McCluskey			Debbie Harvey			Sarah McGrath			


2.5.6 62 Day Cancer Urgent Referral to Treatment Wait

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
All cancer two month urgent referral to treatment wait		Previous 3 months, latest and YTD					122b	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20	YTD			
		CCG	81.40%	82.61%	86.11%	82.86%			77.35%
		LUHFT	79.06%	77.08%	75.32%	68.93%			75.10%
		Plan	85%	85%	85%	85%			85%
		CCG Improvement Trajectory January: 87.1%							
Performance Overview/Issues:									
<p>The CCG failed the 85% target for January reporting 82.86% and year to date with 77.35%. In January there were 6 breaches from a total of 35 patients seen. The reasons for the breaches were complex diagnostic pathways, inadequate elective capacity, delays due to medical reasons and other reasons not listed.</p> <p>Due to how the Cancer Wait Times (CWT) 62 day activity data is recorded, specifically relating to the recording of Inter Provider Transfers (IPT), it is not possible to report 62 days targets at site level using the extracts. Therefore, 62 day positions can only be allocated to the Trust and not reported at site level, for this reason from October onwards the CCG will report the Liverpool University Hospital Foundation Trust (LUHFT) position.</p> <p>For January LUHFT are recording 68.93% out of a total of 163 patients there were 43.5 patient breaches.</p>									
Actions to Address/Assurances:									
A new Cancer Alliance Performance Improvement Group has been established to give oversight of cancer performance across the Cheshire and Merseyside system. The Group includes representation from Chief Operating Officers, cancer managers and commissioners.. NHS Planning Guidance states a requirement for system improvement especially in relation to 6 challenged pathways namely; urology, colorectal, gynaecology, upper gastro-intestinal, head and neck and lung. Focus will be on developing improvement plans for urology at LUHFT as the biggest contributor to excess breaches.									
When is performance expected to recover:									
South Sefton CCG trajectory for 2020/21 indicates an average monthly performance of 82% which will be seasonally profiled according to historical trends and factors in growth of 4%.									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		Debbie Harvey			Sarah McGrath				



2.5.7 62 day wait for first treatment following referral from an NHS Cancer Screening Service

Indicator	Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
62 day wait for first treatment following referral from an NHS Cancer Screening Service GREEN 	Previous 3 months, latest and YTD					N/A	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.	
	TREND	Oct-19	Nov-19	Dec-19	Jan-20			YTD
	CCG	100%	100%	90.91%	90.91%			92.06%
	LUHFT	74.2%	86.1%	87.5%	78.9%			81.70%
	Plan	90%	90%	90%	90%	90%		
Performance Overview/Issues:								
<p>The CCG reported 90.91% for screening services in January achieving the 90% target. Year to date the CCG are now achieving 92.06% and over the 90% target. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>For January LUHFT are recording 78.9% out of a total of 51 patients there were 9.5 patient breaches.</p>								
Actions to Address/Assurances:								
<p>NHSE/I is working with its screening programme commissioning teams to look at performance against the 62 day standard. In particular they will explore the impact of FIT testing introduction into the bowel cancer screening programme and the significant unplanned impact on uptake and positivity (estimated at 250%) resulting in increased demand for endoscopy.</p> <p>The service is managing demand by decreasing volumes of invitations being sent out for a period of 6 months. New British Society of Gastroenterology (BSG) guidance for screening surveillance will create 5 slots per week.</p> <p>Breach reasons are often cited as "other" for screening pathways. A request has been made to the national team to expand the range of reasons which are available and enable more than one reason per pathway in order to understand breaches in more depth.</p>								
When is performance expected to recover:								
South Sefton CCG trajectory for 2020/21 indicates an average monthly position of 90% and builds in a growth rate of 11% based on previous 3 years' trends.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			

2.5.8 62 Day wait for first treatment for Cancer following a Consultants Decision to Upgrade

Indicator	Performance Summary						NHS Oversight Framework (OF)	Potential organisational or patient risk factors
62 day wait for first treatment for Cancer following a Consultants Decision to Upgrade the Patient's Priority RED 	Previous 3 months, latest and YTD						Local target is 85%, where above this measure is RAG rated green, where under the indicator is grey due to no national target	Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
	TREND	Oct-19	Nov-19	Dec-19	Jan-20	YTD		
	CCG	80.00%	64.71%	72.73%	77.78%	67.37%		
	LUHFT	83.46%	84.33%	76.14%	82.61%	81.64%		
	Plan	85%	85%	85%	85%	85%		
	(Local target 85%)							
Performance Overview/Issues:								
The CCG reported 77.78% in January with year to date being 67.37%. In January there were 2 breaches from a total of 9 patients seen. Both breaches were lung patients with delays due to other reasons not listed and a complex diagnostic pathway.								
For January LUHFT are recording 82.61% out of a total of 62 patients there were 10 patient breaches.								
Actions to Address/Assurances:								
New Cancer Waits Guidance will change how lung patients on direct to CT pathways are monitored and will reduce the numbers of patients in this cohort.								
When is performance expected to recover:								
Very small numbers in this patient cohort make for volatile performance against this standard and difficult prediction of recovery.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		Debbie Harvey			Sarah McGrath			

2.5.9 104+ Day Breaches

Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - Aintree		Latest and previous 3 months				Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20	
		10	14	9	17	
Plan: Zero						
Performance Overview/Issues:						
In January there were 17 over 104 days breaches at Aintree. However, none of these were South Sefton CCG patients. The longest waiting patient was a sarcoma patient who waited 176 days. The second longest was a urology patient who waited 174 days. Out of the 17 breaches, 9 were urological. There will be a review of harm and the details of this pathway will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP).						
Actions to Address/Assurances:						
South Sefton CCG will continue to work with Aintree to ensure best use of Performance & Quality Investigation Review Panel (PQIRP) as a forum to achieve sustained improvement using thematic reviews that will feed into the Provider's Cancer recovery plan. A LUHFT level cancer improvement plan is requested to be presented at the Aintree Planned Care Group on 27th March.						
The most recent 104 day thematic review has identified radiology capacity, histopathology delays and genuinely complex pathways associated with high levels of co-morbidity as the key factors.						
When is performance expected to recover:						
Work to improve 62 days performance will also impact on very long waiters.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Debbie Harvey		Sarah McGrath		

2.5.10 Faster Diagnosis Standard (FDS)

The new Faster Diagnosis Standard (FDS) is designed to ensure that patients who are referred for investigation of suspected cancer will have this excluded or confirmed within a 28 day timeframe. Note that the current 31 and 62 day standards only apply to the cohort of patients who are treated for a **confirmed** cancer diagnosis in the reported time period.

Considerable progress continues to be made to develop and implement faster diagnosis pathways with the initial focus on prostate, colorectal and lung pathways. The standard will become mandated from April 2020.

Hospitals are recording data in 2019, which will help the CCG to understand current performance in England. It will enable Cancer Alliances to identify where improvements need to be made before the standard is introduced.

This new standard should help to:

- Reduce anxiety for patients who will be diagnosed with cancer or receive an 'all clear' but do not currently hear this information in a timely manner;
- Speed up time from referral to diagnosis, particularly where faster diagnosis is proven to improve clinical outcomes; and

- Reduce unwarranted variation in England by understanding how long it is taking patients to receive a diagnosis or 'all clear' for cancer across the country.

Shadow reporting against the 28 day FDS is now available and has been included in the IPR Report from this month **for information only**.

There was no agreed operational standard for this measure initially and there are also limitations on data completeness at the present time.

Update: The performance threshold for the cancer 28-day faster diagnosis standard will initially be set in the range between 70% and 85%, with a phased increase in future years if appropriate, subject to the recommendations of the Clinical Review of Standards. No operational standard has yet been set. Achievement is variable between the breast symptomatic, 2 week wait and screening entry points Trajectories for 2020/21 have been based on shadow monitoring during 2019/20.

The standard will initially apply to referrals from:

- Two week wait (for suspicion of cancer as per NG12 guidance or with breast cancer symptoms); and
- The cancer screening programme.

The CCG will also be working with providers to have a place a maximum waiting time.



Figure 5 - FDS monitoring for South Sefton CCG

28-Day FDS 2 Week Wait Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	85.76%	84.36%	82.15%	85.20%	76.68%	79.96%	82.49%	79.62%	78.90%	78.35%			81.27%
No of Patients	337	486	437	446	416	449	554	579	436	462			4602
Diagnosed within 28 Days	289	410	359	380	319	359	457	461	344	362			3740

28-Day FDS 2 Week Wait Breast Symptoms Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	100%	94.74%	100%	96.08%	97.50%	100%	98.21%	95.92%	93.33%	100%			97.36%
No of Patients	28	57	57	51	40	45	56	49	45	27			455
Diagnosed within 28 Days	28	54	57	49	39	45	55	47	42	27			443

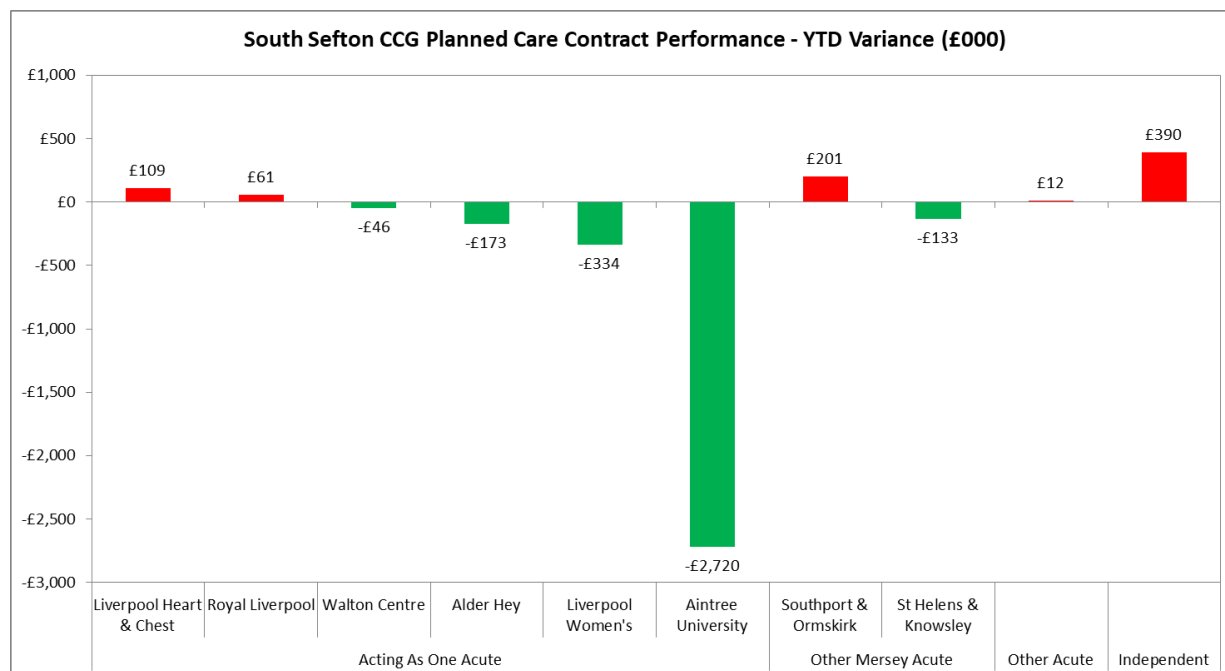
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	86.11%	54.00%	62.50%	69.44%	61.02%	71.15%	71.43%	62.30%	45.90%	48.44%			62.00%
No of Patients	36	50	32	36	59	52	70	61	61	64			521
Diagnosed within 28 Days	31	27	20	25	36	37	50	38	28	31			323

2.6 Patient Experience of Planned Care

Indicator		Performance Summary				Potential organisational or patient risk factors	
Aintree Friends and Family Test (FFT) Results: Inpatients		Previous 3 months and latest					
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		RR	20.4%	19.5%	18.5%		19.4%
		% Rec	93.0%	94.0%	93.0%		94.0%
		% Not Rec	4.0%	3.0%	4.0%		3.0%
		<u>2019 England Averages</u> Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
Performance Overview/Issues:							
LUFHT has reported a response rate for inpatients of 19.4% in January which is below the England average of 24.9% and 1% lower than last month. The percentage of patients who would recommend the service has improved to 94% and is below the England average of 96% and the percentage who would not recommend has decreased to 3% but still above the England average of 2%.							
Actions to Address/Assurances:							
Provider patient experience event being held in June 2020 which will allow providers to update on FFT, highlighting improvement areas and success stories. The CCG Quality team continue to monitor trends and request assurances from providers when exceptions are noted.							
Monthly FFT reports produced by Quality team and discussed at Engagement and Patient Experience Group (EPEG) with rationale for dips in performance to be provided by the Trust.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20.							
Quality:							
There has been a decrease noted in response rates for LUHFT. This has not been broken down by site so it is not possible to establish the response rates or percentage recommended for the Aintree site. There is no clear indication as to why the response rates have dropped over this period but it seems consistent with Southport & Ormskirk who also noted a drop in response rates. The percentage recommended across all 3 areas has continued to improve from the previous month.							
This will be monitored via the newly formed LUHFT Clinical Quality Performance Group (CQPG) within the enhanced surveillance, as all action plans now cover all sites for the provider.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Jennifer Piet			

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at month 10 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£2.6m/-6.3%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £430k/1%.

At individual providers, Aintree Hospital is showing the largest under performance at month 10 with a variance of -£2.7m/-11%. In contrast, a notable over performance of £386k/22% against Renacres Hospital has been evident. This is followed by Southport & Ormskirk Hospital with an over performance of £201k/10% at month 10.

At speciality level, Trauma & Orthopaedics represents the highest area of spend for South Sefton CCG in 2019/20 to date. Overall, spend within this speciality is currently below planned levels by -£523k/-7.1% at month 10. However, a notable over performance is being reported at Renacres Hospital with market share increasing for this provider in the last three years. The CCG's Business Intelligence (BI) Team are working with the Planned Care Lead to review referral patterns and planned care activity to review patient flows into the independent sector rather than main providers.

NB. There is no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. The Acting as One Providers are identified in the above chart.

The new Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2019/20 contract performance for the individual sites of AUHT and RLBUHT.

2.7.1 Aintree University Hospital NHS Foundation Trust

Figure 7 - Planned Care – Aintree Hospital

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	10,677	10,572	-105	-1%	£6,890	£6,439	£-451	-7%
Elective	1,304	1,025	-279	-21%	£4,168	£3,143	£-1,024	-25%
Elective Excess BedDays	505	531	26	5%	£133	£142	£9	7%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	257	190	-67	-26%	£50	£40	£-10	-20%
OPFANFTF - Outpatient first attendance non face to face	1,574	1,100	-474	-30%	£47	£37	£-10	-22%
OPFASPCL - Outpatient first attendance single professional consultant led	27,902	25,740	-2,162	-8%	£4,633	£4,157	£-476	-10%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	676	714	38	6%	£71	£72	£0	1%
OPFUPNFTF - Outpatient follow up non face to face	5,535	5,064	-471	-9%	£139	£127	£-11	-8%
OPFUPSPCL - Outpatient follow up single professional consultant led	62,028	53,844	-8,184	-13%	£4,574	£4,036	£-538	-12%
Outpatient Procedure	20,212	19,181	-1,031	-5%	£2,878	£2,683	£-195	-7%
Unbundled Diagnostics	12,465	12,069	-396	-3%	£1,048	£1,005	£-43	-4%
Wet AMD	1,386	1,400	14	1%	£1,093	£1,123	£30	3%
Grand Total	144,521	131,430	-13,091	-9%	£25,724	£23,004	£-2,720	-11%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£2.7m/-11% is driven in the main by reduced outpatient activity, specifically first and follow up appointments (single professional consultant led).

Referral patterns suggest that underperformance is not attributed to reduced referrals for South Sefton CCG to Aintree Hospital (referrals are currently 5.4% above 2018/19 levels). Instead, Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Non Elective pressures and workforce issues related to sickness and theatre staff shortages have also impacted on activity levels.

Elective procedures are also currently under performing at month 10 by -£1m/-25%. This can be attributed to reduced activity within Trauma & Orthopaedics and Colorectal Surgery. The former can be partly attributed to a switch in activity trends from the Aintree site to the Royal Liverpool site from November-19 onwards. This was as a result of the merger of Trauma & Orthopaedics following the creation of Liverpool University Hospitals Foundation Trust (LUHFT).

NB. 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.

The new Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1 October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2019/20 contract performance for the individual sites of AUHT and RLBUHT.

2.7.2 Renacres Hospital

Figure 8 - Planned Care – Renacres Hospital

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	494	630	136	27%	£594	£749	£154	26%
Elective	117	144	27	23%	£648	£804	£157	24%
Elective Excess Bed Days	12	0	-12	-100%	£3	£0	-£3	-100%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,102	1,222	120	11%	£187	£207	£20	10%
OPFUPSCL - <i>Outpatient follow up single professional consultant led</i>	1,607	1,916	309	19%	£111	£132	£21	19%
OPPREOP	393	443	51	13%	£24	£27	£3	13%
Outpatient Procedure	464	593	129	28%	£83	£108	£25	30%
Physio	1,233	1,201	-32	-3%	£38	£37	-£1	-3%
Unbundled Diagnostics	508	588	80	16%	£46	£57	£11	23%
Grand Total	5,929	6,737	808	14%	£1,734	£2,119	£386	22%

Renacres over performance is evident across the majority of planned care points of delivery. Over performance is focussed largely within the Trauma & Orthopaedics speciality. Relatively small numbers of high cost procedures account for the over performance within electives and day cases.



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 with market share for this particular provider increasing in the last 3 years. Contributing factors to changes in referral flows could be due to long waiting times performance of RTT at Aintree and increased capacity in specialities at Renacres.

Referrals to this provider for South Sefton CCG are currently 2% above 2018/19 levels. However, Trauma & Orthopaedic referrals are down -23% when comparing to the equivalent period of the previous year. In contrast, increases have been evident for specialities such as Gynaecology, ENT and Gastroenterology.

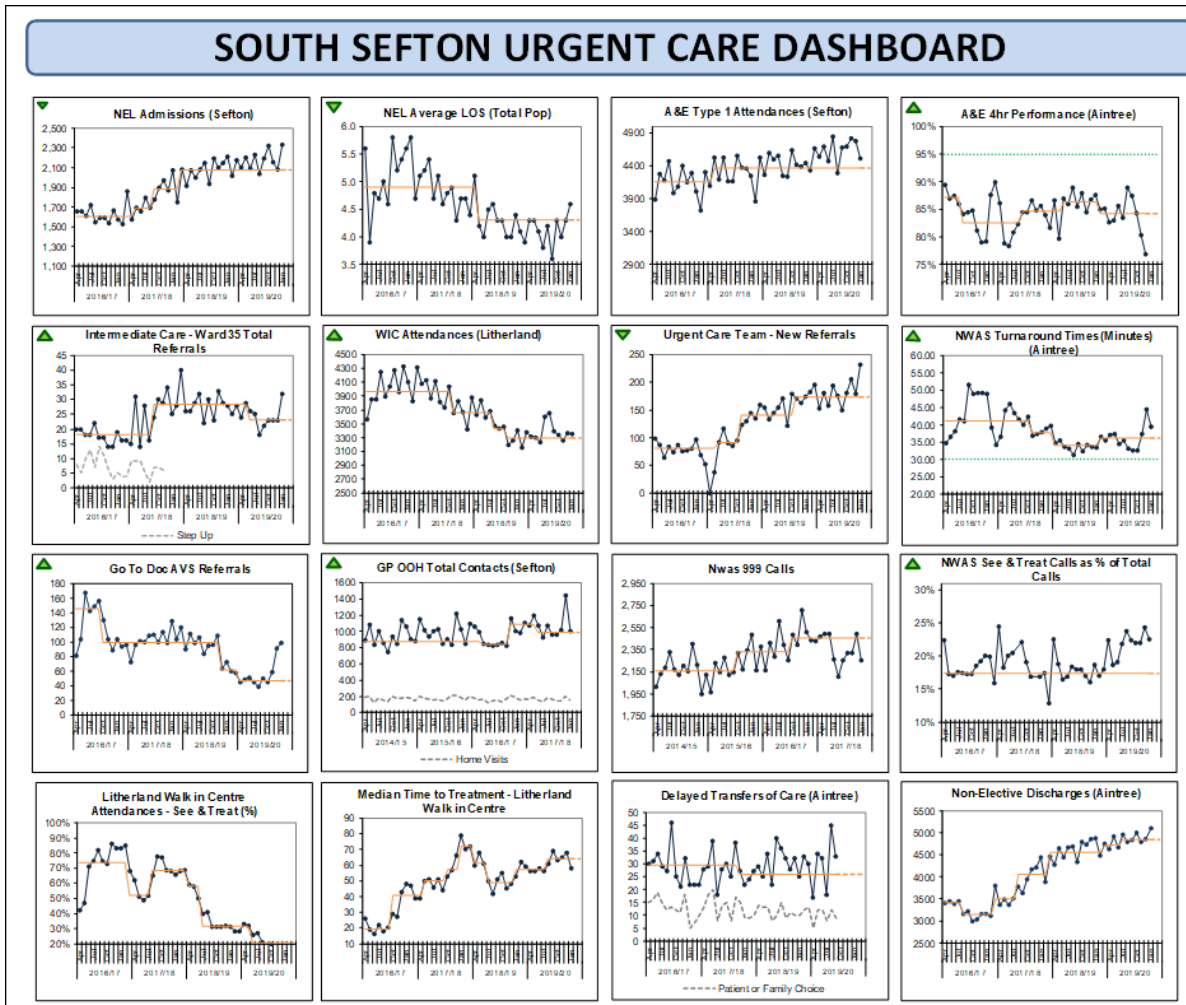
3. Unplanned Care

3.1 Accident & Emergency Performance

3.1.1 A&E 4 Hour Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
CCG and Aintree A&E Waits - % of patients who spend 4 hours or less in A&E		Previous 3 months, latest and YTD					127c Plan: 95% CCG Improvement trajectory 89% March 2020 Unable to split CCG type 1 from Oct onwards		
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20	YTD			
		CCG All Types	84.32%	81.53%	80.65%	81.17%			81.41%
		CCG Type 1							
		Aintree Improvement Plan	88%	88%	88%	86%			-
		Aintree All Types	84.24%	80.36%	76.92%	78.33%			83.13%
		Aintree Type 1	71.79%	65.76%	65.47%	61.80%	66.21%		
Performance Overview/Issues:									
<p>The CCG is failing the national standard of 95% in January reporting 81.17% for the South Sefton population, this being a slight increase on last month. A trajectory has been agreed with NHSE/I that runs to 89% in March 2020 not the national target. However, Aintree overall performance in January was 78.33% (type 1 and 3), which also shows an increase from last month (76.92%) and also under the 88% improvement trajectory for January. Type 1 performance on the Aintree site was 61.80%. A contract performance notice is in place with actions agreed being closely monitored by the CCG.</p>									
Actions to Address/Assurances:									
Internal Trust Actions:									
Improve Non Admitted performance									
<p>The department has commenced a workstream to improve non-admitted performance in See & Treat. The action plan is under development and will be monitored weekly against the agreed trajectory.</p> <p>Primary Care Streaming (PCS) new model of delivery is now embedded and a report will be due in March to evaluate the changes in service delivery for the first quarter.</p>									
Improve AEC functionality									
<p>Work has commenced via NHSE/I Same Day Emergency Care (SDEC) collaborative to review the role of Advanced Nurse Practitioner (ANP) to support in-reach function, final event end of January. A Task & Finish group has assembled to develop a model for the trial period.</p>									
Minimise frequency of crowding (surge) in the Emergency Department									
<p>a) Department has identified 2 cubicles in the ambulance drop off bay, which will be ring-fenced for the new handover/pitstop process. This has been reviewed and feedback from clinicians and patients has been positive. Work continues in collaboration with NWS and crews are no longer being held within the department which has reduced ambulance handover time. Further monitoring and evaluation is planned to reduce this to acceptable tolerance levels.</p> <p>b) A Task & Finish group is to be set up with regards to Direct Conveyancing to Assessment Areas to agree the process for medical assessment area. Progress will be reported into the weekly performance meeting.</p>									
System Partners Actions:									
<p>A wide range of work continues to support the Aintree system involving CCG and community provider, local authority:</p> <ul style="list-style-type: none"> • Collaborative focus on increasing ambulatory care within the Frailty Assessment Unit with direct conveyancing to unit without A&E attendance/review • On-going implementation of Mersey Care Alternative to Transfer scheme with system introduced to provide timely response to NWS to support patients at home who do not require conveyance to A&E. Work underway to promote service further and increase referrals and range of pathways that can be supported. • Implementation of actions from Long Length of Stay action plan to reduce A&E attendances e.g. development of community DVT pathway, ICRAS offer in community. • Collaborative work continues with Liverpool CCG to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances. • Weekly Aintree system calls are held as required 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 to support patient flow and escalation work required. 									
When is performance expected to recover:									
Aintree have an agreed trajectory with NHSE/I profiled from 88% in Month 1 to 89% in Month 12. This is below the national target of 95%.									
Quality:									
Indicator responsibility:									
Leadership Team Lead		Clinical Lead			Managerial Lead				
Karl McCluskey		John Wray			Janet Spallen				

3.2 Urgent Care Dashboard



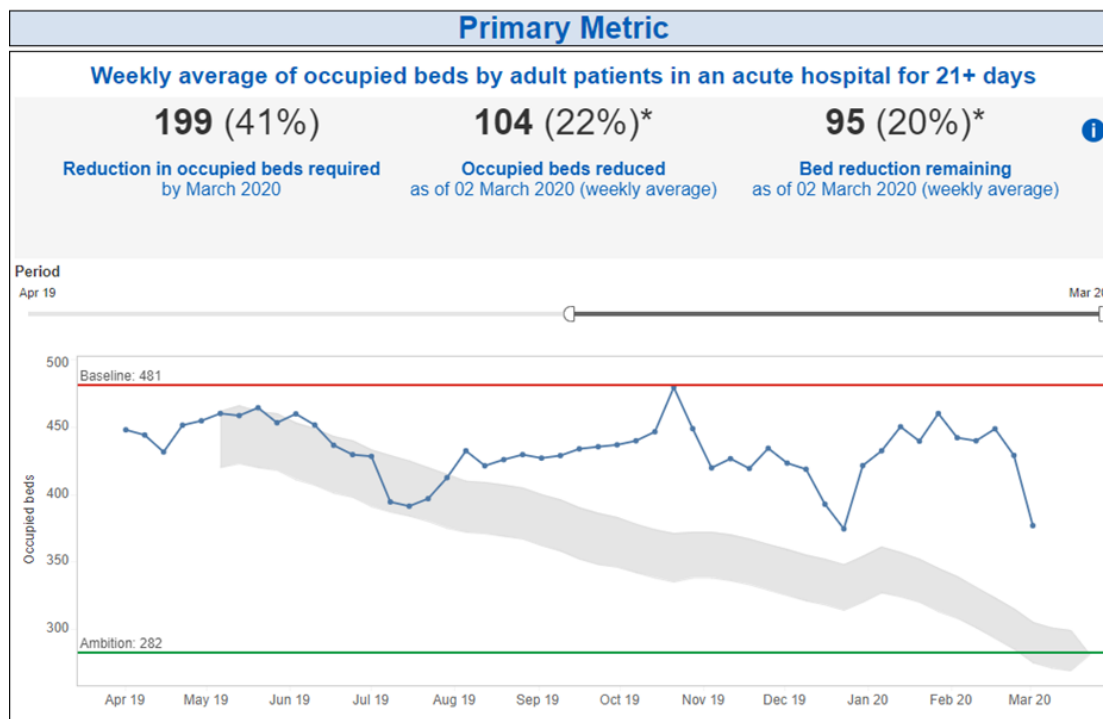
Definitions

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.

3.3 Occupied Bed Days

The NHS has a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay beds) in Acute hospitals by 40% (25% being the 2018/19 ambition with an addition of 15% for 2019/20). Providers are being asked to work with their system partners to deliver this ambition.



Figure 9 - Occupied Bed Days, Liverpool University Hospitals Foundation Trust





Data Source: NHS Improvement – Long Stays Dashboard

The long stays dashboard has been updated for 2019 to report on a weekly basis. The Trust’s revised target is a total bed reduction of 199 (41%) by March 2020; therefore the target is 282 or less. The Trust has not yet achieved this. The latest reporting as at 2nd March 2020 (weekly average) shows 377 occupied beds. This shows a reduction of 104 beds, 95 less than the ambition for March 2020.

3.4 Ambulance Performance



Indicator		Performance Summary					Definitions	Potential organisational or patient risk factors
Category 1,2,3 & 4 performance		Previous 2 months and latest					Category 1 -Time critical and life threatening events requiring immediate intervention Category 2 -Potentially serious conditions that may require rapid assessment, urgent on-scene clinical intervention/treatment and / or urgent transport Category 3 - Urgent problem (not immediately life-threatening) that requires treatment to relieve suffering Category 4 / 4H / 4HCP - Non urgent problem (not life-threatening) that requires assessment (by face to face or telephone) and possibly transport	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Cat	Target	Nov-19	Dec-19	Jan-20		
		1 mean	<=7 mins	00:07:09	00:07:47	00:06:27		
		1 90	<=15 mins	00:11:49	00:13:34	00:10:09		
		2 mean	<=18 mins	00:36:33	00:40:11	00:27:36		
		2 90	<=40 mins	01:24:57	01:33:04	00:57:55		
		3 90	<=120 mins	04:38:41	04:52:42	03:45:15		
4 90	<=180 mins	03:49:55	03:42:02	02:56:16				
Performance Overview/Issues:								
<p>In January 2020 there was an average response time in South Sefton of 6 minutes 27 seconds, achieving the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 27 minutes 36 seconds against a target of 18 minutes, a significant improvement on last month. The CCG also failed the category 3 90th percentile but achieved the category 4 with a 90th percentile of 2 hours, 56 minutes and 16 seconds against a target of 3 hours. South Sefton is yet to achieve the targets in either category 2 or category 3 since the introduction of the ARP system. 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.</p>								
Actions to Address/Assurances:								
<p>In 2019/20 NWAS has continued to progress improvements in delivery against the national ARP standards. The actions identified then continue to be implemented through Q4 of 2019/20. This included re-profiling the fleet, improving call pick up in the EOCs, use of the Manchester Triage tool to support both hear & treat and see & treat and reduce conveyance to hospital. The joint independent modelling commissioned by the Trust and CCGs set out the future resource landscape that the Trust needs if they are to fully meet the national ARP standards. Critical to this is a realignment of staffing resources to demand which will only be achieved by a root and branch re-rostering exercise. This exercise has commenced, however, due to the scale and complexity of the task, this will not be fully implemented until the end of Quarter 1 2020/21. Work is ongoing.</p> <p>To support the service to both maintain and continue to improve performance, the contract settlement from commissioners for 2019/20 provided the necessary funding to support additional response for staffing and resources, including where required the use of VAS and overtime to provide interim additional capacity, prior to full implementation of the roster review. We have been advised that implementation of the roster review has been delayed in Cheshire & Merseyside until Quarter 4 which increases the risk of no-achievement of targets required for Quarter 1 2020/21. NWAS have advised that whilst formal implementation of the roster review has been delayed it is being progressed where there is mutual agreement with staff which will enable greater flexibility with shift patterns and use of staff resource.</p> <p>North Mersey commissioner working with community providers is in regard to increasing the range of alternatives that can be used to support Category 3 and 4 calls to maximise NWAS resources to be used on higher priority calls. Aintree continues to work with NWAS to reduce ARP times with present focus on direct conveyancing of appropriate patients to front door units to reduce handover times.</p>								
When is performance expected to recover:								
<p>The 2019/20 contract agreement with NWAS identified 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. There are however concerns that the targets will not be met within the required timeframes and further review and negotiation is taking place by the ambulance commissioning team with further feedback to be provided to CCGs.</p>								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		John Wray			Janet Spallen			

3.5 Ambulance Handovers



Indicator		Performance Summary				Indicator a) and b)	Potential organisational or patient risk factors
Ambulance Handovers		Latest and previous 2 months				a) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 30 minutes	Longer than acceptable response times for emergency ambulances impacting on timely and effective treatment and risk of preventable harm to patient. Likelihood of undue stress, anxiety and poor care experience for patient as a result of extended waits. Impact on patient outcomes for those who require immediate lifesaving treatment.
RED	TREND	Target	Nov-19	Dec-19	Jan-20		
		(a) <=15-30mins	186	257	362	b) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 minutes	
		(b) <=15-60mins	128	271	200		
Performance Overview/Issues:							
<p>NWAS performance saw an increase with handover delays of over 30 and a decrease for 15-60 minutes. With 30 minute delays increasing from 257 to 362 and 60 minute delays decreasing from 271 to 200. The average notify to handover was at 26 minutes which is a further increase from December's highest of 24.04 (+1.96). The median to see clinician and the percentage of patients triaged in 15 minutes remained static.</p>							
Actions to Address/Assurances:							
<p>Aintree have been part of the Super Six working with NWAS to improve processes to support achievement of the handover targets. They have identified that the priority area which will have the greatest impact will be the introduction of direct conveyancing of appropriate patients to front door units e.g. Ambulatory Medical Unit, Frailty Assessment Unit, without being first triaged through A&E. A contract notice is in place with actions agreed which are being closely monitored by the CCG. The provider have updated their Ambulance Handover Improvement Plan with details of implementation plans and timescales for the introduction of direct conveyancing. Further updates have been requested by the CCG following worsening position in winter months.</p>							
When is performance expected to recover:							
<p>This is a priority area for immediate improvement. An updated Improvement Plan has been submitted which details timescales for implementation of direct conveyancing over Autumn. Pilot work was carried out initially to test plans that patients categorised as Amber pathway patients, following a call to A&E and following a predetermined clinical criteria, will travel directly to A&E via ambulance. The clinical protocol will support the correct and accurate redirection of patients and this will be supported by the ability for crews to call a senior clinician in A&E to discuss the safe conveyance of a patient to the department.</p> <p>Direct conveyancing to Frailty Assessment Unit (FAU) began at start of November and is working well. This process will progress to other assessment areas (including male and female assessment bays and surgical assessment unit). Aintree also formally merged with Royal Liverpool to become the Liverpool University Hospitals Foundation Trust (LUHFT) and are actively working on the management of ambulance arrivals at the two sites with informal divers in place when extreme pressures within A&E or significant influx notified at one site or other.</p>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		John Wray			Janet Spallen		

3.6 Unplanned Care Quality Indicators



3.6.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
Aintree Stroke & TIA		Latest and previous 3 months				a) % who had a stroke & spend at least 90% of their time on a stroke unit b) % high risk of Stroke who experience a TIA are assessed and treated within 24 hours	Risk that CCG is unable to meet statutory duty to provide patients with timely access to Stroke treatment. Quality of patient experience and poor patient journey. Risk of patients conditions worsening significantly before treatment can be given, increasing patient safety risk.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		80.43%	79.41%	73.80%	78.57%		
		Stroke Plan: 80% TIA 60% (achieving)					
Performance Overview/Issues:							
<p>Performance against the 90% stay standard was 78.57% for January 2019. There were 42 patients with a diagnosis of stroke discharged from the provider during the month. Of these, 33 patients spent 90% of their stay on the Stroke Unit. The standard was not achieved for 9 patients. All breaches of the standard are reviewed and reasons for underperformance identified:</p> <ul style="list-style-type: none"> • 2 patients were referred after an MRI confirmed Stroke diagnosis • 2 patient were a late referral to the Stroke Team from ED • 1 patient was referred after CT confirmed Stroke • 3 patients were delayed transfers, as they were awaiting Diagnostic or medical review in ED • 1 patients notes were not available for review, sent to off site scanning <p>TIA continues to achieve and is reporting 100% in January.</p>							
Actions to Address/Assurances:							
Proposed Trust Actions: -							
Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies							
• Finalise recruitment briefing for Clinical Business Unit (CBU) and Stroke							
Improve therapy Scores Sentinel Stroke National Audit Programme (SSNAP)							
• Evaluate pilot of working hours to create evening capacity							
• Evaluate pilot of weekend working							
Work with ED and Radiology to improve time to CT scan to improve SSNAP score							
• Monthly review of all patients who didn't meet the standard							
• Attend ED Governance meeting to discuss Stroke							
Review of all patients transferred to Male Assessment Bays/Female Assessment Bays (MAB/FAB)							
• Attend Acute Medical Unit (AMU) meeting to discuss timely transfers							
• DATIX all patients							
Review of all delayed discharges relating to Sefton Early Supported Discharge (ESD) and insertion of Percutaneous endoscopic gastrostomy (PEG)							
• Attend AMU meeting to discuss timely transfers							
• DATIX all patients							
When is performance expected to recover:							
Performance against the stroke metrics are monitored on a monthly basis with all breaches examined to inform improvement. Whilst the 80% target was met in October the provider has now failed the target for the latest 3 months. Ongoing work is focussed on patient flow and a emphasis on the North Mersey Stroke Work and how an enhanced early supported discharge team would impact on discharge delays enabling timely admission to stroke beds for new presentations.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		John Wray		Janet Spallen			



3.6.2 Mixed Sex Accommodation (MSA)

Indicator		Performance Summary				Potential organisational or patient risk factors	
Mixed Sex Accommodation (MSA)		Latest and previous 3 months					
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		CCG	1	0	0		0
		Aintree	0	0	0		0
		Plan: Zero					
Performance Overview/Issues:							
The CCG has had no mixed sex breaches in January. Plan is zero so the 1 breach in October will now show the measure as red for the remainder of 19/20.							
Actions to Address/Assurances:							
Escalation beds have been identified and are being utilised to prevent further breaches.							
When is performance expected to recover:							
Continued achievement expected for this measure.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Karl McCluskey		John Wray		Brendan Prescott			



3.6.3 Healthcare associated infections (HCAI): MRSA

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: MRSA		Latest and previous 3 months (cumulative position)				Cases of MRSA carries a zero tolerance and is therefore not benchmarked.	
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		CCG	1	1	1		1
		Aintree	2	2	2		2
		Plan: Zero					
Performance Overview/Issues:							
The CCG and the lead provider have reported no new cases of MRSA in January. July saw the first case for the CCG reported at Aintree so have failed the zero tolerance threshold for 2019/20.							
Aintree have had 2 cases year to date (1 in May and 1 in July) the latest case was a patient with trust apportioned MRSA bacteraemia, this was a contaminant, blood culture taken.							
Actions to Address/Assurances:							
No further incidents reported and provider action included: <ul style="list-style-type: none"> • Undertook a post infection review with the clinical team • Reviewed the post infection review with CCG • Identified lessons learned and actions undertaken • Draft action plan sent to the CCG • Action plan monitored through the Decontamination Action Group (DAG) and Infection Prevention Control (IPC) Operational Group 							
When is performance expected to recover:							
Will remain red due to the Zero tolerance for MRSA although Trust continues to monitor action plan.							
Quality:							
Any further incidents will be reported by exception							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.6.4 Healthcare associated infections (HCAI): C Difficile

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: C Difficile		Previous 3 months and latest (cumulative position)					
GREEN	TREND		Oct-19	Nov-19	Dec-19		Jan-20
		CCG	35	36	42		50
		Aintree	77	85	98		109
		2019/20 Plan: ≤ 60 YTD for the CCG 2019/20 Plan: ≤ 56 for Aintree					
Performance Overview/Issues:							
<p>The CCG are achieving the target year to date for C difficile reporting 50 cases against at year to date target of 51.</p> <p>The national objective for C Difficile has changed. All Acute Trusts are now performance monitored on all cases of healthcare associated infections including those which are hospital onset health care associated (HOHA): cases detected in the hospital three or more days after admission, and community onset healthcare associated (COHA): cases that occur in the community (or within 2 days of admission) when the patient has been an inpatient in the Trust reporting the case in the previous 4 weeks. Aintree's national objective is to have no more than 56 healthcare associated cases in 19/20. The provider is reporting from April 2019 - January 2020 there have been 81 cases; 19 cases have been appealed as having no lapses in care and so for performance there have been 52 cases. A further ten cases are being put forward for appeal with the CCG. Since June 2019 no cases have been linked by ribotype. In January 2020 there have been 10 healthcare associated cases (8 x HOHA and 2 X COHA).</p> <p>From April to January 2020 in total there have been 109 cases reported on the HCAI database (11 cases in January). The data in the table above shows the HCAI database numbers which includes Hospital Onset, Community Onset of which Healthcare Associated, Indeterminate Association and Community Associated cases. This is total numbers and not including pending appeals.</p>							
Actions to Address/Assurances:							
<p><u>Trust Proposed Actions:</u></p> <ul style="list-style-type: none"> Commode cleanliness monitored weekly and performance sent to Ward Nurse Manager (WNM). Quality Improvement project to standardise bay cleaning, decant and Hydrogen Peroxide Vapour (HPV) fogging following C Difficile and other infections. Trust wide CDI action plan developed and in progress, including Trust-wide education, deep cleaning, focus on prompt stool testing and isolation, patient and staff hand hygiene. Trial new approach to CDI appeals and CCG colleagues with greater emphasis on discussing themes and areas for improvement. 							
When is performance expected to recover:							
Recovery will be monitored as part of the LUHFT overall plan with specific emphasis on each of the sites.							
Quality:							
CDI action plan in progress.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.6.5 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors	
Incidence of Healthcare Acquired Infections: E Coli (CCG)		Previous 3 months and latest (cumulative position)					
RED	TREND		Oct-19	Nov-19	Dec-19		Jan-20
		CCG	99	112	125		139
		Aintree	222	249	283		318
		2018/19 CCG plan <=128 and failed 2019/20 Plan: <=128 YTD <i>There are no Trust plans at present numbers for information</i>					
Performance Overview/Issues:							
<p>NHS Improvement and NHS England have set CCG targets for reductions in E.coli for 2019/20. NHS South Sefton CCG's year-end target is 128, the same as last year when the CCG failed reporting 170 cases. In January there were 14 cases (139 YTD) against a year to date plan of 108 (similar to last month when 13 was reported, still over YTD plan).</p> <p>Aintree reported 35 cases in January (318 YTD) with no targets set for Trusts at present. The figures above are not just attributable to the Aintree hospital site.</p>							
Actions to Address/Assurances:							
<p>Cheshire and Merseyside (C&M) are identified as an 'outlier' concerning Gram-negative bloodstream infections (GNBSI) and the national ambition is to reduce the number of healthcare associated Gram-negative bloodstream infections (GNBSI) by 25% by March 2022 and a 50% reduction by March 2024.</p> <p>There is now a C&M NHS England/Improvement GNBSI/Sepsis/HCAI/Infection, Prevention & Control (IPC) Programme Board which has been created following a recommendation from the Single Item Quality Surveillance Group that took place September 2019. The main aim of the meeting is to bring key people together to focus on the reduction of Gram-negative bloodstream infections (GNBSI) and to implement a high-level approach in the communication of key messages. It was acknowledged that there is a lack of a system wide collaborative support within C&M. However, the group will aim to address this by identifying a key lead from the Health Care Partnership (HCP) and ensuring that key people are in place to support. The group should focus on building and improving on what is working and how best to share that learning, as opposed to what has not been achieved. This group will fit in as part of the integrated governance structure and will be monitored accordingly. There are also links between this and the Antimicrobial Resistance (AMR) Programme Board.</p>							
When is performance expected to recover:							
This is a cumulative total so recovery not expected although monitoring of the numbers and exception reporting will continue.							
Quality:							
An overarching C&M delivery plan is being developed with plans to replicate at a local level in order to support consistently. There is an NHSE/I AMR Programme Board at which there is a senior leader from NHSE/I who also attends the GNBSI Programme Board							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Jennifer Piet			

3.6.6 Hospital Mortality

Figure 10 - Hospital Mortality

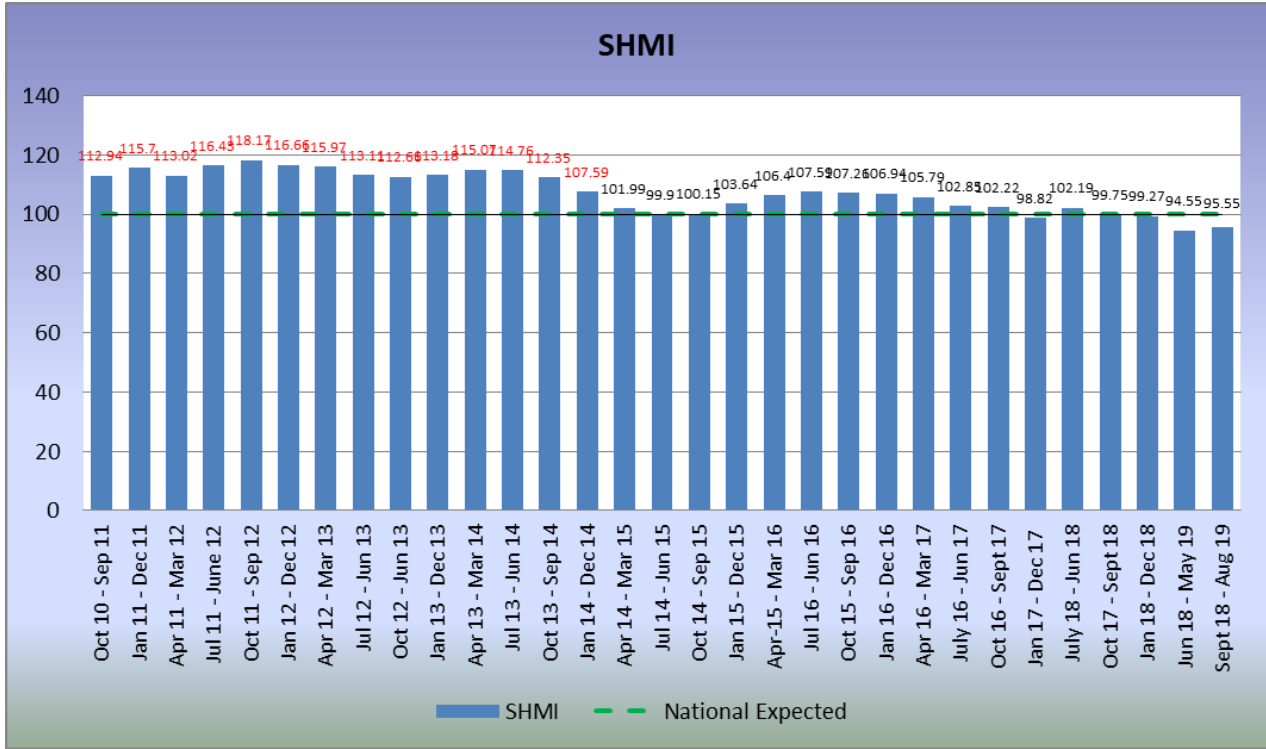
Mortality				
Hospital Standardised Mortality Ratio (HSMR)	19/20 - Jan	100	89.90	↓
				↑

HSMR is lower than reported last month at 89.90 for the period November 2018 to October 2019. 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 is at 95.55 in the “as expected” range and is continuing its downward trend within tolerance levels for the period September 18 – August 19. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 11 - Summary Hospital Mortality Indicator



3.7 CCG Serious Incident Management

Figure 12 - Serious Incident for South Sefton Commissioned Services and South Sefton CCG patients

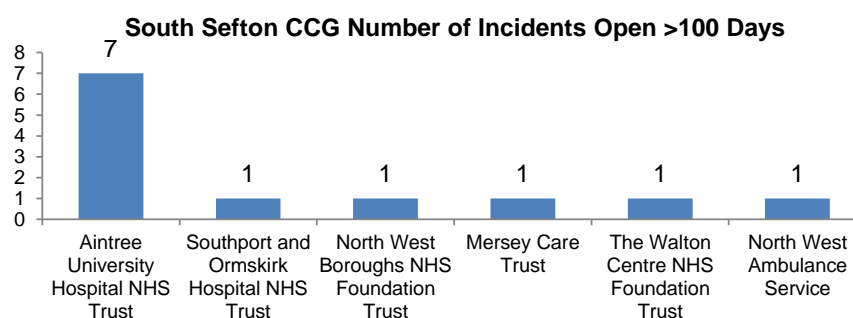
In Month 10 2019/20 there were a total of 31 serious incidents (SIs) open on StEIS for South Sefton as the RASCI (Responsible, Accountable, Supporting, Consulted, Informed) commissioner or that involve a South Sefton CCG patient.

N.B. As of 1st October 2019, Aintree University Hospitals will be reporting their serious incidents under the newly merged Liverpool University Hospitals NHS Foundation Trust (LUHFT). Liverpool CCG will be the Lead Commissioner for LUHFT and will take over the management of SIs. However, South Sefton CCG will continue to manage those reported before this time until closure has been agreed.

Trust	No. of Incidents
Aintree University Hospital	9
Liverpool University Foundation Trust (LUFT)	7
Mersey Care Foundation Trust (Mental Health)	3
Mersey Care Foundation Trust (South Sefton Community Division)	2
North West Boroughs NHS Foundation Trust	3
North West Ambulance	1
Cheshire & Wirral Partnership	2
South Sefton CCG	1
The Walton Centre NHS Foundation Trust	1
Southport & Ormskirk NHS Foundation Trust	1
PC24	2
TOTAL	31

There are 12 SIs which remain open on StEIS >100 days for South Sefton CCG (see table below). The majority are attributed to Aintree University Hospital (7).

Figure 13 - Open Incidents over 100 Days for South Sefton CCG



At the time of writing this report, of the 7 open SI's for Aintree, the following applies:

- 5 has been reviewed and are now closed
- 2 have been reviewed and closure agreed at South Sefton SIRG, however awaiting confirmation of closure from patient's CCG.

The following applies to the remaining open SI's:

- Mersey Care NHS Foundation Trust (Mental Health) – 1 RCA has been reviewed and now closed.
- Northwest Boroughs NHS Foundation Trust – 1 x Ongoing Serious Case Review.
- The Walton Centre NHS Foundation Trust - This RCA is being performance managed by NHSE Specialised Commissioning.
- Northwest Ambulance Service NHS Foundation Trust – 1 RCA still awaited from provider.
- Southport and Ormskirk Hospital NHS Trust – SI subject to HSIB investigation – stop the clock applied

Reporting Arrangements

As of 01 January 2020, Liverpool CCG Quality Team have taken over as lead for the Management of Serious Incidents for both South Sefton and Southport and Formby CCG. This means that all SIs reported by Liverpool University Hospitals NHS Foundation Trust, Mersey Care South Sefton Community Division, Southport & Ormskirk and Lancashire Care Community are being performance managed by the quality team at Liverpool CCG.

The Sefton Quality Team will no longer be adding any reported SIs from these Providers to Datix. Only SIs reported by our smaller providers, primary care colleagues (i.e. who do not have access to StEIS) or providers involving our patients that are not commissioned by Liverpool CCG, will be managed by South Sefton CCG. As a result, the quality team are working with the Liverpool Team to ensure reporting schedules and reporting are aligned and streamlined in order to provide the appropriate assurances to our respective Governing Bodies and Quality Committees.

However, due to system pressures and current working arrangements, this is currently being worked through and we will be in position to provide performance figures for Month 10 and Month 11 in April 2020.

Both CCGs are continuously reviewing this arrangement and will make any changes/improvements as the system develops.

3.8 CCG Delayed Transfers of Care (DTCO)

The CCG Urgent Care lead works closely with Aintree Hospital, now Liverpool University Hospital Foundation Trust (LUHFT) and the wider Multidisciplinary Team (MDT) involving social care colleagues to review DTCOs on a weekly basis. There is opportunity within these interventions to identify key themes which need more specific action e.g. the CCG is presently reviewing discharge to assess pathway where the aim is to ensure Decision Support Tools (DST) are undertaken outside of a hospital setting. Specific focus for South Sefton is to improve flow and placement within the 28 day bed pathway for patients requiring nursing care on discharge. In addition, consistent and robust application of the Choice Policy is being progressed. Collaborative action by all LUHFT partners is detailed in NHSI action plan with trajectory for reductions on long lengths of stay. Further work has been carried out to understand DTCO within other providers e.g. Mersey Care FT and the Walton Centre. Reporting processes have been agreed so that the CCG are aware of issues an early stage and are able to respond appropriately.

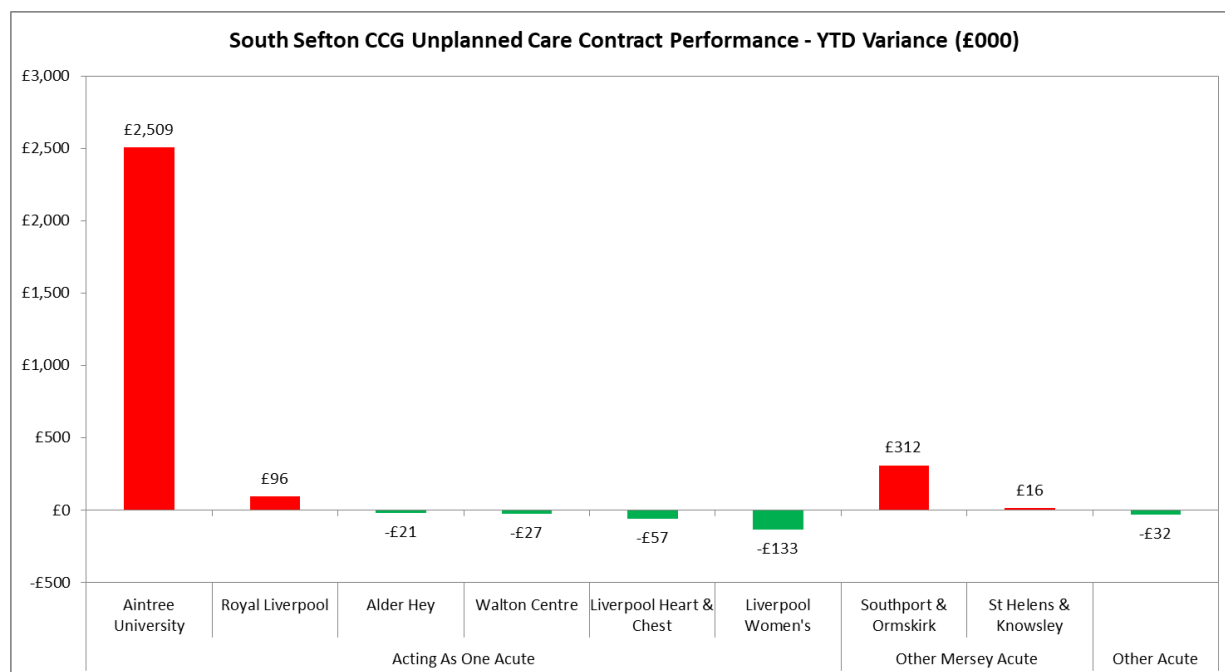
Total DTCOs reported in January 2020 was 2,214, an increase compared to January 2019 with 1,760. Delays due to NHS have decreased, with those due to social care increasing. The majority of delay reasons in January 2020 were due to care package in home, patient family choice and completion assessment.

See DTCO appendix for more information.

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 14 - Unplanned Care – All Providers



Performance at month 10 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.6m/5.5%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a smaller variance of £318k/0.7%.

This over performance is clearly driven by Aintree Hospital, which has a variance of £2.5m/7% against plan at month 10. This appears to be driven by increased costs within the Non-Elective point of delivery and CCG leads are currently reviewing data to understand the potential impact of increased coding. This work will continue and will be discussed formally with the provider via contract routes.

South Sefton CCG is also aware of activity being undertaken at Virgin Healthcare walk in centres at Ormskirk and Skelmersdale. At month 10, the value is £137k. This has previously been paid for on a non-contract activity basis and CCG contract leads are in discussions with Virgin Care on developing a contract for 2020/21. The table below shows the movement year on year.

Figure 15 - South Sefton CCG at Virgin Care Activity & Cost

South Sefton CCG at Virgin Care	Activity	Cost
2018/19 (M1-10)	3,495	£134,190
2019/20 (M1-10)	3,433	£137,532
Variance	-62	£3,342
Variance %	-2%	2.5%

NB. There is no financial impact to South Sefton CCG for contract performance at any Providers within the Acting as One block contract arrangement. The Acting as One Providers are identified in the above chart.

The new Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2019/20 contract performance for the individual sites of AUHT and RLBUHT.

3.9.2 Aintree University Hospital

Figure 16 - Unplanned Care – Aintree Hospital

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	35,955	33,796	-2,159	-6%	£841	£841	£0	0%
A&E - Accident & Emergency	30,301	30,685	384	1%	£4,892	£5,015	£123	3%
NEL - Non Elective	14,704	14,635	-69	0%	£26,500	£30,005	£3,505	13%
NELNE - Non Elective Non-Emergency	41	38	-3	-8%	£153	£204	£51	33%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	233	86	-147	-63%	£61	£22	£-38	-63%
NELST - Non Elective Short Stay	2,846	3,173	327	11%	£1,975	£2,215	£240	12%
NELXBD - Non Elective Excess Bed Day	12,294	6,925	-5,369	-44%	£3,146	£1,774	£-1,372	-44%
Grand Total	96,374	89,338	-7,036	-7%	£37,569	£40,078	£2,509	7%

A&E type 1 attendances are 1% above plan for South Sefton CCG at Aintree Hospital with the Trust (catchment) reporting an historical peak for monthly attendances in July-19. Litherland walk-in centre continues to see decreased activity against plan as in 2018/19 and attendances also decreased for three consecutive months up to November-19. Type 1 attendances have increased for two consecutive months but were comparable to a 2019/20 average in January-20.

Non-elective admissions account for the majority of the total over spend at Aintree. Plans were rebased for 2019/20 to take into account a pathway change previously implemented by the Provider, which was related to the Same Day Emergency Care model (SDEC).

Non-elective activity is currently aligned to plan but costs are exceeding planned values by £3.5m/13%, which could suggest a change in the case mix of patients presenting. Over performance has been recorded against various specialities (predominantly Acute Medicine) and HRGs including those related to Pneumonia, Alzheimer's disease / Dementia, Stroke and Heart Failure. A notable switch in the recording of Casemix Companion (CC) scores has been evident with an increase in admissions related to Pneumonia (with a score of 10+) increasing against plan and against 2018/19 levels. Total admissions recorded under the 'NEL' point of delivery have also increased to a peak for 2019/20 in January-20. CCG leads are further reviewing data to understand the financial impact of CC scores and will raise this with the provider via contract routes.

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

The new Liverpool University Hospitals NHS Foundation Trust (LUHFT) was created on 1st October 2019 following the acquisition of the former Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) by Aintree University Hospital NHS Foundation Trust (AUHT). For the purposes of this report, South Sefton CCG will continue to monitor 2019/20 contract performance for the individual sites of AUHT and RLBUHT.

4. Mental Health

4.1 Mersey Care NHS Foundation Trust Contract (Adult)

4.1.1 Mental Health Contract Quality Overview

Commissioners and the Trust have agreed a reporting format that ensures that the quality contract schedule KPIs are reflected in the Trust's board reports.

Autism Spectrum Disorder (ASD)

The Trust has employed a consultant to fully understand capacity and demand issues within the ASD service. This will identify the service redesign required to increase assessment capacity in the first instance, as commissioners have requested so as to mitigate against long waits and options for possible future investment. Commissioners have requested that proposals should be shared by March 2020.

Eating Disorders

The Trust's eating disorder service has moved towards providing group therapy, as research suggests it can be equally as effective as individual therapy sessions. As a result the number of individual therapy slots has been reduced and this has required better management of patient expectations. This has contributed to improved wait times although performance is still sub-optimal. In addition, a clearer and stricter DNA and cancellation policy has been put in place. The Trust is developing an investment case which will be submitted for approval via CAG and QIPP committee route

Core 24 KPIs

In Month 10 with backdated activity the Trust reported CORE 24 indicators.

Core 24 Indicator	Target	Jan 2019	
Emergency Pathway - Assessment within 1 hour	90%	100.0%	Improvement from 90.91% in December 2019
Emergency Pathway - Package of care within 4 hours	90%	87.50%	Improvement from 57.14% in December 2019
Urgent Pathway - Assessment within 4 hour	90%	50.00%	Decline from 91.67% reported in December 2019
Urgent Pathway - Full MH assessment within 24 hours	90%	0.00%	Decline from 100.00% reported in December 2019 (0/1 patient)

For all CORE 24 indicators the Trust are undertaking the following actions:

- The Standard Operating Procedure (SOP) is being revised to improve more consistent recording of different codes and stages which will improve the accuracy of the levels of urgent /emergency referral being received by CORE 24 and will ensure that the right care that matches their needs at the right time of assessment.
- CORE 24 staff have received appropriate communication to understand the correct process and this will be supported by managers on a regular basis.



Communication KPI: All patients seen in outpatients to have their change in medication or treatment plan communicated to General Practice within 24 hours (excluding weekends and Bank Holidays).

There has been long standing sub-optimal performance against the KPI and the Trust presented an action plan at February CQPG with an improvement trajectory to achieve the 95% threshold. Commissioners were not assured by the action plan and have asked for it to be resubmitted for the next CQPG meeting in April.

Safeguarding



Bi-monthly meetings continue to take place between the Trust and CCG Safeguarding teams to scrutinise progress against the agreed action plan and trajectory in particular training compliance. The performance notice will remain open. The Trust has been advised that Safeguarding will be introducing quality review visits. The Trust's safeguarding team has a forthcoming vacancy and a long term sick postholder. Commissioners have sought assurance from the Trust as to how the safeguarding agenda will be covered.

4.1.2 Eating Disorder Service Waiting Times



Indicator		Performance Summary				Potential organisational or patient risk factors
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20	
		75.0%	92.9%	63.16%	63.16%	
		Plan: 95%				
Performance Overview/Issues:						
Out of a potential 19 Service Users, 12 started treatment within the 18 week target (63.16%), which shows no improvement from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. The Trust is developing an investment case for consideration by CCG.						
Actions to Address/Assurances:						
Trust Actions:						
<ol style="list-style-type: none"> 1. Increasing psychological provision – by introducing more group interventions in place of individual therapy. We are recruiting to 1 CFT group and 1 CBT group, which will take off approximately 20 people off the waiting list. 2. Tightening EDS Criteria – to ensure service users are able to access a psychological therapies commissioned service 3. Clearer and stricter DNA and cancellation policy 4. Using therapy contracts to contract number of sessions 5. Staff will be offered opportunity for overtime using some of the money from vacant posts to provide additional therapy slots. 6. Advert is out to recruit to Band 7 Clinical Psychology post, the first advert did not attract any suitable candidates, this has gone to re advert. 7. An investment case to enhance the existing service and increase psychological provision within the service. 						
The number of service users waiting for therapy and the waiting times for psychological intervention has reduced this month. Further data analysis is required to provide accurate timeframe for further improvement.						
When is performance expected to recover:						
Performance overall has been maintained with 12/19 (63.2%) people achieving the standard in January. This remains an improvement when compared to 55.280% for 2018/19.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

4.2 Cheshire & Wirral Partnership (Adult)



4.2.1 Improving Access to Psychological Therapies: Access

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Access - % of people who receive psychological therapies		Latest and previous 3 months				123b	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		1.27%	1.02%	0.71%	0.97%		
		Access Plan: 19.0% (First 3 quarters) - January 2019/20 reported 0.97% and failed					
Performance Overview/Issues:							
<p>The access standard is defined as 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. The national target for 2019/20 is to achieve 22% (5.5% per quarter), therefore the monthly target is approximately 1.59%. However, local commissioning arrangements are to achieve 4.75% in the last quarter of 2019/20 only. Month 10 performance was 0.97% and failing to achieve the target standard. Achieving the access KPI has been an ongoing issue for the provider and the forthcoming procurement exercise coupled with COVID-19 may further exacerbate poor performance. The service also reported in January that 2 staff members have left to go to Liverpool IAPT after training from Psychological Wellbeing Practitioner (PWP) level.</p>							
Actions to Address/Assurances:							
<p>Group work continues to be rolled out so as to complement the existing one to one service offer to increase capacity. IAPT services aimed at diabetes and cardiac groups are due to commence in January 2020 with IAPT well-being assessments being 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. The service has undertaken marketing exercises aimed at targeted groups (e.g. Colleges and older People) to encourage uptake of the service. Three staff returning from maternity leave and long term sickness are expected to have a positive impact on the service capacity. Five trainees have now been appointed at Step 2, although productivity will not be seen until January. An agency therapist has been appointed, and further funds have been agreed for additional agency staff who are now being recruited. Silver Cloud online treatment package went live in October is now live and more clients will be directed through Cognitive Behavioural Therapy (CBT). GP practices have been informed of Silver Cloud.</p>							
When is performance expected to recover:							
<p>The above actions will continue with an ambition to improve performance during 2019/20. Procurement exercise planned to commence in January 2020. Recruitment nationally is an issue for IAPT services.</p>							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll/Karl McCluskey		Sue Gough		Geraldine O'Carroll			



4.2.2 Improving Access to Psychological Therapies: Recovery

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
IAPT Recovery - % of people moved to recovery		Latest and previous 3 months				123a	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		41.1%	45.4%	28.6%	41.8%		
		Recovery Plan: 50% - January 2019/20 41.8% and failed					
Performance Overview/Issues:							
After a significant decline in December the percentage of people moved to recovery has increased to 41.8% in month 10 of 2019/20 but the target was not achieved.							
Actions to Address/Assurances:							
The newly appointed clinical lead for the service has been reviewing non recovered cases and work with practitioners to improve recovery rates, commissioners are expecting a report on the findings in March 2020. . The introduction of the Silver Cloud online therapy tool in October should impact on recovery rates going forward.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2019/20.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll/Karl McCluskey		Sue Gough			Geraldine O'Carroll		



4.3 Dementia

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Dementia Diagnosis		Latest and previous 3 months				126a	Waiting times for assessment and diagnosis of dementia are currently 14+ weeks. NHS Mersey Care Trust have assured SS CCG that they are taking necessary steps to reduce waiting times for the South Sefton Memory Service.
RED	TREND	Oct-19	Nov-19	Dec-19	Jan-20		
		63.0%	63.6%	63.9%	64.6%		
		Plan: 66.7%					
Performance Overview/Issues:							
<p>The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in January of 63.64%, which is under the national dementia diagnosis ambition of 66.7%. This is slightly higher than the percentage that was reported last month. CCG believes that coding issues in primary care may be impacting on performance. The South Sefton Memory service waiting times had reported a waiting time of up to 14 weeks in some cases. We are currently working with NHS Mersey Care Trust to understand the issues. There appears also to be a continued delay with the memory service sending diagnosis letters back to primary care.</p>							
Actions to Address/Assurances:							
<p>Please note the actions stated below will be considerably reduced due to the current declaration of Pandemic Covid 19. Providers and primary care will be working to ensure vulnerable groups, including those with dementia are kept safe for as long as possible.</p> <p>1. Sefton CCG dementia clinical leads and commissioners have been working with Mersey Care Trust to establish a dementia referral template to be used by GPs referring to the two memory services within Sefton. The new dementia referral template is now available to GPs on the EMIS System and has gone live in most practices. This initiative will assist with the timely and appropriate referral to the memory service; it will assist with diagnosis rates and reduce rejected referrals by the memory service. We are currently working with primary care and Mersey Care trust to review how this is working.</p> <p>2. Within the Local Quality Contract (LQC) for GPs Phase 5 2019/20 a specification was introduced and agreed. This local specification builds on the national Enhanced Service for Dementia and complements the Quality Outcomes Framework (QOF) which aim to;</p> <ul style="list-style-type: none"> • identify patients at clinical risk of dementia • offer an assessment to detect for possible signs of dementia for those at risk • offer a referral for diagnosis where dementia is suspected • For people with a diagnosis of dementia, practices to take responsibility for the onward prescribing of dementia medication. Secondary care consultants will initiate, titrate and stabilize patients on the medication and general practice to provide repeat onward prescribing as per PAN Mersey Area Prescribing Committee recommendations. Take up was slow via GP practices however an increase in referrals is expected in the last quarter. A revised LQC has been agreed with clinical leads to go forward for the next phase for 2020/21. <p>3. Work continues with iMersey Staff and MerseyCare Trust Staff to deliver a rolling programme of work across primary care to identify registry coding errors that will have a negative impact of Dementia Diagnosis rates. This work continues however there are some staffing issues within the iMersey that could delay this work. iMersey report that staffing issues are now easing.</p>							
When is performance expected to recover:							
Plans are in place to achieve in 2019/20.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Susan Gough			Kevin Thorne		

4.4 Learning Disabilities Health Checks

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Learning Disabilities Health Checks (Cumulative)		Latest and previous 3 quarters				124b	
						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.	
RED	TREND	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20		
		7.6%	13.8%	2.9%	13.0%		
		Q2 2019/20 Plan: 16.8%					
Performance Overview/Issues:							
<p>A national enhanced service is in place with payment available for GPs providing annual health checks, and CCGs were required to submit plans for an increase in the number of health checks delivered in 2019/20. South Sefton CCGs target is 499 for the year. Some of the data collection is automatic from practice systems however; practices are still required to manually enter their register size. There have been issues with data quality issues and practices not submitting their register sizes manually, the CCG are using a local data source for the registered patient numbers which comes directly from the practices and are more accurate. In quarter 2 2019/20, the CCG reported a performance of 9.7%, below the plan of 16.8%, cumulatively they are achieving 13%. Year to date out of 714 registered patients, 91 patients had a health check compared to a plan of 122.</p>							
Actions to Address/Assurances:							
<p>Programme of work established with South Sefton GP Federation to increase uptake of annual health checks. A meeting is being arranged with the Local Authority to offer the annual health checks to patients with an LD in their own home or in day services.</p>							
When is performance expected to recover:							
March 2020							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

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

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
The percentage of the number of people on the General Practice SMI registers (on the last day of the reporting period) excluding patients recorded as 'in remission' that have had a comprehensive physical health check		Latest and previous 3 quarters				123g	Risk that CCG is unable to achieve nationally mandated target.
RED	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	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. It is expected that 50% of people on GP SMI registers receive a physical health check in a primary care setting.	
		17.2%	18.6%	20.7%	22.7%		
Plan: 50% - Quarter 2 2019/20 reported 20.7% and failed							
Performance Overview/Issues:							
The most recent data period is July to September 2019/20. In the 12 month period to the end of quarter 3 2019/20, 22.7% of the 1,887 of people on the GP SMI register in South Sefton CCG (428) received a comprehensive health check. Despite not yet achieving the 50% ambition this is an improvement from the previous quarter (20.7%).							
Actions to Address/Assurances:							
Local Quality Contract (LQC) scheme developed and is in place from April 2019. In Q2 the data capture tool was simplified following feedback and is in place. Practices have been reminded of the importance of SMI health checks. Performance is expected to improve in Quarter 4.							
When is performance expected to recover:							
Performance should improve in Quarter 4 2019/20 onwards.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

5. Community Health



5.1 Adult Community (Mersey Care FT)

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 2020/21 reporting requirements are being had. The CCG recently met with the Trust to discuss revising the service review action plan to incorporate actions to address service pressures and service development opportunities. This is to be shared with CCG colleagues for review. It has been agreed that additional reporting requirements and activity baselines will be reviewed alongside service specifications and transformation. Waiting times for Speech and Language Therapy (SALT) and Physiotherapy continue to be scrutinised at monthly information sub groups.



5.1.1 Quality

For the Trust, the CCG Quality Team and Mersey Care NHS Foundation Trust (MCFT) have aligned where appropriate the Quality schedule and KPIs, which will enable the Trust to produce one relevant report with both Liverpool and Sefton CCGs information and action plans to address any issues. Work is ongoing to merge the CQPGs for the Community Trusts and Mental Health as one meeting across the CCGs to reduce duplication and support consistency of reporting and messages. For Q3 CQUIN the Trust met all indicators.

5.1.2 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest					
GREEN	TREND	Incomplete Pathways (92nd Percentile)				<= 18 weeks: Green > 18 weeks: Red	
		Oct-19	Nov-19	Dec-19	Jan-20		
		17 wks	16 wks	16 wks	17 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<p>The incomplete pathway refers to patients who have been referred into the service and are awaiting their initial treatment. References made to the completed pathway are how long those patients had waited at the point when they received treatment. This provides an indication of actual waits and patient experience.</p> <p>Due to the concerns regarding waits for this service, the Trust has agreed to provide more timely waiting times information (as opposed to a month in arrears). January's incomplete pathways reported within the 18 week standard with 17 weeks, showing a slight increase in wait times compared to December. It is important to note that the completed pathways continues to exceed the 18 week target at 22 weeks in January, also an increase on December (20 weeks). The Trust has provided an early warning indication of 17 weeks for February. As at 24th February, 7 patients were waiting over 18 weeks for treatment. All had appointments booked, and delays were due to DNAs and cancellations.</p>							
Actions to Address/Assurances:							
<p>The Trust has had an action plan in place with feedback on following areas to date:</p> <ul style="list-style-type: none"> - Action: Backfill for physiotherapy sickness and vacancy leave with locum cover. Progress: 1 locum in post, however, further locum required to ensure capacity is at optimum level. Locum unavailable currently with framework agencies. Escalated to Senior Leadership Team (SLT) regarding potential to go off-framework. - Action: Full review to understand the relationship between new to follow up appointments and urgent to routine assessments against team capacity and skill mix levels. Progress: Completed. - Action: Implementing SAFER within the team, monitored through clinical supervision. Progress: Initial date not achieved due to capacity. Supervision takes place (currently 67%) however SAFER expected to be incorporated into supervision sessions by March 2020. - Action: Appointment of Postural Stability Instructor, to work with 'Active Steps' and this will have a positive on the Physiotherapy waiting list and times. Progress: New starter in post since Jan 2020. - Action: Implementation of the Integrated Care Team's to support patients with long-term conditions. Progress: Work has progressed with ICT co-ordinators who have taken management of a patient discharge. <p>The Trust has advised that although the completion of the actions described above have helped to ensure that the incomplete target has been achieved, the gap between capacity and demand has resulted in the completed pathway time continuing to be above target and the improvement being unsustainable. Further work is on-going as per the action plan above to ensure that the complexities of the service are understood and specific remedial actions can be put in place.</p>							
When is performance expected to recover:							
<p>The CCG are working closely with the Trust in regard to therapy waiting times and whilst assurance is being given that all actions are being taken to address workforce issues it is clear that there is a lack of consistency in performance and resilience to cope with unexpected demand, sickness or annual leave. Improvements are now being seen but these need to be sustained.</p> <p>A formal letter to outline concerns with regard to AHP waiting times with more detailed action plan provided to the CCG. Whilst it is recognised that considerable work has been undertaken in regard to waiting times the need for greater resilience in workforce has been flagged up and also the need for capacity and demand to be modelled to understand whether present resources will support required waiting times. The Trust have completed the work and feedback was provided in February 2020.</p>							
Quality impact assessment:							
<p>The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be retriaged into another part of the ICRAS pathway.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Sunil Sapre			Janet Spallen		

5.1.3 Mersey Care Adult Community Services: SALT

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: SALT		Previous 3 months and latest					
RED	TREND	Incomplete Pathways (92nd Percentile)				<= 18 weeks: Green > 18 weeks: Red	
		Oct-19	Nov-19	Dec-19	Jan-20		
		16 wks	15 wks	19 wks	22 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<p>The incomplete pathway refers to patients who have been referred into the service and are awaiting their initial treatment. References made to the completed pathway are how long those patients had waited at the point when they received treatment. This provides an indication of actual waits and patient experience.</p> <p>Due to the concerns regarding waits for this service, the Trust has agreed to provide more timely waiting times information (as opposed to a month in arrears). January's incomplete pathways reported above the 18 week standard with 22 weeks, showing a further decline on last month. It is important to note that the completed pathways continues to exceed the 18 week target at 21 weeks in January, a sustained position from December.</p>							
Actions to Address/Assurances:							
<p>The Trust's waiting times performance is a standing agenda item at the monthly information sub group, which feeds into the monthly Contracting and Clinical Quality Review Meeting (CCQM). The Trust advised that as at 24th February they had an average waiting time of 22 weeks; 21 patients waiting over 18 weeks. The Trust advised this is a small service with just 3 staff, 1 WTE is currently on leave and 1 locum has left. The Trust put 4 posts out to recruitment across Liverpool and Sefton but has been unable to recruit. The Trust is looking to source more locums to increase capacity. Liverpool is also supporting the team despite having their own staffing issues although it is a bigger team.</p> <p>The Trust continues to prioritise urgent patients and the long waiters are all non-urgent patients. The total waiting list is increasing due to staffing issues and difficulties recruiting. The Trust has advised of the following actions:</p> <ul style="list-style-type: none"> - Action: Weekly review and validation of the waiting list. Progress: Weekly reviews have shown longest waiting times to be increasing but that the higher priority patients are being seen and triage is being completed in a timely fashion. Weekly reviews of the waiting list / times are now business as usual. - Action: Additional SALT capacity being utilised through overtime / additional hours within the division. Progress: Part-time team members have put in additional hours & full-time members have carried out overtime. Triage and new patient assessments have been supported by colleagues from Liverpool team. - Action: Recruitment into vacant posts. Progress: Team currently has 1.24 WTE vacancies. Interviews were held but the applicant did not accept the post. Second recruitment campaign in progress and locum support being requested in the meantime with 1 potential candidate. 							
When is performance expected to recover:							
<p>The CCG have asked the Trust to review and advise urgently on their long term strategy for SALT and other Allied Health Professional (AHP) workforce recruitment and retention. This is not a South Sefton specific issue with same challenges in neighbouring CCG areas and opportunity to consider sustainability on a larger footprint and also across Community and Acute provision. Recovery trajectory to be developed as part of this work which will be based on recruitment actions identified above.</p>							
Quality impact assessment:							
<p>The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Sunil Sapre			Janet Spallen		



5.2 Any Qualified Provider – Audiology

Merseyside CCGs have agreed to offer a further continuation of contracts to AQP Audiology providers in 2020/21, pending further work on an updated specification and a Liverpool led engagement process. It is likely that in the interest of seeking consistency across the health economy and minimising duplication, CCGs within Merseyside will look to the Lancashire CCG work to see where we can adopt similar specifications, pathways and tariffs. Alongside this, the CCGs wish to ensure the service is commissioned in accordance with health economy priorities.



6. Children’s Services

6.1 Alder Hey Children’s Mental Health Services



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

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services		Previous 3 quarters and latest				
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	YTD	
		12.2%	5.4%	4.8%	22.5%	
		YTD Access Plan: 25.5% - YTD reported performance: 22.5% and failing				
Performance Overview/Issues:						
The CCG has now received data from a third sector organisation Venus. This Provider has submitted data to the MHSDS and this is included in the data, although local data has now been collated from the provider and has been included in the Quarter 3 Access rate. The quarterly Access rate has declined from Q2 to 4.8%, with the year to date Access rate at 22.5% against the target of 25.5%. Year end target being 34%.						
Actions to Address/Assurances:						
Access rates are known to be subject to seasonal variations. Additional activity has been commissioned and mainstreamed from the voluntary sector in 19/20 which is South Sefton targeted. Data from online support initiated in 2019/20 is not yet being flowed or reported. This is being investigated so data can be reported in year. This additional activity will need to be recorded and reported to deliver target.						
When is performance expected to recover:						
Data from online support initiated in 2019/20 is not yet being flowed and being reported, this is being investigated so data can be reported in year. CAMHS affected by significant capacity issues during year affecting numbers and access times. Trust has initiated improvement plan which will increase activity in quarter 4 compared to previous quarters.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O’Carroll		Sue Gough		Peter Wong		

6.1.2 Waiting times for Routine Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral		Latest and previous 3 quarters				Performance in this category is calculated against completed pathways only.
RED	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		92.3%	87.0%	82.6%	91.3%	
		Access Plan: 100% - 2019/20 National standard 95%				
Performance Overview/Issues:						
In quarter 3 the Trust reported under the 100% plan. Out of 23 routine referrals to children and young people's eating disorder service, 21 were seen within 4 weeks recording 91.3% against the 100% target. The 2 breaches waited between 4 and 12 weeks. Reporting difficulties and the fact that demand for this service exceeds capacity are both contributing to under performance in this area.						
Actions to Address/Assurances:						
All breaches are tracked and reported monthly. Service has relatively small numbers so breaches have large impact on %. All clinically tracked and breach always related to patient choice (which metric doesn't account for). Nationally all services have capacity issues. Additional investment to CCG baseline to fund increased capacity as part of national commitments has been confirmed and currently in negotiations with AHCH about the additional capacity to be provided.						
When is performance expected to recover:						
Additional investment to be released for implementation. Due to recruitment (specialist posts), currently agreeing trajectory for planned increase in activity for 2020/21.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.1.3 Waiting times for Urgent Referrals to Children and Young People's Eating Disorder Services

Indicator		Performance Summary				Potential organisational or patient risk factors
Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral		Latest and previous 3 quarters				
GREEN	TREND	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	
		80.0%	50.0%	66.7%	100.0%	
		Access Plan: 100% - 2019/20 National standard 95%				
Performance Overview/Issues:						
Achieved 100% in quarter 3 local plan 100%, national standard 95%.						
Actions to Address/Assurances:						
Not required due to achievement of the target. The service has relatively small numbers so breaches can have large impact on % performance.						
When is performance expected to recover:						
Continued recovered position is expected.						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2 Child and Adolescent Mental Health Services (CAMHS)

The CCG and provider are reviewing the consistency of data between the national data submission and local interpretation. Discussions and review with the provider have been initiated on expanding and standardising metrics across CAMHS and community services. The plan is to conclude this for flowing of data in 2020/21. Alder Hey have submitted a recovery plan to reduce RTT for specialist CAMHS, to less than 18 weeks for quarter 1 2020/21.

6.3 Children’s Community (Alder Hey)

6.3.1 Paediatric SALT



Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest					
RED	TREND	Incomplete Pathways (92nd Percentile)				<= 18 weeks: Green > 18 weeks: Red	Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required.
		Oct-19	Nov-19	Dec-19	Jan-20		
		33 wks	31 wks	27 wks	22 wks		
		Target <= 18 weeks					
Performance Overview/Issues:							
<p>In January the Trust reported a 92nd percentile of 22 weeks for Sefton patients waiting on an incomplete pathway. This is an improvement on December when 27 weeks was reported. Performance has steadily improved this financial year despite seeing an increase in referrals from October 2019.</p> <p>At the end of January there were no children who had waited over 52 weeks. 101 were waiting above 18 weeks; 99 were between 18-29 weeks and 2 between 30-39 weeks. The total number waiting over 18 weeks continues to decrease. The current trajectory is to be under 18 weeks by March 2020.</p>							
Actions to Address/Assurances:							
<p>Additional investment into SALT recurrently and non-recurrently has already been agreed. Recruitment took place in September, so capacity has increased notably and the Trust trajectory is that the waiting times will further significantly reduce over the next few months. Monitoring of the position takes place at Contract Review meetings and with Executive senior input. Performance and updated trajectories are provided monthly.</p> <p>The Trust continues to report reduction in numbers of children with long waiting times and the those waiting the longest. The progress is on target.</p>							
When is performance expected to recover:							
<p>Following investment, target is for reduction to 18 weeks by February 2020 and sustained thereafter. The Trust is projecting a steady decrease of 18+ week waiters over the coming months to zero by March 2020.</p>							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Wendy Hewitt			Peter Wong		

Figure 17 – Alder Hey Community Paediatric SALT Waiting Times – Sefton

Paediatric SALT Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	18/19 Outturn	FOT 18/20	% Variance
Number of Referrals	146	162	139	150	110	152	219	197	183	186			1,843	1,872	1.6%
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31	27	22			448		
Total Number Waiting	945	920	878	818	783	732	732	681	657	596			9,372		
Number waiting over 18 weeks	522	464	469	436	406	375	319	244	196	97			4,678		

RAG rating
 <=18 weeks 
 19 to 22 weeks 
 23 weeks plus 

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.

6.3.2 Paediatric Dietetics



Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: Dietetics		Previous 3 months and latest				DNAs <= 8.5%: Green > 8.5% and <= 10%: Amber > 10%: Red Provider Cancellations <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red	
RED	TREND	Outpatient Clinic DNA Rates					
		Oct-19	Nov-19	Dec-19	Jan-20		
		10.30%	23.30%	20.5%	16.7%		
Outpatient Clinic Provider Cancellations							
		Oct-19	Nov-19	Dec-19	Jan-20		
		6.3%	11.6%	5.1%	6.5%		
DNA threshold: 8.5%				Provider cancellation threshold: 3.5%			
Performance Overview/Issues:							
The paediatric dietetics service has seen high percentages of children not being brought to their appointment. In January 2020 performance has improved, with DNA rates decreasing from 20.5% in December to 16.7% in January. Provider cancellations have seen a slight increase from 5.1% in December to 6.5% in January.							
Actions to Address/Assurances:							
Alder Hey has introduced a new weekly South Sefton Clinic so that South Sefton Patients no longer have to travel to North Sefton for an appointment (data has been reported Sefton wide, but in future will be reported by CCG). This is seeing a reduction in the number of Did Not Attend (DNA)/Was Not Brought (WNB) patients which can be seen in the performance above. Despite reporting high levels of DNA's and cancellations the provider has maintained positive performance with waiting times being reported at month 10; referral to first contact is 7.8 weeks against a target of 8 weeks. (See appendix 9.3).							
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey.							
When is performance expected to recover:							
March 2020.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Wendy Hewitt			Peter Wong		

Figure 18 – Alder Hey Community Paediatric Dietetic Waiting Times – South Sefton CCG

Paediatric DIETETICS - South Sefton	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Referrals	21	15	25	22	23	27	51	26	24	24		
Incomplete Pathways - 92nd Percentile	32	36.64	39.52	38.52	31.72	21.96	11	9.92	14.88	14.88		
Incomplete Pathways RTT within 18 weeks	61.67%	69.39%	67.31%	71.70%	78.00%	87.18%	98.33%	100%	97.37%	100%		
Total Number Waiting	60	49	52	53	50	39	60	39	38	28		
Number waiting over 18 weeks	23	15	17	15	11	5	1	0	1	0		



Figure 19 – Alder Hey Community Paediatric Dietetic DNA's & Cancellations – Sefton

Outpatient Clinics - DNAs																	
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	143	99	93	115	928
DNA	68	53	41	147	68	116	13	19	18	21	14	21	30	24	23	23	198
DNA Rate	19.9%	9.1%	8.1%	18.5%	11.4%	14.3%	23.0%	22.4%	14.5%	17.4%	17.3%	17.5%	16.6%	23.3%	20.5%	16.7%	17.6%

Outpatient Clinics - Cancs by PROVIDER																	
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	143	99	93	115	928
Cancellations	6	0	5	29	0	44	4	7	3	3	8	8	15	13	5	8	74
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.1%	9.6%	3.1%	2.9%	10.7%	7.5%	9.5%	11.8%	5.1%	6.5%	7.4%

Outpatient Clinics - Cancs by PATIENT																	
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	19/20 Total
Appointments	327	532	429	647	528	698	52	66	94	100	67	99	143	99	93	115	928
Cancellations	27	63	63	207	128	184	10	38	18	33	17	24	49	39	31	30	289
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	16.1%	36.5%	16.1%	24.8%	20.2%	19.5%	25.5%	28.3%	25.0%	20.7%	23.7%

Rag Ratings & Targets 19/20

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

6.4 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	2019/20															
			Previous Year Outturn	Plan	FOT	Variance %	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD	
NHS South Sefton CCG	Paediatric Continence	Caseoad at Month End	264	264	172	-34.85	264	275	240	249	244	106	102	78	77	85	270	
		Total Contacts (Domiciliary)	1,734	1,734	1,560	-10.03	147	115	142	117	153	112	149	100	105	159	1,300	
		Total New Referrals	171	171	162	-9.35	11	15	22	16	17	11	17	11	7	8	135	
	Paediatric Dietetics	Caseoad at Month End	5	5	218	4,260.00	217	199	200	199	217	216	244	231	226	227	218	
		Referral to 1st contact (weeks average)	6.6	6.6	8.2	24.24	6.7	2.4	4.6	8.6	12.1	17.1	9.5	5.8	7.8	8.7		
		Total Contacts	356	356	690	93.52	27	45	41	48	44	46	63	73	88	100	575	
		Total Contacts (Domiciliary)	63	63	150	135.12	6	10	4	4	7	2	11	8	36	37	125	
		Total Contacts (Outpatients)	293	293	506	72.78	21	35	37	43	37	44	45	54	46	60	422	
		Total New Referrals	283	283	314	10.95	21	18	26	22	23	27	51	26	24	24	262	
	Paediatric Occupational Therapy	Caseoad at Month End	201	201	118	-41.29	151	140	139	130	135	104	79	101	108	95	151	
		Referral to 1st contact (weeks average)	15.9	15.9	12.6	-20.75	14.1	13.9	13	11.7	11.4	12.1	12	12.6	13	11.9	14.1	
		Total Contacts (Domiciliary)	4,893	4,893	4,481	-8.41	298	300	341	415	341	389	447	443	313	447	3,734	
		Total New Referrals	619	619	505	-18.42	41	60	42	43	39	32	36	42	54	32	421	
	Paediatric Speech and Language Therapy	Referral to 1st contact (weeks average)	24.9	24.9	28.3	13.65	35	35.5	29.3	28.1	30.4	23.8	26	25.3	28.8	21.3	35.3	
		Total Contacts (Domiciliary)	12,819	12,819	15,138	18.83	1,046	1,245	1,337	1,296	866	1,259	1,504	1,496	1,028	1,538	12,615	
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	257	-49.31	30	30	30	6	21	23	21	25	10	18	214	
		Total New Referrals	1,093	1,093	1,124	2.95	94	90	78	73	66	80	127	116	105	107	937	
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0	0	0	0	0	0	0	0	

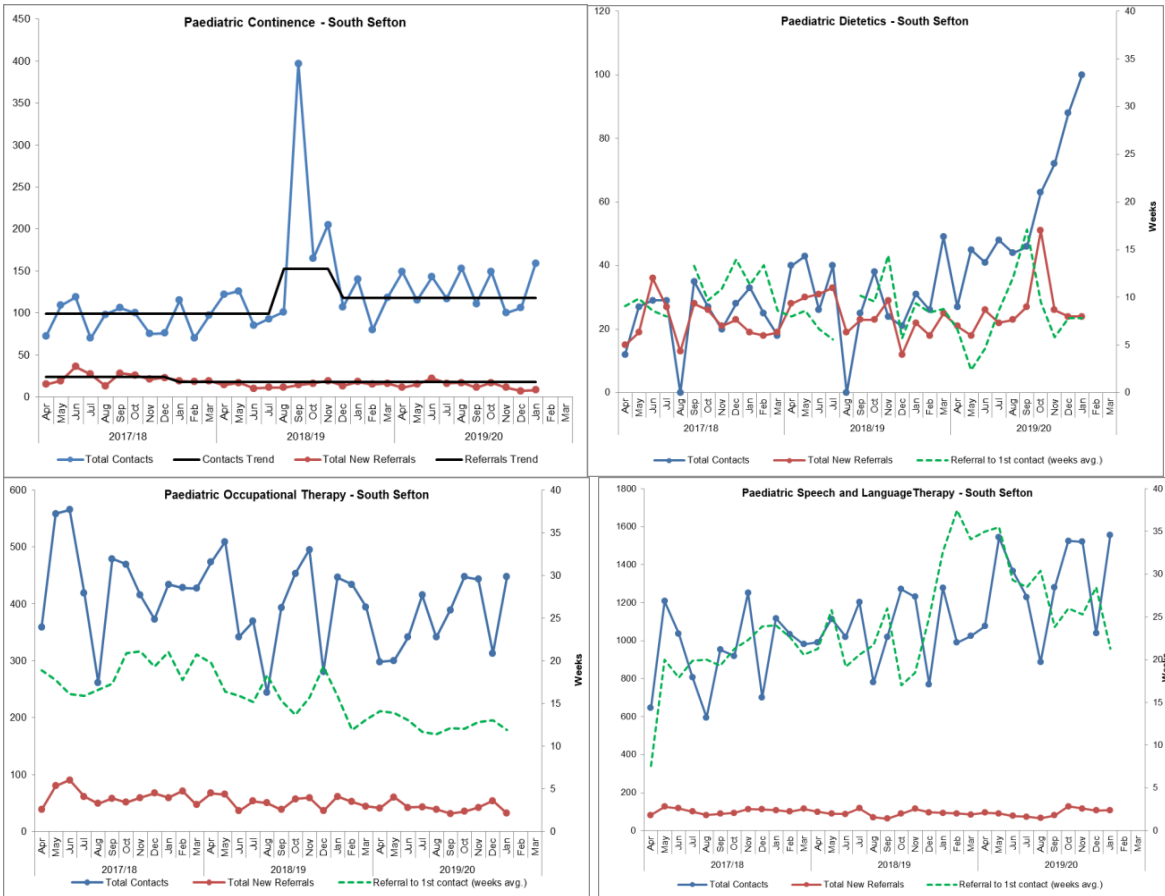
If Plan is <10,000:

- FOT is <10% above or below plan
- FOT is 10%-20% above or below plan
- FOT is > 20% below plan
- FOT is > 20% above plan

If Plan is >10,000:

- FOT is <5% above or below plan
- FOT is 5%-10% above or below plan
- FOT is > 10% below plan
- FOT is > 10% above plan

6.5 Alder Hey Activity & Performance Charts



7. Primary Care

7.1 Extended Access Appointment Utilisation



Indicator		Performance Summary				Potential organisational or patient risk factors
Extended Access Appointment Utilisation		Latest and previous 3 months				Extended access 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.
GREEN	TREND	Oct-19	Nov-19	Dec-19	Jan-20	
		79.7%	85.4%	75.3%	80.9%	
		The CCG should deliver at least 75% utilisation of extended access appointments by March 2020 (if the service went live in 2017/18). November target 69.9%				
Performance Overview/Issues:						
A CCG working group developed a service specification for an extended hour's hub model to provide extended access in line with the GP Five Year Forward View requirements. This service 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.						
In January South Sefton CCG practices reported a combined utilisation rate of 80.9%, exceeding the 69.9% target. Total available appointments was 1,365 with 1,211 (88.7%) being booked. Of these there were 107 DNA's (8.8%). This shows an improvement in utilisation compared to December.						
Actions to Address/Assurances:						
When is performance expected to recover:						
Quality impact assessment:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Jan Leonard		Craig Gillespie		Angela Price		

Figure 20 - Breakdown of appointment by month for South Sefton CCG Extended Hours Service

	Month	GP	Advanced Nurse Practitioner	Practice Nurse
Breakdown of Appointments	Apr-19	337	552	151
		32.40%	53.08%	14.52%
	May-19	354	661	157
		30.20%	56.40%	13.40%
	Jun-19	357	544	139
		34.33%	52.31%	13.37%
	Jul-19	356	644	141
		31.20%	56.44%	12.36%
	Aug-19	373	652	200
		30.45%	53.22%	16.33%
	Sep-19	379	626	210
		31.19%	51.52%	17.28%
	Oct-19	377	660	232
	30.04%	52.59%	18.49%	
Nov-19	374	620	288	
	28.06%	46.51%	21.61%	
Dec-19	409	587	170	
	36.23%	51.99%	15.06%	
Jan-20	488	575	200	
	40.30%	47.48%	16.52%	

7.2 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. November saw 2 inspections, Hightown Village Surgery, where the rating remained the same as previous inspection with 'Safe' requiring improvement. The second practice inspected was Park Street Surgery; they have gone from 'good' across the board to requiring improvement for their overall rating, safe and well-led. All results are listed below:

Figure 21 - CQC Inspection Table

South Sefton CCG								
Practice Code	Practice Name	Latest Inspection	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
N84001	42 Kingsway	15 June 2016	Good	Good	Good	Good	Good	Good
N84002	Aintree Road Medical Centre	28 February 2018	Good	Good	Good	Good	Good	Good
N84003	High Pastures Surgery	24 September 2019	Good	Good	Good	Good	Good	Good
N84004	Glovers Lane Surgery	21 February 2019	Good	Good	Good	Good	Good	Good
N84007	Liverpool Rd Medical Practice	07 March 2017	Good	Good	Good	Good	Good	Good
N84010	Maghull Health Centre (Dr Sapre)	31 July 2018	Good	Good	Good	Good	Good	Good
N84011	Eastview Surgery	30 August 2017	Good	Good	Good	Good	Good	Good
N84015	Bootle Village Surgery	12 July 2016	Good	Good	Good	Good	Good	Good
N84016	Moore Street Medical Centre	21 March 2019	Good	Good	Good	Good	Good	Good
N84019	North Park Health Centre	24 January 2019	Good	Good	Good	Good	Good	Good
N84020	Blundellsands Surgery	20 July 2016	Good	Good	Good	Good	Good	Good
N84023	Bridge Road Medical Centre	18 May 2016	Good	Good	Good	Good	Good	Good
N84025	Westway Medical Centre	10 August 2016	Good	Good	Good	Good	Good	Good
N84026	Crosby Village Surgery	13 November 2018	Good	Good	Good	Good	Good	Good
N84027	Orrell Park Medical Centre	14 August 2017	Good	Good	Good	Good	Good	Good
N84028	The Strand Medical Centre	04 April 2018	Good	Good	Good	Good	Good	Good
N84029	Ford Medical Practice	10 January 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84034	Park Street Surgery	12 November 2019	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
N84035	15 Sefton Road	10 March 2017	Good	Good	Good	Good	Good	Good
N84038	Concept House Surgery	27 March 2018	Good	Good	Good	Good	Good	Good
N84041	Kingsway Surgery	07 October 2016	Good	Good	Good	Good	Good	Good
N84043	Seaforth Village Surgery	08 September 2015	Good	Good	Good	Good	Good	Good
N84605	Litherland Practice	10 September 2015	Good	Good	Good	Good	Good	Good
N84615	Rawson Road Surgery	12 February 2018	Good	Good	Good	Good	Good	Good
N84621	Thornton Practice	16 October 2018	Good	Good	Good	Good	Good	Good
N84624	Maghull Health Centre	31 July 2018	Good	Good	Good	Good	Good	Good
N84626	Hightown Village Surgery	19 November 2019	Good	Requires Improvement	Good	Good	Good	Good
N84627	Crossways Surgery	14 December 2018	Good	Good	Good	Good	Good	Good
N84630	Netherton Practice	11 December 2018	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Y00446	Maghull Surgery	16 July 2019	Good	Requires Improvement	Good	Good	Good	Good

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

8. CCG Oversight Framework (OF)

The 2018/19 annual assessment has been published for all CCGs, ranking South Sefton CCG as 'requires improvement'. However, some areas of positive performance have been highlighted; cancer was rated 'Good' and diabetes was rated 'Outstanding'. 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 Senior Leadership Team (SLT) Leads responsible and expected date of improvement for the indicators.

NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, but with some elements a little closer to the Long Term Plan priorities. The new OF will include an additional 6 metrics relating to waiting times, learning disabilities, prescribing, children and young people's eating disorders, and evidence-based interventions.

A live dashboard is available on Future NHS and was updated in January. The CCG continues to monitor performance with focus on indicators highlighted in the worst performing quartile and in the Key Lines of Enquiry (KLOEs).

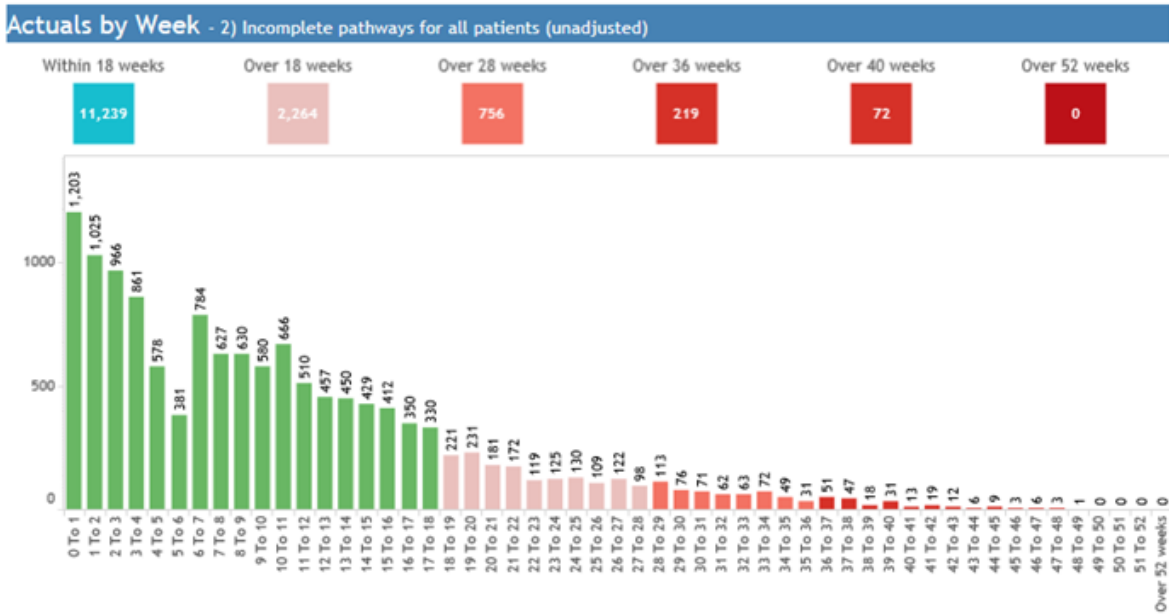
The table below summarises the total number of indicators ranked in each quartile for Q1 and Q2 2019/20. Information on the performance is detailed in the quarterly oversight framework governing body report. Further detail can be found in this report. The next one is due for the June 2020 governing body.

South Sefton CCG	Q1	Q2
Highest Performing Quartile	7	6
Interquartile Range	17	19
Lowest Performing Quartile	17	19

9. Appendices

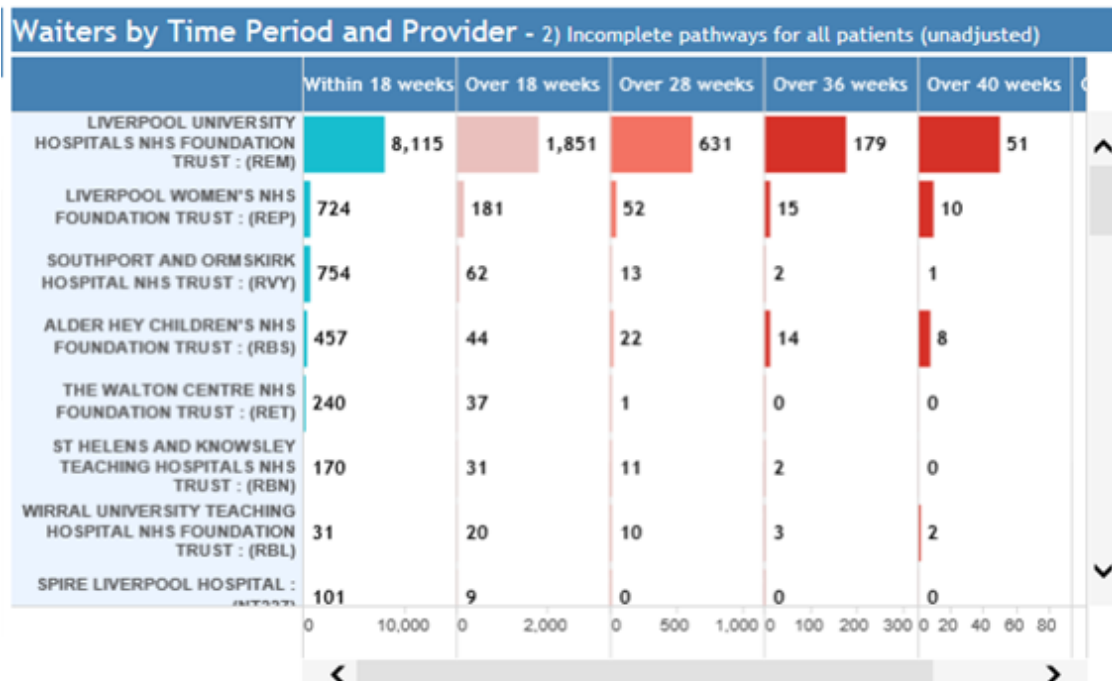
9.1.1 Incomplete Pathway Waiting Times

Figure 22 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



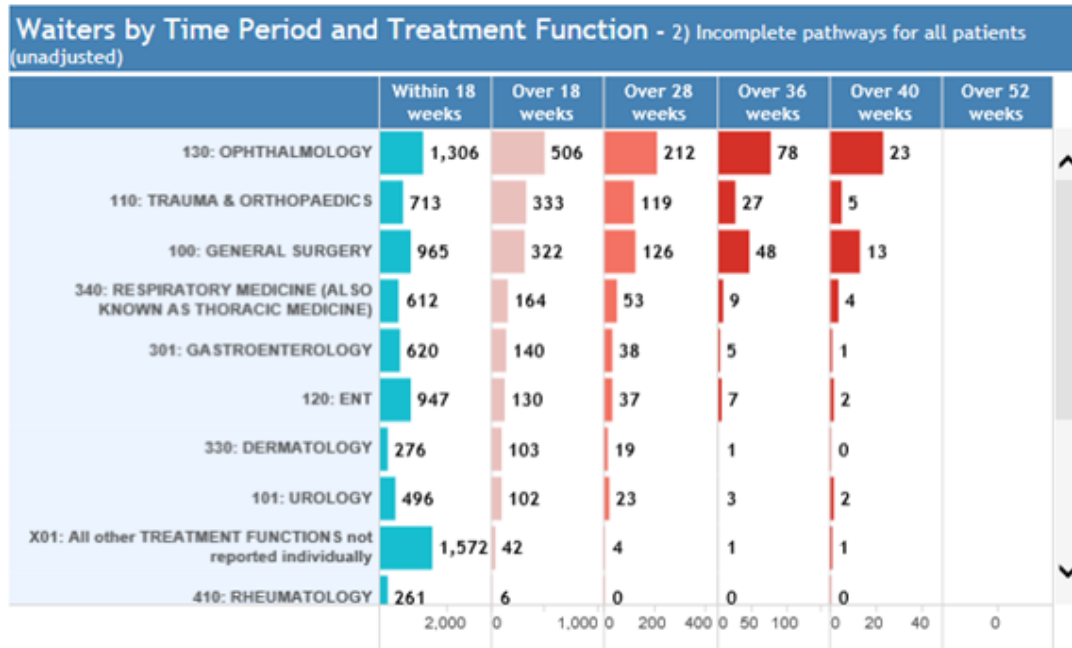
9.1.2 Long Waiters analysis: Top Providers

Figure 23 - Patients waiting (in bands) on incomplete pathway for the top Providers



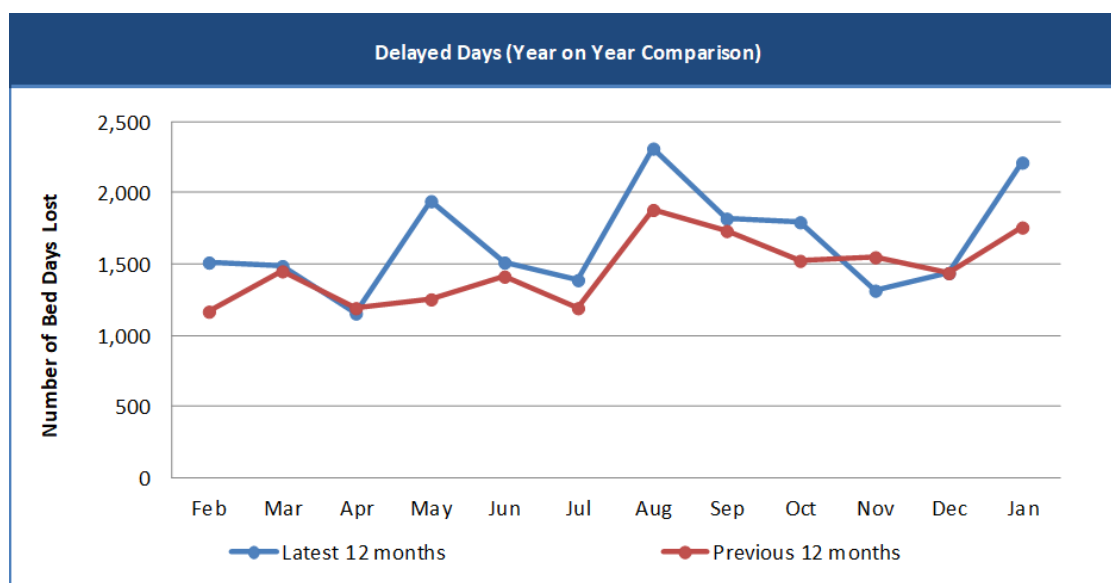
9.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 24 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust



9.2 Delayed Transfers of Care

Figure 25 - Liverpool University Foundation Trust DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Jan-20	Dec-19	Jan-19
Total	2,214	1,443	1,760
NHS	68.5%	71.3%	76.3%
Social Care	31.5%	28.7%	23.7%
Both	0.0%	0.0%	0.0%
Acute	84.6%	80.2%	76.9%
Non-Acute	15.4%	19.8%	23.1%

Reasons for Delayed Transfer % of Bed Day Delays (Jan-20)

LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Care Package in Home	24.0%
Community Equipment Adapt	1.9%
Completion Assesment	21.5%
Disputes	0.0%
Further Non-Acute NHS	11.3%
Housing	5.1%
Nursing Home	6.7%
Patient Family Choice	18.7%
Public Funding	0.0%
Residential Home	10.8%
Other	0.0%

9.3 Better Care Fund

A quarter 3 2019/20 BCF performance monitoring return was submitted on behalf of the Sefton Health and Wellbeing Board in January 2020. This reported that all national BCF conditions were met in regard to assessment against the High Impact Change Model. Narrative is provided of progress to date.

For Q2, the Local Authority returned a submission for Domiciliary Care and Care at Home Rates, due to reduced reporting requirements for 2019/20.

A summary of the Q3 BCF performance is as follows:

Figure 26 - BCF Metric performance

Metric	Definition	Assessment of progress against the metric plan for the quarter	Challenges and any Support Needs	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	On track to meet target	Winter pressure has presented challenges as expected in terms of volumes.	Strategic Plans for Sefton for 2020 - 2025 through Sefton2gether and the Health and Wellbeing Strategy published in this quarter set the clear prevention programme for the footprint and plans for implementation are progressing well.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	On track to meet target	The demographic challenge remains and further work with our Care Home Market as both Social Care and Health on ensure we establish fees, support the market to deliver the best quality, and ensure we	The roll out of the demand management programme in the council encourages our care closer to home approach, and we have clear plans to continue this approach.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	On track to meet target	Volumes have increased and work has been needed from our commissioning teams to ensure capacity if available.	There was a 5% increase in average monthly hours of reablement provided in Q3 compared to Q2. % We know the vast majority of service users discharged with a short term service do not translate into a longer term service (approximately 89%)
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	On track to meet target	Errors in reporting and recording of DTOC identified during audit and review. Now correct recording from all acute partners, this may result in a reduction in DTOC attributable to Social Care within this quarter. Current date up to November 2019 still shows a spike in DTOC although overall the year will meet IBCF targets	Our latest dashboard reported that we are in track to meet the targets in the IBCF. Continued closer working to manage this with weekly winter pressure meetings, and increased capacity in Reablement coming on line and the retender of the Care at Home contract for one area of the borough. The wider use of community equipment and HIA will be supported though recruitment to an additional post to develop this through the BCF.

Figure 27 - BCF High Impact Change Model assessment

		Narrative			
		Q3 19/20	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges and any Support Needs	Milestones met during the quarter / Observed impact
Chg 1	Early discharge planning	Established		Early discharge planning in place. There is variation across providers in terms of delivery. Further improvement work required to implement consistent approach to SAFER bundles across all wards.	Boardrounds in situ on all wards attended by all members of the health and social multidisciplinary teams. Red to Green in place in both community and acute bed base. Expected dates of discharge discussed early and referrals made to the ICRAS team to plan for discharge.
Chg 2	Systems to monitor patient flow	Mature	Four times daily bed rounds in place monitoring, ambulance waits, patients in department, decisions to admit, bed capacity and admissions and discharges via spread sheets. These feed into	The challenge is joining primary care, community and secondary care dashboards together as reflect the whole system flow across all care pathways, work is ongoing.	Implementation of NM dashboard at the AED executive delivery board. Implementation of Southport and Ormskirk flow management dashboard and spreadsheet.
Chg 3	Multi-disciplinary/multi-agency discharge teams	Mature	Colocation of health and social care workforce and daily multidisciplinary huddles are now business as usual. Multi agency community and acute multidisciplinary discharge events	The challenge going forward is around workforce distribution to ensure that primary care networks, community and secondary care strategy and ways of working align.	Key managerial roles have been recruited across the health and social care system which has greatly improved relationships and integration of teams across the community and the acute sector.
Chg 4	Home first/discharge to assess	Established		Home first pathways are in place across Sefton. Capacity within reablement hours has been a challenge to the success of these pathways	The commissioning of additional reablement hours and rapid response hours. Pathway enhancement and relaunch went live on the 6th January. A SERV Car
Chg 5	Seven-day service	Established		7 day service provision is in place for social care and health reablement services across Sefton. The challenge is that not all services are 7 day which can affect weekend	There has been enhancement of weekend service provision within the acute trusts including enhanced medical workforce, improved access to ambulatory care,
Chg 6	Trusted assessors	Established		Trusted assessment is in place, there is ongoing work to engage the wider care home market before this can be classed as mature. The trusted assessor model is currently under review in Southport and	Trusted assessors now in place in South Sefton. Trusted assessment process to return to community provider in Southport and Formby. Impact of this is reduction in hospital discharges and delays.
Chg 7	Focus on choice	Established		Patient choice policy agreed across North Mersey and in place. The challenge is that there is variation across providers in terms of application and implementation. Processes need to be more robust and application more consistent.	Acute trusts currently reviewing how the choice policy can be more consistently applied. Recognition is that this needs to be considered on a case by case basis. In this quarter commitment to jointly commission Advocacy has been made and work has begun to formalise a project plan around this. We have also seen reported Personal Health Budgets Targets to be met for both CCGs.
Chg 8	Enhancing health in care homes	Established		Southport and Formby area have a higher than national average number of care and residential homes which impacts on workforce capacity. Southport and Formby CCG and South Sefton currently have disproportionate service provision for care home support.	Sefton wide care home forum has been established. Improved collaboration between health and social care in the co production of a care home strategy for joined-up commissioning. A joint commissioning group established to support roll out of the new specification with PCNs. Series of workstreams for the review of section 75 schedules of the integrated BCF commissioning group have been formed. Greater clinical ownership across providers for quality improvement initiatives and service development schemes across NWAS, community and the care home sector.

Hospital Transfer Protocol (or the Red Bag scheme)		Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.			
		Q3 19/20 (Current)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact
UEC	Red Bag scheme	Established		The challenges include bags being misplaced within the acute trust and failure to return to care home setting on discharge with the patient. A number of bags have currently been returned to the CCG and will need to be redistributed.	All care homes were allocated a red bag. Evidence that the scheme was initiated however bags are being misplaced in the trust. Need to relaunch and improve communication and engagement of the scheme within secondary care. This will form part of the care home strategy for Sefton residents.

9.4 NHS England Monthly Activity Monitoring

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 as previously the threshold was set at +/-3%. It must be noted CCGs are unable to replicate NHS England's data and as such variations against plan are in part due to this.

Month 10 performance and narrative detailed in the table below.

Figure 28 - South Sefton CCG's Month 10 Submission to NHS England

Month 10 (January)	Month 10 Plan	Month 10 Actual	Month 10 Variance	ACTIONS being Taken to Address Cumulative Variances GREATER than +/-2%
Referrals (MAR)				
GP	3304	3387	2.5%	GP referrals have followed a similar seasonal trend to plan in recent months but saw a significant decrease in month 9. However, the number of referrals reported in month was comparable to Dec-18. GP referrals increased as expected in month 10 and were comparable to a 19/20 average and just outside of the 2% threshold against plan.
Other	2709	2928	8.1%	In contrast to GP referrals, 'Other' referrals remain above plan year to date and month 10 saw the second highest number of referrals reported for SSCCG. YTD increases have been evident at the main hospital provider (Aintree site) across a number of specialities - notably in Ophthalmology, Respiratory Medicine and ENT (predominantly ref source 5).
Total (in month)	6013	6315	5.0%	Variance for total referrals against plan YTD is within the 2% threshold with referrals also 2% above 2018/19 levels. Discussions regarding referrals at the main hospital provider (Aintree site) take place via information sub groups, contract review meetings and the planned care group. The increase in C2C to specialities named above has been queried in these forums and the CCG are awaiting a report from the provider.
Variance against Plan YTD	59049	59215	0.3%	The creation of the new Liverpool University Hospitals is also expected to impact on referral flows and subsequent activity as departments merge. Month 8 saw a merger of T&O with local analysis showing an increase in self-referrals to the Royal Liverpool site and a corresponding drop in referrals from A&E at Aintree Hospital.
Year on Year YTD Growth			2.0%	
Outpatient attendances (Specific Acute) SUS (TNR)				
All 1st OP	5302	5137	-3.1%	1920 has seen a consistent decrease against plan for outpatient appointments. Activity trends are driven by the main hospital provider and contracted activity levels are below plan across various specialities. However, in terms of OPFA, activity has remained consistent with no statistically relevant variance throughout 1920. A planned care group was established in 2018/19 with the main hospital provider (Aintree site) to review elements of performance and activity. This group will continue to work throughout 2019/20. Provider feedback has suggested tax and pensions issues are affecting planned care activity levels (escalated by the CCG to NHS E) and this is expected to continue for the remainder of the year.
Follow Up	12182	10751	-11.7%	
Total Outpatient attendances (in month)	17484	15888	-9.1%	
Variance against Plan YTD	170787	151697	-11.2%	
Year on Year YTD Growth			-3.1%	
Admitted Patient Care (Specific Acute) SUS (TNR)				
Elective Day case spells	1686	2029	20.3%	CCG local monitoring of day case admissions has activity at -1.1% below plan YTD with an increase of 3% above plan in month 10 specifically. Planned care leads continue to work with the main hospital provider to understand activity and performance via the planned care group. Electives are also below planned levels but the fewer numbers reported in this point of delivery can account for a greater volatility in performance against plan and both day case and elective ordinary spells have seen increases in month 10 as part of a seasonal trend. Provider feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue is currently impacting on contracted performance for planned care. Non-elective pressures and workforce issues related to sickness and theatre staff shortages are also impacting on activity levels. The planned care group will continue throughout 2019/20 and the provider has fed back that some recruitment has already taken place to alleviate some of the workforce issues noted above.
Elective Ordinary spells	174	204	17.2%	
Total Elective spells (in month)	1860	2233	20.1%	
Variance against Plan YTD	19146	21061	10.0%	
Year on Year YTD Growth			1.0%	
Urgent & Emergency Care				
Type 1	4415	4469	1.2%	Local monitoring of type 1 A&E attendances shows that month 10 activity has decreased and is within the 2% threshold against plan. However, attendances remain historically high and trends are influenced by the main hospital provider (Aintree site) where performance has improved slightly to 78.1%. Despite this, performance remains at historical lows. A trend of decreasing WIC attendances (focussed at Litherland WIC) continues to contribute to a reduction in all types attendances. However, local monitoring has total A&E activity within 2% of plan in recent months and within 1% of plan year to date.
Year on Year YTD			5.5%	
All types (in month)	8943	8221	-8.1%	
Variance against Plan YTD	91312	84843	-7.1%	
Year on Year YTD Growth			1.5%	
Total Non Elective spells (in month)	2366	2330	-1.5%	Plans were rebased for 2019/20 and now take into account pathway changes at the CCG's main hospital provider relating to Same Day Emergency Care. Admissions are within 2% of plan in month 10 but are above YTD, which could be linked in part to the increased attendances noted above. Plans forecast increased admissions in the remaining months of 2019/20. As above, CCG urgent care leads are continuing to work collaboratively with the provider and local commissioners to understand urgent care activity and address issues relating to patient flow as a system (i.e. North Mersey A&E delivery board).
Variance against Plan YTD	21597	22495	4.2%	
Year on Year YTD Growth			2.6%	

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/46.2	Author of the Paper: Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 317 8350
Report date: March 2020	Rebecca McCullough Head of Strategic Financial Planning Email: rebecca.mccullough@southseftonccg.nhs.uk Tel: 0151 317 8396

Title: Financial Position of NHS South Sefton Clinical Commissioning Group – Month 11 2019/20

Summary/Key Issues:
This paper presents the Governing Body with an overview of the Month 11 financial position for NHS South Sefton Clinical Commissioning Group as at 29th February 2020.

The standard business rules set out by NHS England require CCGs to deliver a 1% surplus in each financial year. However, the agreed financial plan for 2019/20 was for the CCG to deliver a £1m surplus (0.5%). The CCG has been providing additional monthly reports to the regional team and has followed the protocol to agree a change to its in-year financial plan. NHS North West have confirmed that the revised forecast outturn for the year is a deficit of £8.900m.

The cumulative deficit brought forward from previous years is £1.892m; this has reduced from £2.892m following delivery of £1m surplus in 2018/19. The cumulative deficit will increase as a result of the 2019/20 outturn position and will need to be reviewed following changes to the financial arrangements for CCGs announced as part of the 2020/21 planning guidance.

The QIPP efficiency requirement to deliver the agreed financial plan of £1m surplus is £14.000m. The QIPP requirement increased significantly in 2019/20 due to increased cost pressures in provider contracts agreed to support system financial recovery.

The CCG has identified potential QIPP schemes of £19.796m although the majority are rated high risk at this stage and further work is required with support from system partners needed to implement these schemes. Prescribing efficiency schemes continue to be delivered although there are other cost pressures which have emerged in the prescribing budget. As a consequence of this, QIPP delivery in 2019/20 is forecast to be £4.914m.

The CCG deficit at Month 11 has been calculated at £8.159m. The year to date deficit reflects the under delivery of QIPP savings and cost pressures which have emerged at this stage in the financial year. The likely case forecast position is a deficit of £8.900m.

The System Financial Recovery Plan has been developed during the financial year in conjunction with NHS England and Improvement. The system includes Southport and Formby CCG, South Sefton CCG and Southport and Ormskirk NHS Trust. The plan outlines the governance arrangements, priorities, risks, mitigations and transformation schemes required to deliver the system long term financial plan. Regular updates to the plan are being provided to the regulators.

Delivery of the 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.

Recommendation

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

The Governing Body is asked to receive this report and to note that:

- The agreed financial plan for South Sefton CCG is a surplus of £1m for 2019/20.
- The revised forecast outturn for the financial year is a deficit of £8.900m.
- The QIPP efficiency requirement to deliver the agreed financial plan was £14.000m. QIPP schemes of £19.796m have been identified although a high proportion of schemes remain high risk.
- The CCG deficit at Month 11 has been calculated at £8.159m and the likely case forecast outturn is £8.900m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery.
- The CCG will not deliver the agreed 2019/20 financial plan but is on target to deliver the revised forecast outturn. The focus must remain on continued progression of work undertaken during QIPP weeks which is essential to provide mitigation against the CCG’s underlying deficit. The governance arrangements required to support full system working have been developed and will need to continue to support the delivery of the system financial recovery plan.
- It is essential that clinical leaders engage with colleagues across the system to influence change which will lead to improved quality and reductions in cost The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare sector to work together to deliver more efficient and effective models of care.
- The CCG’s Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that the membership can support implementation of the recovery plan.

Links to Corporate Objectives 2019/20 (<i>x those that apply</i>)	
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	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees		X		

Report to the Governing Body
April 2020

1. Executive Summary

This report focuses on the financial performance of South Sefton CCG as at 29 February 2020.

Table 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	FOT Variance
	£000	£000	£000	£000	£000	£000
Acute Care	148,195	137,255	137,820	565	148,551	356
Mental Health	23,633	21,670	23,200	1,530	25,205	1,572
Continuing Care	12,276	11,252	13,270	2,018	14,583	2,307
Community Health	34,033	31,205	31,427	222	34,282	249
Primary Care	59,689	53,264	53,656	393	60,529	840
Corporate Costs & Services	3,545	3,253	3,092	(161)	3,388	(157)
Other CCG Budgets	9,774	9,017	9,286	269	10,046	272
Total Operating budgets	291,144	266,917	271,752	4,835	296,584	5,440
Reserves	(9,744)	(3,324)	0	3,324	(5,284)	4,460
In Year (Surplus)/Deficit	1,000	0	0	0	0	(1,000)
Grand Total (Surplus)/ Deficit	282,400	263,593	271,752	8,159	291,300	8,900

The year to date financial position is a deficit of £8.159m and the full year forecast financial position is £8.900m deficit.

Cost pressures have emerged in the first nine months of the financial year. However these have been offset by underspends in other areas and in the CCG reserve budget including the 0.5% Contingency budget.

The main variances from planned expenditure can be analysed as follows:

- Increased costs within Continuing Health Care, Funded Nursing Care and Learning Difficulties budgets due to increased volumes and high cost cases emerging in 2019/20. There is evidence of an increase in fast track referrals compared to the previous financial year.
- Prescribing cost pressures in respect of increased prices of Category M drugs.
- There are forecast overspends on the acute commissioning budget due to an over performance in the Independent sector and the Non-Contract Activity budget for out of area activity.
- Cost pressures relating to property services on the Recharges from NHS Property Services budget.
- The budget for mental health care packages is forecast to overspend due to an increased number of packages in year, in particular S117 packages.

- The Intermediate care budget is forecast to overspend due to an additional bed commissioned at Oak Vale gardens, based on the outturn for 2018/19. It is anticipated that this overspend will be offset in year with reduced usage of Cheshire and Mersey rehab beds.

CCG Recovery Plan

Representatives from across the Sefton system attended an Intensive Support Conference on 5th February 2019. The event, organised by NHS England and Improvement, brought together organisations to share and learn from experiences of delivery healthcare services in a challenged environment. The event also provided an opportunity to support NHS England and Improvement in the development of their future approach to the “System by default” approach described in Operational Planning and Contracting guidance for 2020/21.

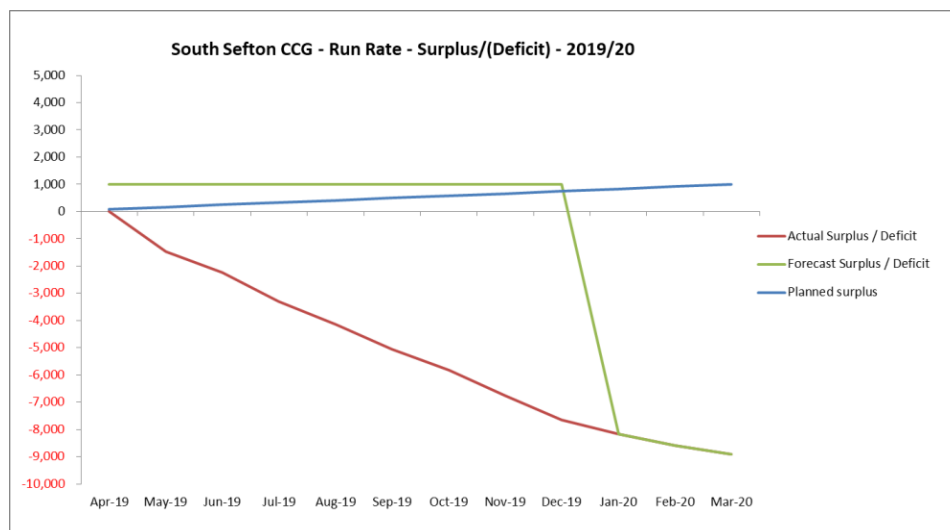
The CCG continues to meet with the regional team alongside system partners to identify options for reducing the system gap.

The cumulative deficit brought forward from previous years is £1.892m; this has reduced from £2.892m following delivery of £1m surplus in 2018/19. The cumulative deficit will be reviewed following changes to the financial arrangements for CCGs announced as part of the 2020/21 planning guidance.

Run Rate

The agreed financial plan is £1m for the financial year and the monthly profile is £0.083m surplus in each month. The actual position reflects the deficit in each month as a result of under delivery against the QIPP plan and increased cost pressures during the year.

The reported forecast position was revised in Month 10 following approval from NHS England to change the CCG’s forecast outturn.



2. Finance Dashboards

1. Finance Key Performance Indicators				
Report			Commentary	
Report Section	Key Performance Indicator		This Month	
1	Business Rules	1% Surplus	n/a	
		2019/20 Control Total (£1m Surplus)	x	
		0.5% Contingency Reserve	✓	
		0.5% Non-Recurrent Reserve	✓	
2	Breakeven	Financial Balance	x	
3	QIPP	QIPP delivered to date <i>(Red reflects that QIPP delivery is behind plan)</i>	x	
4	Running Costs	CCG running costs < 2019/20 allocation	✓	
5	BPPC	NHS - Value YTD > 95%	99.73%	
		NHS - Volume YTD > 95%	97.60%	
		Non NHS - Value YTD > 95%	96.86%	
		Non NHS - Volume YTD > 95%	96.91%	

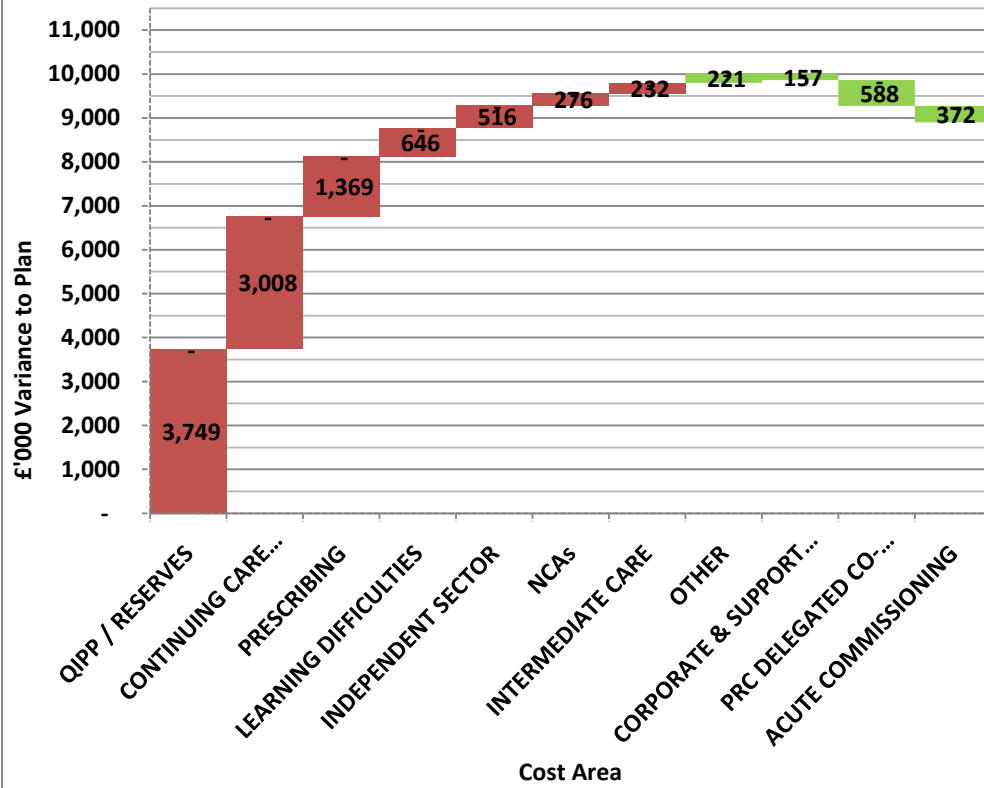
- The standard business rules set out by NHS England require CCGs to deliver a 1% surplus.
- The CCG agreed financial plan for 2019/20 is **£1m Surplus**. The revised control total is a deficit of £8.900m
- The 0.5% Contingency Reserve is held as mitigation against cost pressures.
- The QIPP target for 2019/20 is **£14.000m**.
- QIPP schemes of £19.796m have been identified although the majority are rated high risk.
- The reported risk adjusted position is **£8.900m** deficit.
- BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained.

2. CCG Financial Position – Month 11 2019-20

Report

Commentary

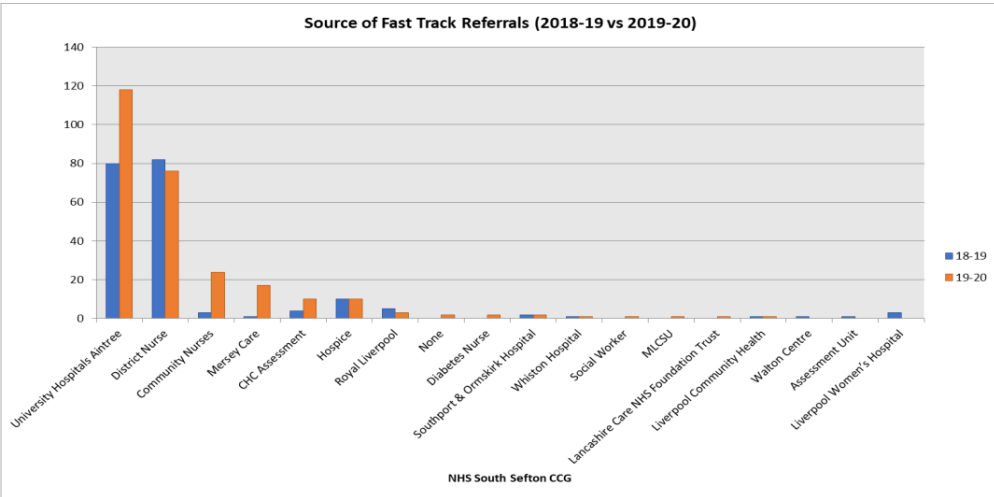
South Sefton CCG Forecast Outturn at Month 11



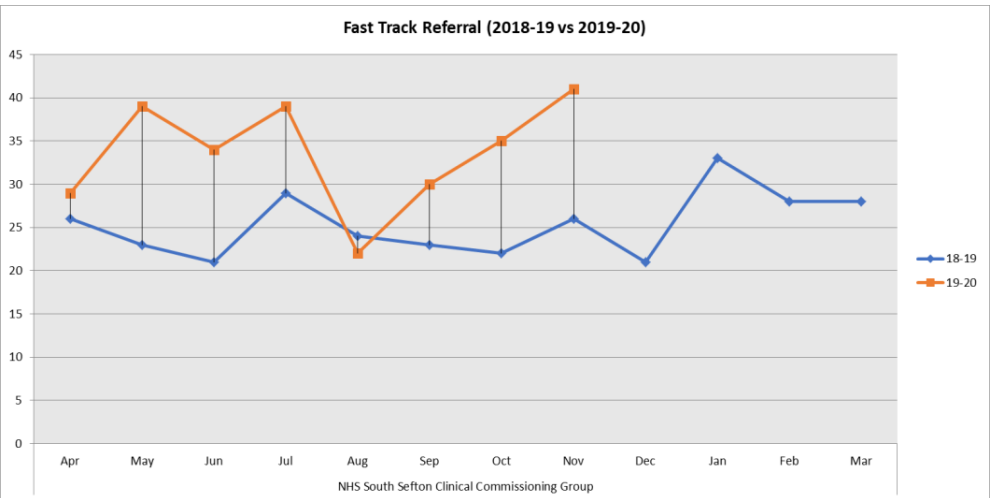
- The CCG forecast position is a deficit of £8.900m.
- The main financial pressures relate to:
 - Continuing Care packages relating to increased cost and volume of packages for Continuing Health Care, Funded Nursing Care, Personal Health Budgets and Mental Health packages.
 - Prescribing cost pressures relating to increased prices of Category M drugs
 - Cost pressures on the Learning Difficulties budget relating to increased number of packages including one high cost package.
 - Over performance in the private sector mostly in relation to Ramsay Healthcare for Trauma and Orthopaedic activity.
 - Cost pressures relating to Estates costs.
 - Intermediate care due to an additional bed at Oak Vale Gardens.
- The cost pressures are supported by underspends in other areas of the CCG which include the 0.5% Contingency Reserve held in mitigation against potential cost pressures. The underspend on Acute Commissioning stems from the Aintree Hospital contract and relates to High cost drugs and underperformance on AQP contracts.

3. CHC Fast Track Referrals

Report Commentary



- The Continuing Healthcare data shows a sharp increase in the number of Fast Track referrals compared to the previous financial year.
- During the period April to November 2019, the total number of referrals was 269 compared to 194 in April to November 2018.
- The main source of increased referrals are from Aintree Hospitals and District Nurse Teams which reflects the increased focus to support discharge from acute care beds and help maintain performance relating to the constitutional standard.



4. CCG Reserves Budget					
Report					
Reserves Budget	Opening Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(14.000)				(14.000)
QIPP Achieved			1.863		1.863
Primary care allocation	(1.500)				(1.500)
CHC Growth Reserve	0.250				0.250
Financial Plan investments	1.500			(0.851)	0.649
Community services investment	0.770			(0.020)	0.750
Other investments / Adjustments	(0.490)	0.494	(0.077)	0.017	(0.056)
0.5% Contingency Reserve	1.395				1.395
GP Forward View - NHSE income	0.000	1.021		(1.021)	(0.000)
0.2% HCP Placed based funding	0.000	0.512		(0.512)	0.000
Cheshire & Mersey H&C programme	0.000	0.498		(0.498)	0.000
Community Crisis TF	0.000	0.115			0.115
Transforming Care - Children & Young people LD	0.000	0.121			0.121
BCF Support		0.101			0.101
CEOV		(0.105)			(0.105)
GPIT Funding		0.666			0.666
Corporate Additions		0.317		(0.310)	0.007
Total Reserves	(12.075)	3.740	1.786	(3.195)	(9.744)

Commentary

- 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.
- Funding is held in reserve for agreed investment in Community Services. The investment is non-recurrent and relates to transformation schemes as agreed with the provider.
- Funding has been allocated to I&E budgets to support costs for the Primary Care Extended Access service (GP Forward View) and for the Sefton Transformation team.
- Additional resource was received in Month 10 relating to increased pensions contributions which are funded by NHS England.
- Funding has been received for GPIT investments following approval of bids submitted to NHS England.

5. Provider Expenditure Analysis – Acting as One		
Report		Commentary
Acting as One Contract Performance: (Year to Date at Month 10)		
		<ul style="list-style-type: none"> The CCG is included in the Acting as One contracting arrangements for the North Mersey providers. Contracts have been agreed on a block contract basis for 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 contract period. However, QIPP schemes with system partners remains important to address long term financial sustainability. The year to date performance for the Acting as One providers shows an over performance of expenditure against plan, this would represent an underspend of £1.008m under PbR contract arrangements. The most significant underperformance is in the contracts with Aintree and Liverpool Women's Hospitals. The underspend at Aintree Hospitals relates to outpatients and elective care as well as non-elective excess bed days. Underperformance at Liverpool Women's Hospital relates to intermediate antenatal pathways and elective care.
Provider	Over / (Under) Plan £m	
Aintree University Hospital NHS Foundation Trust	(0.337)	
Alder Hey Children's Hospital NHS Foundation Trust	(0.179)	
Liverpool Women's NHS Foundation Trust	(0.731)	
Liverpool Heart & Chest NHS Foundation Trust	0.055	
Royal Liverpool and Broadgreen NHS Trust	0.258	
Mersey Care NHS Foundation Trust	0.000	
The Walton Centre NHS Foundation Trust	(0.074)	
Total	(1.008)	

6. QIPP								
Report				Commentary				
RAG Rated QIPP Plan 2019/20 (Forecast Outturn):								
	Rec	Non Rec	Total	Green	Amber	Red	Total	
Prescribing Plan	1,825	0	1,825	1,598	113	114	1,825	
Urgent Care Plan	6,167	0	6,167	0	0	6,167	6,167	
Elective / Planned Care Plan	6,365	0	6,365	50	620	5,694	6,365	
Community Plan	1,042	0	1,042	114	312	616	1,042	
CHC/FNC Plan	553	0	553	0	0	553	553	
Value for Money Reviews Plan	45	0	45	45	0	0	45	
High Risk Proposals	3,800	0	3,800	0	0	3,800	3,800	
Total QIPP Plan	19,796	0	19,796	1,807	1,045	16,944	19,796	
QIPP Delivered 2019/20				1,863		0	1,863	
<ul style="list-style-type: none"> The 2019/20 QIPP target is £14.000m. The QIPP Schemes worth £19.796m have been identified, however many of the schemes have been identified as rated high risk. The CCG is holding monthly 'QIPP Weeks' during the year to focus on implementation of schemes and assurance of delivery. The updated QIPP plan and risk assessment has been incorporated into the System Financial Recovery Plan. The CCG Leadership Team has agreed to hold a QIPP week on a monthly basis to continue focus on delivery and assurance. Challenge and scrutiny sessions with QIPP leads will continue during the year in order to maximise efficiency savings for 2019/20. 								

7. Risk				Report				Commentary			
CCG Financial Position:								Financial Position			
	Recurrent £000	Non-Recurrent £000	Total £000								
Agreed Financial Position	1.000	0.000	1.000					<ul style="list-style-type: none"> The CCG financial position for Month 10 is a deficit of £8.167m which reflects under delivery of QIPP savings against plan. 			
QIPP Target	(11.500)	(2.500)	(14.000)					<ul style="list-style-type: none"> The agreed financial plan is £8.900 deficit for the financial year. The best case scenario is a deficit of £7.602m. 			
Revised surplus / (deficit)	(10.500)	(2.500)	(13.000)					<ul style="list-style-type: none"> The underlying financial position is a deficit of £9.057m, this has increased in 2019/20 due to increased cost pressures mainly in provider contracts and continuing healthcare. The underlying position will improve as further efficiency schemes are identified during the year. 			
I&E Impact & Reserves budget	0.029	0.157	0.186					<ul style="list-style-type: none"> The most likely financial position is a deficit of £8.900m and includes the current assessment of expected QIPP delivery for the year, further risks in respect of increased cost pressures and mitigations with the CCG contingency reserve and other reserve budgets. 			
Management action plan								<ul style="list-style-type: none"> The worst case scenario assumes only QIPP schemes rated green are delivered and only the CCG contingency budget is used as mitigation against cost pressures. 			
QIPP Achieved	1.863	0.000	1.863								
Other Mitigations	0.551	2.500	3.051								
Total Management Action plan	2.414	2.500	4.914								
Year End Surplus / (Deficit)	(9.057)	0.157	(8.900)								
CCG Risk Adjusted Position											
South Sefton CCG	Best Case £m	Most Likely £m	Worst Case £m								
Underlying Deficit	(13.000)	(13.000)	(13.000)								
Predicted QIPP achievement	5.414	4.914	4.914								
I&E impact	0.000	0.000	0.000								
Forecast Surplus / (Deficit)	(7.586)	(8.086)	(8.086)								
Further Risk	(5.381)	(5.883)	(6.283)								
Management Action Plan	5.365	5.069	4.368								
Risk adjusted Surplus / (Deficit)	(7.602)	(8.900)	(10.001)								

8. Statement of Financial Position					
Report					
Summary Working Capital					
Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2018/19
	M3 £'000	M6 £'000	M9 £'000	M11 £'000	M12 £'000
Non-Current Assets	105	96	86	80	116
Receivables	2,254	2,080	3,045	2,831	3,709
Cash	2,002	6,555	2,136	3,691	136
Payables & Provisions	(16,126)	(18,017)	(21,384)	(18,602)	(14,656)
Value of Debt > 180 days	102	109	107	54	55
Commentary					
<ul style="list-style-type: none"> The non-current asset balance relates to assets funded by NHS England for capital projects. The movement in balance relates to depreciation charges applied. The receivables balance includes invoices raised for services provided accrued income and prepayments. Outstanding debt in excess of 6 months old stands at £0.054m. This balance relates predominantly to two organisations; <ul style="list-style-type: none"> Southport & Ormskirk NHS Trust (£0.039m) relating to GP Assessment Unit charges which have been formally disputed as part of the NHS month 9 agreement of balances exercise. The CCG Chief Finance Officer has been discussing this with the Trust to reach a resolution. Liverpool University Hospitals NHS FT (£0.008m) relating to recharges for the ICRAS programme. The finance team are awaiting a response from the Trust on these balances. The Annual Cash Drawdown (ACDR) is the annual cash drawdown is the estimated cash requirement for the financial year. Cash is allocated monthly following notification of cash requirements. The CCG ACDR was set at £284.895m at Month 11. The actual cash utilised at Month 11 was £264.580m which represents 91.67% of the total allocation. The balance of ACDR will be utilised over the remainder of the year. 					

9. Recommendations

The Governing Body is asked to receive this report noting that:

- The agreed financial plan for South Sefton CCG is a surplus of £1m for 2019/20.
- The revised forecast outturn for the financial year is a deficit of £8.900m.
- The QIPP efficiency requirement to deliver the agreed financial plan was £14.000m. QIPP schemes of £19.796m have been identified although a high proportion of schemes remain high risk.
- The CCG deficit at Month 11 has been calculated at £8.159m and the likely case forecast outturn is £8.900m deficit. The CCG will continue to pursue actions to mitigate this position through QIPP delivery.
- The CCG will not deliver the agreed 2019/20 financial plan but is on target to deliver the revised forecast outturn. The focus must remain on continued progression of work undertaken during QIPP weeks which is essential to provide mitigation against the CCG's underlying deficit. The governance arrangements required to support full system working have been developed and will need to support the delivery of the system financial recovery plan.
- It is essential that clinical leaders engage with colleagues across the system to influence change which will lead to improved quality and reductions in cost. The financial recovery plan can only be delivered through a concerted effort by clinicians in all parts of the healthcare sector to work together to deliver more efficient and effective models of care.
- The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach so that the membership can support implementation of the recovery plan.

Martin McDowell
Chief Finance Officer

Rebecca McCullough
Head of Strategic Financial Planning

March 2020

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/47	Author of the Paper: Judy Graves Corporate Business Manager Judy.graves@southseftonccg.nhs.uk 0151 317 8352						
Report date: April 2020							
Title: Governing Body Attendance Register 2019/20							
Summary/Key Issues: The CCG are in the process of collating information for the 2019/20 Annual Report which will include the attendance registers for the Governing Body and its committees. The information is required to be submitted by 27 th March 2020 and each meeting membership are being presented with their annual register, as included in each set of minutes, to confirm content.							
Recommendation The Governing Body is asked to approve the content of the register.	<table border="0"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives 2019/20 (<i>x those that apply</i>)	
	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.
	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				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees				

Governing Body PTI

Name	Governing Body Membership	Apr 19	June 19	Sept 19	Nov 19	Feb 20	5 PTI meetings
Dr Craig Gillespie	Chair & GP Clinical Director	✓	✓	✓	✓	✓	5/5
*Graham Morris	Deputy Chair & Lay Member - Governance	✓	✓				2/2
*Alan Sharples	Deputy Chair & Lay Member - Governance			✓	✓	✓	3/3
Matthew Ashton	Director of Public Health, Sefton MBC (<i>co-opted member</i>)	✓	✓	✓	A	✓	4/5
Graham Bayliss	Lay Member for Patient & Public Engagement	✓	A	✓	✓	✓	4/5
Dr Peter Chamberlain	GP Clinical Director	A	✓	✓	✓	✓	4/5
*Lynne Creevy	Practice Manager	A	A	A			0/3
*Debbie Fagan	Chief Nurse	✓					1/1
Gina Halstead	GP Clinical Director	✓	✓	A	✓	✓	4/5
*Dwayne Johnson	Director of Social Service & Health, Sefton MBC	A					0/1
Maureen Kelly	Chair, HealthWatch (<i>co-opted Member</i>)	A	✓	✓	✓	A	3/5
*Jane Lunt	Interim Chief Nurse				A	✓	1 / 2
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	5/5
*Brendan Prescott	Registered Nurse		✓	✓			2/2
Dr Sunil Sapre	GP Clinical Director	✓	✓	✓	✓	A	4/5
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	A	✓	✓	4/5
Fiona Taylor	Chief Officer	✓	✓	✓	✓	✓	5/5
*Dr John Wray	GP Clinical Director	A	A	A	A	A	0/5

*Graham Morris: stepped down end of June 2019

*Alan Sharples: appointed new Deputy Chair and Lay Member for Governance July 2019

*Lynne Creevy: resigned position as Practice Manager member September 2019

*Debbie Fagan: Seconded May 2019. Deputy Chief Nurse covered by Brendan Prescott

*Dwayne Johnson: stepped down May 2019

*Jane Lunt appointed Interim Chief Nurse October 2019

*Brendan Prescott: covered Chief Nurse position until the appointment of Jane Lunt

*John Wray: some of the apologies are due to a conflicting commitments regarding his role with NWAS in relation to emergency planning.

MEETING OF THE GOVERNING BODY April 2019

Agenda Item: 20/48	Author of the Paper: Alan Sharples Lay Member Alan.Sharples@southseftonccg.nhs.uk 0151 317 8454 (PA to CFO)
Report date: April 2020	
Title: Finance & Resource Committee Terms of Reference	
Summary/Key Issues: The Finance & Resource (F&R) Committee Terms of Reference (ToR) were reviewed at the F&R Committee meeting on 20 th February 2020. The committee discussed the ToR and proposed that sections 2.3 and 2.5 should be amended to note that attendance by deputies or interim cover will count towards quorum in the absence of a member. The wording in sections 2.3 and 2.5 has been amended accordingly through liaison with the CCG's governance lead. The proposed amendments are shown via track changes.	
Recommendation The Governing Body is asked to approve the proposed updates to the F&R Committee Terms of Reference.	Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2019/20 (x those that apply)

	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.
	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	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			F&R Committee – 20 th February 2020

NHS South Sefton CCG

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
 - Director of Strategy & Outcomes
 - 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. Those in the role of interim cover for a member may also attend meetings in the absence of a member. See 2.5 regarding quorum.
- 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 (in the event of sickness absence nominations are not required). Deputies or interim cover will count towards the quorum ~~and 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.

9. 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.

10. Conduct

- 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 South Sefton CCG 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: ~~February and March 2019~~ February 2020

Next Rreview date ~~February 2020~~ February 2021

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/49	Author of the Paper: Judy Graves Corporate Business Manager Judy.graves@southseftonccg.nhs.uk 0151 317 8352						
Report date: March 2020							
Title: Corporate Objectives 2020/21							
Summary/Key Issues: Following review, the governing body is now presented with the new corporate objectives for 2020/21. The CCG will now update its corporate documentation to reflect the changes.							
Recommendation The Governing Body is asked to receive the final corporate objectives for 2020/21.	<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*)

	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.
	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	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	x			Previously reviewed by governing body.

Corporate Objectives 2020/21

- To support the implementation of Sefton2gether and its positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
- To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
- To support the delivery of the CCG's QIPP plan and to align it with Sefton2gether and the work plan of established programmes including Primary Care Networks, the Provider Alliance, Acute Sustainability and the Integrated Commissioning Group.
- To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
- To work with partners to achieve the integration of primary and specialist care; physical and mental health services and health with social care as set out in the NHS long-term plan and as part of an accepted place-based operating model for Sefton.
- To progress a potential CCG merger to have in place an effective clinical commissioning group function.

MEETING OF THE GOVERNING BODY April 2020

Agenda Item: 20/50	Author of the Paper:						
Report date: April 2020	Kerrie France Associate Chief Nurse (SEND) Kerrie.france@southseftonccg.nhs.uk 07799408283						
Title: SEND Improvement Plan and Dashboard							
<p>Summary/Key Issues:</p> <p>This report provides the Governing Body with an update on all health performance related actions following the SEND improvement Notice issued in June 2019.</p> <p>A six month progress review was held on 22nd January 2020 with NHS England and Improvement leaders and Department of Education. Whilst, it was noted some progress had been made, a focus on impact and pace is critical to evidence improvements in the quality of care delivery for children and families. The Department of Education will continue to monitor Sefton as per Improvement notice and a six monthly review meeting is planned for June/ July 2020.</p> <p>The CCG has created a Performance dashboard as per 5.3.4 of the SEND Improvement plan which will be used by the Health Performance improvement Group to monitor all health related actions. A copy of the produced dashboard is contained in appendix 1. It will be developed further as additional Key performance indicators are established and agreed by the SEND continuous improvement Board.</p>							
Recommendation	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td style="border: none;">Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none;">Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							
The Governing Body is asked to receive this report.							

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.
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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.
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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	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Report to the Governing Body April 2020

1. Executive Summary

This report provides the Governing Body with an update on all health performance related actions following the SEND improvement Notice issued in June 2019.

A six month review and assessment of progress was held 22nd January 2020 with leaders from Department for Education and NHS England and Improvement and a follow up meeting is expected in June/ July 2020.

The CCG has created the SEND Health Performance improvement Group between all commissioner's and providers of 0-25 services in Sefton to drive forward at pace, all health related actions contained in the Improvement plan and to work collectively as a health care system to achieve better outcomes for children and young people with SEND.

The group reports into the joint performance sub group with local authority colleagues and monthly reporting is now provided to the Send Continuous improvement Board to offer assurance and recovery plans for any areas not on track with milestones contained in the SEND Improvement Plan.

The CCG has created a performance dashboard containing progress against actions (See appendix 1). All actions relating to the Designated Clinical Officer (Actions 2) are now complete. There are some recovery actions required for actions 1.6 and actions 3 relating to the quality of education, health care plans. There has been progress made relating to action 5 in respect of the commissioning of a Neuro-developmental pathway for children with ASD and ADHD and addressing the waiting list by March 31st 2021. Waiting times for Paediatric services are on track with exception of Speech and Language Therapy. Plus new Key performance indicators have been established for specialist CAMHS.

Further work is on-going with adult health providers to identify and establish key performance indicators for young people with SEND up to 25 years. Once these are agreed by the SEND continuous improvement Board, they will be added to the performance dashboard.

2. Introduction and Background

This report provides the Governing Body with an update on all health performance related actions following the SEND improvement Notice issued in June 2019.

A six month progress review meeting was held on 22nd January 2020 with NHS England and Improvement leaders and Department of Education, representatives from Sefton parent carers, local authority and schools. Reviewers noted some progress had been made, against the improvement plan and advised a focus on impact and pace is critical to evidence improvements in the quality of care delivery for children and families.

The Department of Education will continue to monitor Sefton as per Improvement notice and a six monthly review meeting is planned for June/ July 2020.

The Health Performance Improvement Group is committed to working collaboratively to address all health related actions. A performance dashboard has been devised and a process of data flow created. This report outlines an update on progress on all health related actions.

3. Key Issues

All partners have worked collaboratively to ensure the health system could demonstrate good progress against the improvement plan where possible and where exception reporting was necessary, recovery actions have been established and exception reporting provided to the SEND continuous improvement Board.

A series of improvements are in development to strengthen governance processes and align processes with contractual monitoring of providers to enable SEND reforms to be embedded longer term in organisational processes.

A SEND performance dashboard has been devised as per action 5.3.4 in improvement plan. The Health send performance improvement group will use the SEND performance dashboard to review all health related performance KPI's and any qualitative developments required in improvement plan for all partners.

It is expected the process will improve data flow, to support data collection and ensure validation by all partners. All updates are requested to be returned to a dedicated mailbox in the CCG's to mirror the process already used to share contract reports and ensure consistency of data returns, endorsing a process of business as usual is in place for monitoring SEND compliance in future.

The CCG's Business intelligence team will be required to update the performance dashboard prior to Health send performance improvement group meetings and a series of timescales have been established to enable information to flow sequentially. Monthly updates on performance are now provided to the SEND continuous improvement Board.

The following health related actions and Key performance indicators are reporting as on track or better than expected:

KPI 1/ 5

100% of Education Health Care Plans are being completed in maximum of 6 weeks by health from the date of request from the local authority against a baseline target of 70% in January 2020.

Actions 2 (KPI's 2/1 and 2/3)

All actions relating to Action 2 have been completed.

The Designated Clinical Officer has produced a provider survey in December 2019 to assess understanding of health practitioners understanding of the role. 95% respondents demonstrated an understanding of the primary function of the role against a baseline target set of 50%. The survey will be repeated in June and October 2020.

Actions 5 (KPI 5/1; 5/2 and 5/3)

The average waiting times for Sefton Paediatric Dietetics, Occupational Therapy and Physiotherapy are all on track in accordance with improvement trajectories established for January 2020.

The following health related actions and Key performance indicators are reporting slippage against SEND Improvement plan:

Action 3: To improve the lack of awareness and understanding of health professionals in terms of their responsibilities and contributions to Education and Health Care Plans (EHCPs)

An exception report was shared with the Sefton SEND Continuous Improvement Board on 17th January 2020 and agreement was reached for a revision to the timescale for completion for the revised health process to be changed from December 2019 and to commence from April 2020.

A Task and finish group led by the Designated Clinical Officer have made revisions to the Pathway for the administration co-ordination of clinically led processes and quality assurance processes. The lead commissioners in Liverpool and Sefton are involved and contractual changes will be required for two providers (Alder hey and Mersey Care).

A pilot is being conducted during quarter 4 to test out revised processes and amend processes accordingly based on learning from pilot in readiness for implementation in April 2020.

A Baseline of workforce training requirements has been produced and 232 staff in total require training with the National Association of Special Educational needs (NASEN) to enable them to develop skills in writing outcome focused qualitative education, health care plans (EHCP's).

Training sessions have been held on 2nd and 3rd March and to date 96 staff has completed training. 4 further training sessions are planned for April 2020 and it is planned to achieve 75% workforce trained by June 2020 as per KPI 3/3.

It is expected the quality of health reports for EHC Plan's will demonstrate improvements in quality once training has been delivered and the revised processes are implemented and embedded from April 2020. The Designated clinical officer will facilitate staff knowledge and understanding of SEND through conducting regular audits with multi –

agency and this will be monitored via KPI's contained in actions 1 of the SEND Improvement plan.

- **Action 5: *To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand***

An assessment and diagnosis pathway relating to Autism and Attention deficit Hyperactivity Disorder (ASD/ADHD) have been agreed by the CCG's and will commence from 1st April 2020 for any new referrals.

A data validation exercise has been completed by the provider for those children who have been waiting and an improvement trajectory has been agreed to reduce the waiting times between April 2020 and 31st March 2021.

A report has been completed for the governing body by the Chief Officer and a presentation was delivered to the SEND continuous improvement Board on 10th March 2020 by the Provider.

KPI 5/4 Speech and language Therapy

Average waiting times for speech and language therapy are 21 weeks in January 2020 against an improvement trajectory set for 20 weeks. The number of children waiting over 18 week for their first Speech therapy appointment has reduced from 473 in June 2019 to 101 at the end of January 2020.

Monitoring of activity is in place and referrals to the service remain higher than planned with levels 6% higher than for the period April – January last year. Additional training is being planned using Health Education England funding to upskill universal workforce to support children earlier.

Progress on establishment of additional Key Performance indicators

In addition, a series of key performance indicators have been established and agreed for specialist CAMHS – see KPI 5/5 and 5/6.

Further work is on-going to establish key performance indicators for children looked after and work has commenced with adult health providers to identify and establish key performance indicators for young people with SEND up to 25 years. Once these are agreed by the SEND continuous improvement Board, they will be added to the performance dashboard. It is expected these will be in place from May 2020.

4. Conclusions

A six month progress review meeting was held on 22nd January 2020 with NHS England and Improvement leaders and Department of Education, representatives from Sefton parent carers, local authority and schools. Reviewers noted some progress had been made, against the improvement plan and advised a focus on impact and pace is critical to evidence improvements in the quality of care delivery for children and families.

The Department of Education will continue to monitor Sefton as per Improvement notice and they have allocated a National Advisor to join the Regional Advisors to oversee improvement Notice.

A six monthly review meeting is planned for June/ July 2020. In the interim, performance reporting has now been increased from quarterly to monthly to the SEND continuous Improvement Board to ensure momentum in improving outcomes for children and young people with SEND is evident. The Health Performance Improvement Group has been briefed on outcome of Department of Education visit and is committed to working collaboratively to address all health related actions.

5. Recommendations

The governing Body are asked to note;

- Achievement of actions 2 in SEND Improvement Plan relating to the Designated Clinical Officer.
- Progress made against recovery actions relating to actions 1.5, actions 3 of the SEND improvement plan relating to Education Health Care Plans.
- Funding for ASD and ADHD assessment and diagnosis provision has been agreed by the CCG and assurance on monitoring of waiting list trajectories presented to SEND Continuous Improvement Board on the 10th March 2020.
- Update provided on risks relating to ASD assessment and diagnosis pathway was shared with the SEND continuous Improvement board on 10th March 2020.
- Performance dashboard has been produced as per 5.3 of SEND Improvement plan and will be used by the Health Performance improvement Group to monitor all health related actions.

6. Appendices

Appendix 1 - Dashboard

Kerrie France

Associate Chief Nurse (SEND)

16th March 2020

Actions 1.1: Children and young people will an Education, Health and Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally																					
KPI	Action	Source	Lead	Frequency	Baseline - National Average	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary	
					Jul-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21			
KPI 1/1	Children and young people will an Education, Health and Care Plan achieve from their starting point at KS2 in Writing and Maths at least as well as their peers nationally	Local Authority Education		Annually	9%				3%			↑	↑	National Average	NA Academic attainment validated by October	NA Academic attainment validated by October	NA Academic attainment validated by October	NA Academic attainment validated by October	National Average	NA Academic attainment validated by October	Nationally, 65% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, up from 64% in 2018. 11% of pupils reached the higher standard in 2019, up from 10% in 2018. In Sefton 62% of pupils reached the expected standard in all of reading, writing and maths (combined) in 2019, down from 64% in 2018. 9% of pupils reached the higher standard in 2019, up from 8% in 2018. When we consider the performance for the children and young people with an Education, Health and Care Plan (EHCP) from their starting point at KS2 in writing and maths (to be at least as well as their peers nationally), the percentage of pupils who reached the expected standard in all of reading, writing and maths (combined) in 2019 was 3%, below the national average of 9%, but up from 1% in 2018.
Actions 1.2: The Timeliness of new EHCPs will improve to within the statutory timescale of 20 weeks																					
KPI	Action	Source	Lead	Frequency	Baseline	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary	
					Q1 2019	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21			
KPI 1/2	From 01.06.19 % of EHCPs commenced will be completed within statutory	Local Authority Education		Quarterly	3%				22%			↑	↑	14%	10% of new EHCPs from 01.06.2019. New statutory reporting period commences during this month	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	NA new statutory reporting period	Compliance with the statutory timescale of 20 weeks is improving month on month, at 9th December 2019, the number of plans finalised in the calendar year is 301, with 21.9% of them finalised within 20 weeks. There has been an upward trend in performance for the number of plans completed within 20 weeks, increasing from 8.7% in July 2019. Noticeably 60% of plans were completed within 20 weeks in November, but the overall performance is averaged to 21.9%. The backlog of requests identified in June 2019 has reduced significantly from 147 to 17, which are complex cases.
KPI 1/2a	% of New EHCPs commenced 01.01.20 completed within statutory timescales	Local Authority Education		Quarterly	TBC				-			-	-	NA (relates to 2020 performance only)	1st month of monitoring 2020 local baseline established	15%	25%	50% or national average whichever is the higher	75% or national average whichever is the higher		Performance for 2020 calendar year will be monitored, analysed and reported at the end of each calendar month 2020.
Actions 1.3: EHC Plans are reviewed within the statutory timescales																					
KPI	Action	Source	Lead	Frequency	Baseline	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary	
					National Expectation	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21			
KPI 1/3	% of EHCP Reviews completed Yr6, Yr.9 and Yr. 11	Local Authority Education		Quarterly	100%				0%			↔		16%	50% Complete	95%	95%	95%	95%	95%	The Service is currently focussed on identifying and planning for the review of children and young people with EHC plans (1) preparing for adulthood reviews, (2) attending a Sefton mainstream school or other institution and moving between key phases of education, and (3) those not attend a Sefton mainstream school or other institution, by the 15th February 2020 (Yr.6 cohort), 31st March 2020 (Yr.11 cohort) and the end of the academic year (Yr.9 cohort). 96 children and young people have been identified who are currently in NCV6 and will be moving between key phases of education in 2020. Review meetings for 77 of these children and young people will be held in January 2020.
KPI 1/3a	All other EHCP reviews	Local Authority Education		Quarterly	100%				0%			↔		16%	32%	48%	60%	16% (New Academic Year)	100%		There is slippage in this area. Recovery Plan will be developed in January 2020. The Service has begun the process of identifying all those children and young people aged 0 to 5, plus all those child or young people attends a school or other institution not moving between key phases who will be subject to a review within the next 12-month period. The LA will work with the schools and independent settings to ensure that reviews are scheduled and undertaken. A Baseline is to be established in January 2020.
Actions 1.4: The quality of Education, Health and Care plans is at least consistently good																					
KPI	Action	Source	Lead	Frequency	Baseline - National Average	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary	
					Jul-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jun-21			
KPI 1/4	% of EHCP audits assessed as at least Good (local measure)	Local Authority Education		Quarterly	N/A				0%			↔		NA Training in September	50%	Baseline Plus 10%	Baseline Plus 10%	Baseline Plus 20%	Baseline Plus 20%		See Actions 1.4.1 and 1.4.2 of the SEND Improvement plan. Auditing and the impact of the audits is still to be assessed.

Actions 1.5: Completion rate of Health contribution to EHCPs within 6 weeks																				
KPI	Action	Source	Lead	Frequency	Baseline Jul-19	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary
						Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19 3 Months	Jan-20 6 Months	Apr-20 9 Months	Jul-20 12 Months	Oct-20 18 Months	Jun-21 24 Months		
KPI 1/5	% of EHCPs being completed in maximum of six weeks by Health from the date of request from the Local Authority *see code of practice for exemptions	Merseycare	Emma Powell	Quarterly	6 weeks completion rate from 01.07.2019					100%	↔		60%	70%	85%	90%	95%	95%	100% achieved and sustained since September 2019 . Monitoring during pilot phase continues. Reported to SENDCIB potential risk as timeliness may be impacted once new process goes live form 1st April 2020. In order to mitigate this, the DCO will monitor all returns on a weekly basis between April and June 2020.	
Actions 1.6: Quality of Health Information																				
KPI	Action	Source	Lead	Frequency	Baseline Jul-19	Current Performance					Direction of Travel	Compared to 2018	Performance Target						6 Point Trend	Commentary
						Sep-19	Oct-19	Nov-19	Dec-19	Jan-20			Oct-19 3 Months	Jan-20 6 Months	Apr-20 9 Months	Jul-20 12 Months	Oct-20 18 Months	Jun-21 24 Months		
KPI 1/6	% improvement in the quality of health information contained in EHCPs	Local Authority (DCO via QA system)		Quarterly	N/A					0%	↔		Establish baseline by 31st October 2019	80%	90%	95%	95%	95%	Slippage in this area as new processes will not be live until April 2020. Baseline will not be established until May 2020. Performance targets will be adjusted as part of recovery plan.	

Actions 2.1: A documented and approved management and accountability framework to be in place for the DCO

KPI	Action	Source	Lead	Frequency	Baseline	Performance					Direction of Travel	Achieving Target?	Spark Line	Performance Target				Commentary	
					Jun-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20				Dec-19	Jun-20	Dec-20	Jun-21		
					6 Months	12 Months	18 Months	24 Months											
KPI 2/1	Submission of quarterly DCO report	DCO	Emma Powell - DCO	Quarterly	0					1		↑			1	3	5	7	Completed, December 2019. Evidence submitted to DFE for 6 month review in January 2020.
KPI 2/2	Annual DCO report	DCO	Emma Powell - DCO	Annually	0							↑			0	1st	N/A	2nd	Not due until June 2020
KPI 2/3	Provider survey of understanding of DCO role and responsibilities (% of staff able to confirm and articulate what the DCO role is)	DCO	Emma Powell - DCO	Bi-Annually	0					95%		↑			50%	75%	95%	95%	Completed. The report has been shared with the SEND Health Performance Improvement Group in January 2020 and SENDCIB in February 2020. A total of 41 staff participated in the survey during December 2019. six questions in total with 95% of respondents demonstrating an understanding of the primary function of the role against a baseline target set for 50%. Analysis from this survey has been used to inform DCO work plan, including awareness raising with all health providers. The survey will be repeated in June and October 2020 and providers have committed to promoting a better response rate.

Actions 3.1: All relevant health professionals are aware of their responsibilities and contribution of EHCPs.

KPI	Action	Source	Lead	Frequency	Baseline	Performance					Direction of Travel	Achieving Target?	Spark Line	Performance Target				Commentary	
					Jul-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20				Dec-19	Jun-20	Dec-20	Jun-21		
					6 Months	12 Months	18 Months	24 Months											
KPI 3/1	Health practitioners routinely write health submissions for EHC plans for the children and young people (via Audit)	Local Authority (DCO via QA system)	Emma Powell - DCO	Quarterly	Baseline to be established					0%		↔			Establish Baseline by 21.12.2019	Audit will sample 10% of EHCPs	Audit will sample 10% of EHCPs	Audit will sample 10% of EHCPs	Baseline 0 – December 2019. The revised processes have not yet been implemented and Mersey Care Health EHC team, currently collate health submissions for EHC plans for the children and young people. This is expected to change from April 2020 and health partners have worked collaboratively to plan for improvements in EHC for children through training and revisions to processes in preparedness. A pilot of revised processes is being held during quarter 4.
KPI 3/2	% of positive "parental satisfaction survey" results received following completion of EHCP process			Quarterly - Kerrie to propose new frequency	Baseline to be established									will be considered in line with action.1 - satisfaction review at completion of plan					
KPI 3/3	% of staff having completed training	Health Performance Group	Lindsey Marlton / Helen Pruden		Baseline established 232 staff February 2020					20%		↔		50%	75%	95%	95%	KPI 3/3 March update 96 staff trained out of total of 232. Further training sessions to be delivered during april 2020 to achieve 75% target by June 2020 as part of recovery plan.	
KPI 3/4	% of staff having completed refresher training	Health Performance Group	Lindsey Marlton / Helen Pruden		N/A									0%	0%	0%	50%		
KPI 3/5	% of staff confirming their increased level of confidence in the process following training		Emma Powell	Quarterly	Baseline to be established									25%	95%	95%	95%		

Actions 4.1: EHCP plans are co-produced with parents and young people. Strengthen offer from SENDIAS.													
KPI	Action	Source	Lead	Frequency	Baseline Apr-19	Current Performance Nov-19	Direction of Travel	Compared to 2018	Baseline	Feedback	Performance Target	6 Point Trend	Commentary
									Dec-19	Dec-20	Jun-21		
									6 Months	18 Months	24 Months		
KPI 4/1	Increased level of trust and confidence of parents and carers - in the local area to provide support (Collected Via Survey)			Annually	Survey will be used to establish a baseline				Baseline established by 31.12.2019	Baseline plus 10%	Baseline plus 15%		The survey was co-produced with Sefton Parent Carer Forum and closed 18th December 2019. Given the time of year it has been agreed to include late returns received via post. The feedback from the survey will be analysed and shared at January 2020 SENDCIB.
KPI 4/2	Parents, carers and young people rate the level of help and support children and young people with SEND receive to meet their needs (Collected Via Survey)			Annually	Survey will be used to establish a baseline			Baseline established by 31.12.2019	Baseline plus 10%	Baseline plus 15%			
KPI 4/3	Parents, carers and young people rate the level of information and advice available about the assessment process to support children and young people with SEND (Collected Via Survey)			Annually	Survey will be used to establish a baseline			Baseline established by 31.12.2019	Baseline plus 10%	Baseline plus 15%			
KPI 4/4	Parents and carers feel that they can influence change to service delivery Collected Via Survey)			Annually	Survey will be used to establish a baseline			Baseline established by 31.12.2019	Baseline plus 10%	Baseline plus 15%			
KPI 4/5	Parents and carers feel that they are listened to in the development and review of EHCPs (Collected Via Survey)			Annually	Survey will be used to establish a baseline			Baseline established by 31.12.2019	Baseline plus 10%	Baseline plus 15%			
KPI 4/6	Parents, carers and young people believe that communication has improved (Collected Via Survey)			Annually	The revisit identified that only 17% of the 150 parents who contributed to the revisit believe that communication has improved since 2016				Initial survey will be baseline 31.12.2019	Baseline plus 10%	Baseline plus 15%		

Actions 5.1: Commission neurodevelopmental diagnostic pathway and resulting reduction in waiting times for commissioned paediatric services														Performance Target					Commentary	
KPI	Action	Source	Lead	Frequency	Baseline (in weeks)	Performance						Direction of Travel	Achieving Target?	Spark Line	Oct-19	Dec-19	Jun-20	Dec-20		Jun-21
					Jun-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20				3 Months	6 Months	12 Months	18 Months		24 Months
KPI 5/1	Average waiting time for Paediatric Dietetics (Weeks) (PD)	Alder Hey	BI	Monthly	9	9	6	5	7	8		Performance has declined on the previous period but is currently on target	No		8	8	8	7	7	
KPI 5/2	Average waiting time for Occupational Therapy (OT) (Weeks)	Alder Hey	BI	Monthly	15	11	17	14	13	11		Performance has improved on the previous period and is below baseline and target	No		15	14	13	10	10	
KPI 5/3	Average waiting times for Paediatric Physiotherapy (PT) (Weeks)	Alder Hey	BI	Monthly	6	6	6	5	5	6		Performance has declined on the previous period but remains at baseline & target	Yes		6	6	6	6	6	
KPI 5/4	Average waiting times for Speech and Language Therapy (SALT) (Weeks)	Alder Hey	BI	Monthly	30	24	25	24	25	21		Performance has improved on the previous period however it is still below baseline and target	No		25	22	20	18	18	
KPI 5/5	CAMHS - % Referral to choice within 6 weeks	Alder Hey	BI	Monthly	Staged Target December 2019 : 50%					58.1%	89.90%	Performance has improved on the previous period and is above the 50% target	Yes		50.00%	50.00%	staged target March 2020: 92%	50.00%	50.00%	
KPI 5/6	CAMHS - % referral to partnership within 18 weeks	Alder Hey	BI	Monthly	staged Target December 2019: 50%					62.9%	72.40%	Performance has improved on the previous period (62.9%) and is above the 50% target	Yes		50.00%	50.00%	staged target March 2020: 75%	50.00%	50.00%	

These are average waiting times and based upon position at end of January 2019. Exception reporting provided for speech and language therapy as the average waiting times were 21 weeks against improvement trajectory set at 21 weeks by December 2019. The number of children waiting over 18 week for their first SALT appointment has reduced from 473 in June 2019 to 101 at the end of January 2020. Monitoring of activity insitu and referrals to the service remain higher than planned with levels 6% higher than for the period April – January last year.

Additional Key performance indicators for specialist CAMHS are now agreed as KPI 5/5 and 5/6 - staged target set for December 2019 and March 2020.

MEETING OF THE GOVERNING BODY

April 2020

Agenda Item: 20/51	Author of the Paper: Mel Wright Programme Manager Melanie.wright@southseftonccg.nhs.uk
Report date: 20 March 2020	
Title: Sefton Transformation Programme Update	
Summary/Key Issues: This paper presents the Governing Body with summary of the progress and achievements of the Sefton Health and Care Transformation Programme has made over the last 12 months, including some feedback and review, in readiness for formal handover on 31 March 2020 as the programme concludes and transitions into business as usual.	
Recommendation The Governing Body are requested to receive report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

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

Links to Corporate Objectives 2019/20 (x those that apply)	
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 (x those that apply)
Patient and Public Engagement			x	
Clinical Engagement	x			
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered	x			
Locality Engagement			x	
Presented to other Committees			x	

Programme Review and Closure Report

Sefton Health and Care Transformation Programme

Approval

Sponsoring Group	Sefton Health and Care Transformation Board
Senior Responsible Officer	Fiona Taylor
Programme Director	Cameron Ward
Programme Manager	Mel Wright
Author	Mel Wright
Document status	Draft 0.3

Document Control

Version	Date	Status (draft, approved)	Author	Change Description
0.1	10.02.20	Draft	Mel Wright	Initial draft
0.2	26.02.20	Draft	Mel Wright	Updated to include comments from survey
0.3	02.03.20	Draft	Mel Wright	Incorporated comments from PMO

Additional engagement undertaken during development

Date	Forum
Feb 2020	Survey of STB members and Programme Coordinating Group membership for feedback upon programme

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1. Introduction

- 1.1. The Sefton Health and Care Transformation programme (“the Programme”) was set up to deliver the Mandate agreed by the Sefton Health and Care Transformation Board (“STB”) in March 2019
- 1.2. By March 2020, the programme of work will have been completed and the outputs thereof will be transitioning towards a phased delivery approach through the day to day operations of all partners.

2. Purpose of this report

- 2.1. The purpose of this report is to summarise the progress that the programme has made over the last 12 months, including some feedback and review, in readiness for formal handover as described in the Blueprint and Transition Plan, which was approved by the STB in January 2020.
- 2.2. This report will also inform the STB as to the achievements of the programme.

3. Purpose of the programme

- 3.1. The Cheshire and Merseyside Health and Care Partnership (C&M HCP) was established in 2018 to deliver the Sustainability and Transformation Plan for Cheshire and Merseyside. (The Partnership is made up of 9 local authorities, 12 clinical commissioning groups and 19 NHS providers and is supported by core senior leadership team.)
- 3.2. C&M HCP leads on matters that are better undertaken at scale; this may include aspects of acute sector sustainability, commissioning at scale, workforce planning, system development and clinical networks.
- 3.3. However, the main focus for change and delivery will be through the development of 'Place-Based Care' where all care, direct and indirect, NHS and non-NHS, for a defined population will be integrated and managed through a single accountable approach; these placed-based communities are aligned to the 9 council boundaries:
 - Knowsley
 - Sefton
 - Liverpool
 - Halton
 - St Helens
 - Warrington
 - Cheshire East
 - Cheshire West and Chester
 - Wirral.
- 3.4. This strategic context was strengthened by the publication of the NHS Long Term Plan
- 3.5. Local health and care partners in Sefton have therefore set out a strategic intention to transform health, care and wellbeing services by reducing variation, building upon existing good practice and strengthening high quality people-focussed care. Partners recognised that as a “system” they were spending more money on health and social care than is currently available, by circa £30m.

4. Principles

- 4.1. The following principles by which the programme would be carried out were agreed by the STB in February 2019:

- existing staff within the system will primarily lead and manage the work of the programme, wherever possible
- additional contractor support will only be commissioned to provide short term support to existing staff and/ or to provide short term capacity and capability until system staff are enabled to take on programme work
- design authorities/subject matter experts will be brought in to support the Programme as and when required in areas for which there is limited local knowledge and skills (for example, options appraisal process, managing a public consultation)
- consideration given to how the two projects for North and South and the system infrastructure and acute sustainability are best supported with resources shared across projects whenever possible
- partners will contribute to the resourcing of the programme proportionately
- any staff reoriented and aligned to the programme, will require the capacity and capability to support transformation and this may necessitate further training, development and OD which will be supported as appropriate; this may require additional investment.

5. Objectives

5.1. In order to deliver the programme’s purpose, the following objectives were agreed.

- To improve our population’s health and wellbeing and reduce health inequalities by working together to enable people in Sefton to start well, live well and age well.
- To ensure that Sefton people get more control over their own health and more personalised care when they need it.
- To improve care outcomes for Sefton people living with long term conditions.
- To dissolve boundaries between primary, secondary, community and mental health services and integrate our health and care systems by 2021.
- To address physical and mental health, including those for children and CAMHS, together.
- To boost ‘out of hospital’ care and digitally enhance care for Sefton people, reducing pressure on emergency hospital services.
- To achieve system financial balance by 2020/21.
- To strengthen quality and reduce clinical variation.

5.2. The following workstreams were then identified to deliver the above objectives:

- Acute Sustainability
- Provider Alliance
- Primary Care Networks
- Strategic Commissioning.

These were supported by a number of pre-requisite or enabling workstreams:

- Digital
- Workforce and OD
- Finance
- Estates
- Communications and Engagement
- Business Intelligence.

5.3. Given the scope of the work, a process was agreed by which the Programme would be delivered (Establishing the PMO, May 2019).

5.4. It was agreed that a staged approach be taken to delivery in the following terms:

Stage	Activity
Identify	This first stage focused on identifying areas of concern and establishing a high

Stage	Activity
	level mandate and scope of the programme for agreement across partners, together with an appropriate governance framework to assist the following stages.
Define	Developing briefs and project initiation documentation to formally define each of the workstreams and submit plans for delivery. For the enabler/pre-requisite workstreams, this involved production of a system-level strategy which will be required to support the new ways of working.
Phased Delivery	Focused on the embedding of outputs of the programme into business as usual across the partner organisations and in accordance with the principles set out in the programme’s mandate.
Close	Programme review and closure report (herewith).

6. Programme Performance

Workstream	Success criteria	Key deliverables	Measure	Delivery date	Assessment against measure
Transformation Programme	Agreeing the programme's scope, workstreams and objectives together with a vision and values for system-level working	Engagement across partners	Well attended STB meetings	March 2020	Completed
		Programme Mandate (inc vision)	Agreed Programme Mandate	February 2019	Completed
		Charter	Agreed Charter	July 2019	Completed
		Future model of care	Agreed future vision for health and care services	July 2019	Completed
	Having an appropriate governance framework to facilitate a collaborative and transparent relationship	Governance framework	Governance framework agreed by STB	July 2019	Completed
	Managing the programme's risk exposure transparently	Risk policy and framework	Risk management policy developed and agreed by STB and implemented. Regular risk register updates to each formal STB meeting.	May 2019	Completed
	Programme set up and management of key identified workstreams	Project briefs Project initiation documents Project plans SRO highlight reporting	Project briefs developed for all 10 projects, together with PIDs and project plans. SRO reporting bi-monthly to STB	Throughout 2019/20	Completed
	Having an agreed benefits management strategy	Benefits Management Strategy	Benefits management strategy approved by STB	September 2019	Completed
	Development of key enabling strategies which support delivery of the future model of care	Digital strategy Workforce strategy Estates strategy Business Intelligence strategy Communications and Engagement strategy	Strategies signed off by STB	March 2020	Completed
	Developing a system-level 5-year strategy for delivery of health and care for Sefton.	5 year place strategy	Delivery of the Sefton Place Five Year Plan, "Sefton 2gether".	October 2019	Completed
Implementation plan for strategy		Draft implementation plan handed over to integrated commissioner	On schedule for completion by 31 March 2020	On schedule for completion by 31 March 2020	
Developing/recruiting sufficiently	Blueprint and Transition Plan	Agreement of Blueprint and Transition	On schedule for	On schedule for	

Workstream	Success criteria	Key deliverables	Measure	Delivery date	Assessment against measure
	skilled PMO resources across the partnership in preparation for programme close and transition		Plan by STB Successful recruitment process for roles described therein	31 March 2020 ¹	completion by 31 March 2020 in relation to Integrated Commissioning, Provider Alliance and Acute Sustainability. ¹ CCG leading recruitment of Communications and Engagement post which is under way, completion date to be confirmed.
Integrated Commissioning	Agreed work programme in place for the Integrated Commissioning Group	Project Initiation Documents for agreed workstreams	See symbol or comment next to each key deliverable – all have been achieved or being progressed	March 2020	On schedule for completion by 31 March 2020
	Health & Wellbeing Board governance reviewed with development needs identified	Governance structure	Revised governance structure agreed		Completed
		Development plan	Outline development plan for Health & Wellbeing Board		In progress
	Better Care Fund and Section 75 refreshed with member support	Refreshed section 75 agreement	Refreshed agreement in place		Completed
	Integrated commissioning priorities identified and agreed	Agreed commissioning principles and priorities	Joint Commissioning Team workshop outputs outlining agreed principles and priorities		Completed
	Performance reporting in place to monitor progress	Regular performance reporting	Quarterly reporting established with reports produced and subject to executive and member scrutiny		Completed
Additional capacity secured	Agreement to and recruitment of integrated posts	Appointments made to integrated posts		In progress	





Workstream	Success criteria	Key deliverables	Measure	Delivery date	Assessment against measure
Provider Alliance	Development of a Provider Alliance within Sefton	Engagement across partners	Collaborative working approach embedding	Financial year 2019/20	Completed
		Agreed priorities	Agreement of priorities		Completed
		Pilot integrated community care team	Development and Implementation of pilots underway/planned for integrated community care teams across Sefton		Under way
		Pilot social prescribing			Under way
Primary Care Networks	Support Primary Care Networks to engage with the transformation programme and Provider Alliance (PCN development support provided by Sefton CCGs)	Clinical Director attendance at key meetings	Clinical director attendance at STB, Provider Alliance and engagement in BI workstream	2019/20	Completed
Acute Sustainability	Agreeing the programme's scope, workstreams and objectives	Revised programme approach and PID	Programme Plan and PID agreed at the Programme Board/Assurance & Oversight Group	April 2019	Completed
		Vision statements on Acute Services	Vision statement agreed at Assurance & Oversight Group and Clinical Leadership Group		
	Clinically developed draft models of care for UEC, Frailty and Women & Children with any 'quick wins' mobilised	Frailty Model of Care	Clinically signed off models of care from the Clinical Leaders Group	September 2019	Completed
		Urgent & Emergency Care Model of Care	Frailty: Emergency Response Vehicle for falls PID & business case support	August 2019	Completed
		Paediatric Model of Care	Women & Children Community Hub	March 2020	Slippage to 2020/21 due to estate identification issues
		Maternity and Neonatal Model of Care			
	Gynaecology and Sexual Health Model of Care				
Draft Outline PCBC with activity, capacity, financial, estates and workforce modelling against emerging scenarios	Draft Outline PCBC exploring 5 emerging scenarios against the demand impact of the new models of care	Draft Outline PCBC shared with key stakeholders	31/10/19	Completed	
Comms and Engagement approach agreed with programme narrative,	Programme narrative Issues Paper	Documents developed and agreed with the Communication & Engagement	March 2020	In development	

Workstream	Success criteria	Key deliverables	Measure	Delivery date	Assessment against measure
	issues paper engagement plan and consultation approach identified	Engagement & involvement Plan Consultation approach	Team and signed off by the Joint Committee		
	Population needs analysis of acute services with activity, capacity, financial and workforce modelling	Analysis of population needs for Southport, Formby & West Lancashire to identify acute needs and model through activity and capacity requirements with finance and workforce modelling. Development of model describing core acute services delivered locally and opportunities for collaboration	Document providing the evidence base for population needs and core services to feed into the development of a full PCBC	March 2020	On track for completion
Digital	Agree leadership and agree baseline current provision across Sefton. Collaboratively produce strategy to support delivery of agreed model of care.	Appoint SRO Baseline exercise Digital Strategy	SRO appointed Group meets regularly Baseline review produced Digital strategy going to STB for sign off March 2020	March 2020	Completed
Business Intelligence	Agree leadership and agree baseline current provision across Sefton. Collaboratively produce strategy to support delivery of agreed model of care.	Appoint SRO Baseline exercise BI Strategy	SRO appointed Group meets regularly Baseline review on schedule to be produced by the end of March 2020 BI strategy going to STB for sign off March 2020	March 2020	On schedule for completion by 31 March 2020
Workforce and OD	Agree leadership and agree baseline current provision across Sefton. Collaboratively produce strategy to support delivery of agreed model of care.	Appoint SRO Baseline exercise Workforce Strategy Implementation plan	SRO appointed Group meets regularly Baseline review produced Workforce & OD strategy going to STB for sign off March 2020	March 2020	Completed Implementation plan to Workforce and OD Group on 24 March
Finance	Agree leadership	Appoint SRO	SRO appointed Group meets regularly	March 2020	Completed

Workstream	Success criteria	Key deliverables	Measure	Delivery date	Assessment against measure
	Agree assumptions to be used in scenario planning of future service configurations in respect of acute services provided by S&O and community/ primary care services	Update models to reflect 17/18 outturn to ensure plans based on current data Develop functionality of models to enable year on year impact of implementation plans to be assessed	Assumptions in relation to potential scenarios for acute reconfiguration completed for inclusion in outline draft PCBC	October 2019 Ongoing	Acute sustainability – completed Primary/community – not yet completed due to dependencies upon Provider Alliance/PCN configuration
	Support clinical workstreams to develop costed implementation plans	Financial impact modelling Costed implementation plans	Supported clinical workstreams in developing costed implementation plans through guidance and advise to ensure that a consistent approach is taken.	October 2020 Ongoing	
Comms & Engagement	Agreed strategies and plans in place Future engagement and consultation timeline outlined Sefton2gether complete Stakeholder map produced Stakeholder events complete	Baseline exercise Comms & Engage Strategy Stakeholder Mapping Operational Plan developed Acute Sustainability pre-engagement mapped out Engagement, public survey and development of Sefton2gether	Comms Group meets regularly Baseline review produced Plans and strategies signed-off by STB Sefton2gether published and finalised	March 2019 October 2019	On schedule for completion by 31 March 2020
Estates	Agree leadership and agree baseline current provision across Sefton. Collaboratively produce strategy to support delivery of agreed model of care.	Appoint SRO Baseline exercise Estates Strategy	Collaborative group established during production process of strategy Baseline review and I strategy approved by STB	October 2019	Completed

7. Partner Review

During February 2020, a survey was undertaken of the membership of the STB and the Programme Coordinating Group of experience of working with the programme and a summary of the responses received now follows.

<p>Were any meeting papers you received timely and informative? <small>Answered: 9 Skipped: 0</small></p> <p style="text-align: center;">4.2★ average rating </p>	<p>Was support available from the PMO when you needed it? <small>Answered: 9 Skipped: 0</small></p> <p style="text-align: center;">4.3★ average rating </p>
<p>Was the PMO team approachable and available? <small>Answered: 9 Skipped: 0</small></p> <p style="text-align: center;">4.4★ average rating </p>	<p>Please describe your overall experience of the programme and level of satisfaction. <small>Answered: 9 Skipped: 0</small></p> <p style="text-align: center;">4.0★ average rating </p>

<p>What went well?</p> <ul style="list-style-type: none"> • <i>Coordination of inputs and seeking of views from stakeholders around the table</i> • <i>Well structured</i> • <i>Engagement with the VCF sector</i> • <i>Broader understanding of system challenges amongst members</i> • <i>Focus and pace into the programme</i> • <i>All went well</i> 	<p>What did not go well? What would you suggest could be done differently to improve this for future projects?</p> <ul style="list-style-type: none"> • <i>Consistent and senior representation from stakeholder, which made discussions feel disjointed at times and progress slower than it could have been</i> • <i>Clearer transition process to BAU</i> • <i>Lack of clarity around focus on purpose and key success measures</i> • <i>Some of the programmes did not proceed as expected [but] this was not always within the control of the PMO</i> • <i>Nothing</i>
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<p>As the programme ends, has a robust transition to 'business as usual' been set up?</p> <ul style="list-style-type: none"> • <i>Still not convinced that this has been robustly addressed</i> • <i>Still unclear at this time</i> • <i>Yes hopefully and if we keep the locality focus and process of engagement between local stakeholders</i> • <i>Unable to comment</i> • <i>I am concerned about the amount of work to be delivered alongside the 'business as usual'</i> • <i>This process has begun</i> 	<p>Are there any other comments or feedback you would like to make/say?</p> <ul style="list-style-type: none"> • <i>I'd like to wish the PMO members every success in their respective new roles</i> • <i>Significant progress has been made and greater integration achieved</i> • <i>I understand that normalising the work is important, but I am concerned that this may be a little too soon</i>
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8. Beyond Programme Closure

A summary of the work to continue is included herein as Appendix 1: Transition Plan-lite.

9. Conclusion

- 9.1. The programme's purpose was to "transform health, care and wellbeing services by reducing variation, building upon existing good practice and strengthening high quality people-focussed care" and there were a number of objectives identified in support.
- 9.2. There were a number of phases described for the programme and by 31 March 2020, phases 1 and 2 of these have been completed.
- 9.3. Phase 3 (delivery) of the transformation is now incumbent upon the remaining system architecture by way of the integrated commissioner and Provider Alliance.
- 9.4. The duration of the programme was insufficient to achieve the entirety of the objectives within a two year period.
- 9.1. A transition plan has been prepared since October 2019. This is now being supported through the appointment of staff dedicated to assisting the transition. In addition, a new leaders group is proposed to oversee the transition to business as usual.
- 9.2. It is acknowledged there are always risks within the transition period of a programme ending to business as usual pick-up. The risks have endeavoured to be minimised through planning since October; the recruitment of new posts; the retention of corporate memory and knowledge within some staff continuing in roles; and the work of the Programme preparing various strategies, encouraging collaborative ways of working, and focussing on the architecture from which integrated services can develop.
- 9.3. The programme has, however, aligned and positioned local system partners to progress delivery of a new system architecture in Sefton in accordance with the original agreed principles for collaborative working, designed a transition plan for the next stages of that delivery and facilitated the necessary resources in support thereof.
- 9.4. Feedback on the work of the Sefton Transformation PMO has been largely positive from those who responded with one in nine indicating that they were in any way unsatisfied.

10. Recommendation

The STB is asked to receive this report on the programme's achievements and to formally close the Sefton Health and Care Transformation Programme on 31 March 2020.

Appendices

- Appendix 1 Transition Plan-lite
Appendix 2 Draft Delivery Mechanism for the Sefton Five Year Plan

March 2020

Mel Wright
Programme Manager
Sefton Health and Care Transformation Programme

Transition Plan (lite)

Health and Care Transformation in Sefton

Approval

Sponsoring Group	Sefton Health and Care Transformation Board
Senior Responsible Officer	Fiona Taylor
Programme Director	Cameron Ward
Programme Manager	Mel Wright
Author	Mel Wright
Document status	Draft 0.1

Document Control

Version	Date	Status (draft, approved)	Author	Change Description
0.1	30/01/2020	Draft	Mel Wright	Following approval of the Blueprint and Transition plan in January 2020 by the Sefton Transformation Board, this Transition Plan represents a 'slimmed down' version describing business as usual/steady state from April 2020.

Additional engagement undertaken during development

Date	Forum
08/01/20	STB approved Blueprint and Transition Plan upon which this document is based.

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11. Introduction

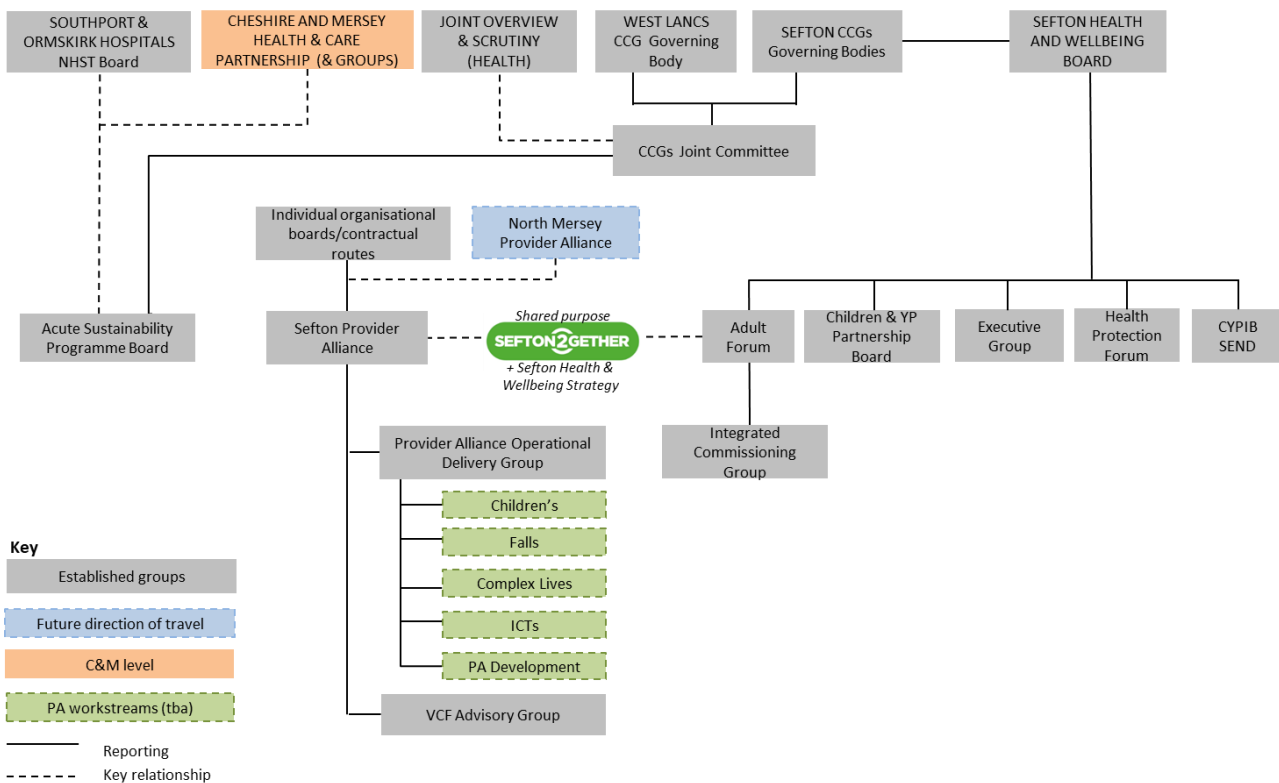
11.1. The Sefton Health and Care Transformation programme is on schedule to deliver the Mandate agreed by the Sefton Health and Care Transformation Board (“STB”) in March 2019. The programme is now transitioning towards stage 3, phased delivery, through the day to day operations of all partners.

11.2. This document sets out confirms which tasks are being handed over and to whom by 31 March 2020.

12. Delivery in practice

An Accountability Framework/Workplan for delivery from 1 April 2020 based on the Blueprint and Transition Plan and agreed by the Sefton Health and Care Transformation Board in January 2020 is attached at Appendix 1.

13. Draft Governance Framework



Destination/approach for other groups that sat within the previous governance framework and reported to the Sefton Transformation Board:

Digital strategy implementation	Approach & strategy oversight to be agreed?
BI strategy and implementation	Approach & strategy oversight to be agreed?
Workforce strategy	Individual organisations with task and finish in due course
Estates strategy	Task & finish in due course
Finance 'strategy'	CCG lead, continue to meet as Finance Group (reporting tba)
Comms Group and strategy	CCG lead, continue Comms Group, matrix report into Provider Alliance.

Appendices

- Appendix 1 Accountability Framework/ Workplan
- Appendix 2 Draft Delivery Mechanism for the Sefton Five Year Plan

Appendix 1: Accountability Framework/Workplan

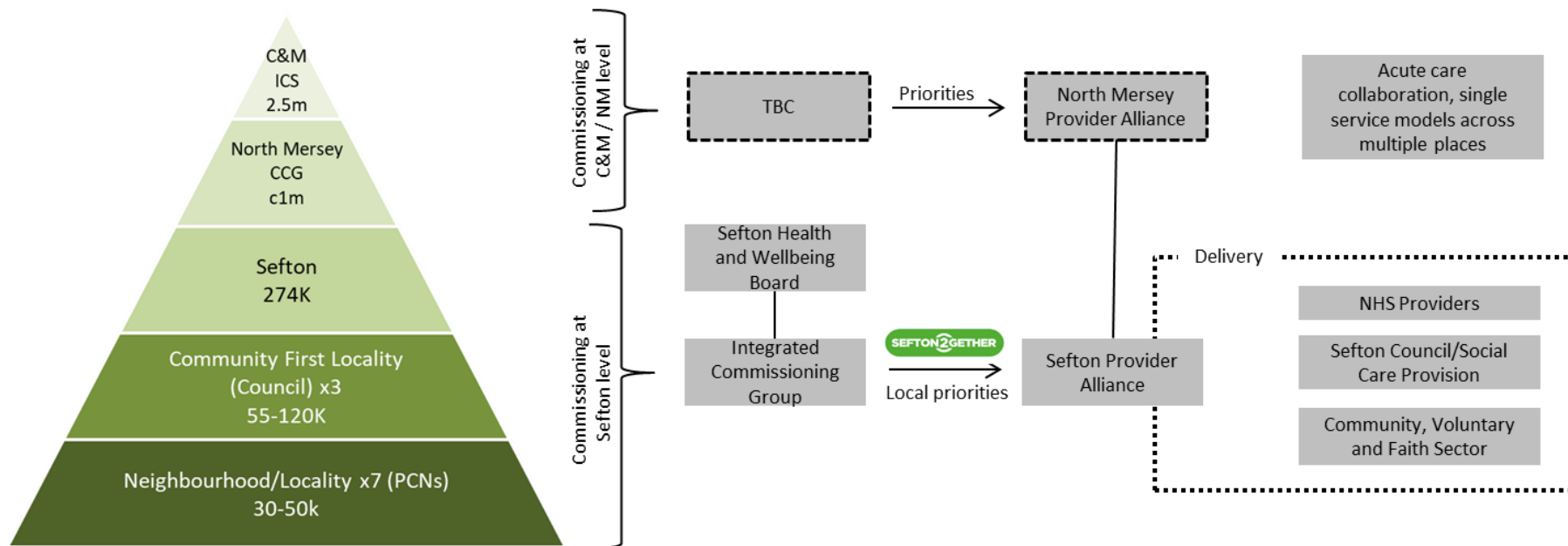
Element	Transition over the next 12 months	High level workplan for next 12 months (2020/21)	Other process to pick up	Lead	Governance
Integrated Commissioning	Strengthen integrated commissioning function aligned to the Sefton Five Year plan and refreshed Health and Wellbeing Strategy.	<ol style="list-style-type: none"> (1) Lead development of integrated commissioning across health and social care. (2) Recruitment of 3 project managers and administrative support to develop integrated commissioning across health and social care and in relation to integrated children's services and public health. (3) Coordination of HWBB meetings/associated governance in support of the integrated commissioning agenda. (4) Lead programme management approach to delivery. 	-	Ellie Moulton Health and Social Care Integration Project Manager	Integrated Commissioning Group Agreement/oversight of joint priorities and set the commissioning strategy at Sefton Borough level (under Health and Wellbeing Board, which has strategic oversight of commissioning priorities).
Provider Alliance ("PA")	Support the PA to evolve along the integrated care continuum to become the delivery vehicle for implementation of many aspects of Sefton's Five Year Plan/Health and Wellbeing Strategy: <ul style="list-style-type: none"> • respond to the commissioning strategy • deliver services as specified and agreed to improve outcomes • embed population health management 	<ol style="list-style-type: none"> (1) Support delivery of integrated community care teams aligned to primary care networks. (2) Support development of appropriate supporting governance. (3) Work alongside the transformation of the commissioning function in Sefton, to land resource/capability to deliver, inter alia, pathway redesign and service evaluation/development functions within the PA and its connection to the Cheshire and Mersey HCP programmes of work from a borough perspective. 	<ul style="list-style-type: none"> • Representation at C&M Place and Programme Forum • Development of the C&M 'Place Matrix' 	Mel Wright Programme Manager, Sefton Provider Alliance	Sefton Provider Alliance Review scope and purpose to achieve strategic oversight for emerging integrated care partnership including delivery of integrated community teams, population health, and progressive level of care delivery over 5 years aligned to integrated commissioning intentions (at Sefton level).

Element	Transition over the next 12 months	High level workplan for next 12 months (2020/21)	Other process to pick up	Lead	Governance
	<ul style="list-style-type: none"> develop and redesign pathways implement integrated care models report on progress towards/ performance in relation to the above to the HWBB. 	<ol style="list-style-type: none"> Facilitate linkage to digital, business intelligence, estates etc to progress and deliver the Sefton’s vision and future state. Facilitate development of a target operating model for health and care across Sefton including building strong working relationships and supporting delivery of the PA’s strategic aims including Primary Care Networks. Development of a workplan to accommodate bringing all of these steps together. Lead programme management approach to delivery. 	<ul style="list-style-type: none"> Begin to track progress re maturity of the system’s competence, capacity and culture to deliver change using P3M3® below. 		
Primary Care Networks ("PCNs")	Strengthen PCN linkage to the Provider Alliance, facilitate understanding of integrated care teams at practice level and develop target operating models for integrated care delivery.	<ol style="list-style-type: none"> Support PCNs to collaborate as a full partner within the Provider Alliance Support PCNs to operate effectively within integrated community care teams under agreed target operating model with appropriate risk stratification. 		Jan Leonard Director, Place (Southport and Formby) Tracy Jeffes Director Place (South Sefton)	Self-governing, with membership and linkage to Sefton Provider Alliance
Acute Sustainability	Further development of business case and any pre-consultation activity.	<ol style="list-style-type: none"> Undertake pre-consultation engagement activity to test out and further develop emerging clinical models and delivery scenarios to feed into the business case process. Requirements for any consultation and associated timescales to be worked through. Collate feedback from regulatory review and focus efforts on further developing the business case to identify deliverable option(s) for the sustainability of acute services for the populations of Southport, Formby & West Lancashire. Lead programme management approach to delivery. 	<ul style="list-style-type: none"> Monthly return to Southport and Ormskirk Improvement Board Representation at the C&M Acute Sustainability Board 	Suzy Ning, Project Director, Acute Sustainability	Acute Sustainability Programme Board/CCGs Joint Committee

Element	Transition over the next 12 months	High level workplan for next 12 months (2020/21)	Other process to pick up	Lead	Governance
Prerequisite/ enabling workstreams					
Digital	Implementation of Sefton's digital strategy	<ul style="list-style-type: none"> (1) Integrated digital care delivery via the Provider Alliance. (2) Development and coordination of implementation plan and monitoring of progress. 	Connection to Cheshire and Mersey/North Mersey Digital Groups	Digital Lead [to be recruited]	Sefton Provider Alliance to oversee task and finish approach to system development of an implementation plan for strategy
Workforce and OD	Implementation of Sefton's workforce and organisational development strategy, identifying how organisational forms, staffing, roles, skills, culture will need to evolve and any emerging intermediate states	<p>Leadership and some programme management support required to support:</p> <ul style="list-style-type: none"> (1) Supporting the move to an integrated care partnership via PA (2) Discreet project to support the development of HWBB (3) coordinate implementation plan and monitor progress. 	Cheshire and Mersey Workforce and OD programmes	SRO to be identified within Sefton Provider Alliance	Sefton Provider Alliance to oversee task and finish approach to system development of an implementation plan for strategy
Finance	Implementation of Sefton's 2020/21 financial strategy	<p>Leadership and some programme management support required to support:</p> <ul style="list-style-type: none"> (1) a move to an integrated care partnership via PA (2) discreet project to support the development of integrated commissioning (3) coordinate implementation plan and monitor progress. 	Confirm the 2020/21 budget process, which should be delivered by CCG Director of Finance working with HCP.	Martin McDowell, CCG Director of Finance	Sefton System Management Board
Estates Group	Implementation of Sefton's estates strategy	<p>Leadership and some programme management support required to support:</p> <ul style="list-style-type: none"> (1) a move to delivery of integrated care via PA (2) S&O acute transformation (3) implementation plan and monitor progress. 		SRO to be identified within Sefton Provider Alliance	Sefton Provider Alliance to oversee task and finish approach to system development of an implementation plan for strategy

Element	Transition over the next 12 months	High level workplan for next 12 months (2020/21)	Other process to pick up	Lead	Governance
Comms & Engagement	Implementation of Sefton's comms and engagement strategy	Some programme management support required to support: (1) delivery of integrated care via PA (2) coordinate implementation plan and monitoring progress.	Representation at the C&M Communications and Engagement Group Monthly NHSEI Reconfiguration Grid (advice on potential consultation/ impact of reconfiguration)	Comms & Engagement Lead, hosted by Sefton CCGs	CCGs have oversight with matrix reporting into PA on specific task and finish projects
Business Intelligence/ Population Health	Implementation of Sefton's BI strategy	Leadership and some programme management support required to support: (1) a move to integrated care delivery and population health management via PA (2) development of integrated commissioning (3) coordinate implementation plan and monitor progress.		SRO to be identified within Sefton Provider Alliance	Sefton Provider Alliance to oversee task and finish approach to system development of an implementation plan for strategy/population health management approach
Voluntary, community and faith sector					
VCF sector support	Support the VCF sector and its role within the Provider Alliance	(1) Facilitate CVF sector to reach a unified offer (2) Assistance on how they best engage with the PA and how they tailor their offers (3) Support on how there can continue to be a thriving VCF sector in Sefton (4) Other areas of support yet to be identified		SRO to be identified within Sefton Provider Alliance	Sefton Provider Alliance via VCF Advisory Group

Appendix 2: Draft Delivery Mechanism for the Sefton Five Year Plan



Strategic commissioner activities

- Investment led priorities, decommissioning policy, service specification and standards, outcomes setting, incentivising innovation and diffusion
- Economic analysis, place based policy, tax and fiscal strategy, investment strategy and regeneration, industrial strategy
- Strategic market shaping, strategic quality assurance, provider resilience and failure, horizon scanning, procurement frameworks
- Contract design, financial planning, investment and capital management
- Place-based planning, evidence-based protocols and pathways
- Performance review and management, regulatory liaison
- Stakeholder engagement and management

Provider Alliance activities in relation to the priorities (phased over 5 years)

- Identification of needs
- Education and skills development
- Service evaluation and development
- Tendering and bid management, purchasing and procurement
- Community-based asset identification and integration, service/pathway co-design, placement strategy, service and care coordination
- Contract management and monitoring, continuous quality improvement, demand management, statutory reporting, safeguarding intervention
- Stakeholder engagement and management

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 23rd January 2020

Chair:
Martin McDowell
(Temporary Chair for this F&R meeting)

Updated Key Issues – agreed by the committee on Thursday 20th February 2020

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case deficit is forecast to be £9.7m at the end of the financial year unless additional mitigations are identified. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its financial plan or its statutory break-even duty for this financial year. 	<ul style="list-style-type: none"> The CCG must work alongside all system partners to engage and deliver savings identified as part of the financial recovery plan. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services. The CCG and system partners need to embark on a transformation plan to enable services to be provided in a cost effective manner. This requires clinical leadership in the CCG to engage with colleagues across the system and influence change which leads to improved quality and reductions in cost. The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach to enable our membership to support implementation of our recovery plan.

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

- The meeting was not quorate due to short-term unavoidable issues. Decisions / recommendations made at this meeting are to be ratified at the next quorate meeting.
- The committee recommended approval of the updated Health & Safety Policy.
- The committee recommended approval of the updated Shared Parental Leave Policy subject to a change of wording in Appendix 2 of the policy.

- The committee recommended approval of the Retirement Policy subject to inclusion of a flow chart, which provides a practical guide on processes to follow by CCG management in relation to this policy.
- The committee received an update on statutory and mandatory training. A process issue regarding 're-registration' for courses was discussed. The CCG will publish supporting information.
- A discussion was held regarding key topics for the upcoming Wider Group Meeting. It was proposed that the following issues should be covered:
 - Dermatology pathway
 - Choice within elective care
 - Joint injections in primary care
- The committee noted the ongoing cost pressures relating to prescribing from changes to 'Cat M' cost arrangements.
- The F&R risk register was agreed.
- The committee recommended approval of the renewal of the following prescribing rebate schemes:
 - GlucoMen® Areo Glucose Sensors
 - Airflusal MDI – Sandoz Ltd
- The committee recommended approval of the commissioning of Andexanet on the following conditions:
 - This is an interim decision until a full review has been undertaken and decision made by NICE regarding use of the drug.
 - If the drug is used, a retrospective report is to be provided to the CCG so that individual use can be monitored.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 20th February 2020

Chair:
Alan Sharples

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG's likely case deficit is forecast to be £8.9m at the end of the financial year. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its financial plan or its statutory break-even duty for this financial year. The CCG has followed NHS North West protocol to revise its financial forecast outturn and has assessed its revised target as achievable although some system risks will need to be mitigated further. 	<ul style="list-style-type: none"> The CCG must work alongside all system partners to engage and deliver savings identified as part of the financial recovery plan. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services. The CCG and system partners need to embark on a transformation plan to enable services to be provided in a cost effective manner. This requires clinical leadership in the CCG to engage with colleagues across the system and influence change which leads to improved quality and reductions in cost. The CCG's Commissioning team will need to articulate the opportunities available to the CCG and be able to explain our approach to enable our membership to support implementation of our recovery plan.

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

- The committee ratified the decisions / recommendations made at the last F&R Committee meeting (23rd January 2020) which had been inquorate.
- The committee approved the Management of Organisational Change Policy subject to minor changes.

- The committee received information on Midlands & Lancashire CSU performance.
- The committee agreed changes to the CCG's financial risk register, noting the certainty that financial plans will not be delivered. This increases the level of risk assigned to delivery of financial performance and reinforces that financial balance is the most significant risk facing the CCG.
- The committee reviewed the Terms of Reference (ToR) for the Sefton Property Estates Partnership (SPEP) group. The committee approved the ToR subject to SPEP group review of the minimum number of members required for quorum.
- The committee received an update on prescribing performance, noting that QIPP schemes had been delivered but other pressures had meant that overall costs had increased.
- The committee approved the Finance & Resource Committee Terms of Reference subject to inclusion of interim cover / deputies as members for quoracy purposes.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 28th November 2019

Chair:
Dr Gina Halstead

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> • NWAS oversight of quality indicators and measures. • Review of the CCG Risk Register. • MIAA Audit Commissioning for Quality (2019). 	<ul style="list-style-type: none"> • Lack of oversight and influence from an individual and Cheshire and Merseyside footprint. • Items on the Risk Register not necessarily CCG risks therefore not able to influence/reduce risk. • Outcome - substantial assurance. 	<ul style="list-style-type: none"> • Jane Lunt to raise across Cheshire and Merseyside for a quality representative at the NWAS Quality Contract Meetings. • Mel Spelman to meet with Debbie Fairclough to review the CCG Risk Register as a whole. Quality Team risks to be reviewed at the Quality Team Meeting to review and close risks. • Dr Gina Halstead to formally thank Debbie Fagan for her leadership. Action plan to be reviewed on a quarterly basis, although ongoing work is being undertaken with NHS Liverpool CCG in relation to capacity and closer working as the CCGs merge.

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

- none

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 30th January 2020 Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> SEND – further work on specific programme. 16 issues on digitalization of patient records. 	<ul style="list-style-type: none"> Pace will not be maintained on action plan. Risk of GDPR breach, increased Primary Care staff workload. 	<ul style="list-style-type: none"> Seconded SEND Lead in place until the end of March 2020. Executive Lead is the Chief Nurse. Contact IMerseyside on this issue and possible solution to the digitalisation.

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

None.

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 15th January 2020
NHS South Sefton CCG

Chair:
Alan Sharples

Key Issue	Risk Identified	Mitigating Actions

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

- The committee ratified a tender and contract waiver form for the Mental Health Military Veterans Service provided by Greater Manchester Mental Health Services.
- The Gifts & Hospitality Register will be reported to Audit Committee in future.
- The committee approved the Whistleblowing Policy.
- The committee approved the Anti-Fraud Bribery and Corruption Policy subject to a minor change relating to names / appendix.
- The committee approved the External Audit Plan.
- The committee received an update on the Internal Audit Progress Report – no issues identified.
- Corporate Risk Register / Governing Body Assurance Framework – the committee asked that further moderation take place through SMT and LT to determine appropriate level of risks.
- The committee delegated approval of Data Security and Protection Toolkit to Audit Committee Chair / CFO upon receipt of final audit report (March 2020).

Key Issues Report to Governing Body

South Sefton Primary Care Commissioning Committee Part 1, 19th December 2019

Chair:
Graham Bayliss

Key Issue	Risk Identified	Mitigating Actions

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

The Committee received an update on the development of the Primary Care Quality dashboard.

The Committee noted the proposed investment in IT for Primary Care and asked that a detailed paper regarding the financial impact of this to be presented to the Finance & Resource Committee.

The Committee supported the Joint Operational Groups recommendation for a formal list closure for Blundellsands Surgery for 6 months.

The Committee noted that the new Social Prescribing roles which form part of the Network Contract Directed Enhanced Service are now in post.

Key Issues Report to Governing Body

South Sefton Primary Care Commissioning Committee Part 1, 16th January 2020

Chair:
Dil Daly

Key Issue	Risk Identified	Mitigating Actions
Draft PCN Services Specification released for consultation. Impact on deliverability due to workforce and timescales.	Practices may withdraw from DES and PCNs become destabilised. This will impact on the delivery of services specifications.	Views submitted to National Consultation. CCG co-ordinated a stock take on current service provision in relation to each specification to understand current position in order to support PCNs.

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

The committee noted the improvement in 7 day Access performance which is 85%, this has exceeded the National target of 75%.

The committee reviewed the work-plan for the committee going forward.

The committee received an update on the One Single Access offer for Primary Care.

Key Issues South Sefton Localities

Meeting Date

January 2020 to March 2020

Bootle Locality/PCN - Chair Catherine Aspden		
Key Issues	Risks Identified	Mitigating Actions
1. Practices have expressed concerns regarding the long waiting times in the community diabetic clinics. This is due to staffing levels at the service.	Patients having to wait long time periods before being seen	Nigel Taylor and Contracts team are in discussions with service to monitor their current staffing levels to ensure continuity
2.		
3.		

Information Points for Governing Body to Note:

Crosby Locality/Crosby and Maghull PCN - Chair Craig Gillespie

Key Issues	Risks Identified	Mitigating Actions
4.		
5.		

Information Points for Governing Body to Note:
No Key issue identified

Maghull Locality - Chair Dr Phil Weston		
Key Issues	Risks Identified	Mitigating Actions
6. High Pastures have shared concerns with the other practices in the locality regarding their situation with the lease.	Should the practice have to close their practice patients would need to be allocated to other practice. These practice feel this would destabilise their practice	Issue are still not resolved but the practice is working with NHSE and CCG to find a resolution
7.		
8.		

Information Points for Governing Body to Note:
The locality have agreed to use a joint communication forum SLACK to share communications and support one another

Seaforth and Litherland Locality/PCN - Chair Emma McDonnell/ Dr Sandra Oelbaum

Key Issues	Risks Identified	Mitigating Actions
9.		
10.		
11.		

Information Points for Governing Body to Note:
No Key issues were identified

Finance and Resource Committee Minutes

Thursday 28th November 2019, 1pm to 3pm

3rd Floor Boardroom, NHS South Sefton CCG, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL

Attendees (Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Jan Leonard	Director of Place, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
In attendance		
Dr Emma McDonnell	GP, Bridge Road Medical Centre	EM
Apologies		
Graham Bayliss	Lay Member (F&R Committee Vice Chair), SS CCG	GB
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Karl McCluskey	Director of Strategy & Outcomes, SS CCG	KMcC
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	Dec 18	Jan 19	Feb 19	Mar 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19
Alan Sharples	Lay Member (Chair) – Joined CCG in August 2019								✓	✓	✓	✓
Graham Morris	Lay Member (Chair) – Left CCG in June 2019	✓	✓	✓	✓	✓						
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	✓	✓	A	✓	✓	✓	A	✓	A
Dr Pete Chamberlain	GP Governing Body Member	✓	A	A	✓	A	A	A	A	✓	✓	A
Dr Sunil Sapre	GP Governing Body Member	A	✓	A	✓	✓	✓	✓	✓	A	✓	✓
Dr John Wray	GP Governing Body Member	A	A	✓	A	✓	A	✓	A	A	A	A
Martin McDowell	Chief Finance Officer	A	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	✓	A	✓	A	✓	A	✓	✓	✓
Debbie Fagan	Chief Nurse	✓	A	✓	A	✓						
Jan Leonard	Director of Place	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Susanne Lynch	CCG Lead for Medicines Management	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes						✓	✓	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	*	*	✓	*	*	*	✓	*

No	Item	Action
General business		
FR19/149	<p>Apologies for absence</p> <p>Apologies for absence were received from Graham Bayliss, Dr Pete Chamberlain, Dr John Wray and Karl McCluskey.</p> <p>Dr Emma McDonnell introduced herself, noting that she was attending the meeting as an observer as part of a leadership training course she is undertaking.</p>	
FR19/150	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
FR19/151	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 24th October 2019 were approved as a true and accurate record and signed-off by the Chair. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR19/152	<p>Action points from the previous meeting</p> <p>FR19/83 Sefton Continence Prescription Service - 2018/19 Review</p> <p>SL reported she has discussed forecast catheter spend projections with Coloplast, who have shared what they have learnt nationally from centralised prescribing services they provide elsewhere in the country. Coloplast have confirmed that spend tends to plateau two to three years after introduction of the service. SL will continue to monitor the spend and meet with Coloplast regularly to discuss spend and quality outcomes related to the service. She confirmed that any updates to note would be reported via the monthly prescribing report. Action closed.</p> <p>FR19/107 Finance Report - Month 4 2019/20</p> <p>MMcD reported that a list of high risk proposals would be reviewed at the Governing Body Development Session scheduled for 5th December 2019. With regard to Blueteq – AOR reported on discussions regarding current clinical assurance procedures around High Cost Drugs activity at South Sefton CCG providers. She provided an update from a recent meeting she attended with SL and Liverpool CCG colleagues to discuss a joint approach to move this forward to ensure that appropriate assurance both financially and clinically is obtained as</p>	

No	Item	Action
	<p>soon as possible. It was agreed to close this action.</p> <p>FR19/113 Action points from the previous meeting FR19/107 Finance Report - Month 4 2019/20 It was noted that the Joint QIPP and Financial Recovery Committee meeting has been rescheduled from 26th November to 3rd December 2019. Therefore the committee agreed to defer the action regarding a timeframe for proposed actions identified within the recommendations section of the finance report, which will be discussed at the next Joint QIPP and Financial Recovery Committee meeting.</p> <p>FR19/118 Continuing Healthcare Update Report It was noted that the due date for the action related to the next CHC update report is January 2020 (when the next report is due to be presented to the committee).</p> <p>FR19/133 Action points from the previous meeting FR19/97 Continuing Healthcare Update Report The action regarding value stream mapping to help explain delays in placements is still open.</p> <p>FR19/133 Action points from the previous meeting FR19/117 QIPP – High Risk Proposals 2019/20 MMcD confirmed an update and review of high risk proposals is on the agenda for the Governing Body Development Session scheduled for 5th December 2019. Action closed.</p> <p>FR19/135 HR & Corporate Policies <u>Health & Safety Policy</u> AS reported that work is ongoing in relation to the review of the Health & Safety Policy and requested that the action stay open on the action tracker until completed.</p> <p>FR19/135 HR & Corporate Policies <u>Health & Safety Policy</u> SL confirmed her queries in relation to the Health & Safety Policy have been resolved. Section 1.4 of the policy has also been corrected. Action closed.</p> <p>FR19/135 HR & Corporate Policies <u>Management of Organisational Change Policy</u> AS reported that work is ongoing in relation to the review of the Management of Organisational Change Policy and requested that the action stay open on the action tracker until completed.</p> <p>FR19/137 Finance & Resource Committee Risk Register AS noted that a review of the F&R Committee risk register would be undertaken during item FR19/154. It was therefore agreed to close this action. Any further actions in relation to the F&R Committee risk register would be noted under item FR19/154.</p> <p><i>It was noted that all other actions on the action tracker for the October 2019 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	

No	Item	Action
<i>Finance</i>		
FR19/153	<p>Finance Report - Month 7 2019/20</p> <p>MMcD provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st October 2019. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • At month 7, the CCG's likely case deficit is forecast to be £9.979m at the end of the financial year unless additional mitigations are identified. • The CCG deficit at month 7 has been calculated at £5.821m. The year to date deficit reflects the under delivery of QIPP savings and cost pressures which have emerged at this stage in the financial year. • The main financial pressures relate to continuing care packages and cost pressures on the learning difficulties budget. • The budget for mental health care packages is forecast to overspend due to an increased number of packages in year. • The year to date performance for the Acting as One providers shows an under performance of expenditure against plan, which would represent an underspend of £0.881m under PBR contract arrangements. • Quarter 2 data for continuing healthcare shows a sharp increase in the number of Fast Track referrals compared to the last financial year. <p>AOR referred to the Finance Key Performance Indicator table and confirmed that the second row would be amended to show the CCG's control total of £1m surplus.</p> <p>The committee had a detailed discussion regarding the finance report and the CCG's financial position.</p> <p>MMcD referred to section 3 of the finance report (entitled CHC Fast Track Referrals) and queried the accuracy of the two graphs; AOR to review and ensure the graphs are correct.</p> <p>AS referred to Appendix 4 of the finance report which shows the risk adjusted position for month 7. He queried the QIPP achieved to date figures and asked for these to be checked for accuracy; AOR to action.</p> <p>MMcD referred to the protocol for changes to organisational forecasts during 2019/20, which was presented to the committee in October 2019. He informed the committee that this would be discussed at the Governing Body Development Session scheduled for 5th December 2019 ahead of the deadline for the month 9 submission.</p> <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	<p>AOR</p> <p>AOR</p> <p>AOR</p>
FR19/154	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the Finance & Resource Committee Risk Register and explained the rationale behind the post mitigation scores.</p> <p>MMcD proposed that the likelihood post mitigation score and consequence post mitigation score for the following sub-risk be changed from 3X3 to 4X5, as the operational budget forecast is now a significant financial pressure for the CCG,</p>	

No	Item	Action
	<p>as it is above £2m:</p> <p><i>FR009b: There is a risk that the CCG will fail to contain expenditure against its opening budgets and reserves in 2019/20 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>The committee approved this change; the risk register is to be updated accordingly.</p> <p><i>The committee approved the F&R Committee Risk Register, subject to the agreed change to sub-risk FR009b.</i></p>	
FR19/155	<p>CHC Benchmarking – Q1 2019/20</p> <p>AOR tabled and presented a Quarter 1 2019/20 report on CHC Benchmarking. This was an updated version of the report that had been included within the meeting pack. The information included in this report is an extract of the NHS CHC tableau report as at Quarter 1 2019/20 (June 2019).</p> <p>The following data had been extracted for information and included within the report.</p> <ul style="list-style-type: none"> • CHC - expenditure per 50k population • CHC children - expenditure by 50k population • CHC fast track - expenditure by 50k population • FNC - expenditure by 50k population <p>AOR reported that FNC expenditure per 50k population has increased relative to peer groups between Q4 2018/19 and Q1 2019/20. The committee discussed the causal factors for this. AOR reported that work is ongoing at the CCG to understand the increase in FNC expenditure.</p> <p>MMcD referred to the benchmarking graph showing CHC children expenditure per 50k population. He commented on the provision of children's services at Alder Hey and explained that these costs may not be included in the benchmarking data.</p> <p>MMcD noted that he had reviewed Improvement and Assessment Framework performance indicators for the CCG's peer group and had observed that some areas with high CHC expenditure had achieved reduced levels of usage for non-elective beds. He offered to do a further review of these indicators and provide feedback by February 2020. The committee asked for a further review of CHC arrangements to understand why the CCG has high levels of admissions for Ambulatory Care Sensitive Conditions and high levels of bed usage for non-elective activity.</p> <p>EM commented that the Primary Care Networks could be consulted for any potential projects to be undertaken regarding CHC.</p> <p><i>The committee receive this report.</i></p>	<p>MMcD</p> <p>MMcD</p>
FR19/156	<p>Individual Funding Request Service Report - Q2 2019/20</p> <p>JL presented the Individual Funding Request Service Report Q2 2019/20. She reported that 34 applications were received for restricted treatments; of these 25</p>	

No	Item	Action
	<p>were for patients who met the policy criteria.</p> <p>SS queried whether the completion of an IFR form was the responsibility of primary care or secondary care. JL confirmed in some cases, the GP would complete the form but if they have referred a patient to secondary care for an opinion regarding the procedure, it would be the responsibility of the clinician making the decision to list the patient for surgery.</p> <p>AS referred to the recommendations of the report and asked for an update on progress against the two recommendations. JL confirmed discussions are ongoing in relation to the first recommendation regarding applications for lymphoedema treatment. She confirmed that Woodlands Hospice have served notice to the CCG on the provision of the lymphoedema service and that the CCG is in discussions with Mersey Care about future provision of the service. JL confirmed that the second recommendation in the report, which was to add the word 'idiopathic' to section B10.2 of the Criteria Based Clinical Treatments Policy, has been implemented. The change to the policy was approved by the Clinical QIPP Advisory Group (CAG) meeting on 1st October 2019. SS requested a copy of the paper that was presented to the CAG; JL to send.</p> <p><i>The committee received this report.</i></p>	JL
Prescribing		
FR19/157	<p>Prescribing Report – Month 5 2019/20</p> <p>SL provided an overview of the prescribing report for month 5 2019/20, noting that South Sefton CCG is currently forecast to be overspent against the 2019/20 prescribing budget. She confirmed that this forecast has not taken account of the risk pool, which has been set aside to utilise during the year if required.</p> <p>SL reported that the increase in Category M prices has had a significant impact on the financial position this year. She noted that if Category M drugs continue at current prices, the year-end estimated cost for the CCG could be £6.45m, which is an increase of £827k against the previous year and is a contributing factor to the forecast overspend.</p> <p>SL reported on a graph showing the Category M cost pressure trends for CCGs in Merseyside (from April 2017 to January 2019) alongside the England metric for comparison. This was noted by the committee.</p> <p>SS informed SL that his practices have been provided with a very limited number of pneumococcal vaccines. SL confirmed she would ask Colette Page (the CCG's Practice Nurse Lead) to review this issue and escalate to Public Health England.</p> <p>MMcD reported that AOR and SL will work on a reconciliation between the figures in the finance report and the figures in the prescribing report as part of the month 8 closedown. This reconciliation will be presented at the Governing Body Development Session scheduled for 5th December 2019.</p> <p><i>The committee received this report.</i></p>	SL

No	Item	Action
FR19/158	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the Pan Mersey APC recommendation to commission the following medicine: Botulinum Neurotoxin Type A injection (Xeomin®) – for Chronic Sialorrhoea.</p> <p>It was noted that this medicine is recommended for use in the treatment of chronic sialorrhoea, caused by neurological conditions, in accordance with NICE TA605. The committee discussed the recommendation and approved the commissioning of this medicine.</p> <p><i>The committee approved the Pan Mersey APC recommendation to commission the following medicine: Botulinum Neurotoxin Type A injection (Xeomin®) – for Chronic Sialorrhoea.</i></p>	
Minutes of Steering Groups to be formally received		
FR19/159	<ul style="list-style-type: none"> Information Management & Technology (IM&T) Steering Group – July 2019 <p>The committee received the minutes of the IM&T Steering Group meeting (July 2019).</p>	
Closing business		
FR19/160	<p>Provisional F&R Committee Meeting – December</p> <p>Members noted that a provisional committee meeting is scheduled for 19th December 2019. MMcD explained that when provisional meetings in December have taken place previously, they have had single item agendas focussed on the month 8 finance report. AS commented that if the meeting takes place, a workshop format to discuss month 8 finances would be useful. It was agreed that a decision would be made by AS and MMcD as to whether this meeting goes ahead after discussion at the Governing Body Development Session meeting scheduled for 5th December 2019.</p> <p><i>The committee agreed that a decision will be made as to whether the provisional F&R meeting on 19th December 2019 takes place, after the Governing Body Development session on 5th December 2019.</i></p>	AS / MMcD
FR19/161	<p>Any Other Business</p> <p>No items of other business were raised at this meeting.</p>	
FR19/162	<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>Feedback on today's meeting</p> <p>AS asked members to provide feedback on the meeting today, particularly on process, content and behaviours.</p> <p>AOR asked members to consider how the finance report could be developed to improve ease of reference and understanding of the issues presented. AS</p>	

No	Item	Action
	<p>commented that it would be helpful to present financial information in different ways at different times, particularly if a similar message is being presented.</p> <p>AS asked EM for feedback as an observer of the meeting. EM commented that she thought it would be useful to have a member of the Business Intelligence team attend the meeting.</p> <p>MMcD asked members to consider what more can be done as a committee to provide assurance to the Governing Body regarding management of the CCG's financial position.</p>	
	<p>Date of next meetings: Thursday 19th December 2019 (PROVISIONAL MEETING) 1pm to 3pm 3rd Floor Board Room, Merton House</p> <p>Thursday 23rd January 2020 1pm to 3pm 3rd Floor Board Room, Merton House</p>	

Finance and Resource Committee Minutes

Thursday 23rd January 2020, 1pm to 3pm

3rd Floor Boardroom, NHS South Sefton CCG, 3rd Floor, Merton House, Stanley Road, Bootle, L20 3DL

Attendees (Membership)		
Martin McDowell (Temporary Chair for this F&R meeting)	Chief Finance Officer, SS CCG	MMcD
Dr Pete Chamberlain (FR20/07 – FR20/21)	GP Governing Body Member, SS CCG	PC
Susanne Lynch (items FR20/08 part – FR20/21)	Head of Medicines Management, SS CCG	SL
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
In attendance		
Gill Roberts (Item FR20/01-07 via dial in)	Senior HR Business Partner, People Services, ML CSU	GR
Apologies		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Graham Bayliss	Lay Member (F&R Committee Vice Chair), SS CCG	GB
Jan Leonard	Director of Place, SS CCG	JL
Karl McCluskey	Director of Strategy & Outcomes, SS CCG	KMcC
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	Jan 19	Feb 19	Mar 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20
Alan Sharples	Lay Member (Chair) – Joined CCG in August 2019							✓	✓	✓	✓	A
Graham Morris	Lay Member (Chair) – Left CCG in June 2019	✓	✓	✓	✓							
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	✓	A	✓	✓	✓	A	✓	A	A
Dr Pete Chamberlain	GP Governing Body Member	A	A	✓	A	A	A	A	✓	✓	A	✓
Dr Sunil Sapre	GP Governing Body Member	✓	A	✓	✓	✓	✓	✓	A	✓	✓	✓
Dr John Wray	GP Governing Body Member	A	✓	A	✓	A	✓	A	A	A	A	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	A	✓	A	✓	✓	✓	✓
Debbie Fagan	Chief Nurse	A	✓	A	✓							
Jan Leonard	Director of Place	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	A
Susanne Lynch	CCG Lead for Medicines Management	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes					✓	✓	A	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	*	✓	*	*	*	✓	*	*

No	Item	Action
General business		
FR20/01	<p>Apologies for absence</p> <p>MMcD welcomed all to the meeting and noted that due to extenuating circumstances and short-term unavoidable issues, the meeting was inquorate. The CCG's governance lead has been consulted, who has advised that the meeting proceed and that decisions / recommendations made at this meeting will need to be ratified at the next quorate meeting. This matter is to be raised at the next meeting by the Chair.</p> <p>Apologies for absence were received from Alan Sharples, Graham Bayliss, Jan Leonard, Karl McCluskey and John Wray. It was noted that PC and SL would be arriving late to the meeting.</p> <p>As both Chair and Vice Chair of the committee were not present, MMcD confirmed he would chair the meeting, which is in line with advice received from the CCG's governance lead.</p>	MMcD (AS)
FR20/02	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
FR20/03	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 28th November 2019 were recommended for approval as a true and accurate record and signed-off by the Chair. The key issues log was recommended for approval as an accurate reflection of the main issues from the previous meeting.</p>	
FR20/04	<p>Action points from the previous meeting</p> <p>FR19/113 Action points from the previous meeting FR19/107 Finance Report - Month 4 2019/20 MMcD confirmed work is ongoing regarding establishing a timeframe for proposed actions that are identified within the recommendations section of the finance report. Members noted that work is ongoing and agreed to close this action.</p> <p>FR19/118 Continuing Healthcare Update Report The action regarding analysis in Table 1 (Top 15 High Cost Packages – All) and Table 2 (Top 15 High Cost Packages – CHC only) in the CHC Update report is</p>	

No	Item	Action
	<p>still open and will be completed for the next CHC Update report (scheduled for May 2020, as per committee work plan).</p> <p>FR19/133 Action points from the previous meeting FR19/97 Continuing Healthcare Update Report AOR reported that she has contacted PC to discuss value stream mapping in relation to helping to explain delays in placements but a meeting is yet to be arranged. Action still open.</p> <p>FR19/135 HR & Corporate Policies <u>Management of Organisational Change Policy</u> TK reported she has received confirmation that an updated Management of Organisational Change Policy will be presented to the committee at the next meeting in February 2020. This has been added to the work plan and next meeting agenda. Action closed.</p> <p>FR19/155 CHC Benchmarking – Q1 2019/20 In reference to the actions related to reviewing Improvement and Assessment Framework performance indicators for the CCG's peer group and CHC expenditure / reduced levels of usage for non-elective beds – MMcD confirmed that further work is required with urgent care leads and the Senior Management Team. Action still open.</p> <p>AOR reported that she will be meeting with Jane Lunt (the CCG's Interim Chief Nurse) and Brendan Prescott (the CCG's Deputy Chief Nurse) to discuss cost drivers for CHC QIPP opportunities. She confirmed benchmarking data will be used as part of this work to identify areas for further review.</p> <p>FR19/156 Individual Funding Request Service Report - Q2 2019/20 SS confirmed that he has not yet received the paper that was presented to the Clinical QIPP Advisory Group meeting on 1st October 2019, which recommended that the word 'idiopathic' is added to section B10.2 of the Criteria Based Clinical Treatments Policy. MMcD asked TK to send the relevant paper to SS.</p> <p>FR19/157 Prescribing Report – Month 5 2019/20 SS informed the committee that his practices are still experiencing issues in relation to being provided with a limited number of pneumococcal vaccines. It was agreed to raise this issue with SL when she joins the meeting [covered under item <i>FR20/20: Any Other Business</i>].</p> <p><i>It was noted that all other actions on the action tracker for the November 2019 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	
<i>Policies / frameworks for approval</i>		
FR20/05	<p>Health & Safety Policy MMcD presented the Health & Safety Policy, which has been updated since it was last presented to the committee in October 2019. Further to comments raised at the last meeting, SL's queries in relation to the Health & Safety Policy have been resolved. The Plan-Do-Check-Act diagram and Section 1.4 of the policy have also been corrected.</p>	

No	Item	Action
	<p>PC joined the meeting.</p> <p>MMcD presented the HR Performance Dashboard up to November 2019 and reported a decrease in the statutory and mandatory training compliance rate due to issues with the new ESR system. Midlands & Lancashire CSU are working to resolve these issues. GR reported on an issue in relation to re-subscribing to access a course if the time has elapsed for completion. She confirmed that she would send an ESR guide to the CCG to be shared with staff to help with this issue.</p> <p>It was noted that the sickness absence rate decreased between October and November 2019.</p> <p>The committee received this report.</p> <p>GR left the meeting.</p>	GR
<i>Finance</i>		
FR20/08	<p>Finance Report - Month 9 2019/20</p> <p>AOR provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st December 2019. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG likely case forecast outturn at month 9 is £9.700m deficit. • The main financial pressures relate to Continuing Care packages. This relates to increased cost and volume of packages for Continuing Health Care, Funded Nursing Care, Personal Health Budgets and Mental Health packages. • BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained. • The year to date performance for the Acting as One providers shows an over performance of expenditure against plan; this would represent an underspend of £1.113m under PbR contract arrangements. • The CCG monthly QIPP Week is taking place this week. A key focus continues to be engagement with clinical leads. • A run rate chart for 2019/20 has been included in the finance report. This shows the deficit in each month as a result of under delivery against the QIPP plan and increased cost pressures during the year. • The main sources of increased CHC fast track referrals are from Aintree University Hospital and District Nurse Teams, which reflects the increased focus to support discharge from acute care beds. <p>The committee had a detailed discussion regarding the finance report.</p> <p>Members noted and discussed financial pressures in relation to the independent sector, particularly Renacres.</p> <p>AOR provided the committee with an update from an Acting as One Oversight Group meeting she and MMcD attended on 17th January 2020.</p> <p>SL joined the meeting.</p> <p>MMcD referred to decreasing activity in relation to the number of births at Liverpool Women's NHS Foundation Trust and queried whether there was a</p>	AOR

No	Item	Action
	<p>corresponding increase at Southport & Ormskirk NHS Trust. AOR to review.</p> <p>MMcD referred to Appendix 2 (Detailed Breakdown of Provider Costs) and queried the accuracy of the year to date variance figure at month 9 for Royal Liverpool and Broadgreen University Hospital NHS Trust. AOR to review.</p> <p>MMcD and AOR referred to the protocol for changes to organisational forecasts during 2019/20, which was presented to the committee in October 2019. Following advice from NHS England / Improvement, any change to the forecast financial position has been deferred from month 9 to month 10.</p> <p>The committee had a detailed discussion regarding key topics for the upcoming Wider Group meeting. It was proposed that the following issues should be covered:</p> <ul style="list-style-type: none"> • Dermatology pathway • Choice within elective care • Joint injections in primary care <p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	AOR
FR20/09	<p>Continuing Healthcare Update Report</p> <p>AOR presented a Continuing Healthcare (CHC) report. The report provides an update in relation to CHC work currently in progress or planned during the 2019/20 financial year.</p> <p>AOR reported that a dedicated CHC Programme Lead was recruited during December 2019 to provide support on the CHC work plan and in the development of the end to end service.</p> <p>AOR referred to a recent meeting between the CCG, Midlands & Lancashire CSU and Adam colleagues. QIPP opportunities that have previously been explored in the Staffordshire area were discussed at this meeting; Midlands & Lancashire CSU have provided the CCG with information in relation to these projects. These opportunities / projects will be reviewed by the Quality Team as part of the CCG QIPP work.</p> <p>The committee noted that the Adam DPS contract has been extended until April 2020. Future options for post April 2020 are being considered.</p> <p>A discussion took place regarding retrospective reviews.</p> <p><i>The committee received this update report.</i></p>	
FR20/10	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the Finance & Resource Committee Risk Register and updated the committee on each risk. He reported that the likelihood post mitigation score for risk FR009 (risk of non-delivery of the CCG's control total of £1m surplus) and risk FR0010 (risk of non-delivery of the CCG's statutory duty to breakeven) is likely to increase from 4 to 5. At this stage, however, he proposed that the likelihood post mitigation score remain at 4 until there have been further discussions with NHS England / Improvement regarding the CCG's</p>	

No	Item	Action
	<p>control total. The committee agreed with this proposal.</p> <p><i>The committee recommended approval of the F&R Committee Risk Register, noting that the likelihood post mitigation score for risk FR009 and risk FR0010 was likely to increase from 4 to 5.</i></p>	
FR20/11	<p>Finance Strategy Update</p> <p>MMcD provided an update on the CCG's finance strategy. He reported that the CCG is working on the first draft of the finance strategy for 2020/21 and that an update would be presented to the Governing Body in February 2020. He reported that the NHS Operational Planning and Contracting Guidance for 2020/21 is due to be published next week.</p> <p>MMcD reported that he attended an NHS England / Improvement event for NHS Chief Finance Officers and Finance Directors in London on 22nd January 2020. This event had been arranged to discuss shared challenges and opportunities and to provide an update on the latest NHS finance policy developments. MMcD provided an update from this event.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Estates</i>		
FR20/12	<p>Estates Update</p> <p>It was noted there was no update to provide for this item.</p>	
<i>Prescribing</i>		
FR20/13	<p>Prescribing Report – Month 7 2019/20</p> <p>SL provided an overview of the prescribing report for month 7 2019/20, noting that South Sefton CCG is currently forecast to be overspent against the 2019/20 prescribing budget. She confirmed that this forecast has not taken account of the risk pool, which has been set aside to utilise during the year if required.</p> <p>SL reported on continuing cost pressures as a result of changes to Category M drug cost arrangements. She also noted cost pressures in relation to Direct Oral AntiCoagulants (DOACs) and No Cheaper Stock Obtainable (NCSO) drugs. A discussion followed in relation to the cost pressures reported at the meeting.</p> <p><i>The committee received this report.</i></p>	
FR20/14	<p>Prescribing Rebate Scheme - GlucoMen Areo Sensors (50)</p> <p>SL presented a paper with the recommendation to approve the renewal of the following rebate scheme:</p> <p><i>GlucoMen Areo Glucose Sensors</i></p> <p>SL confirmed that the prescribing of this drug is APC Pan Mersey recommended.</p> <p><i>The committee recommended approval of the renewal of the GlucoMen</i></p>	

No	Item	Action
	Areo Glucose Sensors rebate scheme.	
FR20/15	<p>Prescribing Rebate Scheme - Airflusal MDI – Sandoz Ltd SL presented a paper with the recommendation to approve the renewal of the following rebate scheme:</p> <p><i>Airflusal MDI – Sandoz Ltd</i></p> <p>SL confirmed that the prescribing of this drug is APC Pan Mersey recommended.</p> <p><i>The committee recommended approval of the renewal of the Airflusal MDI rebate scheme.</i></p>	
FR20/16	<p>Recommendation to approve the CCG commissioning of Andexanet SL presented a paper with the recommendation to approve the commissioning of Andexanet.</p> <p>Andexanet is a licenced antidote and reversal agent for factor Xa inhibitor anticoagulants. Liverpool University Hospitals have proposed to commission the use of Andexanet in very specific situations across Pan Mersey. SL confirmed that use would only be authorised by senior haematologists. SL reported that Andexanet is on the NICE work plan and the Technical Appraisal Guidance is scheduled for publication in June 2020, but has not yet been approved for use in Pan Mersey.</p> <p>The committee had an extensive discussion in relation to the use of Andexanet and the importance of not delaying access to a life-saving drug for patients and / or clinicians. Further to discussion, the committee made the following recommendation.</p> <p><i>The committee recommended approval of the commissioning of Andexanet on the following conditions:</i></p> <ul style="list-style-type: none"> - <i>This is an interim decision until a full review has been undertaken and decision made by NICE regarding use of the drug.</i> - <i>If the drug is used, a retrospective report is to be provided to the CCG so that individual use can be monitored.</i> 	
2020/21 F&R Meeting Work Plan and Dates		
FR20/17	<p>Committee Work Plan 2020/21 MMcD presented the Finance & Resource Committee Work Plan for 2020/21. The work plan sets out the plan of agenda items / issues to be addressed by the Finance & Resource Committee during 2020/21.</p> <p><i>The committee received the Finance & Resource Committee work plan for 2020/21.</i></p>	
FR20/18	<p>Committee Meeting Dates 2020/21 MMcD presented a paper which sets out the planned dates of the Finance & Resource Committee meetings for 2020/21. Calendar invitations have been issued to members.</p>	

No	Item	Action
	<i>The committee received the Finance & Resource Committee meeting dates for 2020/21.</i>	
Minutes of Steering Groups to be formally received		
FR20/19	<ul style="list-style-type: none"> • Sefton Property Estates Partnership (SPEP) Steering Group – October 2019 • Information Management & Technology (IM&T) Steering Group – November 2019 <p>The committee received the minutes of the SPEP Steering Group meeting (October 2019) and IM&T Steering Group meeting (November 2019).</p>	
Closing business		
FR20/20	<p>Any Other Business</p> <p><u>Pneumococcal Vaccines</u> SS notified SL of the issues his practices have experienced in relation to limited pneumococcal vaccines (reported under item <i>FR20/04</i>). SL confirmed she would raise these issues at the Primary Care Operational Group meeting and report back to SS.</p>	SL
FR20/21	<p>Key Issues Review 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: Thursday 20th February 2020 1pm to 3pm 3rd Floor Board Room, Merton House</p>	

Finance and Resource Committee Minutes

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Attendees (Membership)		
Alan Sharples	Lay Member (F&R Committee Chair), SS CCG	AS
Graham Bayliss	Lay Member (F&R Committee Vice Chair), SS CCG	GB
Martin McDowell	Chief Finance Officer, SS CCG	MMcD
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
In attendance		
Cameron Ward	Programme Director, Sefton Health & Social Care Transformation Programme	CW
Gill Roberts (Items FR20/22-23 and FR20/26 via dial in)	Senior HR Business Partner, People Services, ML CSU	GR
Apologies		
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Jan Leonard	Director of Place, SS CCG	JL
Karl McCluskey	Director of Strategy & Outcomes, SS CCG	KMcC
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

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Name	Membership	Feb 19	Mar 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20	Feb 20
Alan Sharples	Lay Member (Chair) – Joined CCG in August 2019						✓	✓	✓	✓	A	✓
Graham Morris	Lay Member (Chair) – Left CCG in June 2019	✓	✓	✓								
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	A	✓	✓	✓	A	✓	A	A	✓
Dr Pete Chamberlain	GP Governing Body Member	A	✓	A	A	A	A	✓	✓	A	✓	A
Dr Sunil Sapre	GP Governing Body Member	A	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Dr John Wray	GP Governing Body Member	✓	A	✓	A	✓	A	A	A	A	A	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	A	✓	A	✓	A	✓	✓	✓	✓	A
Debbie Fagan	Chief Nurse	✓	A	✓								
Jan Leonard	Director of Place	A	✓	✓	✓	✓	✓	✓	✓	✓	A	A
Susanne Lynch	Head of Medicines Management	A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes				✓	✓	A	A	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	*	✓	*	*	*	✓	*	*	*

No	Item	Action
General business		
FR20/22	<p>Apologies for absence</p> <p>Apologies for absence were received from Dr Pete Chamberlain, Jan Leonard, Karl McCluskey, Alison Ormrod and Dr John Wray.</p> <p>Cameron Ward, who is covering the CCG Director of Strategy and Outcomes role on an interim basis, was in attendance.</p> <p>GR was in attendance (via dial in) to present item <i>FR20/26</i> only; the Chair therefore decided that this item would be discussed directly after item <i>FR20/23</i>. The rest of the meeting would follow the order of the agenda. The minutes of the meeting would be structured in line with the original order of the agenda.</p>	
FR20/23	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
FR20/24	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 23rd January 2020 were reviewed.</p> <p>In reference to Item <i>FR20/16: Recommendation to approve the CCG commissioning of Andexanet</i>, SL clarified that potentially other Trusts, in addition to Liverpool University Hospitals NHS Foundation Trust, will use Andexanet and therefore the commissioning of the drug would apply to more than one Trust. To ensure clarity, the committee agreed that the following amendments are to be made to the minutes, which removes specific mention to Liverpool University Hospitals.</p> <ul style="list-style-type: none"> - The opening sentence is to be amended to: 'SL presented a paper with the recommendation to approve the commissioning of Andexanet.' - The recommendation sentence is to be amended to: 'The committee recommended approval of the commissioning of Andexanet on the following conditions:' [this amendment applies to both the minutes and key issues of the previous meeting]. <p>As noted in the minutes of the last meeting, the conditions of approval were:</p> <ul style="list-style-type: none"> - This is an interim decision until a full review has been undertaken and decision made by NICE regarding use of the drug. - If the drug is used, a retrospective report is to be provided to the CCG so 	

No	Item	Action
	<p>that individual use can be monitored.</p> <p>The minutes of the previous meeting were approved as a true and accurate record subject to the above amendments. The key issues log was approved as an accurate reflection of the main issues from the previous meeting, subject to the amendment specified above. TK to action the amendments.</p> <p>AS reported that as the last F&R Committee meeting was inquorate, the Governing Body was asked to support the recommendation to approve the commissioning of Andexanet at its meeting on 6th February 2020. The issue had been escalated to the Governing Body given the importance of not delaying access to a life-saving drug for patients and / or clinicians.</p> <p>AS reported that an extensive discussion took place at the Governing Body meeting; this was followed by an email to the Governing Body with further information on the commissioning of Andexanet and a request for each member to provide confirmation on whether they supported the F&R Committee's recommendation. SL had confirmed via email to Governing Body members that potentially other Trusts, in addition to Liverpool University Hospitals Foundation Trust, will use the drug and therefore the commissioning of the drug would apply to more than one Trust. SL reported that the CCG's Corporate Business Manager has confirmed that the majority of Governing Body members have responded to confirm support for the commissioning of Andexanet.</p>	TK
FR20/25	<p>Action points from the previous meeting</p> <p>FR20/01 Apologies for absence The committee ratified the decisions / recommendations made at the last F&R Committee meeting on 23rd January 2020, which had been inquorate. Action closed.</p> <p>FR19/118 Continuing Healthcare Update Report It was noted that the due date for the action related to the next CHC update report is May 2020 (when the next report is due to be presented to the committee).</p> <p>FR19/133 Action points from the previous meeting FR19/97 Continuing Healthcare Update Report MMcD reported that PC and AOR are yet to meet to discuss value stream mapping, which could be used to help explain delays in placements. MMcD commented that the urgency of this action may require review given other current priorities. The committee agreed to keep this action open for the time being.</p> <p>FR19/155 CHC Benchmarking – Q1 2019/20 MMcD reported that the action regarding review of Improvement and Assessment Framework indicators in relation to CHC expenditure and levels of non-elective bed usage is still open. He confirmed that a more general review of urgent care is required and that the findings will be reported back to the F&R Committee accordingly. The committee agreed that the action regarding a CCG review of urgent care supersedes the current action on the tracker.</p>	MMcD

No	Item	Action
	<p>FR20/06 HR Policies <u>Retirement Policy</u></p> <p>SL reported that she has been sent a flow chart, which is proposed to be included as an appendix to the Retirement Policy to provide a practical guide on processes to follow by CCG managers in relation to this policy. SL confirmed she has sent feedback to the CCG's HR advisers and is awaiting a revised version. The committee agreed to leave this action open on the tracker until the flow chart has been finalised.</p> <p>FR20/08 Finance Report - Month 9 2019/20</p> <p>MMcD reported that further to review, the decreasing activity in relation to the number of births at Liverpool Women's NHS Foundation Trust has not resulted in a corresponding increase at Southport & Ormskirk NHS Trust. Action closed.</p> <p>FR20/08 Finance Report - Month 9 2019/20</p> <p>MMcD reported that the issue regarding the accuracy of the year to date variance figure at month 9 for Royal Liverpool and Broadgreen University Hospital NHS Trust is now resolved. Action closed.</p> <p>FR20/20 Any Other Business <u>Pneumococcal Vaccines</u></p> <p>SL requested that the action related to issues experienced with limited pneumococcal vaccines be deferred to the next meeting, as she needs to liaise further with the CCG's Practice Nurse Lead. The committee agreed to defer the action.</p> <p><i>It was noted that all other actions on the action tracker for the January 2020 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised on the updates provided.</i></p>	
<i>Policies / frameworks for approval</i>		
FR20/26	<p>Management of Organisational Change Policy</p> <p>GR presented the Management of Organisational Change Policy, which has been reviewed and updated following feedback from the F&R Committee in October 2019. Amendments have been proposed to provide additional clarity regarding what could potentially constitute "change" and the advice and support that should be sought from HR, staff side and union representatives as part of that process. AS provided background information in relation to the committee feedback that was provided in October 2019.</p> <p>GR reported that the policy had been presented to the Southport & Formby F&R Committee yesterday (19th February 2020). The policy had been approved subject to the following changes.</p> <ul style="list-style-type: none"> • A sentence is to be added to the Introduction (as section 1.4) that states, 'In all circumstances, definitive HR advice must be sought before a change is proposed (see section 5.1).' <p>The committee had noted that this information is in section 5.1 but stressed that, given its importance, this sentence should be included earlier in the policy under the Introduction, with a note in brackets directing the reader to section 5.1.</p>	

No	Item	Action
	<ul style="list-style-type: none"> • Section 1.3 is to be reworded to the following sentence: 'The CCG will handle all change sensitively.' • The committee had requested that guidance on storage of HR advice be added to the second paragraph in section 5.1, and delegated authority to the CCG's HR advisers and Corporate Governance team to agree the wording. • The following typographical errors in section 8.1 require correction: <ul style="list-style-type: none"> - There is a duplication of the word 'that' which is to be removed. - The word 'describing' is to be corrected to 'describes'. <p>The South Sefton F&R Committee agreed with the above changes and requested that they be actioned for the South Sefton version of the policy; GR to action.</p> <p>The committee had an extensive discussion regarding the policy and requested that the following additional changes be made.</p> <ul style="list-style-type: none"> • Section 8.1: the opening sentence in this section states, 'Regardless of the type of change being proposed, managers shall prepare a consultation or engagement document on the proposed organisational change....' Comments were raised that the wording, 'Regardless of the type of change', could be interpreted as any type of change; it was noted that this does not correspond with section 5.2, which states 'Reasonable minor changes and adjustments to duties and working practices may be implemented without recourse to the formal procedures in this document but will require reasonable consultation with staff affected.' <p>GR clarified that section 8.1. would only apply to cases where a decision had been made through HR advice that recourse to formal procedures in this policy would be required. The committee therefore requested that this be made clear in section 8.1 and delegated authority to the CCG's HR advisers and Corporate Governance team to agree the wording.</p> <ul style="list-style-type: none"> • The committee requested a flow chart be included as an appendix to the policy, which provides a practical guide on processes to follow by CCG line managers in relation to this policy. <p>GR to action the above two additional amendments.</p> <p>AS requested that the additional two amendments be proposed to the Southport & Formby F&R Committee to help ensure that the policies for the Sefton CCGs are consistent. TK to check the governance process for this and arrange accordingly.</p> <p>AS enquired about the status of individual organisational policies after a merger. GR provided an explanation, noting that if a potential merger took place, all existing policies would be reviewed and a new set of policies would be adopted by the new organisation.</p> <p><i>The committee approved the Management of Organisational Change Policy</i></p>	<p>GR</p> <p>GR</p> <p>TK</p>

No	Item	Action
	subject to the amendments noted above.	
<i>Service contracts</i>		
FR20/27	<p>Midlands & Lancashire CSU: Summary Service Report</p> <p>MMcD presented the Midlands & Lancashire CSU Summary Service Report for the period 1st September 2019 – 31st December 2019.</p> <p>Members had a discussion about the CCG's contract with Midlands and Lancashire CSU and contract renewal. MMcD commented that the CHC end-to-end package of support is yet to be finalised.</p> <p>MMcD provided an update regarding business intelligence and the Aristotle model.</p> <p>GB enquired about CSU resources and capacity given the proposed merger with Southport & Formby CCG, Liverpool CCG and Knowsley CCG. MMcD confirmed he would raise this issue with the North Mersey CCG Merger Steering Group.</p> <p><i>The committee received this report.</i></p>	MMcD
<i>Finance</i>		
FR20/28	<p>Finance Report - Month 10 2019/20</p> <p>MMcD provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 31st January 2020.</p> <p>MMcD reported that the CCG has followed the protocol to change financial forecast out-turn procedure as per NHSE/I guidance and has agreed a revised year-end target of £8.900m deficit with the regulators. The CCG has assessed its revised target as achievable although some system risks will need to be mitigated further.</p> <p>The committee had a detailed discussion regarding the CCG's financial position, the revised year-end target and QIPP delivery. MMcD reported that an evaluation of the current status of QIPP schemes will be presented at the Joint QIPP and Financial Recovery meeting on 25th February 2020.</p> <p>MMcD referred to increased costs that have been seen in the independent sector during this financial year, in the context of the Acting as One contract agreement. As a block contract arrangement, any increase in independent sector costs would not be offset by decreasing costs within providers included in the Acting as One agreement. The year to date performance for Acting as One would represent an underspend of £1.095m under PbR contract arrangements.</p> <p>MMcD informed the committee of anecdotal evidence that although the initial wait time for the independent sector is shorter than the corresponding service at the NHS, the overall treatment time is similar to that being provided by the NHS. The CCG will review this issue to understand if it is accurate.</p> <p>A discussion took place regarding the CCG's revised year-end target and the CCG's 2020/21 financial trajectory (to be discussed further under item FR20/30).</p>	

No	Item	Action
	<p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	
FR20/29	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the Finance & Resource Committee Risk Register. The committee noted the certainty at this stage in the financial year that the CCG will not deliver its financial plan or its statutory duty. The committee agreed that this increases the level of risk assigned to delivery of financial performance and reinforces that financial balance is the most significant risk facing the CCG.</p> <p>Given the certainty that the CCG's financial plan will not be delivered, the committee agreed that the likelihood post mitigation score should be changed from 4 to 5 for the following risks and sub-risks, in line with the CCG's risk matrix rationale. This results in a total post mitigation score of 25 (likelihood score 5 X consequence score 5) for each risk:</p> <ul style="list-style-type: none"> • <i>Risk FR009: There is a risk of non delivery of the CCG's control total of £1m surplus in 2019/20 due to emerging pressures on expenditure or non-delivery of its savings plan.</i> • <i>Sub-risk FR009a: There is a risk that the CCG will not fully deliver its planned QIPP target in 2019/20 caused by non-delivery of high risk QIPP schemes resulting in a failure to deliver required levels of savings.</i> • <i>Sub-risk FR009b: There is a risk that the CCG will fail to contain expenditure against its opening budgets and reserves in 2019/20 caused by potential expenditure pressures resulting in increased costs and a reduction in the ability to achieve its control total and Statutory Financial Duty.</i> • <i>Risk FR0010: There is a risk of non-delivery of the CCG's statutory duty to breakeven in 2019/20 due to emerging pressures on expenditure or non-delivery of its savings plan.</i> <p>The F&R Committee Risk Register is to be updated with the agreed post mitigation score changes.</p> <p><i>The committee approved the F&R Committee Risk Register subject to changing the likelihood post mitigation score from 4 to 5 for risks FR009 and FR0010, and sub-risks FR009a and FR009b.</i></p>	MMcD / TK
FR20/30	<p>Letter re. Updated Financial Improvement Trajectory and Financial Recovery Fund Allocation</p> <p>MMcD presented a letter from Bill McCarthy (Regional Director, NHS England and NHS Improvement North West Team), dated 31st January 2020, which confirms the CCG's updated 2020/21 financial trajectory and the requirement to deliver a surplus of £1.8m.</p> <p>MMcD reported that the first iteration of the financial plan for 2020/21 is due to NHSE/I on 5th March 2020.</p>	

No	Item	Action
	<i>The committee received and noted the contents of this letter.</i>	
<i>Estates</i>		
FR20/31	<p>SPEP Terms of Reference</p> <p>MMcD presented the Terms of Reference for the Sefton Property Estate Partnership (SPEP) steering group, which were reviewed and agreed at the last SPEP meeting on 5th February 2020. Minor amendments had been made by the SPEP group to the wording within the Membership / In Attendance section but the main content remains unchanged since the previous review in February 2019.</p> <p>The committee approved the main content of the SPEP Terms of Reference but requested that the SPEP group review the minimum number of members required for quorum. This is to be arranged for the next SPEP meeting.</p> <p><i>The committee approved the SPEP Terms of Reference subject to a review (by the SPEP group) of the minimum number of members required for quorum.</i></p>	TK
<i>Prescribing</i>		
FR20/32	<p>Prescribing Report – Month 8 2019/20</p> <p>SL provided an overview of the prescribing report for month 8 2019/20, noting that South Sefton CCG is currently forecast to be overspent against the 2019/20 prescribing budget. She confirmed that this forecast has not taken account of the risk pool, which has been set aside to utilise during the year if required.</p> <p>SL updated the committee on prescribing performance. It was noted that QIPP schemes continue to be delivered but other pressures have meant overall costs have increased. SL reported on a number of prescribing cost pressures including Category M drugs. She reported that the Medicines Management team continue to focus on cost savings.</p> <p>The committee discussed an issue related to the continence service and coding. MMcD provided background information to this and SL confirmed that work regarding this issue will be undertaken with the finance team.</p> <p><i>The committee received this report.</i></p>	TK
<i>Committee Governance</i>		
FR20/33	<p>F&R Committee Terms of Reference</p> <p>MMcD presented a draft version of the F&R Committee Terms of Reference, which are due for review in February 2020, and asked the committee to review and agree any relevant updates. The content had last been reviewed and agreed by the committee in March 2019.</p> <p>The committee discussed the Terms of Reference and agreed that sections 2.3 and 2.5 should be amended to note that attendance by deputies or interim cover will count towards quorum in the absence of a member. The wording in sections 2.3 and 2.5 is to be amended accordingly through liaison with the CCG's governance lead.</p>	TK

No	Item	Action
	<p>TK confirmed that the updated Terms of Reference would be presented to the Governing Body for approval; TK to arrange.</p> <p><i>The committee reviewed and agreed the F&R Committee Terms of Reference, subject to amendments to sections 2.3 and 2.5 as noted above.</i></p>	TK
Minutes of Steering Groups to be formally received		
FR20/34	<ul style="list-style-type: none"> Sefton Property Estates Partnership (SPEP) Steering Group – December 2019 <p>The committee received the minutes of the SPEP Steering Group meeting (December 2019).</p>	
Closing business		
FR20/35	<p>Any Other Business</p> <p><u>NHSE/I – Intensive Support Team</u> MMcD reported that Cheshire and Merseyside has been identified by NHSE / I as one of 11 health and care partnership areas that require intensive support.</p> <p>NHSE / I have asked systems to articulate four key transformation priorities for consideration by the regulators as areas for future support. MMcD reported that the following priorities have been proposed.</p> <ol style="list-style-type: none"> 1) Urgent Care 2) Outpatients – digitisation 3) Workforce – focus on agency 4) Fragile services <p>The committee discussed the intensive support as well as the governance in relation to identifying the priority areas.</p> <p><u>Cheshire & Merseyside Sub-Region Systems</u> MMcD informed the committee of the Cheshire & Merseyside Health & Care Partnership's (C&M HCP) proposals for the configuration of four C&M sub-region systems. He reported the C&M HCP propose to review performance via these sub-region systems. MMcD confirmed that the four C&M sub-region systems are: North Mersey (which incorporates South Sefton CCG), Mid Mersey, Cheshire and Wirral. The committee noted this information.</p>	
FR20/36	<p>Key Issues Review MMcD highlighted the key issues from the meeting and these will be presented as a Key Issues Report to Governing Body.</p>	
	<p>Feedback on today's meeting AS asked members to provide feedback on the meeting today, particularly on process, content and behaviours. He also requested that this item be added as a standing agenda item on the F&R Committee work plan; TK to action.</p> <p>MMcD suggested that the committee review performance of local acute NHS</p>	TK

No	Item	Action
	<p>Trusts in future, particularly in the context of the system work that the CCG is undertaking. He also asked the committee to keep in consideration the 'Comply or Explain' principle applied in the NHS.</p> <p>CW provided positive feedback on the level of discussion at today's meeting.</p> <p>SL commented that a significant proportion of time had been spent on discussion regarding an HR policy today. A discussion followed. It was noted that as HR is a resource, the Finance & Resource Committee would be the appropriate committee to approve the policy. It was also noted that policies are reviewed by the Corporate Governance Support Group prior to being presented to the F&R Committee.</p> <p>GB commented that it would be useful to receive more detailed feedback on QIPP schemes and particularly those that have not been successful.</p>	
	<p>Date of next meeting: Thursday 19th March 2020 1pm to 3pm 3rd Floor Board Room, Merton House</p>	

Joint Quality and Performance Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 28th November 2019 at 09.00 – 12.00

Venue: 5A, Merton House, Stanley Road, Bootle, Liverpool L20 3DL

Membership		
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
Dr Gina Halstead (Chair)	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Jane Lunt	Chief Nurse (Secondment from LCCG) (SSCCG/SFCCG)	JL
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
In attendance		
Tracey Forshaw	Assistant Chief Nurse (SSCCG)(SFCCG)	TF
Mel Spelman	Programme Manager Quality and Risk (SSCCG/SFCCG)	MS
Ellora Moore	Student Nurse (SSCCG/SFCCG)	EM
Cameron Ward (attending in the absence of Karl McCluskey)	Programme Director (SSCCG/SFCCG)	CW
Helen Roberts	Pharmacist (SSCCG/SFCCG)	HR
Lynne Savage	Deputy Head of Quality and Safety (SSCCG/SFCCG)	LS
Sharon Forrester (for agenda item 19/188 only)	Head of Commissioning and Delivery, Urgent Care (SSCCG/SFCCG)	SF
Apologies		
Karen Garside	Designated Nurse Safeguarding Children (SSCCG)	KG
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
Martin McDowell	Chief Finance Officer (SFCCG/SSCCG)	MMcD
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Billie Dodd	Head of Commissioning (SSCCG/SFCCG)	BD
Karl McCluskey	Director of Strategy and Outcomes (SSCCG/SFCCG)	KMc
Dr Jeffrey Simmonds	Secondary Care Doctor (SSCCG/SFCCG)	JS
Brendan Prescott	Deputy Chief Nurse (SSCCG/SFCCG)	BP
Graham Bayliss	Lay Member (SSCCG)	GB
Susanne Lynch	GP Quality Lead / GB Member (SFCCG)	SL
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Jennie Piet	Programme Manager Quality & Performance (SSCCG/SFCCG)	JP
Minutes		
Michelle Diable	PA to Chief Nurse and Deputy and Chief Nurse (SSCCG/SFCCG)	MD

For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:

Chair of the Joint Quality and Performance 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	Oct 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19
Dr Rob Caudwell	GP Governing Body Member	A	N	L	✓	✓	N	✓	A	✓	✓	✓	A	A
Graham Bayliss	Lay Member for Patient & Public Involvement	A	N	✓	✓	A	N	✓	✓	✓	A	✓	✓	A
Gill Brown	Lay Member for Patient & Public Involvement	✓	N	✓	✓	A	N	✓	✓	✓	✓	✓	A	-
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	N	A	A	✓	N	✓	✓	A	✓	✓	✓	A
Billie Dodd	Head of CCG Development	A	N	✓	A	A	N	✓	✓	A	A	A	A	A
Debbie Fagan	Chief Nurse & Quality Officer	✓	N	A	✓	A	N	-	D	D	D	D	-	-
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	N	✓	✓	A	N	✓	-	✓	A	A	✓	✓
Martin McDowell	Chief Finance Officer	✓	N	✓	A	✓	N	✓	D	✓	A	A	A	A
Dr Andrew Mimmagh	Clinical Governing Body Member	A	N	A	A	-	N	-	-	-	-	-	-	-
Dr Jeffrey Simmonds	Secondary Care Doctor	A	N	A	A	A	N	A	✓	A	A	✓	A	A
Jane Lunt	Chief Nurse (on Secondment from LCCG)	-	-	-	-	-	-	-	-	-	-	-	✓	✓

- ✓ Present
- A Apologies
- L Late or left early
- N No meeting held
- D Deputy attended

No	Item	Actions
19/196	<p>Welcome, Introductions & Apologies</p> <p>Dr Gina Halstead welcomed all to the meeting and round the table introductions were made.</p> <p>Cameron Ward advised that he was in attendance in the absence of Karl McCluskey.</p> <p>Apologies were received from Karen Garside, Martin McDowell, Brendan Prescott, Karl McCluskey, Dr Rob Caudwell, Jennie Piet, Dr Doug Callow, Fiona Taylor, Billie Dodd, Susanne Lynch, Graham Bayliss and Dr Jeffrey Simmonds.</p> <p>The Chair confirmed that the meeting was not quorate. It was noted that the draft minutes, action log and key issues were the only agenda items requiring approval and that these would therefore be circulated to Committee members for approval.</p> <p>Tracey Forshaw apologised and explained that she had not had the opportunity to review the draft minutes prior to circulation. She advised that she would review them prior to them being circulated to Committee members.</p> <p>Action: Tracey Forshaw to review the draft minutes from the October 2019 Joint Quality and Performance Committee and circulate them with the action log and key issues for approval.</p>	TF/MD
19/197	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group. Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</p> <p>There were no declarations of interest noted.</p>	
19/198	<p>Minutes & Key Issues Log of the previous meeting</p> <p>As noted under agenda item 19/180, the draft minutes, action log and key issues from previous meeting held on 31st October 2019 will be circulated to Committee members for approval.</p>	
19/199	<p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> • Agenda Item 19/36 GP Quality Lead Update. <p>An action was noted for Debbie Fagan to raise the concerns of the impact of the Health Visiting Team being disbanded and the introduction of a centralised booking office with Margaret Jones and Kerrie France. A further action was noted for Fiona Taylor to invite Margaret Jones from Sefton Council and a North West Boroughs Healthcare NHS Foundation Trust representative to attend the next Committee meeting, to provide an update on the Health Visiting Service Changes.</p>	

<p>Margaret Jones was invited to the June 2019 Committee meeting but was unable to attend. Margaret was invited to attend a future meeting but this had not happened. It was noted that the Committee's issues were to be addressed at the GP Safeguarding Leads Meeting on 18th September 2019. Feedback was then to be presented to the Committee.</p> <p>It was noted that the Committee's issues had not been addressed at the September 2019 GP Safeguarding Leads Meeting. After discussion it was suggested that Fiona Taylor contact Dwayne Johnson, Director Social Care and Health at Sefton Metropolitan Borough Council directly.</p> <p>A new action was noted for Debbie Fairclough to ask Fiona Taylor to contact Dwayne Johnson, Director Social Care and Health at Sefton Metropolitan Borough Council directly in relation to the concerns raised by the Committee.</p> <p>It was noted that the above action had been undertaken and the issue of safeguarding is being picked up by the Local Authority. Dr Gina Halstead informed that the Health Visiting Team changes whereby they have been aligned to postcodes are a national instruction. Gina advised that she had met with Margaret Jones and Matt Ashton where she expressed the Committee's concerns, it was agreed to discuss the issues further at the GP Safeguarding Leads Meeting and Gina will provide an update at the next Committee meeting. It was noted that Mersey Care NHS Foundation Trust should be made aware of any issues in relation to the sub-contracting arrangements. Tracey Forshaw to raise the issues with Mersey Care to ensure they are sighted on the issues.</p>	
<p>Action: Dr Gina Halstead to provide an update regarding to the Committee's issues in relation to the Health Visiting Team changes from the GP Safeguarding Forum at the next meeting.</p> <ul style="list-style-type: none"> Agenda Item 19/85 Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester and SFSS. 	<p>GH</p>
<p>An action was noted for Billie Dodd to feed back the concern raised in relation to home visits and to investigate why delays are occurring.</p> <p>Billie Dodd advised that this would be raised at the next Contract Meeting on 17th July 2019 and she would provide an update to the Committee.</p> <p>Brendan Prescott advised the Committee of the following update from Billie Dodd "Go to Doc have seen a change in the number of patients coming from 111 already triaged to a lower number in peak times. As a result, Go to Doc have to triage requests for visits themselves in real time which impacts on ability to respond to visits per se. They are remodelling their staffing to support the changes while at the same time highlighting the issue at regional 111 level. They have been asked to feedback to contract meeting in September". The Committee advised that further information is required. Brendan Prescott advised that he would request further information from Billie Dodd.</p>	
<p>It was noted that both Billie Dodd and Brendan Prescott were not in attendance to provide an update. Therefore the action was deferred to the next meeting.</p> <ul style="list-style-type: none"> Agenda Item 19/87/88 North West Ambulance Service Performance Report/ NHS 111 Performance Report. 	<p>BD</p>
<p>An action was noted for the plan to be presented at the next Joint Quality and Performance Committee Meeting, however further information was awaited from Jane Lunt.</p>	

<p>It was noted that the action was now closed and a new action was noted for Brendan Prescott to speak to Sharon Forrester in the first instance, in relation to questions raised by the Committee regarding response times; how many paramedics are on the road at any one time and how does NWAS manage their performance internally. Brendan had noted that an NWAS Quality Forum has been scheduled for September 2019 where the above questions would be raised.</p> <p>It was noted that an NWAS NHS 111 update is on the agenda. Action completed and to be removed from the action tracker.</p> <ul style="list-style-type: none"> • Agenda Item 10/108 Safeguarding Quarterly Report. <ul style="list-style-type: none"> (i) Looked After Children Action Plan to be presented to the Committee at a future meeting. <p>An action was noted for the Looked After Children Action Plan to be presented at the February 2020 Committee Meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/121 Deputy Chief Nurse Report. <ul style="list-style-type: none"> (ii) Brendan Prescott to request if Southport and Ormskirk Hospital NHS Trust would consider support from Aintree University Hospital NHS Trust's Serious Incident Team. <p>Tracey Forshaw advised that there is a Contract Performance Notice in place. Brendan Prescott had written to the Trust to seek assurance. She advised that she would be meeting with the Trust for an update in due course.</p> <p>The Committee noted that an offer of support on behalf of Aintree University Hospital NHS Foundation Trust was made to Southport and Ormskirk Hospital NHS Trust by Brendan Prescott but was declined. Concerns were raised around maintaining compliance and it is not anticipated that the performance notice will closed due to lack of evidence and assurance. Dr Doug Callow advised that he would speak to Dr Terry Hankin about the concerns raised.</p> <p>A new action was noted for Dr Doug Callow to speak to Dr Terry Hankin about the concerns raised by the Committee in relation to lack of evidence and assurance.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/122 Clinical Director Quality Update. <ul style="list-style-type: none"> (i) Dr Gina Halstead to contact Debbie Harvey and Sarah McGrath to follow up the actions noted to address item 2.5.1 – Two week urgent GP Referral for Suspected Cancer. <p>Dr Gina Halstead was unable to recall the action. Subsequently Michelle Diable contacted Dr Halstead separately with further information relating to the action which related to breast cancer referrals. Dr Gina Halstead confirmed that the issue had been addressed.</p> <p>Action closed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/146 Deputy Chief Nurse Report. <ul style="list-style-type: none"> (i) A paper to be presented at the next CCQRM in relation to the management of clinical engagement on from the non-Referral to Treatment Time lost to follow up action plan in relation to Southport and Ormskirk Hospital NHS Trust. 	<p>HC</p>
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Tracey Forshaw advised that there is clinical engagement. She had met with the Trust and there are fortnightly executive meetings taking place. The action was closed. The Committee queried the enquiry outcome and had not seen evidence of any assurance.

Tracey Forshaw had advised that she would request an update at the next Executive Meeting and would email Steven Christian – Chief Operating Officer at Southport and Ormskirk Hospital NHS Trust to inform him of the concerns raised by the Committee.

It was noted that Michelle Diable had circulated Steven Christian's email communication to the Committee members in response to Tracey Forshaw's email raising the Committee's concerns. It was requested that Michelle Diable includes Steven Christian's email response within next month's Committee meeting pack.

Action completed and to be removed from the tracker.

- **Agenda Item 19/158 Any Other Business.**

- (i) Brendan Prescott to raise the concerns in relation to Southport and Ormskirk Hospital NHS Trust highlighted in relation to the changes made to the 2 week pathway process at the next CCG Senior Management Team Meeting in the first instance.

The Committee noted that the concerns highlighted had been raised with Sarah McGrath and to contact Dr Doug Callow. They had also been discussed at Senior Management Team Meeting.

Action completed and to be removed from the tracker.

- (ii) Brendan Prescott to raise waiting times and communications at Aintree University Hospital NHS Foundation Trust with Terry Hill.

The Committee noted that Terry Hill would pick up the issue with Dr Doug Callow.

Dr Gina Halstead advised that there are 2 musculoskeletal pathways at Aintree University Hospital NHS Foundation Trust; MCAS and Aintree Physiotherapy Department and that patients should receive an OPD letter within 1 week which is a national standard. Dr Doug Callow advised that there are long waits and poor communication from MCAS. Dr Halstead advised that she would raise Dr Doug Callow's issues at the next Planned Care Group Meeting.

Action completed and to be removed from the tracker.

- **Agenda Item 19/167 Integrated Performance Report.**

- (i) Karl McCluskey to change the n/a boxes on the Summary Performance Dashboard to a different colour to the RAG ratings.

An action was noted for Michelle Diable to email Billie Dodd in the absence of Karl McCluskey to request that that n/a boxes on the Summary Performance Dashboard are changed to a different colour to the RAG ratings.

Action completed and to be removed from the action tracker.

- (ii) Following discussion in relation to the Integrated Performance Report. The Committee asked if the E.coli data in the report is the perceived position. Helen Roberts to advise.

<p>It was noted that Helen Roberts was not in attendance. Susanne Lynch agreed to follow up the action.</p> <p>The following update from Susanne Lynch was noted by the Committee:-</p> <p>Susanne Lynch has advised that antimicrobials are a key element of the gram negative blood stream infection agenda and that she attends the committee from a medicines management/prescribing perspective and is therefore able to pick up issues with the Trust direct.</p> <p>Action completed and to be removed from the action tracker.</p> <p>(iii) Lynne Savage to request E.coli update at the next Gram Negative Blood Stream Infection Control Steering Group and feed back to the Joint Quality and Performance Committee.</p> <p>The Committee noted the following update from Lynne Savage: - Lynne Savage had advised that E.coli Data submission to NHSE/I covering 18 months was submitted but not drilled down as still waiting on single item. A report is expected from PHE which will provide some helpful information, Barbara Harding (NHS Liverpool CCG) will revisit and provide an update at the next meeting in November 2019.</p> <p>In addition at the Gram Negative Blood Stream Infection Reduction Steering Group October meeting Deborah Kietzer shared a poster produced by Dr Paul Chadwick, from the Christie NHS Foundation Trust and Ms Pat Catting from Royal Marsden NHS Foundation Trust both of which are members of the E.coli Cancer Collaborative.</p> <p>The poster described what has taken place over the last 12 months, looking at the risk factors linked to oncology treatments. It noted that the likely sources of E.coli BSI are as follows: - Urinary Tract (28.4%), Gastrointestinal Tract (20.6%), Hepatobiliary (17.0%) and unknown (25.6%). There were no seasonal trends, no male/female and no spikes for neutropenic patients.</p> <p>Lynne advised that the November Gram Negative Blood Stream Infection Reduction Steering Group meeting had been cancelled due to unforeseen circumstances. Additional information from PHE will be discussed at the Cheshire and Merseyside Programme Board of which Lynne is a member and will therefore provide a further update to the Committee in January 2020.</p> <p>Action to remain on the agenda for an update to be presented by Lynne Savage to the Committee in January 2020.</p> <ul style="list-style-type: none"> • Agenda Item 19/168 Corporate Risk Register – Quality Update. <p>An action was noted for Mel Spelman to include the pension issues on to the Risk Register.</p> <p>Following discussion the Committee did not consider pension issues as being an item for the Risk Register as the CCG does not have any control over them. It was suggested that the pension issues be discussed at the Quality Surveillance Group (QSG). Dr Doug Callow agreed to provide narrative for Tracey Forshaw to take to the QSG.</p> <p>Tracey Forshaw informed that the pension issue is a national one. She advised that the QSG needs to escalate the issues to NHS North. Jane Lunt advised that she will be attending the next QSG and will discuss the pension issues at that meeting.</p>	<p>LS</p>
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	<p>Jane Lunt informed that it can be requested that your tax bill is paid from the "pension pot" however this diminishes the pension.</p> <p>A new action was noted for Jane Lunt to discuss the pension issues at the next QSG.</p> <ul style="list-style-type: none"> • Agenda Item 19/182 Deputy Chief Nurse Report. <p>Dr Gina Halstead had explained that she has a patient with Barrett's at her practice that had not been recalled for scope at Aintree Hospital as part of the recent look back exercise of missed Barrett's recalls. Dr Halstead was advised to email her concerns to the Sefton CCG Quality and Safety in box.</p> <p>Dr Gina Halstead informed that she had emailed the team at Aintree in relation to one of her patients with Barrett's who had not been recalled in for a scope. Aintree informed her that that the patient did not attend the Scope appointment. Gina noted that the patient had not received any communication. Gina advised that she will raise her concerns at the next Planned Care Meeting.</p> <p>A new action was noted for Dr Gina Halstead to raise her concerns in relation to her patient with Barrett's not being on the trust recall system and the trust discharge policy in relation to high risk patients at the next Planned Care Meeting scheduled for 28th November 2019.</p> <ul style="list-style-type: none"> • Agenda Item 19/183 Clinical Director Quality Update. <p>Dr Gina Halstead had noted a 40% increase in Consultant to Consultant referrals. She advised that there seems to be long delays in both routine and urgent Walton Neurology appointments, further confirmation from localities to be sought.</p> <p>Jane Lunt informed that some work had been undertaken in relation to this issue liaising with Specialised Commissioning.</p> <p>She advised that she would revisit the issue and suggested that it be raised via the QSG. Tracey Forshaw suggested requesting that this issue be placed on the locality meeting agendas with a view to obtaining a total picture.</p> <p>An action was noted for Tracey Forshaw to request that Consultant to Consultant referral issues be raised at the locality meetings.</p> <p>Action completed and to be removed from the action tracker.</p> <p>It was noted that NHS South Sefton CCG and NHS Southport and Formby CCG commission the service and Specialised Commissioning manage the contract. It was suggested ensuring that the issues being raised by clinicians are noted in the Integrated Performance Report. Tracey Forshaw advised that she would email Sian Williams and copy in Cameron Ward and Dr Gina Halstead to inform of the Committee's request for general neurology waiting times to be included in the Integrated Performance Report going forward.</p> <p>A new action was noted for Tracey Forshaw to email Sian Williams, copying in Cameron Ward and Dr Gina Halstead requesting neurology waiting times to be included in the Integrated Performance Report going forward.</p> <ul style="list-style-type: none"> • Agenda Item 19/188 Children in Care Annual Report. 	<p>JL</p> <p>GH</p> <p>TF</p>
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	<p>(i) Helen Case to amend the Children in Care Annual Report and provide the letter to Sefton’s Young People in Care from the Designated Nurse Children in Care in next month’s Committee meeting pack.</p> <p>It was noted that the Children in Care Annual Report was amended and the letter to Sefton’s young people in care from the Designated Nurse, Children in Care was in the Committee meeting pack.</p> <p>Action completed and to be removed from the action tracker.</p> <p>Tracey Forshaw had advised that a business case was submitted in relation to capacity issues at North West Boroughs Healthcare NHS Foundation Trust’s Children in Care Team. The business case was successful. The amount of funding to be allocated is to be confirmed. Tracey Forshaw advised that she would request an update from the Leadership Team and copy Jane Lunt in to her email request.</p> <p>(ii) Tracey Forshaw to request that an update on the business case funding outcome relating to the capacity issues at North West Boroughs Health Care NHS Foundation Trust from the Leadership Team.</p> <p>Action completed and to be removed from the action tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/190 Performance and Quality Investigation Review Panel (PQIRP) Minutes. <p>Tracey Forshaw had highlighted that there are challenges in relation to engagement and meeting attendance at Performance and Quality Investigation Review Panel (PQIRP) from the Sefton CCG’s Commissioning Team.</p> <p>Tracey advised that she would raise this issue with Brendan Prescott and suggested raising it at Senior Management Team Meeting.</p> <p>It was suggested that Cameron Ward and Tracey Forshaw meet to discuss the lack of engagement at PQIRP meetings from the Commissioning team in the first instance.</p> <p>Action: Cameron Ward and Tracey Forshaw to meet to discuss the lack of engagement at PQIRP meetings from the Commissioning team in the first instance.</p>	<p>CW/TF</p>
<p>19/200</p>	<p>Deputy Chief Nurse Report</p> <p>Tracey Forshaw presented the Deputy Chief Nurse Report which seeks to present the Committee with an update regarding key issues that have occurred since the last report presented in October 2019.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust (LUFT)</u> Work continues on the development of a joint work plan and agenda for the combined LUFT CQPG. Issues in relation to ensuring consistency across the meetings, having a consistent administrator in place is to be discussed at the next CCF meeting. Dr Gina Halstead noted a concern in relation to the volume of work and the function effectivity of the Planned Care Group which she will raise at the next CCF meeting.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> The Trust continues to be monitored on the open Contract Performance Notice on serious incidents reporting.</p>	

	<p>The Trust completed a consultant led review and risk assessment of medical staffing for the paediatric service at the Ormskirk site, confirming appropriate medical staffing is in place. A standard operating procedure has been developed to ensure timely and clear communication between paediatric staff groups.</p> <p><u>Mersey Care NHS Foundation Trust (Community)</u> Physiotherapy waiting times continue to remain a challenge. An issue was raised by the Trust regarding an NHSE instruction for new syringe drivers to be used within the community. The recommended syringe driver does not have an instruction manual or a maintenance schedule. The Trust is seeking clarification on this issue.</p> <p><u>North West Boroughs Healthcare NHS Foundation Trust</u> Mersey Care colleagues have informed commissioners of the imminent CQC Well Led Inspection of North West Boroughs Healthcare NHS Foundation Trust by the end of November/December 2019.</p> <p><u>Lancashire Care NHS Foundation Trust</u> Serious Incident Review Group had highlighted that the Trust may not reporting all category 3, 4 and unstageable pressure ulcers on StEIS. This issue is being reviewed internally by the Trust.</p> <p><u>Joint Targeted Area Inspection Children's Mental Health (JTAI)</u> The letter highlighting the outcome of the JTAI has been delayed due to Purdah. A core steering group will continue to meet to develop actions based on the verbal feedback received.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p>	
19/201	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead provided the following verbal update:-</p> <p>The Primary Care Network Locality Group in Bootle is sighted on the Health Visiting Action Plan.</p> <p>Concerns have been raised in relation to midwives who have not been trained to use EMIS. The lack of training has resulted in midwives not being able to access patient's history. Jane Lunt advised that she would escalate the concerns to Caron Lappin, Director of Nursing and Midwifery at Liverpool Women's Hospital NHS Foundation Trust.</p> <p>Action: Jane Lunt to escalate the concerns in relation to Midwives not being trained to use EMIS to Caron Lappin, Director of Nursing and Midwifery at Liverpool Women's Hospital NHS Foundation Trust.</p> <p>It was noted that Midwives are not commissioned to administer flu vaccinations. Convenience is considered the most successful factor in administering vaccinations and immunisations. Gina queried to whom this should be escalated. Jane Lunt advised that she would escalate this issue to Public Health England.</p> <p>Action: Jane Lunt to escalate the issue of Midwives not being commissioned to administer flu vaccinations to Public Health England.</p> <p>GH raised a high volume of Medicines and Healthcare products Regulatory Agency (MRHA) alerts are received by Primary Care. The alerts are not clear and it is time consuming reading them all, only to determine that some are not applicable.</p>	<p>JL</p> <p>JL</p>

	<p>Helen Roberts advised that this issue could be part of the discussion in relation to the core offer being made in April in relation to the Primary Care Network Clinical Pharmacists. It was suggested process mapping the alerts and then feeding back to MRHA.</p> <p>Action: Helen Roberts to include the issue of MRHA alerts in the discussions in about the core offer being made in April in relation to Primary Care Network Clinical Pharmacists, with a view to undertaking process mapping and feedback to MRHA.</p> <p>Concerns were noted in relation to the psychogeriatric service function as there has been change in relation to the entry criteria from 65 to 70. The change has been made without prior discussion with Commissioners. Gina advised that she has escalated this issue with Sue Gough and Gordon Jones. It was suggested raising the concerns with CQPG and CCF and the Medical Director. Tracey Forshaw to email Sharon Jamieson and Dr Mulla Hilal to request that the concerns raised by the Committee are included in the CQPG and CCF meeting agendas.</p> <p>Action: Tracey Forshaw to email Sharon Jamieson and Dr Mulla Hilal to request that the changes made to the psychogeriatric service function entry criteria are placed on the CQPG and CCF meeting agendas.</p> <p>Outcome: The Committee noted the Clinical Director Quality Update.</p>	<p>HR</p> <p>TF</p>
<p>19/202</p>	<p>Integrated Performance Report (IPR)</p> <p>Tracey Forshaw presented this report which seeks to provide summary information on the activity and quality performance of NHS South Sefton CCG and NHS Southport and Formby CCG at month 6. The full IPR report is presented at the CCG's Integrated Performance Committee with input from the Quality Team.</p> <p>Cameron Ward requested sight of the Special Educational Needs and Disability (SEND) action plan.</p> <p>It was noted that has not been coming via the quality team agenda item. Martin McDowell is the CCG executive lead for the SEND action plan, it is fully sighted by Governing Body.</p> <p>Action: SEND action plan to come to Joint Quality and Performance Committee on a quarterly basis.</p> <p>Mel Spelman advised that she had met with commissioning and provider colleagues across Cheshire and Merseyside including NHSE in relation to AED 12 hour breaches. Mel advised that the meeting was very productive. Ensuring consistency when breach reporting, undertaking RCA's only if specific harm is identified had been noted. Lessons learned will be fed in to the quality schedule. Mel advised that she would provide a further update in January 2020.</p> <p>Action: Mel Spelman to present an update in relation to the work being undertaken regarding 12 hour breaches.</p> <p>Outcome: The Committee received the Integrated Performance Report.</p>	<p>MMcD</p> <p>MS</p>
<p>19/203</p>	<p>Corporate Risk Register – Quality Update</p> <p>Mel Spelman presented this report which seeks to provide an update on the quality related risks from the joint risk register for both NHS South Sefton CCG and NHS Southport and Formby CCG.</p>	

	<p>It was noted that there are 43 open risks for NHS South Sefton CCG and NHS Southport and Formby CCG.</p> <p>Mel advised that she will meet with Debbie Fairclough and the Quality Team with a view to removing risks from the risk register that the Quality Team cannot influence or control. Mel will present the outcome to the Committee in January 2020.</p> <p>Action: Mel Spelman to present a Risk Register update at the next Committee meeting.</p> <p>Dr Gina Halstead requested that key issues are noted clearly in reports going forward. She highlighted that the key issues should be anything that is causing concern that the Committee needs to be made aware of.</p> <p>Action: Tracey Forshaw to request that Quality Team include clear key issues in their reports going forward for the SIRGs.</p> <p>Outcome: The Committee received the Corporate Risk Register – Quality Update.</p>	<p>MS</p> <p>TF</p>
19/204	<p>North West Ambulance Service (NWAS) and NHS 111 Update</p> <p>Sharon Forrester presented this report which seeks to provide assurance to the Committee regarding NWAS operational and quality reporting. Sharon advised that this was the second update she has provided for the Committee. Sharon explained the difficulties experienced in extracting data for the report. Most of the data is only available on a Merseyside footprint and is therefore difficult to analyse on a local level.</p> <p>Jane Lunt advised that a representative for quality is required for Merseyside to attend the NWAS quality contract meetings.</p> <p>It was noted a Serious Incident seminar was held but it was not publicised well. Jane advised that she would take forward the action of identifying a Merseyside representative for quality.</p> <p>Action: Jane Lunt to take forward the suggestion of identifying a Merseyside CCGs quality representative for NWAS.</p> <p>Sharon advised that she had been asked to confirm how many ambulances are on the road. It noted that there is a flexible cross boarder approach in place. Calls default to the quickest call handlers.</p> <p>The calls are assigned to post codes not to individuals.</p> <p>It was also noted that the issue of all staff having rest periods at the same time is in the process of being addressed as part of staff consultation.</p> <p>Outcome: The Committee received the NWAS and NHS 111 Update.</p>	<p>JL</p>
19/205	<p>Saving Babies Lives – Provider Assurance</p> <p>Tracey Forshaw presented this report which seeks to provide an update on Southport and Ormskirk Hospital NHS Trust's progress against key actions outlined in the Saving Babies Lives documents.</p> <p>It was noted the number of still births recorded is the lowest in 20 years. Ongoing work within the Trust and a significant action plan is in place to monitor progress with dates for review. Governance arrangements are to be confirmed.</p>	

	<p>Dr Gina Halstead informed that the same areas in Liverpool have the same high rates of still births which mirror the situation 100 years ago, suggesting that although health issues have been addressed the social elements have not been.</p> <p>Outcome: The Committee received the Saving Babies Lives – Provider Assurance.</p>	
19/206	<p>Commissioning for Quality Review 2019/20 – Mersey Internal Audit Agency (MIAA) Assurance</p> <p>Tracey Forshaw presented this report and advised that this was on the CCGs Audit Committee work plan. The audit was undertaken by MIAA in September/October 2019. Following the audit, the CCG were awarded 'substantial assurance'. There were 4 recommendations, 3 were medium and 1 was low. The majority of themes noted were in relation to Quality Team capacity.</p> <p>Tracey wished to thank Jennie Piet as she took the lead in providing MIAA with all the information they required to undertake the audit. Tracey also noted thanks to the wider Quality Team and in particular to Debbie Fagan, for her leadership as Chief Nurse which resulted in such a positive report being received from MIAA.</p> <p>Dr Gina Halstead advised that she would email Debbie Fagan to formally thank her on behalf of the Committee for her leadership skills which have attributed to the positive report received from MIAA.</p> <p>Action: Dr Gina Halstead to email Debbie Fagan to formally thank her on behalf of the Committee, for her leadership skills which have attributed to the positive report received from MIAA.</p> <p>It was noted that an action plan will be presented to the Committee on a quarterly basis.</p> <p>It was also noted that CCG's are required to make 20% reductions. Therefore the capacity issue remains, however quality is not just the Quality Team's responsibility.</p> <p>The organisation as a whole is responsible for quality of service and making efficiencies.</p> <p>Outcome: The Committee received the Commissioning for Quality Review 2019/20 – MIAA Assurance.</p>	GH
19/207	<p>CCG Safeguarding Team Q2 (2019-20) Safeguarding Quality Schedule Update and Quarterly Safeguarding Update</p> <p>Tracey Forshaw presented this agenda item which seeks to provide the analysis of commissioned health services in respect of Q2 Safeguarding Quality Schedule.</p> <p>The Committee requested that clear key issues are highlighted within the report and for full names to be noted instead of abbreviations going forward.</p> <p>The 7 minute briefing format was highlighted as being useful.</p> <p>Outcome: The Committee received the CCG Safeguarding Team Q2 (2019-20) Safeguarding Quality Schedule Update and Quarterly Safeguarding Update.</p>	

19/208	<p>The NHS Patient Safety Strategy, July 2019 – Quality Team Review and Recommendations</p> <p>Lynne Savage presented this report which seeks to provide an overview of the strategy and the necessity of the CCG's to embed the strategy throughout on going and further work streams. The strategy describes how the NHS will continuously improve patient safety over the next five to ten years and sits alongside the NHS Long Term Plan (LTP) and the LTP Implementation Framework.</p> <p>The Committee noted that it had been highlighted at Senior Management Team that the Datix process requires improvement. Work is on-going in relation to putting robust systems and processes in place. It was suggested that the work stream should be put on the following meeting agendas; Joint Operational Group and Primary Care Committee.</p> <p>Action: Tracey Forshaw to ensure that the Datix process work stream is placed on the Joint Operational Group and Primary Care Committees in Common meeting agendas.</p> <p>Outcome: The Committee received the NHS Patient Safety Strategy, July 2019 – Quality Team Review and Recommendations.</p>	TF
19/209	<p>Helping to Prevent Pressure Ulcers Policy</p> <p>Mel Spelman presented this report and the policy for the prevention and management of pressure ulcers. The policy is in place to provide providers across Cheshire and Merseyside patch with a consistent approach to the prevention and the management of pressure ulcers. It was developed by members of the Cheshire and Merseyside Pressure Ulcer Steering Group and will be endorsed by all provider members. Tracey Forshaw thanked Natalie Hendry in her role in the co-ordination and inclusion of the safeguarding processes for pressure ulcers, which was incorporate into the report.</p> <p>Outcome: The Committee received the Policy for the Prevention and Management of Pressure Ulcers.</p>	
19/210	<p>Serious Incident Review Group (SIRG) Minutes</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> • NHS South Sefton CCG – 11th October 2019 • NHS Southport and Formby CCG – 2nd October 2019 <p>Tracey Forshaw highlighted that there were question marks within the minutes which were there in error and that she would therefore amend them accordingly. It was noted that the introduction of key issues will be included next time.</p> <p>Outcome: The Committee noted the Serious Incident Review Group Minutes.</p>	
19/211	<p>Performance and Quality Investigation Review Panel (PQIRP) Minutes</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> • NHS South Sefton CCG and NHS Southport and Formby CCG – 30th September 2019 <p>It was noted that key issues will be included next time.</p> <p>Outcome: The Committee noted the Performance and Quality Investigation Review Panel Minutes.</p>	

19/212	<p>Individual Patient Activity Programme (IPA) Board Minutes</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> NHS South Sefton CCG and NHS Southport and Formby CCG – 30th September 2019 <p>Outcome: The Committee noted the Individual Patient Activity Programme Board Minutes.</p>	
19/213	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>Helen Roberts presented the JMOG key issues from 1st November 2019.</p> <p>Outcome: The Committee noted the key issues from the JMOG Meeting.</p>	
19/214	<p>Any Other Business</p> <p>Tracey Forshaw informed of a concern that had been raised by Lancashire Community Foundation NHS Trust in relation the possibility that some pressure ulcers are potentially occurring due to the use of hybrid mattresses being used. It was suggested raising the issue at the next CCQRM to ascertain if Mersey Care NHS Foundation Trust is experiencing the same issue.</p> <p>Action: Tracey Forshaw to raise the issue in relation to the possibility that some pressure ulcers potentially occurring due to the specific mattresses being used at the next CCQRM to ascertain if Mersey Care NHS Foundation Trust is experiencing the same issue.</p> <p>Dr Gina Halstead advised that she attends the Planned Care Group Meetings which are scheduled to take place directly after this meeting at Merton House.</p> <p>Gina requested that the next 2 Committee meetings are held at Merton House instead of Marshside Surgery to accommodate her attendance at the Planned Care Group Meeting.</p> <p>Action: Michelle Diable to amend the room bookings for the next 2 Committee Meetings and circulate meeting updates advising Committee members of the change of venue.</p>	<p style="text-align: center;">TF</p> <p style="text-align: center;">MD</p>
19/215	<p>Key Issue Log (issues identified from this meeting)</p> <p>The Committee noted the following Key Issues for both CCG's Governing Body:-</p> <p><u>Key Issue</u> NWAS oversight of quality indicators and measures.</p> <p><u>Risk Identified</u> Lack of oversight and influence from an individual and Cheshire and Merseyside footprint.</p> <p><u>Mitigating Action</u> Jane Lunt to raise across Cheshire and Merseyside for a quality representative at the NWAS Quality Contract Meetings.</p>	

	<p><u>Key Issue</u> Review of the CCG Risk Register.</p> <p><u>Risk Identified</u> Items on the Risk Register not necessarily CCG risks therefore not able to influence/reduce risk.</p> <p><u>Mitigating Action</u> Mel Spelman to meet with Debbie Fairclough to review the CCG Risk Register as a whole. Quality Team risks to be reviewed at the Quality Team Meeting to review and close risks.</p> <p><u>Key Issue</u> MIAA Audit Commissioning for Quality (2019).</p> <p><u>Risk Identified</u> Outcome - substantial assurance.</p> <p><u>Mitigating Action</u> Dr Gina Halstead to formally thank Debbie Fagan for her leadership. Action plan to be reviewed on a quarterly basis, although ongoing work is being undertaken with NHS Liverpool CCG in relation to capacity and closer working as the CCGs merge.</p>	
19/216	<p>Date of Next Meeting: Thursday 30th January 2020, 9am – 12noon, Meeting Room 5A, Merton House, Stanley Road, Liverpool L20 3DL.</p>	

Joint Quality and Performance Committee Minutes NHS Southport and Formby CCG & NHS South Sefton CCG

Date: Thursday 30th January 2020 at 09.00 – 12.00

Venue: 5A, Merton House, Stanley Road, Bootle, Liverpool L20 3DL

Membership		
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
Dr Gina Halstead	GP Clinical Quality Lead / GB Member (SSCCG)	GH
Martin McDowell	Chief Finance Officer (SFCCG / SSCCG)	MMcD
Dr Jeffrey Simmonds	Secondary Care Doctor (SFCCG)	JSi
Brendan Prescott	Deputy Chief Nurse & Head of Quality and Safety (SSCCG/SFCCG)	BP
Jane Lunt	Chief Nurse (Secondment from LCCG) (SSCCG/SFCCG)	JL
Graham Bayliss	Lay Member (SSCCG)	GB
Dil Daly	Lay Member (SFCCG)	DD
Ex Officio Member		
Fiona Taylor	Chief Officer (SFCCG/SSCCG)	FLT
In attendance		
Cameron Ward (attending in the absence of Karl McCluskey)	Programme Director (SSCCG/SFCCG)	CW
Tracey Forshaw	Assistant Chief Nurse (SSCCG)(SFCCG)	TF
Mel Spelman	Programme Manager Quality and Risk (SSCCG/SFCCG)	MS
Lynne Savage	Deputy Head of Quality and Safety (SSCCG/SFCCG)	LS
Natalie Hendry-Torrance	Designated Safeguarding Adult Manager (SSCCG/SFCCG)	NHT
Jennie Piet	Programme Manager Quality and Performance (SSCCG/SFCCG)	JP
Apologies		
Susanne Lynch	Pharmacist (SSCCG/SFCCG)	SL
Helen Roberts	Pharmacist (SSCCG/SFCCG)	KG
Dr Doug Callow	GP Quality Lead/GB Member (SFCCG)	DC
Fiona Taylor	Chief Officer (SSCCG/SFCCG)	FLT
Graham Bayliss	Lay Member (SSCCG)	GB
Minutes		
Michelle Diable	PA to Chief Nurse and Deputy and Chief Nurse (SSCCG/SFCCG)	MD

For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:

Chair of the Joint Quality and Performance 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	June 19	July 19	Aug 19	Sept. 19	Oct 19	Nov 19	Dec 19	Jan 20
Dr Rob Caudwell	GP Governing Body Member	L	✓	✓	N	✓	A	✓	✓	✓	A	A	N	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	✓	A	N	✓	✓	✓	A	✓	✓	A	N	A
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	A	N	✓	✓	✓	✓	✓	A	-	N	-
Dil Daly	Lay Member for Patient & Public Involvement	-	-	-	-	-	-	-	-	-	-	-	N	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	A	✓	N	✓	✓	A	✓	✓	✓	A	N	A
Billie Dodd	Head of CCG Development	✓	A	A	N	✓	✓	A	A	A	A	-	N	D
Debbie Fagan	Chief Nurse & Quality Officer	A	✓	A	N	-	D	D	D	D	-	-	N	D
Dr Gina Halstead	Chair and Clinical Lead for Quality	✓	✓	A	N	✓	-	✓	A	A	✓	✓	N	✓
Martin McDowell	Chief Finance Officer	✓	A	✓	N	✓	D	✓	A	A	A	A	N	✓
Dr Andrew Mimmagh	Clinical Governing Body Member	A	A	-	N	-	-	-	-	-	-	-	N	-
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	A	N	A	✓	A	A	✓	A	A	N	A
Jane Lunt	Chief Nurse (on Secondment from LCCG)	-	-	-	-	-	-	-	-	-	✓	✓	N	✓

✓ Present
 A Apologies
 L Late or left early
 N No meeting held
 D Deputy attended

No	Item	Actions
20/01	<p>Welcome, Introductions & Apologies</p> <p>Dr Gina Halstead welcomed all to the meeting and round the table introductions were made.</p> <p>Apologies were noted from Susanne Lynch, Helen Roberts, Graham Bayliss, Dr Doug Callow and Fiona Taylor.</p>	
20/02	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group. Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</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 Jane Lunt is on secondment from NHS Liverpool CCG covering the Chief Nurse role in the absence of Debbie Fagan. 	
20/03	<p>Minutes & Key Issues Log of the previous meeting</p> <p>With the following 3 amendments the minutes from the previous meeting held on 28th November 2019 were approved as an accurate reflection of the meeting:-</p> <ul style="list-style-type: none"> • Page 1, amend the meeting attendance record to state that Cameron Ward was attending in the absence of Karl McCluskey. • Page 10, agenda item 19/201 – Clinical Director Quality Update. Last sentence in last paragraph to read <i>Helen Roberts advised that this issue could be part of the discussion in relation to the core offer being made in April in relation to the Primary Care Network Clinical Pharmacists.</i> • Page 11, agenda item 19/201 – Clinical Director Quality Update. Action to read <i>Helen Roberts to include the issue of MRHA alerts in the discussions in about the core offer being made in April in relation to Primary Care Network Clinical Pharmacists, with a view to undertaking process mapping and feedback to MRHA.</i> 	
20/04	<p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <ul style="list-style-type: none"> • Agenda Item 19/36 GP Quality Lead Update. 	

	<p>An action had been noted for Dr Gina Halstead to provide an update regarding the Committee's issues in relation to the Health Visiting Team changes from the GP Safeguarding Forum at the next meeting.</p> <p>Dr Gina Halstead advised that Margaret Jones and representation from North West Boroughs Healthcare NHS Foundation Trust attended the GP Safeguarding Forum to discuss practice attendance by Health Visitors. Dr Gina Halstead advised that she has sent an email to North West Boroughs Healthcare NHS Foundation Trust about it and would provide an update at the next Committee meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/85 Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester and SFSS. <p>An action had been noted for Billie Dodd to feed back the concern raised in relation to home visits and to investigate why delays are occurring.</p> <p>The Committee noted the following update from Jan Leonard:-</p> <p>Go To Doc continue to feel the impact of changes to NHS 111 services with a higher number of calls coming through requiring 'speak to 'response. This has meant an enhanced triage process is required which has an impact on the call handling workforce. This has been monitored for a number of months to see if the change was sustained and as a result of this they have redesigned the way in which they prioritise calls requiring a call back. They have mirrored NHS 111 systems and assign calls into time bands (e.g. 30mins, 1 hour etc.) which means that regardless of the origin of the call they are managed as per clinical priority. This was implemented in the last couple of weeks and they will monitor the impact and report back at the next CRM. With regard to call backs for those patients waiting for a home visit the above issue has had a negative impact of the their ability to call patients back however as a result of the above changes this should have a positive impact. We also discussed a non-clinician making a call back which can be reassuring to patients and may negate the need for a further clinical call. We continue to monitor the number of breaches in this NQR standard and numbers are small and often the breach is a small number of minutes past the required standard. All breaches are reviewed to understand the reason for delay and any if adverse impact has occurred as a result of this.</p> <p>An action was noted for Brendan Prescott to obtain a sample review and if satisfactory the action can be closed down.</p> <ul style="list-style-type: none"> • Agenda Item 10/108 Safeguarding Quarterly Report. <p>(i) Looked After Children Action Plan to be presented to the Committee at a future meeting.</p> <p>An action was noted for the Looked After Children Action Plan to be presented at the February 2020 Committee Meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/167 Integrated Performance Report. <p>(ii) Lynne Savage to request E.coli update at the next Gram Negative Blood Stream Infection Control Steering Group and feed back to the Joint Quality and Performance Committee.</p> <p>It was noted that this action is on the agenda. Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/168 Corporate Risk Register – Quality Update. 	<p style="text-align: center;">GH</p> <p style="text-align: center;">BP</p> <p style="text-align: center;">HC</p>
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<p>Jane Lunt to discuss the pension issues at the next Quality Surveillance Group (QSG).</p> <p>Jane Lunt advised that the QSG had not taken place. Action to remain on the log.</p> <ul style="list-style-type: none"> • Agenda Item 19/182 Deputy Chief Nurse Report. <p>Dr Gina Halstead had explained that she has a patient with Barrett's oesophagus at her practice that had not been recalled for scope at Aintree Hospital as part of the recent look back exercise of missed Barrett's recalls. Dr Halstead was advised to email her concerns to the Sefton CCG Quality and Safety in box.</p> <p>Dr Gina Halstead informed that she had emailed the team at Aintree Hospital in relation to one of her patients with Barrett's who had not been recalled in for a scope. Aintree Hospital informed her that that the patient did not attend the scope appointment. Dr Halstead noted that the patient had not received any communication and advised that she will raise her concerns at the next Planned Care Meeting.</p> <p>An action had been noted for Dr Gina Halstead to raise her concerns in relation to her patient with Barrett's not being on the Trust's recall system and the Trust's discharge policy in relation to high risk patients at the next Planned Care Meeting scheduled for 28th November 2019.</p> <p>Dr Gina Halstead advised that she had raised her concerns at the Planned Care Meeting but had not received a response to date and would therefore raise it again at the next Planned Care Meeting. Dr Halstead informed that she would also raise her concerns with Ian Stewart, Head of Planning and Performance at Aintree Hospital. It was suggested that the issue be raised at the CQPG meeting as if patients have not received a discharge letter then it is a contractual breach. Jane Lunt informed that she would discuss this further with Brendan Prescott and determine a plan of action.</p> <ul style="list-style-type: none"> • Agenda Item 19/183 Clinical Director Quality Update. <p>Tracey Forshaw to email Sian Williams, copying in Cameron Ward and Dr Gina Halstead requesting neurology waiting times to be included in the Integrated Performance Report (IPR) going forward.</p> <p>It was noted that neurology waiting times were not included the IPR but was included in the report which was presented to Governing Body. It was suggested for it to be raised by Ali Picton, Senior Contracts Manager at NHS Liverpool CCG.</p> <ul style="list-style-type: none"> • Agenda Item 19/190 Performance and Quality Investigation Review Panel (PQIRP) Minutes. <p>An action had been noted for Cameron Ward and Tracey Forshaw to meet to discuss the lack of engagement at PQIRP meetings from the Commissioning team in the first instance.</p> <p>It was noted that Cameron Ward and Tracey Forshaw had met to discuss the lack of engagement at PQIRP meetings from the Commissioning Team.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/196 Welcome, Introductions and Apologies <p>An action had been noted for Tracey Forshaw to review the October 2019 Joint Quality and Performance Committee draft minutes and circulate them with the action log and key issues for approval.</p>	<p>JL</p> <p>JL/BP</p> <p>BP</p>
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<p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/201 Clinical Director Quality Update <p>(i) Jane Lunt to escalate the concerns in relation to Midwives not being trained to use EMIS to Caron Lappin, Director of Nursing and Midwifery at Liverpool Women's Hospital NHS Foundation Trust.</p> <p>Jane Lunt informed that she had raised the Committee's concerns with Caron Lappin and would follow up the action and confirm the outcome at the next meeting.</p> <p>(ii) Jane Lunt to escalate the issue of Midwives not being commissioned to administer flu vaccinations to Public Health England.</p> <p>Action deferred to the next meeting.</p> <p>(iii) Helen Roberts to include the issue of MRHA alerts in the discussions about the core offer being made in April in relation to Primary Care Network (PCN) Clinical Pharmacists with a view to undertaking process mapping and feedback to MRHA.</p> <p>It was noted that it will be included in the PCN contract. Action completed and to be removed from the tracker.</p> <p>(iv) Tracey Forshaw to email Sharon Jamieson and Dr Mulla Hilal to request that the changes made to the psychogeriatric service function entry criteria are placed on the CQPG and CCF meeting agendas.</p> <p>It was noted that it discussed at CQPG and it will be included in the new handbook.</p> <ul style="list-style-type: none"> • Agenda Item 19/202 Integrated Performance Report <p>An action had been noted for Mel Spelman to present an update in relation to the work being undertaken regarding 12 hour breaches.</p> <p>It was noted that an update in contained in the Deputy Chief Nurse Report on the agenda.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/203 Corporate Risk Register- Quality Update <p>(i) Mel Spelman to present a Risk Register update at the next Committee Meeting.</p> <p>Risk Register update to be presented at the March 2020 Committee meeting.</p> <p>(ii) Tracey Forshaw to request that the Quality Team include key issue in the SIRG minutes going forward.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/204 North West Ambulance Service and NHS 111 Update <p>An action had been noted for Jane Lunt to take forward the action of identifying a Merseyside representative for quality.</p> <p>Jane Lunt advised that this would be raised at the next Quality Surveillance Meeting.</p>	<p>JL</p> <p>JL</p> <p>MS</p> <p>JL</p>
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	<ul style="list-style-type: none"> • Agenda Item 19/206 Commissioning for Quality Review 2019/20 – Mersey Internal Audit Agency Assurance <p>An action had been noted for Dr Gina Halstead to email Debbie Fagan to formally thank her on behalf of the Committee for her leadership skills which had attributed to the positive report received from MIAA.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/208 The NHS Patient Strategy, July 2019 – Quality Team Review and Recommendation <p>An action had been noted for Tracey Forshaw to ensure that the Datix process work stream is placed on the Joint Operational Group and Primary Care Committee meeting agendas.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/214 Any Other Business <p>An action had been noted for Tracey Forshaw to raise the issue in relation to the hybrid mattresses at the next CCQRM to ascertain if Mersey Care NHS Foundation Trust is experiencing issues in relation to deterioration of pressure ulcers.</p> <p>Action completed and to be removed from the tracker.</p>	
20/05	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott presented the Deputy Chief Nurse Report which seeks to provide the Committee with an update regarding key issues that have occurred since the last report presented in November 2019.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u> The 3 legacy contract performance notices in place for the Aintree site will continue to report via the Planned Care Group and escalated to CQPG.</p> <p>An issue was highlighted in December 2019 with the delivery of Aintree based GP results from the WinPath system by LCL IT team. The incident was raised on StEIS and a full investigation to take place. NHS Liverpool CCG has requested 5 actions to be undertaken to provide immediate assurance. A learning event is to take place in February 2020.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> Commissioners have requested an update on the closure of general haematology service closure for 4 weeks.</p> <p>The Trust continues to experience pressures regarding AED performance and flow with a number of 12 hour breaches experienced in January 2020. A meeting around consistent review of care following a 12 hour breach took place on 27th January 2020.</p> <p><u>Mersey Care NHS Foundation Trust</u> Allied Health Professions (AHP) waiting time performance has improved with the exception of Speech and Language Therapy (SALT) where the service has been impacted due to recruitment.</p> <p>A revised organisational chart for the community division has been updated with a new Associate Director of Nursing and Patient Experience role created.</p>	

	<p><u>North West Boroughs Healthcare NHS Foundation Trust</u> The CQC is expected to publish its inspection report in March 2020 following the provider inspection in December 2019.</p> <p>Walk in Centre performance continues to deteriorate in terms of waiting times as patient numbers continue to decrease. A report on the Walk in Centre will be presented at the March 2020 CCQRM by Mersey Care NHS Foundation Trust.</p> <p><u>Joint Targeted Area Inspection Children's Mental Health (JTAI)</u> A stakeholder workshop took place on 14th January 2020. The plan will be submitted by Sefton Local Authority Children's Social Care on 30th March 2020.</p> <p>It was noted that there has been an improvement made in relation to CAMHS Performance waiting times as no child is waiting longer than 18 weeks.</p> <p><u>SEND Improvement Plan</u> A meeting with DfE, Local Authority, CCG and NHSE/I took place on 22nd January 2020 where the CCG evidenced the progress it has made. A template is to be created to collate evidence in preparation for the next progress update in 6 months. A CCG workshop is to take place in February 2020 to outline what is required and to clarify roles and responsibilities to ensure the CCG is on track to deliver.</p> <p>In November 2019 the CCGs re-established a SEND Health Performance Improvement Group (formally the Health SEND Strategic Working Group). The meeting specifically focuses on key improvement issues relating to health and is held on a monthly basis.</p> <p>Dr Gina Halstead requested sight of the Ofsted SEND Report. Martin McDowell advised that he would email the SEND Report to her.</p> <p>Action: Martin McDowell to email the Ofsted SEND Report to Dr Gina Halstead.</p> <p><u>Quality Site Visits</u> The Deputy Head of Quality and Safety in collaboration with NHS Liverpool CCG colleagues is drafting a schedule for quality site visits for North Mersey Providers.</p> <p><u>Continuing Healthcare (CHC) End to End Service</u> Work continues to progress with the ambition to bring together different assessment teams in to one team by April 2020.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p>	MMcD
20/06	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead raised the following concerns in relation to the quality of the digitalised patient records. There is a risk of mixing up patient records due to the way in which they are collated. Both sides of documents are scanned even if a page is blank resulting in large Adobe Portable Document Format (PDF) which cannot be edited. Not all documents in the PDF are in date order. Retrieving information from the PDF's is time consuming. There is a risk of a General Data Protection Regulation (GDPR) breach. It was suggested raising these concerns with Paul Shillcock and Louise Taylor at IMerseyside.</p> <p>Action: Martin McDowell to raise the concerns in relation to digitalised patient records with Paul Shillcock and Louise Taylor at IMerseyside.</p> <p>It was noted that a patient had been discharged to a nursing home late at night. It was highlighted that the quality of some of the discharges are poor with some being undertaken late at night or early morning. Brendan Prescott advised that he would</p>	MMcD

	<p>escalate the discharge quality concerns. It was suggested to also raise the concerns at the next CQPG.</p> <p>Action: Brendan Prescott to escalate the poor discharges at Southport and Ormskirk Hospital NHS Trust with Bridget Lees and to also raise it at CQPG.</p> <p>Dr Gina Halstead raised concerns in relation to Aintree to Home and potential safety issues which could arise due to the lack of medical cover. The concerns are to be raised at the next CCF meeting.</p> <p>Action: Brendan Prescott to raise the concerns noted in relation Aintree to Home and the potential safety issues which could arise due to the lack of medical cover.</p> <p>Outcome: The Committee noted the Clinical Director Quality Update.</p>	<p>BP</p> <p>BP</p>
20/07	<p>Merseyside Safeguarding Adult Board (MSAB) Annual Report 2018-19</p> <p>Natalie Hendry - Torrance presented the MSAB Annual Report which seeks to highlight the work undertaken by Board members and sub groups during the reporting period.</p> <p>The 'Voices Project' was commissioned in collaboration with Healthwatch to capture the voices of front line staff, community members and service users to help understand the lived experiences of safeguarding. An event to share the learning from this project took place. The work from the project will be used to drive forward the activities of the Board.</p> <p>The following MSAB's priorities for 2018 – 2020 were noted:-</p> <ul style="list-style-type: none"> • Voice of Service User and Front Line Staff; • Assurance and Challenge; • Safeguarding Adult Reviews; • Effective Communication; • Effectiveness of the Board. <p>Outcome: The Committee noted the Merseyside Safeguarding Adult Board (MSAB) Annual Report 2018 - 19.</p>	
20/08	<p>Liberty Protection Safeguards (LPS) Update</p> <p>Natalie Hendry - Torrance presented the Liberty Protection Safeguards update which seeks to provide the Committee with update on LPS which are the key to arrangements for enabling care and treatment of people aged 16 and over who lack mental capacity which gives rise to a Deprivation of Liberty. However Liberty Protection cannot be used to authorise restricted contact with friends/family or the delivery of care or treatment.</p> <p>It was noted that confirmation of the Codes of Practice has been delayed which may have an impact on the implementation date which is anticipated as October 2020. A draft implementation plan is in place for when the full details are known which is reviewed and updated regularly.</p> <p>Dr Rob Caudwell referred the Committee to point 2.5 of the report which states that under current arrangements the s12 approved doctor completes the medical assessment of mental disorder assessment. However this will transfer across to General Practitioners. Dr Rob Caudwell informed that it is not in GP's contracts.</p> <p>Outcome: The Committee noted the Liberty Protection Safeguards (LPS) Update.</p>	

<p>20/09</p>	<p>Integrated Performance Report</p> <p>Jennie Piet presented the Integrated Performance Report which seeks to provide an overview of provider performance for both CCGs.</p> <p>It was noted that C. Difficile infections were above trajectory at Liverpool University Hospitals NHS Foundation Trust. An action plan is in place. It was also noted that C.Difficile infections are above trajectory at Southport and Ormskirk Hospital NHS Trust. Site visit to wards 7A and 7B at the Southport site were undertaken following concerns raised over the infection and prevention control and environmental issues on the wards. The wards have been subject to refurbishment work as part of the estate strategy to modernise ward environments. The Medical Director has taken immediate action following the IPC visit and the CCG site visit. Refurbishment work has been suspended currently due to patient flow pressures.</p> <p>Brendan Prescott informed that a Cheshire and Merseyside Task and Finish Group had been convened to discuss 12 hour breaches. A reporting tool is being developed to provide assurance when a breach is declared. The plan is to undertake a PDSA on the new toll in 3 sites.</p> <p>Dr Rob Caudwell referred the Committee to page 96 of the meeting pack to the Executive Summary which details the key exception areas for November 2019. Dr Caudwell queried the TIA Assess and Treat 24 hours (target 60%) at Southport and Ormskirk Hospital NHS Trust which is noted as being 4.50%. Brendan Prescott advised that the percentage figure stated is correct. It relates to an on - going data recording issue. When the data is received there is no accompanying narrative to support it. This has been raised with the Medical Director. Brendan Prescott advised that he would also raise it at the next CCF and CCQRM meetings.</p> <p>Action: Brendan Prescott to raise the data recording issue at Southport and Ormskirk Hospital NHS Trust at the next CCF and CCQRM meetings.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	<p>BP</p>
<p>20/10</p>	<p>Commissioning for Quality and Innovation (CQUIN) Framework Quarter 2 Report</p> <p>Jennie Piet presented the CQUIN Report which seeks to provide an update in relation to quality and performance metrics by exception and current actions.</p> <p>It was noted that the following indicators had not been achieved in Quarter 2 at Aintree University Hospital NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust:-</p> <p>CCG1a: Antimicrobial Resistance – Lower Urinary Tract Infections in Older People.</p> <p>CCG7: Three high impact actions to prevent hospital falls.</p> <p>Jane Lunt advised that she would raise the issue in relation to the prevention of falls at the next CQPG.</p> <p>Action: Jane Lunt to raise the prevention of hospital falls which was an indicator that had not been achieved at Aintree University Hospital NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust at the next CQPG.</p> <p>Jennie Piet advised that the indicators for next year have been confirmed. Jennie advised that she would forward them to Dr Gina Halstead and Dr Rob Caudwell.</p>	<p>JL</p>

	<p>Action: Jennie Piet to share next year's CQUIN indicators with Dr Gina Halstead and Dr Rob Caudwell.</p> <p>Outcome: The Committee noted the CQUIN Report.</p>	JP
20/11	<p>System Quality and Safety Report</p> <p>Brendan Prescott presented the System Quality and Safety Report which seeks to provide an overview of provider performance for both CCGs and incorporates wider issues from across the Merseyside system which were presented to Cheshire and Merseyside NHSE/I Quality Surveillance Group.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u> Three contract performance notices remain open at the Aintree Hospital site.</p> <p><u>Southport and Ormskirk NHS Hospital Trust</u> The contract performance notice remains open to provide assurance on sustainability of serious incident processes at the Trust.</p> <p><u>Mersey Care NHS Foundation Trust (Community Division)</u> AHP waiting time performance is being closely monitored. Focus is being made on the following three key areas; updates by exception on the progress of the Kirkup Enquiry, the implementation of the pressure ulcer reduction programme and Safeguarding – Children in Care.</p> <p><u>Mersey Care NHS Foundation Trust (Mental Health Division)</u> Work continues with the Trust through Liverpool CQPG to seek assurance identified from several mental health cases including mental health homicides reviewed in January 2019.</p> <p><u>Lancashire and South Cumbria NHS Foundation Trust</u> The CCG has highlighted that the Trust is not reporting category 3 and 4 pressure ulcers on StEIS. The issue has been raised at CCQRM. A breakdown has been requested to ascertain if there is a correlation between the serious incidents.</p> <p><u>North West Boroughs Healthcare Foundation NHS Trust</u> The Trust is currently on Enhanced Surveillance in relation to serious incidents investigation and lessons learned.</p> <p><u>Liverpool Women's NHS Hospital Trust</u> The Trust remains on Enhanced Surveillance for referral to treatment and cancer performance. The following issues and risks have been highlighted; recruitment, specialist imaging, access to cardiologists, general surgeons, renal specialists or intensivists, laboratory testing and blood bank, adult intensive care, neonatal surgery and serious incidents.</p> <p><u>Alder Hey Hospital NHS Trust</u> NHS Liverpool CCG continues to seek assurance via the CQPG on the use of Meditec electronic patient records system in the Trust and the training and competence of staff who use the system. Progress continues to be monitored against issues identified within the Specialist Educational Needs and Disability (SEND) Written Statement of Action.</p> <p>Outcome: The Committee noted the System Quality and Safety Report.</p>	
20/12	<p>Serious Incident Review Group (SIRG) Minutes</p> <p>The Committee received the following minutes and key issues :-</p>	

	<ul style="list-style-type: none"> NHS South Sefton CCG – 14th November 2019 and 12th December 2019 NHS Southport and Formby CCG – 6th November 2019 and 4th December 2019 <p>Outcome: The Committee noted the Serious Incident Review Group (SIRG) Minutes</p>	
20/13	<p>Performance and Quality Investigation Review Panel (PQIRP) Minutes</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> NHS South Sefton CCG and NHS Southport and Formby CCG – 23rd October 2019 and 3rd December 2019 <p>It was noted that key issues will be included going forward.</p> <p>Outcome: The Committee noted the Performance and Quality Investigation Review Panel (PQIRP) Minutes.</p>	
20/14	<p>Individual Patient Activity Programme (IPA) Board Minutes</p> <p>The Committee received the following minutes and key issues :-</p> <ul style="list-style-type: none"> NHS South Sefton CCG and NHS Southport and Formby CCG – 30th October 2019. <p>Outcome: The Committee noted the Individual Patient Activity Programme Board Minutes.</p>	
20/15	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>The Committee received the key issues from the EPEG meeting held on 13th November 2019.</p> <p>Outcome: The Committee noted the Engagement and Patient Experience Group (EPEG) Key Issues.</p>	
20/16	<p>Corporate Governance Support Group Key Issues</p> <p>The Committee noted the Corporate Governance Support Group Key Issues from the meeting held on 20th December 2019.</p> <p>Outcome: The Committee noted the Corporate Governance Support Group Key Issues.</p>	
20/17	<p>Any Other Business</p> <p>It was highlighted that there are delays in relation to housebound patients waiting to have their bloods taken. Some housebound patients are not at home when Phlebotomists attend their home to take their blood. It was suggested that Phlebotomists contact housebound patients prior to attending their homes. It was noted that Phlebotomist staffing levels should increase following recent recruitment.</p> <p>It was suggested that the Joint Quality and Performance Committee receive Primary Care Committees in Common minutes going forward, thereby providing the Committee with a regular primary care updates.</p>	

	<p>Action: Michelle Diabie to routinely include Primary Care Committees in Common minutes in the Joint Quality and Performance Committee meeting pack.</p> <p>Lynne Savage provided the Committee with an update following a recent “Don’t Dip” Meeting. A Community Matron at Mersey Care NHS Foundation Trust had undertaken a urinary tract infection audit across 8 care homes. A significant reduction in the use of antibiotics was noted and fewer hospital admissions made. It was suggested presenting the audit findings at Joint Medicines Operation Group (JMOG) and to the Cheshire and Merseyside Care Home Network.</p>	<p>MD</p>
<p>20/18</p>	<p>Key Issue Log (issues identified from this meeting)</p> <p>The Committee noted the following Key Issues for both CCG’s Governing Body:-</p> <p><u>Key Issue</u> SEND - further work on specific programme.</p> <p><u>Risk Identified</u> Pace will not be maintained on action plan.</p> <p><u>Mitigating Action</u> Seconded SEND Lead in place until the end of March 2020. Executive Lead is the Chief Nurse.</p> <p><u>Key Issue</u> 16 issues on digitalization of patient records.</p> <p><u>Risk Identified</u> Risk of GDPR breach. Increased Primary Care staff workload.</p> <p><u>Mitigating Action</u> Contact IMerseyside on this issue and possible solution to the digitalisation.</p> <p>The Committee noted the following Key Issue for NHS Southport and Formby CCG Governing Body:-</p> <p><u>Key Issue</u> Transient Ischaemic Attack (TIA) Performance – data not accurate.</p> <p><u>Risk Identified</u> Patients not receiving appropriate treatment, increased risk of Cerebrovascular Accident (CVA).</p> <p><u>Mitigating Action</u> Request Trust on individual patient data.</p>	
	<p>Date of Next Meeting: Thursday 27th February 2020, 9am – 12noon, Meeting Room 3A, Merton House, Stanley Road, Liverpool L20 3DL.</p>	

**117NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common
Agreed Minutes – Part I**

Date: Thursday 19th December 2019. Time 10.00am – 11.00am

Venue: Family Life Centre, Ash Street, Southport, PR8 6JH

Members		
Graham Bayliss	S&F CCG Lay Member (Chair)	GB
Alan Sharples	SS CCG Lay Member (Vice Chair)	AS
Helen Nichols	SS 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
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Brendan Prescott	SS S&F Chief Nurse Quality Team	BP
Non- Voting Attendees:		
LMC Representative		
Healthwatch Representative	Healthwatch Sefton	
Health & Well Being Representative	Health & Wellbeing Representative	
Dr Craig Gillespie	GP Clinical Representative	CG
Jane Elliott	Localities Manager SSSCCG	JE
Richard Hampson	Primary Care Contracts Manager SSSCCG	RH
Colette Page	Practice Nurse Lead SS SF CCG	CP
Minutes		
Jacqueline Westcott	Senior Administrator SSSCCG	JW

Attendance Tracker D = Deputy ✓ = Present A = Apologies N = Non-attendance
C= Cancelled

Name	Membership	Sept 19	Oct 19	Nov 19	Dec 19	
Members:						
Graham Bayliss	SS CCG Lay Member (Chair)	A	✓	C	✓	
Alan Sharples	SS CCG Lay Member	✓	A	C	✓	
Helen Nichols	S&F CCG Lay Member	✓	✓	C	✓	
Fiona Taylor	S&F SS CCG Chief Officer	✓	A	C	A	
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	A	C	A	
Jan Leonard	S&F CCG Director of Place (North)	A	✓	C	✓	
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	A	N	C	N	
Angela Price	S&F SS CCG Programme Lead Primary Care	A	✓	C	✓	
Alan Cummings	NHSE Senior Commissioning Manager	A	✓	C	✓	
Non- Voting Attendees:						
LMC Representative		N	N	C	N	
Health Watch Representative		✓	A	C	A	
Health & Well Being Representative		N	N	C	N	
Dr Craig Gillespie	GP Clinical Representative	✓	✓	C	✓	
Dr Kati Scholtz	GP Clinical Representative	A	✓	C	✓	

Name		Membership	Sept 19	Oct 19	Nov 19	Dec 19	
Jane Elliott		SSCCG Localities Manager	N	✓	C	N	
Richard Hampson		SSCCG Primary Care Contracts Manager	N	✓	C	✓	
Colette Page		SS SFCCG Practice Nurse Lead	N	N	C	N	
No	Item						Action
PCCiC19/110	<p>Apologies for absence Apologies were received from Fiona Taylor, Dr C Gillespie, Diane Blair, Martin McDowell and Alison Ormrod.</p> <p>Welcome and Introductions The members of the committee introduced themselves.</p>						
PCCiC19/111	<p>Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>						
PCCiC19/112	<p>IT Investments A presentation was presented to the Committee by Paul Shilcock from Informatics Merseyside on the current IT projects and investments for IT within primary care. AS requested that the IT investment budget be presented at the F&R Committee.</p>						PS
PCCiC19/113	<p>Minutes of the previous meeting 17th October 2019 – The minutes of the meeting were accurate and agreed.</p>						
PCCiC19/114	<p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated</p>						

PCCiC19/115	<p>Report from Operational Group and Decisions made</p> <p>November 2019:</p> <ul style="list-style-type: none"> • The group recommend the Committee support applications for list closures at Ainsdale Medical Centre and Blundellsands Surgery. It was noted that Blundellsands Surgery are overwhelmed with new patient registrations when they have an open list. • A changed area map was received from North Southport PCN as a result of a recent boundary change. • The group reviewed an update on an ongoing lease issue for a South Sefton Practice and supported NHSEs plans to progress, also added to the risk register. • The group received an update on progress of the Medicines Management Hubs and the impact reviewing discharges from Acute Trusts. • The Group reviewed a proposed process for the management of Serious Incident reporting, complaints and incidents relating to General Practice. • The CQC report for High Pastures Surgery was received and the group acknowledged the 'good' rating. • A letter was received from a PCN regarding the provision of extended hours over the Christmas period, the group discussed the contents and will respond to the PCN re-iterating the position regarding extended hours as per NHSEs Winter Assurance letter dated 22nd October 2019. • The survey regarding PCSE issues was discussed. • The group reviewed the risk register. <p>December 2019:</p> <ul style="list-style-type: none"> • It was agreed to develop a local process for supporting practices who were operating an informal list closure. • There is work ongoing around the Out of Area Directed Enhanced Service and implications for practices signing up. • Care homes were discussed in relation to expectations on practices. A small amount of resilience funding has been secured from NHSE to support this work. • NHSE reported back on workforce development plans. • An update on LEDR reports was received. • The Primary Care Dashboard was reviewed in relation to proposed content. • Telephony issues in practices which had been raised via the F&R committee was discussed and a plan to scope out implications agreed. 	
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PCCiC19/116	<p>Primary Care Network update KS reported to the Committee that a first update meeting would be taking place today (19.12.19) regarding the social prescribing post for North PCN. Dr Simon Tobin will be looking at how the service will be utilised and clinical engagement. PCNs have submitted plans with a maturity matrix to NHSE who are collating the information on delivery needs.</p>	
PCCiC19/117	<p>Healthwatch Issues There was no representation at the Committee meeting today, however, a paper was provided for the Committee to review on a recent GP Access Comparison Table. AS requested clarification on the tables as it was unclear if the tables review was for in or out of hours activity. Tables to be reviewed at the next meeting</p> <p>GP patient survey results corresponding to the Health Watch reports will be provided for the next meeting</p>	<p>DB</p> <p>AP</p>
PCCiC19/118	<p>Primary Care Quality Dashboard RH presented a paper on the new Primary Care Quality Dashboard which will be used by the CCG to record various metrics presented by Practices. This will be used as a supportive and monitoring tool for highlighting areas where practices may need additional support from the CCG. The dashboard is a work in progress and can be amended accordingly at any point. KS requested type 2 diabetes is recorded for disease prevalence along with severe mental illness. It was noted that the discussion around the workforce element of the dashboard, it was agreed that workforce is a difficult measure to capture. The roll out of Apex Insight will support practices and CCGs in measuring appointment activity including the 'did not attend' rates within primary care.</p>	

PCCiC19/119	<p>Performance</p> <p>RH presented a paper on performance for both CCGs. Utilisation of the 7 day access service for Southport and Formby is now at 56.92% due to a change in the working model, the service have reduced the number of provides health care assistants appointments, and converted them into ANP appointments. More recent data has indicated that utilisation of the service has increased. Practices are being supported to increase utilisation of the service through the digital champion programme.</p> <p>Direct Enhanced Service utilisation rates show 100% uptake for learning disability health checks which is in line with the current LQC specification. Out of Hours utilisation remains consistent over the last 12 months. Breach Notices – there are currently no breaches in contractual contracts from primary care practices.</p> <p>Utilisation of the 7 day access service for South Sefton is now at 78.75% and steadily increased over the last 12 months. Did not attend rates have improved but still remain an issue</p> <p>Direct Enhanced Service utilisation also shows 100% take up for learning disability health checks in line with the current LQC specification.</p> <p>KS raised the issues of practice staff are experiencing logging into 2 systems for booking regular and extended access appointments, it has been suggested that having 2 screens in practice would resolve the issues. Norwood Surgery are currently piloting this option.</p>	
PCCiC19/120	<p>Key Issues Log</p> <p>Primary Care Quality Dashboard IT Investments List closures Social prescribing update</p>	
PCCiC19/121	<p>Any Other Business</p> <p>There were no other items raised.</p>	
PCCiC19/122	<p>Date of Next Meeting: Date of Next Meeting: time date 16th January 2020 Venue: 3rd Floor Boardroom, 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>		

**NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common
Agreed Minutes – Part I**

Date: 16th January Thursday 2020. Time 10.00 – 11.00am
Venue: 3rd Floor Boardroom, Merton House, Stanley Road, Bootle, L20 3DL

Members		
Graham Bayliss	S&F CCG Lay Member	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	SS 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
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager & Improvement	AC
Brendan Prescott	SS S&F Chief Nurse Quality Team	BP
Dil Daly	S&F CCG Lay Member (Chair)	DD
Non- Voting Attendees:		
LMC Representative	LMC Representative	
Healthwatch Representative	Healthwatch Sefton	
Health & Well Being Representative	Health & Wellbeing Representative	
Dr Craig Gillespie	GP Clinical Representative	CG
Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Localities Manager SSSCCG	JE
Richard Hampson	Primary Care Contracts Manager SSSCCG	RH
Minutes		
Jacqueline Westcott	Senior Administrator SSSCCG	JW

Attendance Tracker D = Deputy ✓ = Present A = Apologies N = Non-attendance
C= Cancelled

Name	Membership	Jan 20	Feb 20	Mar 20	Apr 20	May 20
Members:						
Graham Bayliss	SS CCG Lay Member	A				
Alan Sharples	SS CCG Lay Member	✓				
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	A				
Jan Leonard	S&F CCG Director of Place (North)	✓				
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	N				
Angela Price	S&F SS CCG Programme Lead Primary Care	✓				
Alan Cummings	NHSE Senior Commissioning Manager	A				
Dil Daly	S&F CCG Lay Member (Chair)	✓				
Non- Voting Attendees:						
LMC Representative		N				

Name	Membership	Jan 20	Feb 20	Mar 20	Apr 20	May 20
Health Watch Representative		N				
Health & Well Being Representative		N				
Dr Craig Gillespie	GP Clinical Representative	✓				
Dr Kati Scholtz	GP Clinical Representative	✓				
Tracey Forshaw	SS SF CCG Interim Primary Care Quality	A				
Jane Elliott	SSECCG Localities Manager	N				
Richard Hampson	SSECCG Primary Care Contracts Manager	✓				
Colette Page	SS SFCCG Practice Nurse Lead	N				
No	Item	Action				
PCCiC20/01	<p>Apologies for absence Apologies were received from: Graham Bayliss, Tracey Forshaw, Martin McDowell and Alan Cummings (Sharon Howard attended on behalf of NHSE). Fiona Taylor.</p> <p>Welcome and Introductions The members of the committee introduced themselves.</p>					
PCCiC20/02	<p>Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>					
PCCiC20/03	<p>Minutes of the previous meeting were agreed as an accurate record. Date 19th December 2019</p>					
PCCiC20/04	<p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated.</p>					
PCCiC20/05	<p>Report from Operational Group and Decisions made</p> <p>Park Street Surgery recent CQC visit was rated as Requires Improvement. Sefton CCG will work with the practice to produce an action plan and review practice processes that are in place to address issues raised.</p> <p>Estates – discussions are to be held at a future Primary Care Commissioning in Common Committee meeting.</p> <p>PCN – The draft PCN services specification was circulated to PCNs nationally by NHSE on 24.12.2019. The consultation period deadline was set at 15.1.2020. Nationally PCNs have raised concerns regarding the PCN specification as time frameworks, work streams, funding are unrealistic and pose high risks to the future of PCNs. Preliminary discussions nationally have indicated PCNs are unable to sign up to the specification. There are significant concerns regarding practices that are not signed up to the PCN DE. PCNs are expected to provide some areas of the specification from 1.4.2020.</p>					

PCCiC20/06	<p>Primary Care Programme Report The Primary care Programme Report was reviewed and updated.</p> <ul style="list-style-type: none"> • A question was raised regarding the National figure of 5000 extra GPs, if the numbers could be accommodated within primary care for both CCG's. There was a discussion and it was felt that additional GPs could be placed in primary care. • E-consult funding for licences has been successful from NHSE. Process mapping for the 7 day access service is due to take place For both SS & SF. • Information on learning disabilities health checks has been interrogated; CQRS variances and the figures have improved, as a result of this piece of work. • NHS digital data reviews have been made to practices for review and understanding of income funding, and unclaimed finances, 1 practice in SS and 1 practice in SF have taken up the offer. • 7 day access - both services have reported November 2019 data figures, South Sefton is at 75% and Southport and Formby 85%. The CCG target is set at 75% by March 2020. The CCG is ahead of the national target. 	
PCCiC20/07	<p>Update on Primary Care Commissioning in Common Work plan</p> <p>A discussion took place about the 19/20 work plan with some suggested changes for February and March.</p>	
PCCiC20/08	<p>Primary Care Network update</p> <p>There is national uncertainty regarding the future of PCNs due to a new specification released in December 2019. The specification feedback from PCNs is the expectation of workload, time frame and is unachievable and unrealistic. It was noted that the funding attached to the DES is also insufficient for providing services. Preliminary discussions have taken place and the national view is that PCNs are unable to sign up to the DES. NHSE have acknowledged feedback so far from PCNs and will be reviewing the DES including funding and timeframes.</p> <p>Action: SH to feedback regarding PCN specification.</p>	SH
PCCiC20/09	<p>One Single Access Offer GP Contract</p> <p>A paper was presented to the Committee setting out a proposal for one single access offer for the GP contract. The paper highlights the opportunity through PCNs to bring more coherence to the way that access is currently provided as outlined in 'Investment and evolution: A five year framework for GP contract reform to implement The NHS Long Term Plan' published in January 2019.</p> <p>The intention is that the funding for the existing extended hours Direct Enhanced Service (DES), and for the CCG commissioned 7 day access, will fund a single combined access offer as an integral part of the Network Contract DES delivered to 100% of patients, including through digital services like the NHS App.</p> <p>The PCNs will have responsibility for delivering both 7 day access and extended hours DES from 1.4.2020. Awaiting further clarification and information from NHSE which is due March 2020.</p>	

PCCiC20/10	<p>Primary Care Finance Report</p> <p>A paper was presented to the Committee from finance on month 9 of the finance report for South Sefton CCG and Southport and Formby CCG. A further paper will be presented at the March 2020 meeting. Guidance on underspends will be reviewed by the Governing Body and finance team and fed back to the Committee. Any surplus financial savings will be directed back into primary care. A question was asked if the funding for the LQC was included in the finance report. Within the finance report was a delegated report; finance will review this to see if the LQC can be recorded in future reports.</p> <p>The finance team were thanked by a lay member of the Committee for the feedback and papers and expressed an interest in spending time with the team in order to gain a better understanding.</p>	
PCCiC20/11	<p>Healthwatch Feedback</p> <p>A Health Watch representative will provide feedback at the February 2020 meeting.</p>	
PCCiC20/12	<p>Key Issues Log</p> <p>The following will be added to the key issues log:</p> <ul style="list-style-type: none"> • Finance and Resource • IT budget • Improving 7 Day Access • PCN Specification and Risks • One Single Access GP Contract Offer • Finance Reports • Primary Care Work plan 	
PCCiC20/13	<p>Any Other Business</p> <p>AP advised the Committee that IMerseyside are currently working on a project of digitisation of medical records across Sefton practices. A risk has been identified with the transfer of medical records for patients registered on the special allocation scheme. An options paper will be circulated at the next Joint Operations Group meeting.</p>	
PCCiC20/14	<p>Date of Next Meeting:</p> <p>Date of Next Meeting: 20th February 2020 10.00-11.00am Venue: Almond Room, Family Life Centre, Ash Street, Southport, PR8 6JH</p>	

Meeting Concluded.

Motion to Exclude the Public:

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