

Governing Body Meeting (Part I) Agenda

Date: Thursday 4th June 2020, 13:00hrs to 14:40hrs

Venue: Virtual Meeting: Details to be confirmed

To help the CCG respond to the coronavirus we are moving all meetings that we hold in public to virtual meetings 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. 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

Director or Deputy	Director of Public Health, Sefton MBC	
Director or Deputy	Director of Social Services and Health, Sefton MBC	
Maureen Kelly	Chair, Healthwatch	MK

Quorum: Majority of voting members.

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
General					13:00hrs
GB20/69	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB20/70	Declarations of Interest	Chair	Verbal	Receive	
GB20/71	Minutes of previous meeting	Chair	Report	Approve	
GB20/72	Action Points from previous meeting	Chair	Report	Approve	
GB20/73	Business Update	Chair	Verbal	Receive	
GB20/74	Chief Officer Report	FLT	Report	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
Finance and Quality Performance					13:20hrs
GB20/75	Integrated Performance Report 75.1: - NHS Constitution - Quality 75.2: - Financial Position	Cameron Ward JLu MMcD	Report	Receive	30 mins
Governance					13:50hrs
GB20/76	Future of CCGs	FLT	Verbal	Receive	30 mins
GB20/77	COVID-19	Debbie Fairclough	Verbal	Receive	
GB20/78	COVID-19 Equality & Inclusion	Andy Woods	Report	Receive	
GB20/79	Joint QIPP and Financial Recovery Committee: proposed changes to governance and reporting requirements	AS	Report	Approve	
GB20/80	Audit Committee Annual Report 2019/20	AS	Report	Receive	
GB20/81	Audit Committee Terms of Reference	AS	Report	Approve	
GB20/82	Published Registers 2019/20	AS	Report	Receive	
GB20/83	Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q4 2019/20	AS	Report	Approve	
Quality					14:20hrs
GB20/84	SEND Improvement Plan and Business Continuity Arrangements	Kerrie France	Report	Receive	10 mins
For Information					14:30hrs
GB20/85	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
GB20/86	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI: None	Chair	Report	Receive	
Closing Business					14:35hrs
GB20/87	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
GB20/88	<p>Date of Next Meeting</p> <p>Thursday 3rd September 2020, 13:00hrs. format to be confirmed.</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>5th November 2020 4th February 2021 1st April 2021</p> <p>All PTI public meetings will commence 13:00hrs.</p>				
Estimated meeting close					14:40hrs

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 2nd April 2020, 13:00hrs to 15:10hrs

Format: To help the CCG respond to the coronavirus the public section of the meeting was held as a virtual meeting, as per the published notice on the CCG website. With the usual Public meeting and section of the agenda dispensed with during the pandemic.

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	JLu
Martin McDowell	Chief Finance Officer	MMcD
Dr Sunil Sapre	GP Clinical Director	SS
Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT
Dr John Wray	GP Clinical Director	JW

Co-opted Members (or deputy) in Attendance

Helen Armitage	Consultant in Public Health	HA
Maureen Kelly	HealthWatch	MK

In Attendance

Tracy Jeffes	Director of Place - South	TJ
Cameron Ward	Programme Director – Sefton Transformation Programme	CW
Judy Graves	<i>Minute Taker</i>	

Name	Governing Body Membership	June19	Sept 19	Nov 19	Feb 20	Apr 20
Dr Craig Gillespie	Chair & GP Clinical Director	✓	✓	✓	✓	✓
Graham Morris	Deputy Chair & Lay Member - Governance	✓				
Alan Sharples	Deputy Chair & Lay Member - Governance		✓	✓	✓	✓
Director or deputy	Director of Public Health, Sefton MBC (co-opted member)	✓	✓	A	✓	✓
Graham Bayliss	Lay Member for Patient & Public Engagement	A	✓	✓	✓	✓
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	✓
Lynne Creevy	Practice Manager	A	A			
Gina Halstead	GP Clinical Director	✓	A	✓	✓	✓
Director or Deputy	Director of Social Service & Health, Sefton MBC	A	A	A	A	A
Maureen Kelly	Chair, HealthWatch (co-opted Member)	✓	✓	✓	A	✓
Jane Lunt	Interim Chief Nurse			A	✓	✓

Name	Governing Body Membership	June 19	Sept 19	Nov 19	Feb 20	Apr 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	✓

*Standing meeting clash

Quorum: Majority of voting members.

No	Item	Action
GB20/40	<p>Apologies & Welcome</p> <p>No apologies.</p>	
GB20/41	<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>	
GB20/42	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting from 6th February 2020 were confirmed as an accurate record subject to the following amendments:</p> <p>Pg 8, item GB20/6:: wording in resolution to be changed from '...sign off the DSP submission' to 'discharge duties appropriately'.</p> <p>Page 27, item GB20/17, third paragraph: AS initials to be removed.</p>	

No	Item	Action
GB20/43	<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. Following which there had been no further 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><u>Update:</u> Pre-COVID there had been no evidence of waiting time issues.</p> <p>GB19/135: Integrated Performance Report (IPR)</p> <p>1. Cancer Deep Dive for December Development Session</p> <p><u>Update:</u> Held at the March Development Session.</p> <p>2. Additional data detail was requested for single point of access activity, waiting times and pathway issues for future reports.</p> <p>MMcD had 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><u>Update:</u> It was confirmed that this was being pursued for the new financial year. Was agreed that this action was in progress and could be removed.</p> <p>3. Development of the Children's service performance dashboard.</p> <p>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><u>Update:</u> It was confirmed that discussions were being had with Alder Hey regarding the accuracy of recording. Was agreed that this action was in progress and could be removed.</p> <p>GB20/7: 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><u>Update:</u> It was agreed that the item be deferred and removed post COVID.</p> <p>Urgent Care</p> <p>The Urgent Care dashboard was requested to be reinstated within the report.</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Closed</p> <p>Defer and Remove</p>

No	Item	Action
	<p><u>Update:</u> Further information had been provided within the report on page 63 of the meeting pack.</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><u>Update:</u> Further information had been contained within the SEND report to be presented under item GB20/50 and work is progressing to obtain and incorporate third sector data.</p> <p><u>GB20/09: Future of CCGs</u></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><u>Update:</u> It was confirmed that the support and endorsement was presented to the membership and the report updated. Further discussion to be had under the main agenda item.</p> <p><u>GB20/11: Governing Body Assurance Framework, Heat Map and Corporate Risk Register</u></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</p>	<p>Closed</p> <p>Closed</p> <p>Closed</p>

No	Item	Action
	<p>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 in the CCG risk process <p><u>Update:</u> It was confirmed that the work was being done as part of the next quarter refresh and would be reported through the review and scrutiny process.</p> <p><u>GB20/12: SEND</u></p> <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><u>Update:</u> SEND was an agenda item and included the plan. It was confirmed that the structure had been circulated to members.</p> <p><u>GB20/13: Sefton Health and Wellbeing Strategy 2020/25</u></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. <p><u>Update:</u> It was confirmed that the data had been obtained but had not been able to be progressed due to COVID. Item to be revisited.</p> <p><u>GB20/15: Transforming Care for People with Learning Disabilities: Update</u></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><u>Update:</u> Item to be removed and revisited as needed.</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><u>Update:</u> Remove and defer post COVID.</p> <p><u>GB20/17: Key Issues Reports:</u></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</p>	<p>Closed</p> <p>Closed</p> <p>TJ & JL</p> <p>Closed</p> <p>Remove and defer.</p>

No	Item	Action
	<p>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, 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><u>Update:</u> It was confirmed that the necessary process had been followed and, following further confirmation that the item was a wider authorisation that just the hospital, it was noted that the process had been completed and the item authorised.</p>	Closed
GB20/44	<p>Business Update</p> <p>The Chair recognised the unprecedented times that the NHS are working in and acknowledged the extreme efforts being made by all in the response to COVID-19. Further recognised was the good collaboration and engagement that was taking place across the network.</p> <p>The members were informed of the work being done on defining and clarifying areas of responsibility for both the system and individuals. This is to ensure each part of the system is delivered.</p> <p>Resolution: The members received the report.</p>	
GB20/45	<p>Chief Officer Report</p> <p>The governing body were presented with the Chief Officer report which focussed on the main areas of priority during COVID-19. The members were highlighted to:</p> <p>The CCG response to COVID-19 to deal with the fast changing and unprecedented situation and the major incident 'command and control' structures mounted across the NHS. This included the 7-day week Incident Management Team and the daily 8am system calls.</p> <p>A further briefing was given on the CCG management of a number of areas of work. This included In-hospital, Out of hospital, Business as Usual, Integrated Commissioning and Recovery, the systems being run across Cheshire and Merseyside and the working from home arrangements for all staff other than those covering mission control. Care Homes were being led by the Local Authority.</p> <p>Niall Leonard has been brought back in to the CCG on a voluntary basis to help support practices.</p> <p>The members were highlighted to the biggest risk being the lack of PPE across the primary and community settings. Some further guidance had been released by NHS England however more was being waited on. The CCG</p>	

No	Item	Action
	<p>concerns had been escalated. This risk was being managed through the Incident Management Team. The members noted an additional risk on receiving PPE in relation to the necessary guidance for its correct use.</p> <p>A briefing was also given on the work being done to support staff working from home, including IT, so as to ensure supported and limit isolation.</p> <p>The members discussed the sharing of data across the system including differing levels of access and systems. SharePoint was considered a potential option. PC and DFair agreed to discuss further outside of the meeting.</p> <p>In addition to that to be discussed later on the agenda in relation to Primary Care, concern was raised regarding the recent guidance to practices to hold on any further work in relation to the shielding letters. Further to this the members discussed the need for appropriate care plans being in place and accessible, the work to be done in relation to the transition of patients into the community and the necessary support</p> <p>Resolution:</p> <p>The Governing Body received the report and</p> <ul style="list-style-type: none"> • Noted the updates provided for the potential CCG merger and Section 75 • Fully delegated 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. <p>Furthermore and in relation to the delegated authority, the members noted that any duties and decisions exercised as part of that delegation be auditable.</p>	
GB20/46	<p><u>47.1 NHS Constitution and Quality</u></p> <p>The members were presented with the report which provided summary information on the activity and quality performance of South Sefton CCG.</p> <p>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 and difficulties in working on planned improvement trajectories with providers.</p> <p><u>Constitution</u></p> <p>The positions continue to be monitored against all standards and pursued where possible. An update was given on A&E attendance which, prior COVID-19, was showing a reduction in attendance.</p> <p>A discussion was had on the expected increase in mental health issues and how any underperformance of IAPT capacity could be directed towards this and the potential for promoting the service over and above what is already</p>	

No	Item	Action
	<p>being done. Highlighted was the current three to four month waiting list for patients to be seen. It was understood that this sat within the '18 week target' It was agreed that further discussion was needed at PCN.</p> <p>Reference was made to 111 and the seeming two hour wait to get a response, the calls being taken by 999 as a result and the seeming lack of clarity for patients and understanding by patients on where they can call for help. Was agreed that further discussion was needed at PCN.</p> <p><u>Quality</u></p> <p>An update was provided on the expectation that a number of KPI's will likely be suspended during COVID, with the management of serious incidents changing. Serious incidents will continue to be reported and the 72 hour review undertaken however the RCA will likely be carried out post COVID.</p> <p>There had been changes to Community Services with staff redeployed.</p> <p>A review had been undertaken on looking at how the CCG works with the Trusts in relation to performance and quality issues during COVID-19. This had now moved to a light touch approach. It was recognised that a lot of the Trusts quality issues internally will be influenced by their response to COVID-19.</p> <p>Reference was made to the need for mechanisms to monitor trends and incidents, especially given the abeyance of some of the metrics. It was confirmed that this is reviewed by the leadership team on a weekly basis.</p> <p><u>47.2 Finance</u></p> <p>The members were taken through the report which focused on performance as at 29 February 2020 with the following areas highlighted:</p> <p>NHSE/I have been approached regarding the CCG's recovery plan however this had been suspended in the current pandemic. Going forward the CCG was concentrating on 2019/20 which had a revised forecast outturn that had been agreed with regional office.</p> <p>Page 112 of the meeting pack highlighted a number of cost areas with a significant impact on the Learning Difficulties budget by an individual case.</p> <p>There is speculation where risks may emerge in the system given the pandemic. A number of areas were discussed including the over activity in prescribing that was expected for March, higher than expected prescribing charges and the independent areas ceasing trading with the facilities taken over for use during the pandemic. Financial systems had now been put in place to help identify COVID related costs.</p> <p>Reference was made to the run rate on page 110 of the meeting pack where there had been a dramatic drop in Month 10. As per the report 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. It was noted that the position had been revised in Month 10 following receipt of approval from NHS England to change the</p>	

No	Item	Action
	<p>CCG's forecast outturn.</p> <p>A discussion was had on the fast track referrals and the increase when compared to the previous financial year. The main source of increase was from Aintree Hospitals and District Nurse teams which reflects the increased focus to support discharge from acute care beds and helps to maintain performance. The increase had been reviewed by the F&R Committee where the referrals had been shown as appropriate and the right patient care.</p> <p>There had been an extension given to the submission of year end audited accounts to the end of June as a result of the pandemic. However, this had a negative impact in relation to the March prescribing figures. The figures are expected to show a downturn due to anticipated repeat prescribing figures as a result of people storing in preparation for isolation. This was further discussed in relation to the resulting impact on supplies, the expected impact on March prescribing costs and the need to protect the most vulnerable patients.</p> <p>Further noted was the normal NHSE contract process suspension due to COVID with further discussion to be had under the PTII private meeting.</p> <p>Resolution:</p> <p><u>Constitution and Quality:</u> The members noted the position and recognised areas would be pursued where possible, especially in relation to 'business as usual'. Further anticipated was the change in activity within future reports given the current pandemic.</p> <p><u>Finance:</u></p> <p>The Governing Body received the report and noted the:</p> <ul style="list-style-type: none"> • 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. 	

No	Item	Action
GB20/47	<p>Annual Report 2019/20: Governing Body Attendance Register</p> <p>The members were presented with the attendance register, as provided within each set of minutes, which were one element of the Annual Report submitted each year.</p> <p>Historically there had been queries with content when compiling the register. It has subsequently been agreed that the register should be presented to each committee to review and confirm content prior to inclusion within the annual report.</p> <p>The number of meetings attended for Debbie Fagan was highlighted and noted as already corrected, AS confirmed start date of 1st August and the local authority details to be reviewed with the position of Matthew Ashton to be updated going forward.</p> <p>Resolution: The members present approved the content for their areas with the changes identified. Updates to be made.</p>	Judy Graves
GB20/48	<p>Finance and Resource Terms of Reference</p> <p>The members were presented with the revised terms of reference which were reviewed at the recent F&R Committee meeting.</p> <p>The members were referred to the updates within the terms of reference. It was explained that the changes had been made as a result of the difficulties in meetings being quorate and the need to formalise the position of deputies and interim cover in the members absence. Further discussion was had on the structure of the meetings, especially identifying deputies for the clinical members. Given the complexities of the F&R Committee and the potential difficulties of a deputy being able to pick up in a members absence, it was suggested that the member have an opportunity to virtually attend the meeting. Further noted was the position against Alison Ormrod and that this is checked to confirm correct.</p> <p>Resolution: The members approved the revised Terms of Reference and the option for members to join the meeting remotely.</p>	AS
GB20/49	<p>Corporate Objectives 2020/21</p> <p>The members were presented with the final proposed CCG objectives for 2020/21. These were as previously discussed and updated to reflect the changing landscape.</p> <p>Reference was made to the third objective in relation to QIPP and the use of 'support delivery' and the suggested change to 'ensure' delivery.</p> <p>Resolution: The members approved the objectives for 2020/21 subject to the wording change of the third objective to 'ensure'.</p>	Judy Graves
GB20/50	<p>SEND Improvement Plan and Dashboard</p> <p>The members were presented with a report that updated on all health performance related actions following the SEND Improvement Notice issues in June 2019.</p> <p>A six month progress review was held on 22nd January 2020 with NHS</p>	

No	Item	Action
	<p>England and Improvement leaders and Department of Education. Whilst it was noted that some progress had been made, it was recognised that a focus on impact and pace was critical to evidence improvements in the quality of care delivery for children and families. This work had since made additional advancement, as identified within section 5 of the report, including the financial support secured for ASD and ADHD assessment and diagnosis. Further update was given on the work that had been underway with providers to identify and establish key performance indicators for young people with SEND up to 25 years. However, following a recent conversation with NHSE and the provider resource and focus needed for COVID, the work on SEND will be maintained with the intention of resuming post COVID.</p> <p>FLT acknowledged that a review of the governance arrangements, processes and systems had meant that immediate changes were required to strengthen the service offer to the public. She noted the progress made to date and also noted that further work is required to ensure that the services available to our population meet the expectations of the CCG. GH expressed her frustrations that despite improvements, there remained a long waiting time to access services at what is often a critical time for the development of individual children. She remained concerned and asked for swifter progress in addressing the long wait times.</p> <p>Resolution: The governing body received the report and were reassured on the developments made. Kerrie France and Jane Lunt were thanked on the progress and impact made and noted:</p> <ul style="list-style-type: none"> • Achievement of actions 2 in SEND Improvement Plan relating to the Designated Clinical Officer. • Progress made against recovery actions relating to actions 1.5 and 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 5.3.4 of SEND Improvement plan and will be used by the Health Performance improvement Group to monitor all health related actions. 	
GB20/51	<p>Sefton Transformation Programme: Update and Closure Report</p> <p>The report presented the governing body with a summary of progress and achievements of the Sefton Health and Care Transformation Programme made, including some feedback and review, in readiness for formal handover on 31 March 2020.</p> <p>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 which is made up of 9 local authorities, 12 clinical commissioning groups and 19 NHS providers and is supported by core senior leadership team. With the PMO established to deliver the agreed objectives and work streams as detailed within the report.</p> <p>The programme team were congratulated on the work delivered and progress</p>	

No	Item	Action
	<p>made, as detailed within the report.</p> <p>The members were updated on the recent work undertaken on concluding the programme and transitioning to business as usual, with the next steps to focus on building the architecture around the programmes to support delivery post COVID.</p> <p>Resolution: The governing body received the report.</p>	
GB20/52	<p>Key Issues Reports:</p> <p>a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI The members were highlighted to the discussion and noted the risk in relation to lack of named GP for Safeguarding Adults. Was agreed that advertising options be looked into. e) Localities Reference was made to the issues being experienced with the Diabetic Clinic waiting times resulting in delays to patients accessing services. It was understood that the service had now moved to telephone reviews during COVID.</p> <p>It was noted that the leadership team were unaware of this issue which highlighted the benefit of key issues being presented to the governing body. Item for further discussion at leadership team.</p> <p>It was confirmed and noted that the issues relating to High Pastures had now been resolved.</p> <p>f) Joint Committee (S&F and WLCCG) It was noted that the committee had been stood down during COVID.</p> <p>Resolution: The governing body received the key issues reports</p>	<p>JLu</p> <p>FLT and CW</p>
GB20/53	<p>Approved Minutes:</p> <p>a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee: None d) Primary Care Commissioning Committee PTI</p> <p>Resolution: The governing body received the approved minutes.</p>	
GB20/54	<p>Any Other Business</p> <p>None.</p>	
GB20/55	<p>Date of Next Meeting</p> <p>Thursday 4th June 2020, 13:00 hrs, virtual meeting (details to be advised)</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>	

No	Item	Action
	3 rd September 2020 5 th November 2020 4 th February 2021 1 st April 2021 All PTI public meetings will commence 13:00hrs , format to be advised.	
Meeting concluded		15:10hrs
Motion to exclude the public: Due to the format of the meeting the motion to exclude the public was not required.		

Draft

Governing Body Meeting in Public Action Points

Date: Thursday 2nd April 2020

No	Item	Action
GB20/43	<p>Action Points from Previous Meeting</p> <p><u>GB20/13: Sefton Health and Wellbeing Strategy 2020/25</u></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. <p><i>Update:</i> It was confirmed that the data had been obtained but had not been able to be progressed due to COVID. Item to be revisited.</p>	TJ & JL
GB20/47	<p>Annual Report 2019/20: Governing Body Attendance Register</p> <p>The members were presented with the attendance register, as provided within each set of minutes, which were one element of the Annual Report submitted each year.</p> <p>The number of meetings attended for Debbie Fagan was highlighted and noted as already corrected, AS confirmed start date of 1st August and the local authority details to be reviewed with the position of Matthew Ashton to be updated going forward.</p>	Judy Graves
GB20/48	<p>Finance and Resource Terms of Reference</p> <p>The members were presented with the revised terms of reference which were reviewed at the recent F&R Committee meeting.</p> <p>Noted was the position against Alison Ormrod which is to be checked to confirm correct.</p>	AS
GB20/49	<p>Corporate Objectives 2020/21</p> <p>The members were presented with the final proposed CCG objectives for 2020/21. These were as previously discussed and updated to reflect the changing landscape.</p> <p>Reference was made to the third objective in relation to QIPP and the use of 'support delivery' and the suggested change to 'ensure' delivery.</p> <p>Resolution: The members approved the objectives for 2020/21 subject to the wording change of the third objective to 'ensure'.</p>	Judy Graves
GB20/52	<p>Key Issues Reports:</p> <p>d) Primary Care Commissioning Committee PT1 The members were highlighted to the discussion and noted the risk in</p>	

MEETING OF THE GOVERNING BODY June 2020

Agenda Item: 20/74	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456
Report date: June 2020	
Title: Chief Officer Report	
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.	
Recommendation The Governing Body is asked to receive this report.	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2020/21 (x those that apply)	
X	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.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To ensure 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.
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	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.
X	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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				
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees			X	

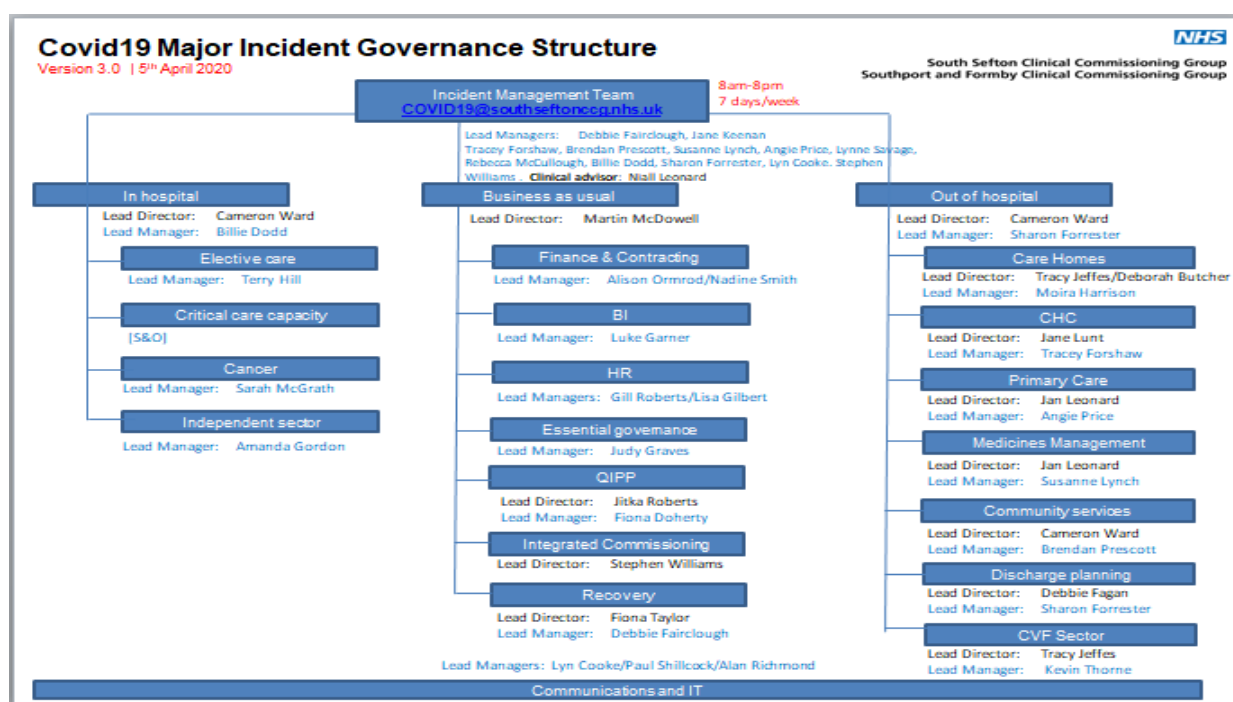
Report to the Governing Body
June 2020

Coronavirus outbreak response

1. Emergency Preparedness Resilience and Response (EPRR) duties

At the commencement of the Coronavirus outbreak, the CCG as part of the National Emergency Planning and response (EPRR) procedures set up its local incident team and implemented a new governance architecture to align to local resilience forums and the C&MHCP incident management arrangements.

The CCGs structure is shown below:

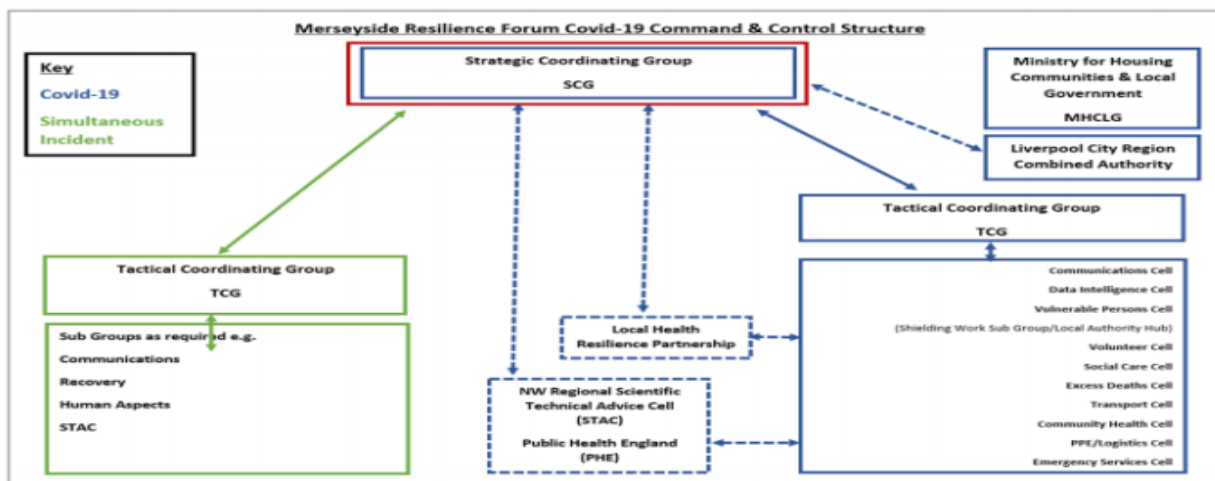


The Incident Management Team reports to the Leadership Team on daily basis.

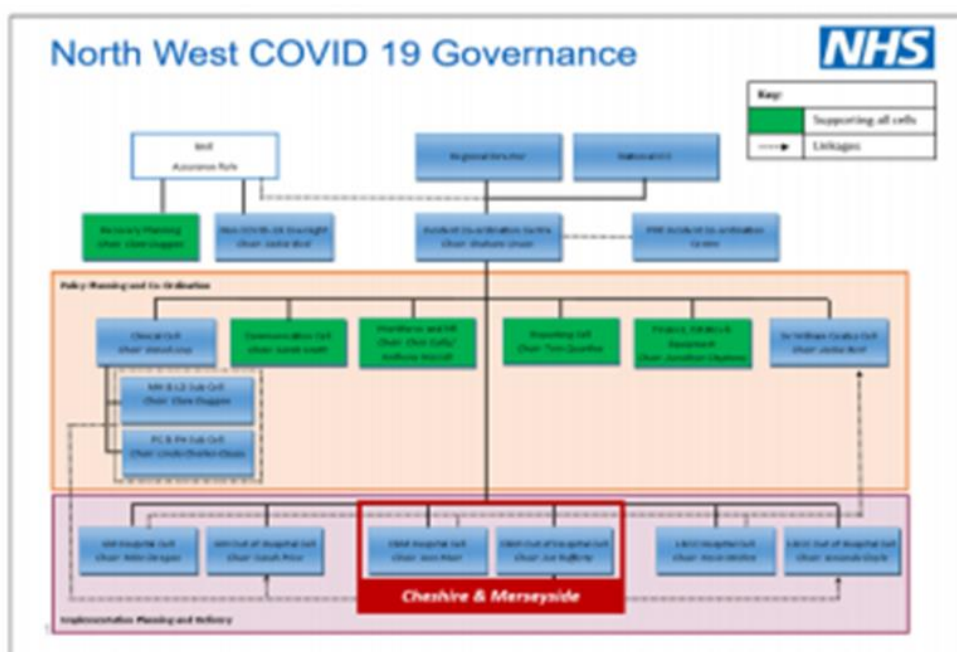
The Merseyside Resilience Forum is the lead multi agency forum for managing the response to COVID19 across the area, and the route for escalation of issues and challenges.

They have established several cells to lead concentrated pieces of work and action as the pandemic develops.

The governance framework for this forum is shown below:



NHSE through the North West office has established 2 core cells for Cheshire and Merseyside, one to run the in-hospital activity led by Ann Marr OBE, Chief Executive, St Helens and Knowsley NHS Foundation Trust, and an Out of Hospital Cell led by Dr Joe Rafferty CBE, Chief Executive, Mersey Care NHS Trust. These cell leads have the authority to make decisions on behalf of the Cheshire & Merseyside system in respect of services directly related to our response to COVID-19.



The CCG also established a Southport system call that comprises representation from all relevant organisations from health and social care so that there was a comprehensive system approach to the implementation of emergency measures.

The system calls take place each Monday, Wednesday and Friday and will continue to function until the system is stabilised.

2. Incident Management Team (IMT)

The IMT continues to function 8am – 8pm, 7 days a week whilst the system remains in a major incident, command and control operating model. The Leadership Team has reviewed the role and function of the IMT and approved changes that are commensurate with the current level of response to COVID19. Many of the functions and activities have become part of the CCGs “business as usual” operations and are picked up elsewhere in the CCG’s governance. The IMT will continue meet once a week and will report daily to the leadership team and report substantively to the leadership team each Tuesday. The COVID19 inboxes will continue to be monitored 8am – 8pm, 7 days a week until the CCG is advised that this can be stood down.

3. Test, track and trace

The national test track and treat programme and the COVID19 antibody testing was rolled out week commencing 26th May, the CCG is working closely with the Cheshire and Merseyside Health and Care Partnership and the Local Authority to support this at a borough, place based level.

4. Primary Care Cell

The CCG continues to provide dedicated access for COVID positive patients and we will continue to review this as we move through our phase 2 response. We recognise the response of practices as they have moved to different ways of working in response to the pandemic.

The Medicines Management Team (MM) have proactively changed the support to patients and primary care focusing on COVID related work. This has included arranging post-dated prescriptions for vulnerable patients, undertaking a B12 work stream, supporting care homes and care home residents with access to medicines including COVID symptom treatment. This has been via a homely remedy protocol written by ourselves, supply of homely remedies via a newly commissioned community pharmacy COVID medicines supply service which also incorporate a 1 hour fast track delivery option for end of life drugs. Training has been and continues to be delivered to care homes around all aspects of medicines management and the team is from this week starting to undertake structured medication reviews for care home residents as per the national ask.

The MM hub has and will continue to operate daily to support prescribers, community pharmacists and patients across Sefton. The hub is also now available to care homes to access support.

5. Personal Protective Equipment (PPE) and Fit Testing

PPE remains an ongoing area of concern in terms of supply and correct usage. The CCG will continue to liaise with relevant partners, including the Ministry of Defence and the Local Authority to support supply infrastructures and deliver urgent supplies as appropriate. There is a prescriptive process for enabling that and the CCGs dedicated lead manages that process.

The CCG and LA have worked collectively with other providers to provide Fit Test training in care homes, this has been welcomed by the sector.

6. HR, Workforce and Estate

Transition

- Steps are actively being taken to support the transition of HR to business-as-usual from 1 June. The CSU provided their first virtual drop-in sessions this week, which staff successfully accessed. Feedback has been positive. There are no immediate plans for staff to return to either Merton House or Curzon Road as their base for work, and the guidance for our staff is that they should continue to work from home, apart from those staff that are required to come on site for prescribed purposes and for whom a risk assessment has been undertaken.
- The government has now issued guidance¹ that must be followed by employers setting out specific requirements that must be adhered to before staff can return to work. The CCG has established a project group to develop proposals for the office based element of the CCGs corporate operating model.

Absence

- One additional instance of absence relating to Covid-19 has been reported, which increases the overall total to six.

“Risk assessment for staff “guidance

- 29 staff have so far been identified as being extremely vulnerable or at risk, or live in a household with someone who falls into either of these categories. Final queries are being chased so that a baseline position can be finalised. There remains an on-going line management responsibility in terms of having regular one-to-one conversations with affected staff, staff are encouraged to share any concerns via multiple two-way communication channels.

Staff development

- An additional online minute taking course is scheduled for 28 May. The CCG Chairs have agreed to hold the charring course as part of the July development sessions. A report writing course is also available. The CSU have also developed a management training programme and have indicated that certain modules could be made available virtually to CCG staff from 1 July. This needs to be considered in the context of staff development needs.

Engagement

- Training for the appointed Freedom to Speak Up Guardians is being pursued. It is important that this is progressed so that staff have an additional communication channel to share any concerns. A related question will also be included in the staff wellbeing survey.

¹ <https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

Wellbeing

- The CCGs remain an active member of the Merseyside CCGs HR and Engagement Networks. Membership of the HR network will need to align with the relevant LT portfolio holder post 1 June. An additional support offer from AQuA is being pursued and will form part of the transition post 1 June.

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.

7. Joint implementation and development plan

Following our work in 2019 to co-produce the Health & Wellbeing Strategy, Living Well in Sefton, and NHS plan, Sefton2gether, the CCGs and Council are working to develop and implement a joint implementation plan and development programme that will help us to realise our vision of a connected and confident borough. This is part of our all age programme as we work towards focussing around one plan, one budget and one team. As part of our approach to strengthening strategic commissioning in Sefton, and to ensure that we can deliver against our plan, we have introduced three new Integrated Commissioning Manager roles.

Each role will lead work streams across Early Intervention and Prevention, Children and Young People, Adults and Older Adults and will report to the Integrated Commissioning Group. The programme will be officially launched from June, with the posts working alongside the CCGs and Council Commissioning Teams to drive forward service improvements, pathway redesign and new innovative models of delivery to ensure that we are delivering for the people of Sefton. In order to facilitate joint working there will be a development programme for all staff from the CCGs and Council who are involved in the integrated commissioning agenda. This will be externally supported by organisational development professionals from the Cheshire & Merseyside Health and Care Partnership.

To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.

8. Sir Simon Stevens Letter – NHS second phase response

Due to the impact of COVID19 and the implementation of the NHSE mandate from Simon Stevens' letter of 17th March there was significant disruption to a number of planned and unplanned care services. The CCG is now working with providers to implement service and operational recovery plans as set out in the letter issued by Simon Stevens on 29th April that set out the NHS second phase response to Coronavirus.

The leadership team and senior management team are continuing to monitor progress.

9. Cancer services update

- Cancer services have remained open to GP referrals during COVID-19, There was initially a significant reduction in referrals for suspected cancer which dropped to a quarter of expected levels. However referral rates have been steadily increasing over the last 4 weeks and are now back to 68% of expected levels. (Cancer Alliance Sitrep position 22/5/20)
- Work is ongoing to improve interface communications between primary care and hospital cancer teams to best support decision making and the risk stratification of patients on suspected cancer pathways at this time.
- Cancer services have followed national guidelines in delivering diagnostic and treatment services. Individuals have been assessed as to their relative risks of cancer and risks due to COVID-19 in proceeding with hospital –based diagnostics and treatment. Some pathways have continued, others have changed or paused.
- 44% of patients referred on urgent suspected cancer pathways have had their investigations suspended due to COVID-19. 51% of those suspensions are patients on lower GI pathways due to the high risk nature of endoscopy as an aerosol generating procedure. A local process has been put in place to offer faecal immuno-chemical testing (FIT) in order to risk stratify colorectal patients and offer limited endoscopy resource to those most likely to have a cancer diagnosis.
- Cancer Surgical hubs have been established to offer longer waiting patients in some specialties (those waiting more than 4 weeks from decision to treat) the choice to have their surgery undertaken sooner at a different site. This includes Spire, Liverpool for breast patients and St Helens Hospital for colorectal, skin and urology cases.
- Additional local support for people affected by cancer in the form of a virtual wellbeing service has been put in place in North Mersey, recognising the stress and pressure that COVID-19 means for patients, their families and staff.
- Clatterbridge Cancer Centre is planning to open its new Liverpool site on 27th June 2020. Originally the opening was scheduled for mid- May. The site will offer significant and separate estate for oncology services in the city.

To ensure 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.

10. Joint QIPP and Financial Recovery Committee – changes to governance

To ensure the ongoing delivery of the CCGs QIPP plans the governing body will receive a proposal today that recommends an alternative governance arrangement for our QIPP plans with oversight and accountability being held by the Finance and Resources Committee.

To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).

11. Primary Care Networks (PCNs)

The deadline for sign up to the Network Contract Directed Enhanced Service for 20/21 is the 31st May 2020. At the Primary Care Commissioning Committee (PCCC) in May responsibility to oversee any changes to PCNs was delegated to Leadership Team. A full report on changes will be submitted to the PCCC in July 2020.

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.

12. Provider Alliance

The Provider Alliance met on 13th May which is the first time it had met since March. This provided the opportunity for the members to reflect on the progress made prior to COVID19 and undertake a stock take of the current position. The members confirmed their ongoing commitment to reinstating the work programme and to provide impetus to progress.

It was agreed that at the next meeting, the members will consider impact of COVID19 on the relevant work streams.

To progress a potential CCG merger to have in place an effective clinical commissioning group function.

13. Potential merger

There is a substantive report on the governing body agenda today

14. Recommendation

The Governing Body is asked to receive this report.

Fiona Taylor
Chief Officer
June 2020

MEETING OF THE GOVERNING BODY June 2020

Agenda Item: 20/75.1	Author of the Paper: Karl McCluskey Director of Strategy & Outcomes Email: karl.mccluskey@southseftonccg.nhs.uk Tel: 0151 317 8468						
Report date: June 2020							
Title: South Sefton Clinical Commissioning Group Integrated Performance Report							
<p>Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group</p> <p>Information was collated during the outbreak of COVID-19, as previously thought the effects of COVID-19 are noticed in M12 across a number of performance areas. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.</p>							
<p>Recommendation The Governing Body is asked to receive this report.</p>	<table border="0"> <tr><td>Receive</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives 2020/21 (<i>x those that apply</i>)	
	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.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure 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.

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															
<u>NHS e-Referral Service (e-RS) Utilisation Coverage</u>		R	R	R	R	R	R	R	R	R	R	R	R	R	R
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	66%	62.8%	70.9%	69.3%	62.1%	60.0%	58.5%	61.6%	62.9%	68.4%	Not Available	Not Available	Not Available	Not Available
		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)															
<u>% of patients waiting 6 weeks or more for a diagnostic test</u>		G	R	R	G	R	R	R	R	R	R	R	R	R	R
The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	0.77%	1.06%	1.56%	0.94%	1.37%	1.59%	1.37%	0.97%	2.72%	2.70%	1.06%	14.14%		
		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%
<u>% of all incomplete RTT pathways within 18 weeks</u>		R	R	R	R	R	R	R	R	R	R	R	R	R	R
Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	89.49%	89.64%	88.46%	88.15%	87.22%	87.77%	87.00%	86.04%	85.30%	83.23%	82.07%	79.08%		
		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%
<u>Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks</u>		R	G	R	R	G	G	R	R	G	G	G	R	R	R
The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	1	0	1	1	0	0	1	1	0	0	0	3	7	0
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
<u>% of Cancellations for non clinical reasons who are treated within 28 days</u>		G	G	G	G	G	G	G	G	G	G	G	G	G	G
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	0	0	0	0	0	0	0	0	0	0	0	0	0	Not Available
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Urgent Operations cancelled for a 2nd time</u>		G	G	G	G	G	G	G	G	G	G	G	G	G	G
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	0	0	0	0	0	0	0	0	0	0	0	0	0	Not Available
		0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times

<p>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP with suspected cancer</p>	South Sefton CCG	RAG	R	G	G	G	R	R	R	G	G	G	G	R	R	G	G	G	G
		Actual	86.142%	94.578%	93.813%	94.25%	89.09%	88.85%	95.50%	94.52%	96.34%	92.26%	97.55%	95.28%	93.25%				
<p>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits</p>	South Sefton CCG	RAG	R	R	G	R	R	G	G	R	R	G	R	R	G	R	R	G	R
		Actual	50.00%	86.842%	91.176%	93.103%	91.67%	96.23%	96.77%	92.16%	97.78%	97.37%	93.75%	92.73%	89.89%				
<p>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) % 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	R	R	G	G	G	R	R	R	G	R	G	R	G	G
		Actual	96.296%	98.718%	100.00%	96%	94.118%	91.18%	96.39%	98.02%	97.65%	95.06%	91.03%	97.78%	96.13%				
<p>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (surgery)</p>	South Sefton CCG	RAG	G	G	R	G	G	R	R	R	R	R	R	G	R	G	R	G	G
		Actual	100.00%	100.00%	93.333%	95.00%	100%	100%	89.47%	90.00%	91.67%	81.82%	85.71%	100%	94.16%				
<p>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)</p>	South Sefton CCG	RAG	G	G	G	R	R	R	R	R	R	R	R	G	R	G	R	G	G
		Actual	96.667%	100.00%	100.00%	100%	100%	97.14%	96.97%	100%	100%	96.30%	100%	98.77%	98.00%				
<p>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)</p>	South Sefton CCG	RAG	G	G	G	R	R	R	R	R	R	R	R	G	R	G	R	G	G
		Actual	96.667%	100.00%	100.00%	100%	100%	100%	93.55%	96.77%	100%	96.30%	100%	98.48%					
<p>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months of urgent referral</p>	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
		Actual	75.00%	77.273%	65.517%	75.676%	68.00%	71.43%	81.40%	82.61%	86.11%	82.86%	61.11%	78.57%	76.14%				
<p>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) % 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	R	G	R	G	R	G	G
		Actual	-	85.714%	0.00%	-	100.00%	83.33%	100%	100%	90.91%	90.91%	100%	92.68%					
<p>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent GP/GDP referral for suspected cancer, have been seen by a clinician who suspects cancer, who has upgraded their priority.</p>	South Sefton CCG (local target)	RAG			G							G							
		Actual	60.00%	70.00%	33.333%	88.889%	50.00	50.00%	80.00%	64.71%	72.73%	77.78%	90.91%	66.67%	69.35%				
	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%					

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)	RAG	R	R	R	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%	82.42%	86.03%	81.76%	
	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	RAG	G	G	G	G	G	G	R	G	G	G	G	G	R	R
	Actual	0	0	0	0	0	0	1	0	0	0	0	Not Available	1	
	Target	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 FCEs)	RAG	G	G	G	G	G	G	R	G	G	G	G	G	R	R
	Actual	0.00	0.00	0.00	0.00	0.00	0.00	0.1	0.00	0.00	0.00	0.00	Not Available	0.1	
	Target	0	0	0	0	0	0	0	0	0	0	0	0	0	
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	RAG	G	G	G	R	R	R	R	R	R	R	R	R	R	R
	YTD	0	0	0	1	1	1	1	1	1	1	1	1	1	
	Target	-	-	-	-	-	-	-	-	-	-	-	-	0	
Number of C.Difficile Infections Incidence of Clostridium Difficile (Commissioner) cumulative	RAG	R	G	G	G	G	R	R	G	G	G	R	R	R	R
	YTD	7	7	11	17	22	29	35	36	42	50	59	63	63	
	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	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	YTD	15	33	47	63	75	84	99	112	125	139	147	156	156	
	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 (GPA) 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	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
	Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	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%
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.	RAG	R	R	R	R	R	R	R	R	R	R	R	R	R
	Actual	54.5%	54.5%	54.5%	54.5%	54.5%	54.5%	54.5%	54.5%	54.5%	54.5%	54.5%	54.5%	54.5%
	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.	RAG	R	R	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%	28.2%	41.0%	49.4%	45.5%	42.36%
	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	RAG	R	R	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%	0.74%	0.68	12.18%
	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%	1.83%
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.	RAG	G	G	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%	96.3%	99%	97.7%
	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.	RAG	G	G	G	G	G	G	G	G	G	G	G	G	G
	Actual	100%	100%	100%	100%	100%	100%	100%	99.1%	98.8%	100%	100%	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	RAG	R	R	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%	64.5%	64.04%	64.031%
	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												YTD
		Q1			Q2			Q3			Q4			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Children and Young People with Eating Disorders														
<u>The number of completed CYP ED routine referrals within four weeks</u>	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)		Actual	87%		82.6%		91.3%		91.7%		95.00%		95.00%	
		Target	95.00%		95.00%		95.00%		95.00%		95.00%		95.00%	
<u>The number of completed CYP ED urgent referrals within one week</u>	South Sefton CCG	RAG	R	R	R	R	R	R	R	R	R	R	R	R
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)		Actual	50%		66.7%		100%		100%		100%		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 12 (note: time periods of data are different for each source).

Information was collated during the outbreak of COVID-19 and as previously anticipated, the effects of COVID-19 are noticed in month 12 across a number of performance areas. In addition, this will mean there will be limited capacity to work on planned improvement trajectories with providers.

Constitutional Performance for March 2020/Quarter 4	CCG	Aintree
A&E Improvement Trajectory	89%	89%
A&E (All Types) (Nat Target 95%)	86.03%	85.73%
RTT Improvement Trajectory	92%	92%
RTT (Nat Target 92%)	79.1%	78.4%
Diagnostics Improvement Trajectory	0.98%	1%
Diagnostics (Nat Target less than 1%)	14.14%	13.45%
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	133
Ambulance Handovers 60+ mins (Zero Tolerance)	-	20
Stroke (Target 80%)	-	Not Available
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
Cancer 62 Day (Nat Target 85%)	78.57%	-
Care Programmed Approach (CPA) (Target 95%)	100%	-
Early Intervention in Psychosis (EIP) (Target 56%)	80%	-
IAPT % 6 week waits to enter treatment (Target 75%)	99%	-
IAPT % 18 week waits to enter treatment (Target 95%)	100.0%	-

Planned Care

Year to date referrals at March 2020 are 4.7% up on 2018/19 due to a 12.5% increase in consultant-to-consultant referrals. In contrast, GP referrals are consistent with the previous year (reporting a -2.4% decrease year to date). Referrals have now decreased by -24.1% (1,548) in March 2020, the lowest monthly total reported since December 2018.

At provider level, Aintree has reported an 11.1% increase in total referrals at month 12 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-19 and is reporting 79.1% for March-20. This has resulted in the CCG failing the improvement plan. In March-20, the incomplete waiting list for the CCG was 13,013 against a plan of 10,863; a difference of 2,150 patients over plan.

In March there have been 3 over 52 week breaches at Alder Hey.

The CCG are failing 6 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.

Data submission and publication for the Friends and Family Test has been paused during the response to COVID-19, therefore not updated for March-20.

Performance at month 12 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£4.2m/-8.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £431k/0.8%. Month 12 has seen a decrease in planned care against the majority of providers and points of delivery. This is a direct consequence of the reduced activity related to the COVID-19 pandemic.

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. As with other providers, Renacres has reported a drop in activity for month 12. Overall, activity at this provider is down -27% when compared to the previous month and down -35% when compared to March 2019.

Unplanned Care

In relation to A&E 4-Hour waits, the CCG reported a 3.61% increase in patients seen reporting 86.03%. Aintree revised their trajectory for 2019/20. The provider has failed their improvement plan in March-20 with 85.73% (an increase of 3.32% from the previous month), which is below the target of 89%.

Work to address NAWAS performance has been ongoing throughout 2019/20 to deliver improvements against the national ARP standards. This was agreed as a detailed action plan which would extend to end of Quarter 1 2020/21. Actions included re-profiling the vehicle 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.

The CCG and lead provider have reported no new cases of MRSA in March-20. July-19 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 63 cases. This is 3 over their year to date target of 60 in March-20 and are now reporting red and have failed the 2019/20 target. Aintree are reporting over their year to date plan for C difficile as at March-20 they have had 121 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 March-20 there were 9 cases (156 YTD) and the CCG is reporting red for this measure and have failed the 2019/20 plan.

Performance at month 12 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.3m/3.9%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a smaller variance of £230k/0.4%. This is a reduced overspend when comparing to the previous month and can be attributed to decreasing activity in month 12 as a result of the COVID-19 pandemic.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership reported the monthly target for month 12 2019/20 is approximately 1.59%. Month 12 performance was 0.68% so failed to achieve the target standard. The percentage of people moved to recovery was 45.5% in month 12 of 2019/20 which also failed the 50% target and shows a decline from the previous month.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in March-20 of 64%, which is under the national dementia diagnosis ambition of 66.7%. This similar to what was reported last month (64.5%).

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 continue to 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

Prior to COVID-19, waiting times for Child and Adolescent Mental Health Services (CAMHS), Speech and Language Therapies (SALT), ASD/ADHD assessments had reduced in line with recovery plans and improvement trajectories, a direct result of additional investment in these areas by South Sefton and Southport and Formby CCGs

However, as a result the pandemic, children's services have experienced a reduction in performance across a number of metrics linked to mental health and community services, specifically waiting times. This is due to the redeployment of staff to support emergency preparedness and/or as a result of staff sickness and the requirement to self-isolate; and whilst there has been a swift and largely successful adaptation to remote/digital methods of service delivery, this has not been possible for all services or for all patients.

Notably, the national mandate to implement the 24/7 mental health crisis service 2 years earlier than planned required Alder Hey's specialist CAMHS staff to be redirected to support and deliver the new service; this has further impacted on waiting times for other CAMHS services.

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. Quarter 4 data will be submitted on the 5th June 2020.

CCG Oversight Framework (OF)

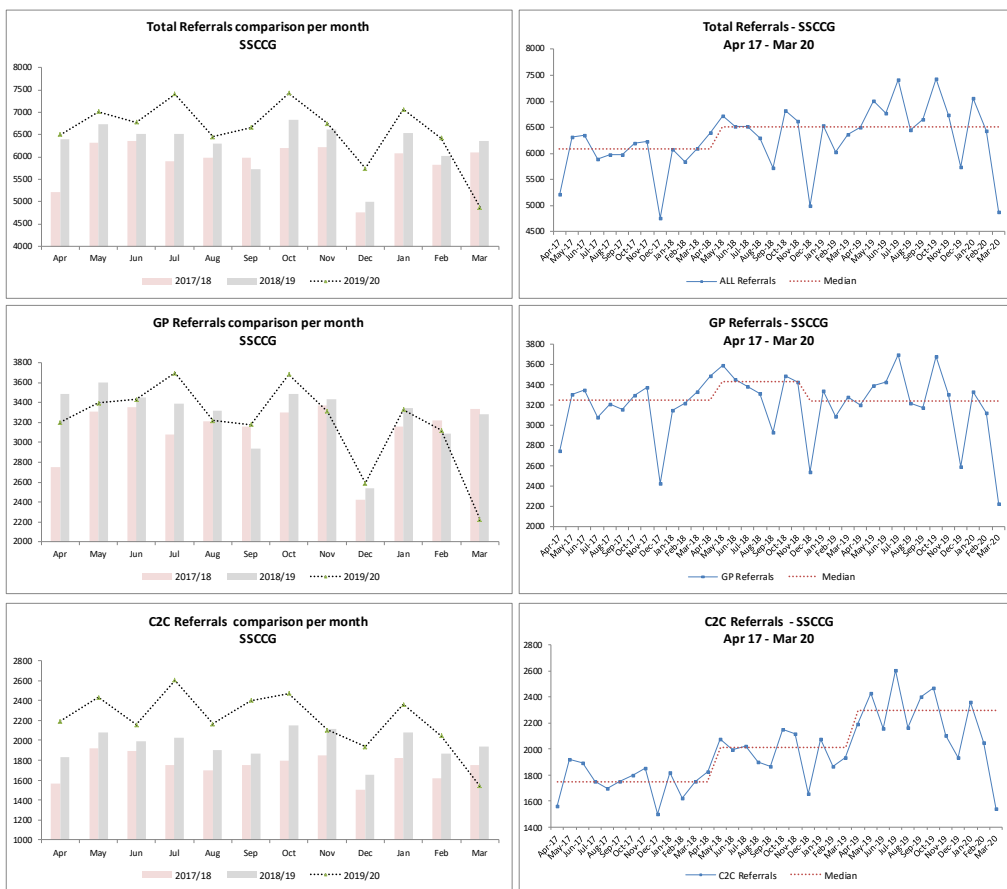
NHS England and Improvement released the new Oversight Framework (OF) for 2019/20 to replace the Improvement Assessment Framework (IAF). The framework has been revised to reflect that CCGs and providers will be assessed more consistently. Most of the oversight metrics will be fairly similar to last year, 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			
	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	+/-	%
	Month											
April	3487	3203	-284	-8.1%	1828	2191	363	19.9%	6399	6501	102	1.6%
May	3599	3395	-204	-5.7%	2076	2430	354	17.1%	6727	7015	288	4.3%
June	3453	3434	-19	-0.6%	1992	2158	166	8.3%	6525	6780	255	3.9%
July	3386	3698	312	9.2%	2025	2603	578	28.5%	6510	7409	899	13.8%
August	3320	3218	-102	-3.1%	1899	2164	265	14.0%	6303	6448	145	2.3%
September	2934	3180	246	8.4%	1864	2403	539	28.9%	5727	6656	929	16.2%
October	3487	3686	199	5.7%	2154	2471	317	14.7%	6825	7433	608	8.9%
November	3430	3312	-118	-3.4%	2114	2105	-9	-0.4%	6613	6745	132	2.0%
December	2541	2590	49	1.9%	1653	1934	281	17.0%	4993	5739	746	14.9%
January	3343	3330	-13	-0.4%	2076	2362	286	13.8%	6530	7063	533	8.2%
February	3090	3121	31	1.0%	1864	2048	184	9.9%	6028	6427	399	6.6%
March	3284	2226	-1058	-32.2%	1934	1541	-393	-20.3%	6369	4879	-1490	-23.4%
Monthly Average	3280	3199	-80	-2.4%	1957	2201	244	12.5%	6296	6591	296	4.7%
YTD Total Month 12	39354	38393	-961	-2.4%	23479	26410	2931	12.5%	75549	79095	3546	4.7%
Annual/FOT	39354	38393	-961	-2.4%	23479	26410	2931	12.5%	75549	79095	3546	4.7%

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





Month 12 Summary:

Data quality note:



Due to the COVID-19 Pandemic, referrals to secondary care have been considerably affected in March 2020 with significant decreases evident across GP and Other (e.g. consultant-to-consultant) referrals.

- Trends show that the baseline median for total South Sefton CCG referrals has remained flat from May 2018. However, referrals have now decreased by -24.1% (1,548) in March 2020, the lowest monthly total reported since December 2018.
- Year to date referrals at March 2020 are 4.7% up on 2018/19 due to a 12.5% increase in consultant-to-consultant referrals.
- In contrast, GP referrals are reporting a -2.4% decrease when comparing to the previous year. Furthermore, GP referrals have now decreased by -28.7% at Month 12.
- Taking into account working days, further analysis has established there have been approximately -55 fewer GP referrals per day in March 2020 when comparing to the previous month.
- Aintree Hospital has reported an 11.1% increase in total referrals at month 12 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.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2018/19. Referrals to this speciality at month 12 are approximately 0.5% (41) 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	Oct-19	Nov-19	Dec-19	Jan-20		
		58.5%	61.6%	62.9%	68.4%		
		Plan: 100% by end of Q2 2018/19					
Performance Overview/Issues:							
<p>No new update, latest data is for January. 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 January 2020 and reports performance to be 68.4%. This shows an 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. January data shows an overall performance of 68.7% for South Sefton CCG, a decline on the previous month (74.6%).</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 had previously 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.</p> <p>COVID-19 has delayed progress with formulating a co-ordinated plan to improve ERS utilisation, however, as part of ongoing system discussions regarding recovery, ERS and advice and guidance will form an integral part of future plans. Recovery meetings with system wider partners started on 21st May 2020, and will progress developing scope of recovery quickly, utilising forums already in existence to drive programmes of work. Additionally, the CCG will progress negotiations with iMersey regarding the recruit of a digital lead whose responsibility will be to pick up e-Rs and Advice and Guidance, as this again has been delayed due to iMersey capacity being fully utilised to support COVID-19 requirements.</p>							
When is performance expected to recover:							
To be confirmed as part of the development of COVID-19 recovery and the new 'business as usual'.							
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	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	2.72%	2.66%	1.06%		
		Aintree	0.65%	1.03%	0.05%	13.45%	
		Plan: less than 1% March CCG improvement plan: 0.98% 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 0.98% in March and the national standard, reporting 14.14%. This is a notable decline on the February figure of 1.06% due to the COVID-19 pandemic. In March, out of a total of 2,786 patients on the waiting list, 394 patients waited over 6 weeks. Of these patients, 3 waited over 13+ weeks. The main diagnostics failing the target are CT (84) MRI (68) and Dexa scans (54).</p> <p>Aintree failed the target reporting 13.45% - out of 5,888 tests, 792 were not performed within the 6 week target. The failure of the target was primarily due to the COVID-19 pandemic. The Trust were also unable to provide an exception report for March as a result of the ongoing pandemic.</p> <p>On 17th March-20, as a result of Simon Stephen's letter, the Trust (LUHFT) enacted its strategic response to the emerging COVID-19 situation and reduced elective activity and closed ERS to all but essential referrals (including diagnostic services) to help support the Trust in responding to the national emergency by increasing its ICU and nursing capacity. Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April 20, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery and with plans to be submitted to the recovery cells by 15th April.</p> <p>It is yet to be confirmed what the CCGs responsibilities are during the pandemic in relation to its constitutional duties and assurance of the plans for recovery.</p>							
Actions to Address/Assurances:							
Aintree Trust Actions:							
<ul style="list-style-type: none"> Limited information has been provided by the Trust (LUHFT) in relation to the impact of COVID19, and any resulting recovery plans. The Trust were awaiting executive sign off, before submitting plans by 15th May 20. At this time, the CCG are not sighted on the provider recovery plans, impact of COVID-19 on current waiting lists and activity, and likely impact of reopening services in light of social distances measures and infection protection and control measures outlined in the 'Operating framework for urgent and planned services in hospital settings during COVID-19'. 							
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. The CCG project leads continuing to work up solutions/projects that will help look to deliver efficiencies and improved services that provide better value for money. The CCG will continue to work with the Health Care Partnership (HCP) to drive forward innovation, that will provide better health outcomes. The CCG continue, in the absence of guidance, continue to work with its providers/neighbouring CCGs to seek understand provider recovery plans and ensure they align with the CCGs commissioning intentions and its strategic direction. 							
When is performance expected to recover:							
Awaiting further guidance with regard to CCGs responsibilities to its constitutional duties.							
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)		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	Dec-19	Jan-20	Feb-20	Mar-20			
		CCG	85.3%	83.2%	82.1%			79.1%
		Aintree	83.0%	82.2%	81.9%			78.4%
		Plan: 92% March improvement plan: CCG - 92% and Aintree - 92% Yellow denotes achieving 19/20 improvement plan but not national standard of 92%						
Performance Overview/Issues:								
<p>The CCG's performance in March was 79.1%, which is lower than the previous month due to COVID-19. General surgery remains one of the main failing specialties for March reporting 69.3%, with 436 breaches, Trauma and Orthopaedics is also failing with a performance of 64.4%; a total of 454 breaches, Ophthalmology reports 70.9%; a total of 570 breaches. Out of 18 specialties 14 are failing the 92% target. The CCG continues to fail their improvement plan which in March is 92%.</p> <p>The CCG's main provider, Aintree, are also under the 92% target reporting 78.4%; also failing their local trajectory of 92% for March and is a decline in overall performance of 3.5% from February's position. The total number of patients on an incomplete pathway referred from an English Commissioner at month end was 18,686 which is a reduction of 1,139 patients from February. 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 Hospital has now merged with the Royal Liverpool Broadgreen to become Liverpool University Hospitals NHS Foundation Trust (LUHFT), this is a local data flow relating to the Aintree site only.</p> <p>The CCG will work closely with the main provider, LUHFT, however, as Liverpool CCG are the lead commissioning organisation, are now awaiting confirmation of the re-instatement of the Planned Care Group meetings to ensure performance remains on trajectory. The Trust was issued a Contract Performance Notice (CPN) in August 2019, and subsequent responses did not provide adequate assurance that sufficient improvements were being made. Due to COVID-19 contractual issues are not being pursued.</p> <p>On 17th March 20, as a result of Simon Stephens letter, the Trust (LUHFT) enacted its strategic response to the emerging COVID-19 situation and reduced elective activity and closed ERS to all but essential referrals to help support the Trust is responding to the national emergency by increasing its ICU and nursing capacity. Command and control structures have been initiated via NHS E/I, with contract review and quality meetings stood down during the early phases of the pandemic. On 29th April, Simon Stephens initiated the phase 2 response to the pandemic, setting an expectation that providers should plan for recovery and with plans to be submitted to the recovery cells by 15th May 20. As part of the recovery phase the CCG are working with Liverpool CCG on how best to address the backlog with LUHFT and what is a reasonable timescale to address constitutional requirements.</p>								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> The CCG project leads continuing to work up solutions/projects that will help look to deliver efficiencies and improved services that provide better value for money. The CCG will continue to work with the Health Care Partnership (HCP) to drive forward innovation, that will provide better health outcomes. The CCG continue, in the absence of guidance, continue to work with its providers/neighbouring CCGs to seek understand provider recovery plans and ensure they align with the CCGs commissioning intentions and its strategic direction. The CCG will liaise with the lead commissioner (LCCG) to understand timescales for the re-issue of the CPN. 								
Trust Actions Overall:								
<ul style="list-style-type: none"> Limited information has been provided by the Trust (LUHFT) in relation to the impact of COVID-19, and any resulting recovery plans. The Trust were awaiting executive sign off, before submitting plans by 15th May-20. At this time, the CCG are not sighted on the provider recovery plans, impact of COVID-19 on current waiting lists and activity, and likely impact of reopening services in light of social distances measures and infection protection and control measures outlined in the 'Operating framework for urgent and planned services in hospital settings during COVID-19'. 								
When is performance expected to recover:								
Awaiting further guidance with regard to CCGs responsibilities to its constitutional duties.								
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	Dec-19	Jan-20	Feb-20	Mar-20			
		CCG	0	0	0			3
		Aintree	0	0	0			0
		Plan: Zero						
Performance Overview/Issues:								
<p>In March there were 3 South Sefton CCG patients waiting over 52 weeks for treatment. These patients were at Alder Hey, they all had appointment dates in March 2020 but were cancelled either by the patient or hospital due to COVID-19 guidance issued. All were Community Paediatrics patients the first 1 patient indicated that they were self-isolating and will be given a virtual appointment in due course the other 2 patients have been prioritised for a virtual appointments in May.</p> <p>Along with 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.</p>								
Actions to Address/Assurances:								
Monitoring of the 36 week waiting continues.								
As indicated, the breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments.								
When is performance expected to recover:								
Recently received Operating framework for urgent and planned services in hospital settings during COVID-19 is in the process of being implemented with the recovery plans as requested by the regional in Hospital cell: as per Simon Stevens letter 29th April-20. This focused on the next 6 weeks for recovery and restoration. Long waits are given priority although it is expected that there will be significant clinical oversight which may impact on lower Clinical need long waits. Virtual appointments are considered to be entirely appropriate in some cases as above with the potential to rely on same even more as work progresses to recover. The CCG leads are working closely with colleagues in LCCG who now commission most of the providers in South Sefton including those breaching above.								
Quality:								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Karl McCluskey		John Wray			Terry Hill			

Figure 2 - RTT Performance & Activity Trend

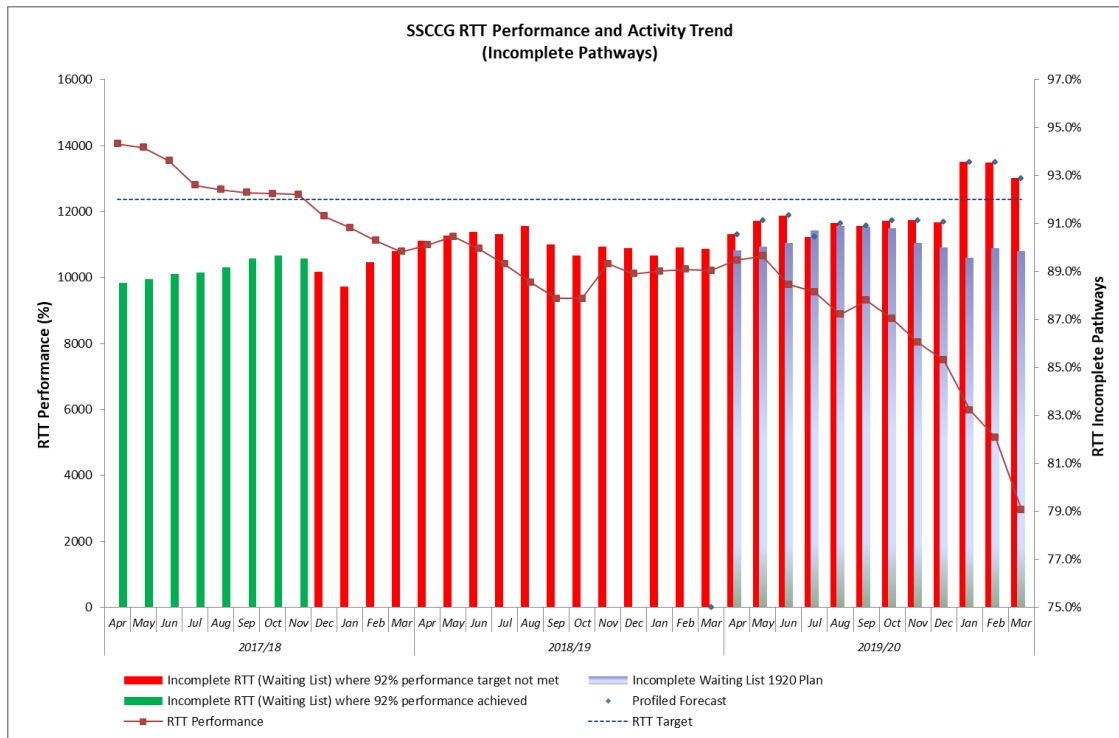


Figure 3 - South Sefton CCG Total Incomplete Pathways

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	13,493	13,013	13,013
Difference	476	793	834	-188	87	33	227	682	770	2,895	2,600	2,150	2,150

In March, the incomplete waiting list for the CCG was 13,013 against a plan of 10,863, a difference of 2,150 patients over plan. South Sefton CCG incomplete pathways has seen a -480/3.6% decrease for March 2020 compared to February 2020. The total waiting list has increased significantly for the final quarter of 2019/20. In terms of the NHSE plans, 2019/20 incomplete pathways has not achieved its required goal of 10,863 and is 2,150 patients over plan at March 2020.

These increases are in contrast to the position for Liverpool CCG and overall at Aintree catchment level, which has been attributed to waiting list validation.

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	52	3 patients: Awaiting Trust exception Information
Royal Liverpool Hospital	Gastroenterology	40-44	2 patients: No trust information given
North Midlands	General Surgery	40-42	3 patients: No trust information given
Aintree Hospital	Rheumatology	40-41	2 patients: No trust information given
Royal Liverpool Hospital	Ophthalmology	38-40	2 patients: No trust information given
Aintree Hospital	Gastroenterology	37-39	3 patients: No trust information given
Alder Hey	All Other	36-48	12 patients: No trust information given
Aintree Hospital	General Surgery	36-48	69 patients: No trust information given
Aintree Hospital	Ophthalmology	36-48	73 patients: No trust information given
Royal Liverpool Hospital	T&O	36-47	29 patients: No trust information given
Aintree Hospital	ENT	36-46	24 patients: No trust information given
Aintree Hospital	T&O	36-46	17 patients: No trust information given
Liverpool Womens	Gynaecology	36-46	20 patients: No trust information given
Aintree Hospital	Respiratory	36-44	14 patients: No trust information given
St Helens & Knowsley	Plastic Surgery	36-43	2 patients: No trust information given
Southport & Ormskirk	Gynaecology	36-41	5 patients: No trust information given
Manchester University	ENT	47	1 patient: No trust information given
Cambridge University	General Surgery	44	2 patients: No trust information given
Liverpool Heart & Chest	Cardiology	44	1 patient: No trust information given
University College London	Rheumatology	43	1 patient: No trust information given
Calderdale & Huddersfield	General Surgery	42	1 patient: No trust information given
University College London	Gynaecology	42	1 patient: No trust information given
Royal Liverpool Hospital	Dermatology	39	3 patients: No trust information given
St Helens & Knowsley	ENT	39	1 patient: No trust information given
Wirral	Dermatology	39	1 patient: No trust information given
Aintree Hospital	All Other	38	1 patient: No trust information given
Aintree Hospital	Urology	38	1 patient: No trust information given
St Helens & Knowsley	Dermatology	38	2 patients: No trust information given
Wirral	ENT	37	1 patient: No trust information given
Wirral	General Surgery	37	1 patient: No trust information given
Lancashire Teaching	All Other	36	1 patient: No trust information given
Aintree Hospital	Dermatology	36	1 patient: No trust information given
Wirral	Gynaecology	36	1 patient: No trust information given

The CCG had a total of 301 patients waiting 36 weeks and over. Of the 301 there were 3 at Alder Hey waiting over 52 weeks see **2.4.1** above for further information.



Due to the current situation with regards to COVID-19 and in line with other reporting changes by NHS England, Trust reporting on individual patients' pathways has been suspended until June 2020 at the earliest.

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.	
GREEN	TREND	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	96.34%	92.26%	97.55%	95.28%			93.25%
		Aintree	96.55%	91.64%	96.43%	Not available			93.07%
		Plan	93%	93%	93%	93%			93%
		Aintree March Trajectory: 93% (National 93%)							
Performance Overview/Issues:									
<p>The CCG has achieved the target in March reporting 95.28% and is achieving the target year to date with 93.25%. In March there were 30 breaches from a total of 636 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>Aintree achieved the 93% target in February reporting 96.43%, a significant improvement in performance from January when the target was failed. Therefore the Trust is again now achieving year to date with 93.07%. 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).</p> <p>Please note: the March data is not yet available from the Trust so has not been updated.</p>									
Actions to Address/Assurances:									
<p>The CCG expect to see the effects of the COVID-19 pandemic in this data. Two week wait referrals for suspected cancer have fallen significantly since the end of March but are now rising again. As at week ending 15/5/20, 2 week referrals are at 57% of expected levels, a rise of 5% from the previous week. Patients with symptoms suspicious of cancer meeting with NICE Guidance NG12 should continue to be referred as normal. Where the referrer considers that the risk due to COVID-19 may outweigh the risks associated with a potential cancer diagnosis, they must document their decision making and safety net appropriately in primary care.</p> <p>In response to national guidance, delivery of 2 week wait services has changed to reduce footfall on sites. Services are predominantly using telephone assessment as the first appointment in line with Cancer Wait Time guidance and only seeing a small number of patients face to face following triage.</p>									
When is performance expected to recover:									
Services are predominantly using telephone assessment as the first appointment in line with Cancer Wait Time guidance which allows this intervention to "stop the clock" and only seeing a small number of patients face. Achievement of the 2 week standard is therefore unlikely to be compromised.									
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		Dec-19	Jan-20	Feb-20	Mar-20			YTD
		CCG	97.78%	97.37%	93.75%	92.73%			89.89%
		Aintree	96.18%	96.67%	93.28%	Not available			89.34%
		Plan	93%	93%	93%	93%			93%
		Aintree March Trajectory: 93.1% (National 93%)							
Performance Overview/Issues:									
<p>The CCG failed the target in March reporting 92.73% and did not achieve target overall for 19/20 with 89.89%. In March there were 4 breaches from a total of 55 patients seen. 3 breaches were at Aintree and were all due to patient choice. 1 breach was at Whiston which was listed as other reason. The maximum wait was 20 days. Cancer data is monitored cumulatively so year to date the CCG is reporting red.</p> <p>Aintree reported 93.28% in February and therefore achieved the 93% target and improvement trajectory, having just 8 breaches out of a total of 119 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 this provider has now merged with The Royal Liverpool Broadgreen Hospital, now known as Liverpool University Hospital Foundation Trust (LUHFT).</p> <p>Please note: March data is not yet available from the Trust so has not been updated.</p>									
Actions to Address/Assurances:									
<p>Guidance for breast services during the COVID-19 pandemic from the Association of Breast Surgeons has focussed on prioritisation of patients where there is a high risk of cancer. This standard relates to those where cancer is not initially suspected and therefore has fallen more in line with the system response for routine priority referrals.</p> <p>Sir Simon Stephens' letter of 29th April-20 signalled the start of the second phase of the NHS Response to COVID-19 and asked that "referrals, diagnostics (including direct access diagnostics available to GPs) and treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-COVID-19 levels in COVID-19 protected hubs/environments".</p>									
When is performance expected to recover:									
In response to the above, recovery plans have been requested from all providers of cancer services to Sefton patients.									
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	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	97.65%	95.06%	91.03%	97.78%			96.13%
		Aintree	93.13%	92.11%	94.69%	Not available			96.45%
		Plan	96%	96%	96%	96%	96%		
Performance Overview/Issues:									
<p>The CCG are achieving the 96% target in March reporting 97.78% and are achieving year to date with 96.13%. In March, there were 2 breaches out of 90 patients seen. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>Aintree failed this measure in February reporting 94.69% but are achieving year to date recording 96.45%. In February, there were 6 patient breaches out of a total of 113. Please note the Aintree data is taken from a local flow, as the provider has now merged with The Royal Liverpool Broadgreen, now known as Liverpool University Hospital Foundation Trust (LUHFT).</p> <p>Please note: March data is not yet available from the Trust and so has not been updated.</p>									
Actions to Address/Assurances:									
<p>National guidance 'Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer' (23 March 2020) proposed prioritisation criteria for patients on surgical pathways and categorisation of patients undergoing systemic anti-cancer and radiation treatments to support clinical decision making.</p> <p>Trusts were required to create a surgical prioritisation list based on the following priority levels:</p> <ul style="list-style-type: none"> • Priority level 1a Emergency: operation needed within 24 hours to save life • Priority level 1b Urgent: operation needed with 72 hours • Priority level 2 Elective surgery with the expectation of cure within 4 weeks to save life/progression of disease beyond operability • Priority level 3 Elective surgery can be delayed for 10-12 weeks with no predicted negative outcome. <p>Cancer surgical hub The purpose of the surgical hub is to maintain surgical activity levels and ensure treatment delays are minimised due to the impact of COVID-19. The hub will manage those patients in the priority level 2 category whose surgery cannot be performed under normal local arrangements i.e. by the referring trust within a clinically appropriate timescale and for whom no acceptable alternative treatment options (such as radiotherapy) exist.</p> <p>Priority 1a and 1b patients are emergency cases and management should still be undertaken at the site of presentation. Referral for patients in level 1a and 1b will only occur in exceptional circumstances, or where the required procedure is not available locally as transfer to the hub is likely to cause a delay in treatment.</p> <p>Trusts are expected to hold priority 3 patients locally and only consider referral to the hub when a patient moves to priority level 2 either due to a change in clinical circumstances or due to the length of delay they have already experienced.</p>									
When is performance expected to recover:									
Recovery plans have been requested from all providers of cancer treatments.									
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	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	100%	96.30%	100%	100%			98.77%
		Aintree	100%	93.33%	100%	Not available			98.59%
		Plan	98%	98%	98%	98%	98%		
Performance Overview/Issues:									
The CCG are achieving the 98% target in March reporting 100%, and are still achieving year to date with 98.77%. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
Aintree have also achieved the target in February reporting 100% and the provider continues to achieve year to date with 98.59%.									
Please note: March data is not yet available from the Trust so has not been updated.									
Actions to Address/Assurances:									
Not required due to achievement of the target.									
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.	
GREEN	TREND	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	91.67%	81.82%	85.71%	100%			94.16%
		Aintree	95.7%	92.86%	92.31%	Not available			94.62%
		Plan	94%	94%	94%	94%	94%		
Performance Overview/Issues:									
<p>The CCG achieved the 94% target for March with 100% and are now achieving year to date reporting 94.16%. Cancer data is monitored cumulatively so year to date the CCG is reporting green.</p> <p>Aintree are also failing the target reporting 92.31% in February; out of 26 patients there were 2 patient breaches. However, the provider continue to achieve year to date with 94.62%.</p> <p>Please note: March data is not yet available from the Trust so has not been updated.</p>									
Actions to Address/Assurances:									
The Cheshire and Merseyside Cancer Alliance weekly Sitrep provides a summary of patients waiting for surgical treatment and those waiting longer than 4 weeks at level 2 priority. If patients cannot be seen within the 4 week time-frame by the current provider, they should be offered the choice to transfer to surgical hubs for their treatment.									
When is performance expected to recover:									
Recovery plans have been requested from all providers of cancer services in response to Sir Simon Stephens' letter of 29th April-20 as part of the second phase NHS response to the COVID-19 pandemic.									
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	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	86.11%	82.86%	61.11%	78.57%			76.14%
		LUHFT	75.32%	68.93%	55.08%	70.85%			69.98%
		Plan	85%	85%	85%	85%			85%
		CCG Improvement Trajectory March: 87.1%							
Performance Overview/Issues:									
<p>The CCG failed the 85% target for March reporting 78.57% and year to date with 76.14%. In March, there were 9 breaches from a total of 42 patients seen. The reasons for the breaches were complex diagnostic pathways, delays due to inadequate elective capacity, patient choice 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 March LUHFT are recording 70.85% - Out of a total of 171.5 patients there were 50 patient breaches.</p>									
Actions to Address/Assurances:									
<p>The Government and NHS England /Improvement made it clear that cancer treatment should continue to be prioritised wherever possible in response to COVID-19, supported by a number of publications to aid decision making and consistency of approach. The key principles outlined for cancer services were:</p> <ul style="list-style-type: none"> • Essential and urgent cancer treatments must continue. • Cancer specialists should discuss with their patients whether it is riskier for them to undergo or to delay treatment at this time. • Where referrals or treatment plans depart from normal practice, safety-netting must be in place so that patients can be followed up. • Cancer hubs should be established • Consolidation of cancer surgery in ring fenced, 'clean' facilities with patients prioritised as level 2 (treatment within 4 weeks) prioritised for 'clean sites'. • Wherever possible, operations will be deferred for patients prioritised as level 3 (treatment can be deferred for 10-12 weeks with no negative impact on outcome), with arrangements in place for review if their condition worsens and for tracking to ensure their treatment is prioritised as soon as capacity allows. <p>National guidance 'Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer' (23rd March 2020) proposed prioritisation criteria for patients on surgical pathways and categorisation of patients undergoing systemic anti-cancer and radiation treatments to support clinical decision making.</p>									
When is performance expected to recover:									
Recovery plans have been requested from all providers of cancer services as part of the NHS second phase response to the COVID-19 pandemic.									
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		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	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	90.91%	90.91%	100%	92.86%			92.68%
		LUHFT	87.5%	78.9%	64.6%	75.0%			77.98%
		Plan	90%	90%	90%	90%	90%		
Performance Overview/Issues:									
The CCG reported 92.86% for screening services in March achieving the 90% target. Year to date the CCG are now achieving 92.68% and over the 90% target. Cancer data is monitored cumulatively so year to date the CCG is reporting green.									
For March LUHFT are recording 77.98% out of a total of 43.5 patients there were 14.5 patient breaches.									
Actions to Address/Assurances:									
All three cancer screening programmes have been paused during the COVID-19 pandemic.									
When is performance expected to recover:									
An indicative timeframe for the re-commencement of cancer screening programmes has not yet been made clear.									
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		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.	
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20	YTD			
		CCG	72.73%	77.78%	90.91%	66.67%			69.35%
		LUHFT	76.14%	82.61%	86.54%	82.08%			78.35%
		Plan	85%	85%	85%	85%	85%		
(Local target 85%)									
Performance Overview/Issues:									
The CCG reported 66.67% in March with year to date being 69.35% and have failed the local target of 85%. In March there were 6 breaches from a total of 18 patients seen.									
For March LUHFT are recording 82.08% out of a total of 86.5 patients there were 15.5 patient breaches.									
Actions to Address/Assurances:									
During the COVID-19 pandemic all patients on PTLs are actively reviewed to ensure most appropriate prioritisation category ie less than 72 hours, less than 4 weeks or less than 10 weeks from decision to treat to treatment to avoid predicted detriment to outcome. Patients may have their priority escalated if deterioration is reported. This process would override the consultant upgrade pathway during this period.									
When is performance expected to recover:									
All providers of cancer services have been asked to provide commissioners with recovery plans to meet constitutional standards as we move into the second phase of COVID-19 planning.									
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	Dec-19	Jan-20	Feb-20	Mar-20	
		9	17	13	21	
Plan: Zero						
Performance Overview/Issues:						
In March there were 21 over 104 days breaches at Aintree. The longest waiting patient was a urological patient who waited 214 days. Their treatment was delayed due to elective capacity inadequate, the patient was unable to be scheduled for treatment within standard time. Out of the 21 breaches, 8 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:						
The most recent 104 day thematic review has identified patient choice, radiology capacity, histopathology delays and genuinely complex pathways associated with high levels of co-morbidity as the key factors. Patients with very long waits usually experience two or more of these factors on their pathway. Provider recovery plans acknowledge and address these areas.						
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 2019/20, 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%	81.00%	79.60%	81.11%
No of Patients	337	486	437	446	416	449	554	579	436	462	479	446	5527
Diagnosed within 28 Days	289	410	359	380	319	359	457	461	344	362	388	355	4483

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%	91.11%	88.89%	96.03%
No of Patients	28	57	57	51	40	45	56	49	45	27	45	54	554
Diagnosed within 28 Days	28	54	57	49	39	45	55	47	42	27	41	48	532

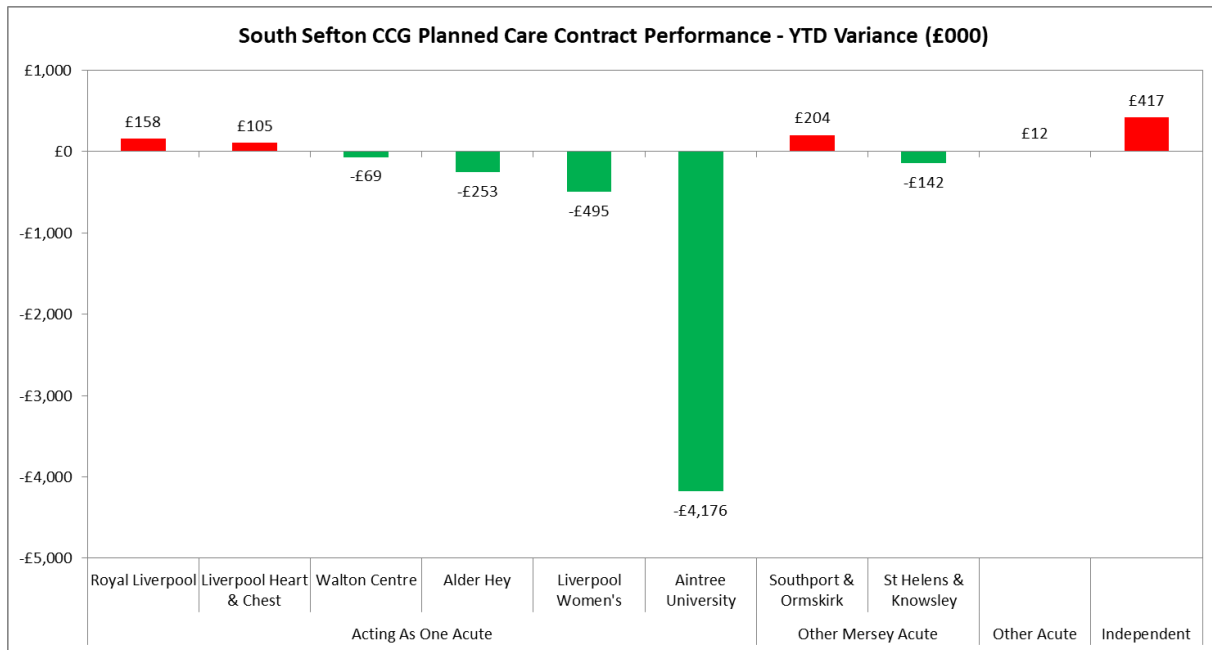
28-Day FDS Screening Referral	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD 19-20
%	86.11%	54.00%	62.50%	69.44%	61.02%	71.15%	71.43%	62.30%	45.90%	48.44%	60.00%	49.12%	60.68%
No of Patients	36	50	32	36	59	52	70	61	61	64	40	57	618
Diagnosed within 28 Days	31	27	20	25	36	37	50	38	28	31	24	28	375

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				Very low/minimal risk on patient safety identified.	
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		RR	18.5%	19.4%	19.3%		Not available
		% Rec	93.0%	94.0%	94.0%		
		% Not Rec	4.0%	3.0%	4.0%		
		2019/20 England Averages Response Rates: 24.9% % Recommended: 96% % Not Recommended: 2%					
Performance Overview/Issues:							
Data submission and publication for the Friends and Family Test has been paused during the response to COVID-19, therefore not updated for March.							
Aintree has reported a response rate for inpatients of 19.3% in February which is below the England average of 24.9% - similar to last month. The percentage of patients who would recommend the service has remained at 94% and is below the England average of 96% and the percentage who would not recommend has increased to 4% - still above the England average of 2%.							
Actions to Address/Assurances:							
Provider patient experience event being held in June 2020 will likely be rescheduled for later on the year or 2021 due to increased pressure on providers during the COVID-19 pandemic.							
The CCG Quality team will continue to monitor trends and request assurances from providers when exceptions are noted. However, by means of supporting the providers, a more relaxed approach is currently being taken with regards to submission of evidence during this period.							
Monthly FFT reports will continue to be produced by Quality team. However, Engagement and Patient Experience Group (EPEG) meetings have been put on hold for the foreseeable future.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance during 2020/21.							
Quality:							
The Provider patient experience meetings have been put on hold during this period and the CCG will request an update in June/July 2020, dependent on Trust activity and prioritisation levels.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		N/A		Mel Spelman			

2.7 Planned Care Activity & Finance, All Providers

Figure 6 - Planned Care - All Providers



Performance at month 12 of financial year 2019/20, against planned care elements of the contracts held by NHS South Sefton CCG shows an under performance of circa -£4.2m/-8.4%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in an over spend of approximately £431k/0.8%. Month 12 has seen a decrease in planned care against the majority of providers and points of delivery. This is a direct consequence of the reduced activity related to the COVID-19 pandemic.

At individual providers, Aintree Hospital is showing the largest under performance year to date at month 12 with a variance of -£4.1m/-13% against plan. In contrast, a notable over performance of £413k/20% against Renacres Hospital has been evident. This is followed by Southport & Ormskirk Hospital with an over performance of £204k/8% at month 12.

At speciality level, Trauma & Orthopaedics represents the highest area of spend for South Sefton CCG in 2019/20. Overall, spend within this speciality is below planned levels by -£964k/-11% at month 12. 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	12,989	12,380	-609	-5%	£8,382	£7,490	£-892	-11%
Elective	1,574	1,182	-392	-25%	£5,031	£3,567	£-1,464	-29%
Elective Excess BedDays	609	866	257	42%	£160	£229	£69	43%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	308	217	-91	-29%	£60	£45	£-15	-25%
OPFANFTF - Outpatient first attendance non face to face	1,888	1,328	-560	-30%	£56	£44	£-12	-21%
OPFASPCL - Outpatient first attendance single professional consultant led	33,448	30,250	-3,198	-10%	£5,553	£4,878	£-676	-12%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	815	851	36	4%	£86	£86	£0	-1%
OPFUPNFTF - Outpatient follow up non face to face	6,669	6,219	-450	-7%	£167	£156	£-11	-6%
OPFUPSPCL - Outpatient follow up single professional consultant led	74,758	63,111	-11,647	-16%	£5,513	£4,750	£-763	-14%
Outpatient Procedure	24,296	22,278	-2,018	-8%	£3,460	£3,130	£-330	-10%
Unbundled Diagnostics	14,958	14,052	-906	-6%	£1,258	£1,175	£-83	-7%
Wet AMD	1,667	1,636	-31	-2%	£1,315	£1,315	£0	0%
Grand Total	173,980	154,370	-19,610	-11%	£31,041	£26,866	£-4,176	-13%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery. However, the overall under spend of -£3.1m/-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 11.1% above 2018/19 levels). Instead, Trust feedback suggests reduced programmed activity for consultants as a result of the on-going tax and pensions issue has impacted 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. Furthermore, the COVID-19 pandemic has had a significant impact on activity during month 12 with a -20% reduction evident when comparing to activity in the previous month and a -29% decrease when comparing to March 2019.

Elective procedures are under performing at month 12 by -£1.4m/-29%. This reduced activity is focussed predominantly 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 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.

2.7.2 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	593	734	141	24%	£713	£884	£171	24%
Elective	140	171	31	22%	£777	£948	£170	22%
Elective Excess Bed Days	14	0	-14	-100%	£4	£0	-£4	-100%
OPFASPCL - <i>Outpatient first attendance single professional consultant led</i>	1,322	1,423	101	8%	£225	£241	£16	7%
OPFUPSPCL - <i>Outpatient follow up single professional consultant led</i>	1,928	2,221	293	15%	£133	£153	£20	15%
OPPREOP	471	542	71	15%	£29	£33	£4	15%
Outpatient Procedure	557	701	144	26%	£100	£124	£24	25%
Physio	1,480	1,381	-99	-7%	£45	£42	-£3	-7%
Unbundled Diagnostics	610	705	95	16%	£55	£68	£13	24%
Grand Total	7,115	7,878	763	11%	£2,081	£2,493	£413	20%

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. As with other providers, Renacres has reported a drop in activity for month 12, which can be attributed to the COVID-19 pandemic. Overall, activity at this provider is down -27% when compared to the previous month and down -35% when compared to March 2019.

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. COVID-19 has temporarily delayed progress; however, this work will be progressed imminently as part of recovery planning. Consideration of acute provider capacity in relation to the new 'operating framework for urgent and planned care service in a hospital setting during COVID-19' will need to be understood in conjunction with independent sector capacity (as part of the national procurement to support COVID-19) during and post contract end which is expected on 23rd June 2020.



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, Pain Management and General Surgery.

2.8 Personal Health Budgets



Quarter 4 PHB Data collection

Due to the current circumstances, the personal health budget data collection is being paused and no data is being requested at this time for Quarter 4 (2019/20). Data on personal health budgets will continue to be recorded by CCGs locally wherever possible. The CCG are currently achieving this measure (Q3) and have surpassed the year end plan.

2.9 Continuing Health Care

Indicator		Performance Summary				Potential organisational or patient risk factors
Percentage of cases with positive CHC checklist eligibility decision made within 28 days		Previous 3 quarters and latest				There is a risk of decisions not being made in a timely manner which may lead to uncertainty of the patient / patient's family of knowing if the patient is CHC eligible.
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		76%	82%	82%	70%	
		Target: 80%				
Performance Overview/Issues:						
For quarter 4 2019/20, the CCG reported 70% of cases with a positive CHC checklist eligibility decision within 28 days, against an 80% target and are now reporting red for this indicator. 11 patients breached the target out of a total 37 patients.						
Actions to Address/Assurances:						
This performance monitored through the Individual Patient Activity operational meeting with CSU and providers to identify any issues with provider capacity to carry out assessments. IPA has been suspended due to COVID-19 activity and will next meet June 2020.						
Actions to address:						
As a result of the COVID-19 pandemic and NHSE/I instruction, the legislated processes for CHC were suspended in month 12 2019-20.						
When is performance expected to recover:						
This will not be measured in Q1 20-21 and recovery is likely to be later on in 20-21 the task of moving out of continuity into recovery and ensuring all patients have been captured for review.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Fiona Taylor		Brendan Prescott		Brendan Prescott		



2.10 Smoking at Time of Delivery (SATOD)

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Smoking at Time of Delivery (SATOD)		Latest and previous 3 quarters				125d	<p><u>Risk to CCG</u> Where services do not meet the agreed standard, the CCG and Public Health are able to challenge provider(s) to improve and demonstrate that they are concerned with monitoring the quality of their services and improving the healthcare provided to the required standard.</p> <p><u>Risk to Patients</u> The impact of providers not achieving the SATOD indicator could mean that the service provided is poorly performing and not sufficiently engaging with the patients or providing the correct level or quality of service.</p> <p>South Sefton however, has a notoriously difficult population to engage with; having a high number of younger mothers in an area of high deprivation.</p> <p>Smoking significantly increases the risk of pregnancy complications, some of which can be fatal for the mother or the baby. This in turn impacts on CCG spend on budgets</p>
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		12.30%	14.00%	12.30%	9.00%		
		<p>National ambition of 11% or less of maternities where mother smoked Year to date 12% so reporting red</p>					
Performance Overview/Issues:							
<p>Quarter 4 shows another decrease in mothers smoking at time of delivery compared to Quarter 3 2019/20. Out of 322 maternities there were 29 women known to be smokers at the time of delivery. This more than achieves the national ambition of 11% or less for Q4. Year to date 12% was recorded.</p>							
Actions to Address/Assurances:							
<p>It is pleasing to see the achievement of 9% was reached by the end of Qtr. 4. At the last report, the provider was requested to check and improve on paper work and accuracy when undertaking and recording the retesting at 36 weeks stage of carbon monoxide (CO). Previous poor achievement may have been due to paper work inaccuracies and poor transposing paper records to SATOD via the Meditech system despite their committed efforts to achieving the target. The Year to date figure of 12% is reflective of the previous quarters' impact on the overall performance and it is hoped that the national ambition of 11% or less is continued in the future reports.</p> <p>The smoking cessation service is commissioned by Public Health via the Local Authority and CCG influence is indirect. The CCG supports Public Health in discussions with providers in respect of ensuring compliance and timely testing/referrals to the stop smoking service.</p> <p>The CCG and Public Health are working together with the Health Care Network partners as part of the Transformation work to improve all aspects maternal health however meetings since February 2020 have been cancelled due to COVID-19.</p>							
When is performance expected to recover:							
<p>The Year to date figure of 12% is reflective of the previous quarters' impact on the overall performance and it is hoped that the national ambition of 11% or less is continued in the future reports.</p>							
Quality:							
<p>The Provider has taken action as requested to improve the quality of their recording and transposing of CO testing reports to their computer system – reflected in Qtr. 4 achievement of 9% against the national average target of 11%.</p>							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Peter Wong			

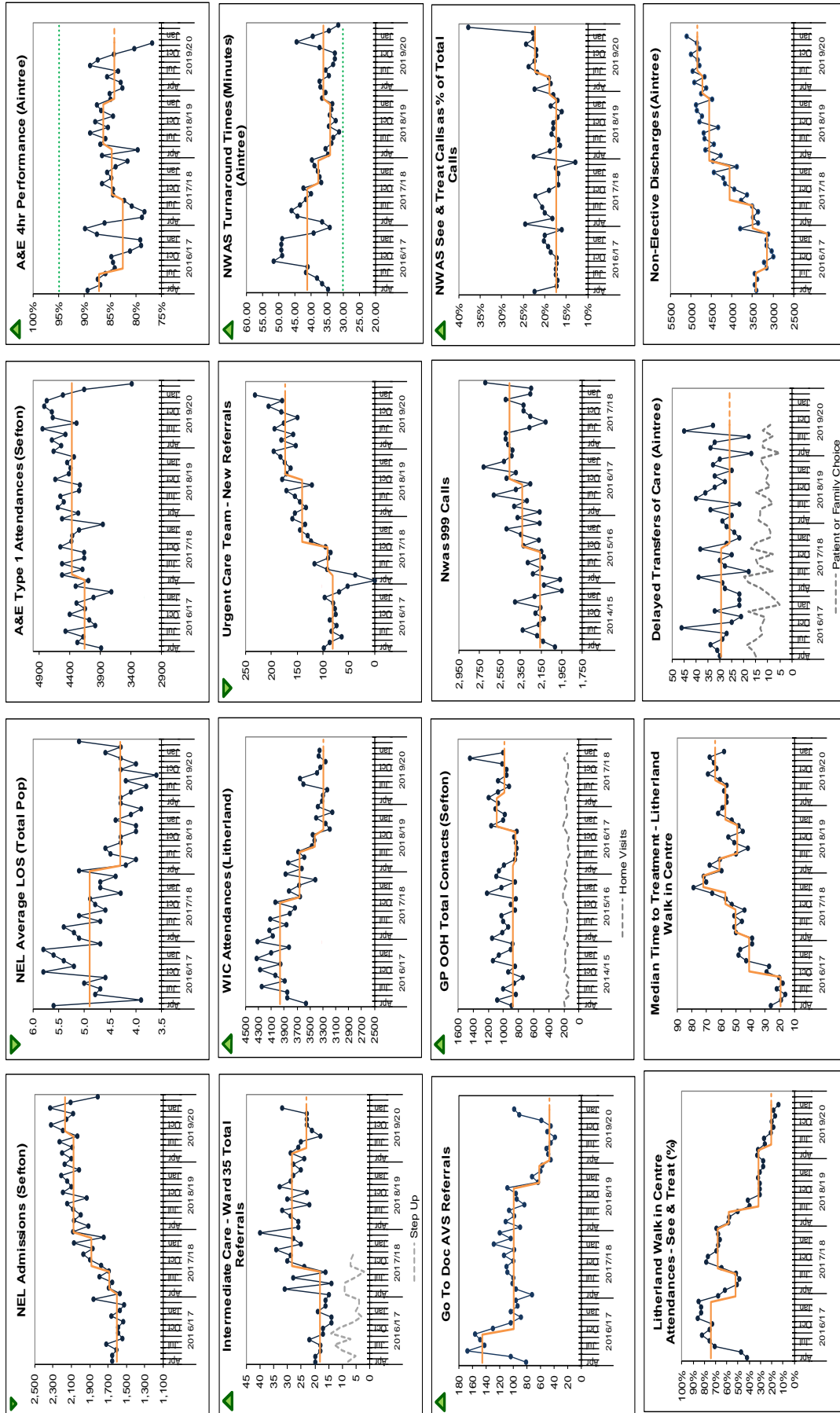
3. Unplanned Care

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 (cumulative) 95%		Previous 3 months, latest and YTD					127c	Risk that CCG is unable to meet statutory duty to provide patients with timely access to 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		Dec-19	Jan-20	Feb-20	Mar-20	YTD	
		CCG All Types	80.65%	81.17%	82.42%	86.03%	81.76%	
		CCG Type 1						
		Aintree Improvement Plan	88%	86%	86%	89%	-	
		Aintree All Types	76.92%	78.33%	82.41%	85.73%	83.23%	
		Aintree Type 1	65.47%	61.80%	Not available	Not available	66.21%	
Performance Overview/Issues:								
Due to COVID-19 there has been a marked reduction in the numbers of patients attending A&E. Whilst this has improved waiting times, this should be seen as a temporary situation. Recovery will see increased attendances and also different ways to see patients who may not require emergency treatment as the impact of social distancing will need to be managed effectively. March saw an improvement in performance for Aintree with 85.73% (type 1 and 3) patients spending 4 hours or less in A&E. The provider has not achieved the trajectory that was agreed with NHSE/I that runs to 89% in March 2020 not the national target. However, there has been improvement over the past 4 months with remedial work and recruitment plans starting to take effect. A contract performance notice remains in place with actions agreed being closely monitored by the CCG.								
Actions to Address/Assurances:								
Ongoing Internal Trust Actions:								
Improve Non Admitted performance								
The department 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.								
Primary Care Streaming (PCS) new model of delivery is now embedded and a report was due in March to evaluate the changes in service delivery for the first quarter.								
Improve AEC functionality								
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 was held at end of January. A Task & Finish group has assembled to develop a model for the trial period.								
Minimise frequency of crowding (surge) in the Emergency Department								
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.								
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.								
System Partners Actions:								
A wide range of work continues to support the Aintree system involving CCG and community provider, local authority:								
<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 as business as usual 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 Long Length of Stay action plan to reduce A&E attendances e.g. development of community DVT pathway, ICRAS offer in community. • Collaborative work with Liverpool CCG to review potential Urgent Treatment Centre provision within Aintree footprint again with focus of reducing A&E attendances on hold at present (COVID). • Weekly Aintree system calls held as required with NHSE and all partners to agree priority areas to progress each week reflecting local requirements presently on hold (COVID-19). Daily calls are being held at operational level across provider organisations to support patient flow and escalation work required. 								
When is performance expected to recover:								
Aintree agreed a trajectory with NHSE/I profiled from 88% in Month 1 to 89% in Month 12, which wasn't met. 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



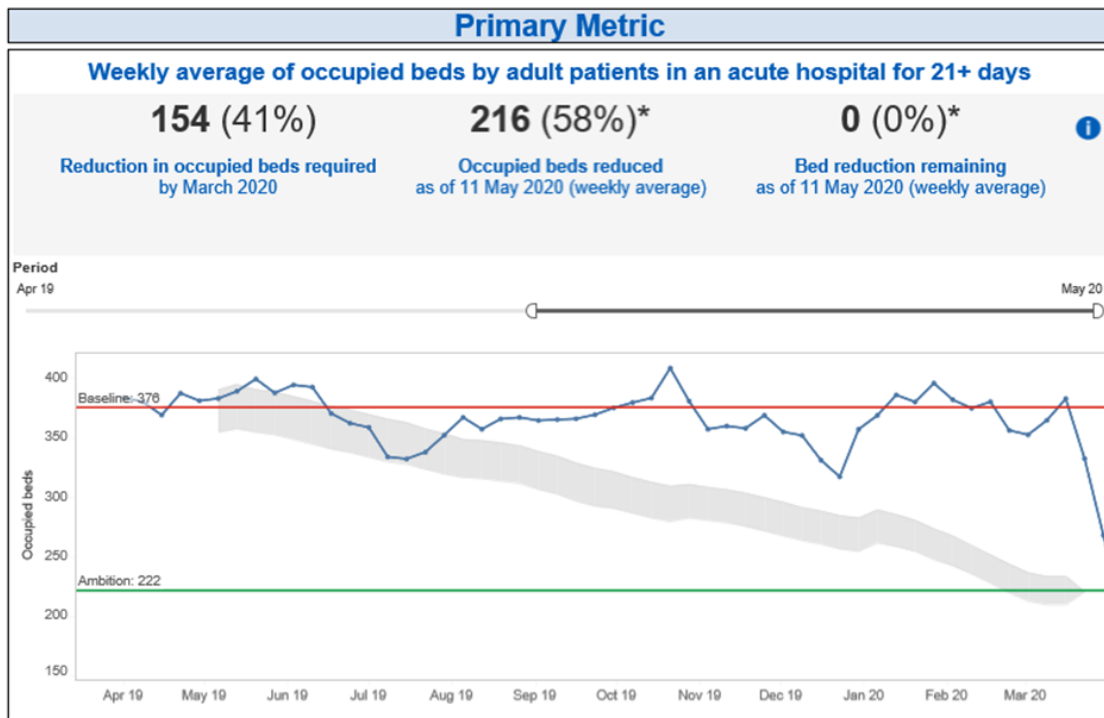
Definitions

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.	→
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.	→
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.	→
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).	←
Walk-in Centre Attendances	All attendances (irrespective of patient registered GP practice) to Litherland walk-in centre.	←
Urgent Care Team New Referrals	New patients seen by the Community Urgent Care Team in South Sefton.	←
Intermediate Care - Ward 35 Total Referrals	New referrals for South Sefton patients to Ward 35 Intermediate Care Unit at Aintree University Hospital.	←
Go to Doc AVS Referrals	All South Sefton referrals to the Alternative to Transfer (AVS) service.	←
Go to Doc Out of Hours Activity	Total contacts to the South Sefton out of hours provider.	←
NWAS Turnaround Times - Aintree	Average time of Ambulance arrival (geolence or button press) to Ambulance clear and available (of All attendances) at Aintree University Hospital.	→
NWAS 999 Calls	South Sefton - The total number of emergency and urgent calls presented to switchboard and answered.	→
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.	→
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.	←
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.	←
Walk-in Centre Median Time to Treatment	The median time taken for patients to be treated from arrival at Litherland Walk-in Centre.	→
Delayed Transfers of Care	The number of patients who are ready to be transferred from Aintree University Hospital which are delayed.	→
Non-Elective Discharges	The number of discharges from Aintree University Hospital from patients who were admitted as Non-Elective.	←

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 was been updated for 2019/20 to report on a weekly basis. The Trust’s revised target was a total bed reduction of 154 (41%) by March 2020; therefore the ambition was 222 or less. Despite a significant improvement in March 2020, the Trust did not achieve the ambition in March 2020, with a total reduction of 108 and 46 remaining as at 30th March 2020. However, the Trust has since seen further significant improvements, and was reporting a total 216 reduced occupied bed days as at 11th May 2020, compared with a reduction target of 154. This further bed reduction can be attributed to the Trust response to the ongoing COVID-19 pandemic.

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	Jan-20	Feb-20	Mar-20		
		1 mean	<=7 mins	00:06:27	00:07:21	00:07:32		
		1 90	<=15 mins	00:10:09	00:12:15	00:13:09		
		2 mean	<=18 mins	00:27:36	00:26:13	00:39:35		
		2 90	<=40 mins	00:57:55	00:57:13	01:30:12		
		3 90	<=120 mins	03:45:15	03:39:29	05:16:21		
4 90	<=180 mins	02:56:16	03:03:16	03:29:36				
Performance Overview/Issues:								
<p>In March 2020 there was an average response time in South Sefton of 7 minutes 32 seconds, not achieving the target of 7 minutes for Category 1 incidents, however this was the second shortest Cat.1 response time in Merseyside. Following this, Category 2 incidents had an average response time of 39 minutes 35 seconds against a target of 18 minutes, the second slowest response time in Merseyside. The CCG also failed the category 3 and 4 90th percentile. 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>Actions to address performance has been ongoing throughout 2019/20 to deliver improvements against the national ARP standards. This was agreed as a detailed action plan which would extend to end of Quarter 1 2020/21. Actions included re-profiling the vehicle 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 but will now have been affected by COVID.</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. NWS 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 commissioners are working with community providers in regard to increasing the range of alternatives that can be used to support Category 3 and 4 calls to maximise NWS resources to be used on higher priority calls. Aintree continues to work with NWS to reduce ARP times with 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 NWS 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 required to be delivered from quarter 2 2020/21. The Sefton data shows our best performance is in regard to C1 with all other areas inconsistent and failing the targets. End of year performance has however been within the context of emerging COVID-19 activity with full impact to be seen in April and May. The targets have not been met for C2, 3 & 4 within the required timeframes and further review and negotiation is required 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 b) All handovers between ambulance and A&E must take place within 15 minutes with none waiting more than 60 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	Jan-20	Feb-20	Mar-20		
		(a) <=15-30mins	362	134	133		
		(b) <=15-60mins	200	66	20		
Performance Overview/Issues:							
<p>NWAS performance saw a marked decrease with handover delays of over 30 and 15-60 minutes. With 30 minute delays decreasing slightly from 134 to 133 and 60 minute delays decreasing from 66 to 20. Improvement has been seen with a need to maintain this and seek to decrease times further and eliminate delays over 60 minutes.</p>							
Actions to Address/Assurances:							
<p>Work has been ongoing for Aintree in collaboration 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 AED. 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.</p>							
When is performance expected to recover:							
<p>This has remained a priority area for immediate improvement with the Trust. An updated Improvement Plan was submitted detailing timescales for implementation of direct conveyancing over Autumn. Pilot work was completed to test plans that patients categorised as Amber pathway patients, following a call to AEC and following a predetermined clinical criteria, will travel directly to AEC 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 AEC to discuss the safe conveyance of a patient to the department. Improvements are now being seen in the handover times.</p> <p>Direct conveyancing to Frailty Assessment Unit (FAU) began at start of November and has been working well since. 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.
GREEN	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		73.80%	78.57%	87.00%	Not Avail		
		Stroke Plan: 80% TIA 60% (previously achieving, unavailable in March)					
Performance Overview/Issues:							
Due to the COVID-19 pandemic the Trust were unable to provide Stroke or TIA for March 2020. Status and trend are for February. All breaches of the standard are reviewed and reasons for underperformance identified.							
Actions to Address/Assurances:							
Following are ongoing 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 failed the target for 3 consecutive months but with significant improvement and achievement of target in February. 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. There is a need to see consistency now in meeting target.							
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	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	0	0	0		Not Avail
		Aintree	0	0	0		Not Avail
		Plan: Zero					
Performance Overview/Issues:							
Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, some collection and publication of the official statistics has been paused with MSA being one of them.							
The plan is zero, the 1 breach in October will now show the measure as red for the remainder of 19/20.							
Due to the COVID-19 pandemic the Trust were unable to provide MSA data for March 2020. Status and trend are for February.							
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.	Due to the increased strengthening of IPC control measures due to the ongoing Covid 19, risks have been mitigated.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	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 March, 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 provider 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. • Identified lessons learned and actions undertaken. • Action plan monitored through the Decontamination Action Group (DAG) and Infection Prevention Control (IPC) Operational Group which continue to meet. 							
When is performance expected to recover:							
Remain red due to the Zero tolerance for MRSA and failed for 2019/20.							
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)				Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the trust sites to ensure any risks mitigated.	
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	42	50	59		63
		Aintree	98	109	117		121
		2019/20 Plan: <=/=60 YTD for the CCG 2019/20 Plan: <=/=56 for Aintree					
Performance Overview/Issues:							
<p>The CCG failed the target year to date for C difficile reporting 63 cases against the year end target of 60, there were 4 cases in March.</p> <p>For Aintree in 2019/20 the total number of cases was 121 cases reported on the HCAI database (4 cases in March) failing the target of 56 year to date. 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.</p> <p>This is total numbers and not including pending appeals. No further updates at all highlighted workload in relation to COVID-19 as a priority.</p>							
Actions to Address/Assurances:							
<p>Trust Actions:</p> <ul style="list-style-type: none"> • Trust cleaning and IPC measure heightened at present due to Covid-19 • 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 all remain a priority. 							
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)				Due to the increased strengthening of IPC control measures due to the ongoing Covid 19 this will be monitored closely across the trust sites to ensure any risks mitigated.	
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		CCG	125	139	147		156
		Aintree	283	320	345		264
		2019/20 Plan: ≤ 128 YTD and failed There are no Trust plans at present numbers for information					
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 March there were 9 cases (156 YTD) against a year to date plan of 128. Therefore, the CCG have failed the 2019/20 target.</p> <p>Aintree reported 19 cases in March (364 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:							
The NHSE GNBSI Programme Board Meetings are yet to reconvene due to the COVID-19 incident. Local meetings are yet to be rescheduled - all highlighted as due to workload in relation to COVID-19. Local Teams are aware of escalation processes should there be an incident requiring investigation and review and noted at local Contract and Clinical Quality Review Meetings (CCQRM's).							
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 Cheshire & Merseyside delivery plan has been put on hold due to the COVID-19 Pandemic, this will continue to be developed and will be included within the local recovery plan.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Brendan Prescott		Gina Halstead		Lynne Savage			

3.6.6 Hospital Mortality

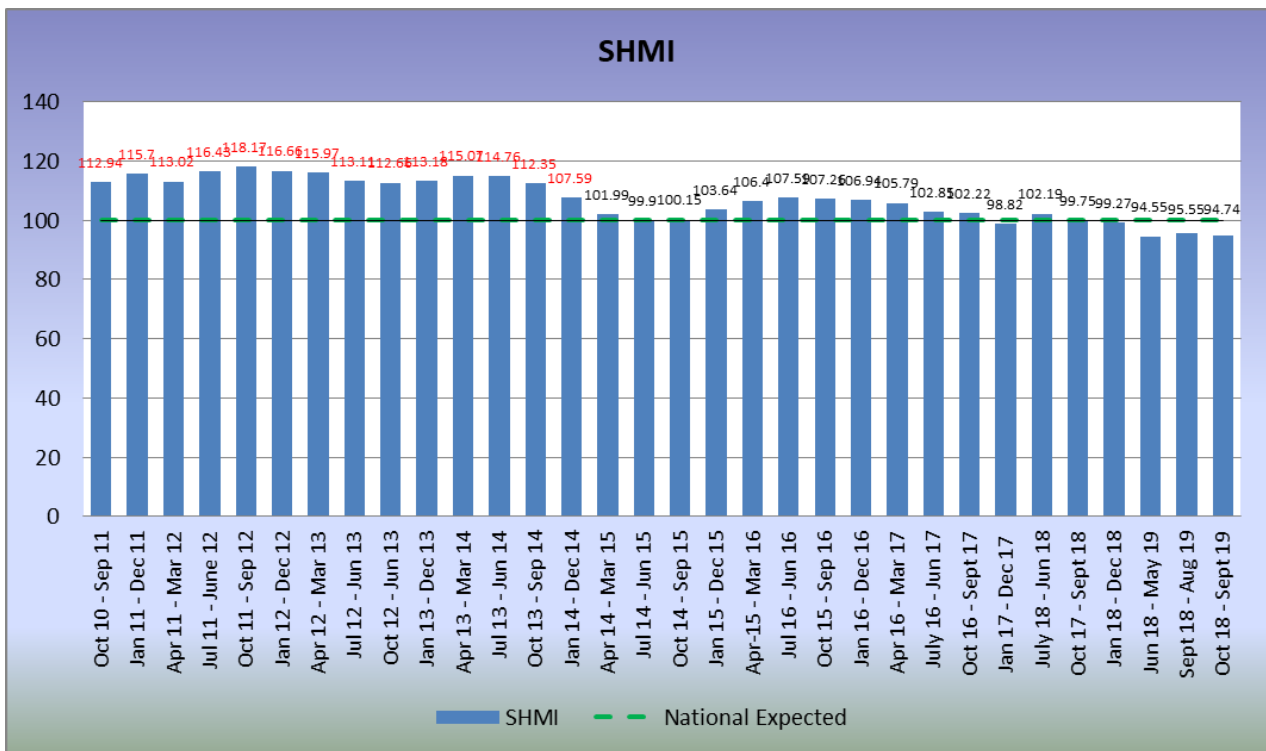
Figure 10 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	19/20 - Mar	100	81.80	↓

HSMR is lower than reported last month at 81.80 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 94.74 in the “as expected” range and is continuing its downward trend within tolerance levels for the period October 18 – September 19. SHMI is risk adjusted mortality ratio based on number of expected deaths.

Figure 11 - Summary Hospital Mortality Indicator



3.7 CCG Serious Incident (SI) Management – Quarter 4

Please note: This report is a summarised version of the report previously provided by the CCG. This is due to the transition of the incident database form Datix to Ulysees the transition of the data was on the 1st April. The CCGs quality team are working with the Midlands and Lancashire Commissioning Support Unit, in order to provide a reporting mechanism that is fit for purpose. The Quality team is also working collaboratively with Liverpool CCG who now manage the CCG's SI process.

Therefore, in the interim, the data presented in this report has been extracted directly from the Strategic Executive Incident System (StEIS).

1. Number of Serious Incidents Open for South Sefton CCG

As of Q4, 2019/20, there are a total of 26 serious incidents (SIs) open on StEIS where South Sefton CCG are either responsible or accountable commissioner. Of the 26, 6 are attributed to Aintree Hospital, 15 to Liverpool University Foundation Trust (LUHFT – Aintree site only) 10 are attributed to South Sefton CCG patients in other Providers. See table below for breakdown by Provider.

Trust	No. of Incidents
Aintree University Hospital	6
Liverpool University Foundation Trust (LUFT) Aintree site only	15
North West Boroughs NHS Foundation Trust	4
Cheshire & Wirral Partnership	1
South Sefton CCG – reported on behalf of other providers	5
TOTAL	26

As of 1st October 2019, Aintree University Hospitals started reporting their serious incidents under the newly merged Liverpool University Hospitals NHS Foundation Trust (LUHFT). Liverpool CCG is the Lead Commissioner for LUHFT and has taken over the management of SIs. However, South Sefton CCG will continue to manage those reported before this time until closure has been agreed as well as providing a summary of those reported after this date, but for the Aintree site only.

2. Number of Serious Incidents (SIs) Reported In Quarter 4 2019/20

There have been a total of 17 SIs reported in Q4 2019/20 where South Sefton CCG are either responsible or accountable commissioner. The following table shows the types of SIs reported by Provider during this reporting period.

SIs Reported Q4	Q4			
	01/01/2020	01/02/2020	01/03/2020	Total
Liverpool University Hospital - Aintree Site only				
Blood product/ transfusion incident meeting SI criteria		2		2
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	1			7
HCAI/Infection control incident meeting SI criteria			1	2
Medication incident meeting SI criteria	5			9
Sub-optimal care of the deteriorating patient meeting SI criteria	1			5
Surgical/invasive procedure incident meeting SI criteria		1		3
Treatment delay meeting SI criteria	1	1		9
VTE meeting SI criteria				1
MCFT - Community Sefton				
Slips/trips/falls meeting SI criteria			1	
NHS South Sefton CCG				
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)			3	
Grand Total	8	4	5	38

3. Number of Never Events reported

There were no Never Events reported in Q4 2019/20.

The table below shows the total number of never events reported for South Sefton CCG over the past 3 years and those reported YTD.

Never Events Reported by Provider	2015/16	2016/17	2017/18	2018/19	2019/20
Aintree University Hospital	1	1	8	1	0
Liverpool University Hospitals (Aintree site)	0	0	0	0	5
St Helens and Knowsley Hospital NHS Trust	0	1	0	0	0
Total for SSCCG	1	2	8	1	4

There have been 5 never events reported by Liverpool University Hospitals (Aintree site) during Q4 19/20. Four of which were related to the same medication incident involving the mis-selection of high strength midazolam during conscious sedation.

The incident affected patients that were admitted for PEG or NJ insertion whereby a box of Midazolam used for sedation was the wrong strength. No harm came to the 3 of the 4 affected patients and low harm to the fourth patient as the patient did not have their PEG inserted due to the procedure being abandoned. This meant the patient had to return for another PEG insertion and had the length of stay in hospital prolonged.

In each case the procedure was stopped and action taken to ensure the patients were stabilized and monitored until the procedure could be safely carried out.

The fourth never event was in relation to wrong site surgery whereby the patient had an unplanned femoral block in the wrong leg. The patient was anaesthetised when the wrong side injection was administered.

Immediate action by the trust included an increase in awareness of the incident and the intrinsic risk of wrong-side blocks across the department via group discussion at departmental meetings and via email. The 'Stop before you block' principle amongst anaesthetists and operating department practitioners was enforced as well as the empowering of the operating department practitioners to challenge and/or stop the anaesthetist if this principle is not followed. It was reiterated to practitioners not to provide block needles, local anaesthetic or an ultrasound machine until a 'Stop before you block' has been carried out.

The Root Cause Analyses (RCA) and lessons learnt are awaited for all 5 of the above Never Events. A combined RCA is being undertaken for the 4 related Never Events.

4. SIs reported during last 12 months

For South Sefton CCG during the last 12 months and for Q4 19/20, the top 4 most commonly reported SIs were:

- Treatment delay
- Medication Incident
- Diagnostic incident
- Pressure ulcer

Liverpool CCG is currently undertaking a thematic review of delays in treatment that can also be linked to diagnostic delays.

5. RCAs due during Q4 19/20

There were 7 RCAs due for LUHFT (Aintree site) during Q4 19/20. 5 were received on time, 1 was downgraded and 1 extension was granted.

For Mersey Care 4 RCAs were due:

- 2 for Mental Health - RCAs were received on time and closed
- 2 for South Sefton Community division - RCAs were overdue but were closed.

6. Serious Incidents Ongoing

There are 26 SIs which remain open on StEIS for South Sefton CCG. There are 6 legacy SIs open for AUH, 15 open for LUHFT (Aintree site only) and 5 open for South Sefton CCG. At the time of writing this report, 6 of the SIs have now been closed.

The table below provides an update for each in terms of current status at the time of writing this report.

Trust	STEIS Ref	Reported on StEIS	Type of Incident	RCA Due Date	RCA Submitted	Status
AUH	2019/15116	09/07/2019	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	02/10/2019	24/02/2020	Closed at March 2020 SIRG
	2019/15605	16/07/2019	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	09/10/2019	09/10/2019	Closed at March 2020 SIRG
	2019/16091	22/07/2019	HCAI/Infection control incident meeting SI criteria	15/10/2019	14/10/2019	Closed in May 2020
	2019/17311	07/08/2019	Sub-optimal care of the deteriorating patient meeting SI criteria	31/10/2019		Closed at March 2020 SIRG
	2019/20222	13/09/2019	Medication incident meeting SI criteria	06/12/2019		Knowsley CSU requested an updated action plan which was requested to the trust on 15/04/20, SSSCCG reviewed at SSSCCG SIRG 12/12/20 was not agreed closed until escalation to CCF/CQPG.
	2019/20770	20/09/2019	Treatment delay meeting SI criteria	13/12/2019		Closed at March 2020 SIRG
LUHFT	2019/23068	22/10/2019	Treatment delay meeting SI criteria	17/01/2020	09/01/2020	Reviewed at LCCG SIRG – awaiting further assurance
	2019/23169	23/10/2019	Treatment delay meeting SI criteria	20/01/2020	20/01/2020	Reviewed at LCCG SIRG – awaiting further assurance
	2019/23739	30/10/2019	VTE meeting SI criteria	27/01/2020		Reviewed at LCCG SIRG – awaiting further assurance
	2019/23885	01/11/2019	Sub-optimal care of the deteriorating patient meeting SI criteria	29/01/2020	26/02/2020	Reviewed at LCCG SIRG – awaiting further assurance
	2019/24961	15/11/2019	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	12/02/2020	26/02/2020	Reviewed at LCCG SIRG – awaiting further assurance
	2020/968	15/01/2020	Treatment delay meeting SI criteria	08/04/2020	06/05/2020	To be reviewed at LCCG SIRG
	2020/1061	16/01/2020	Medication incident meeting SI criteria	Ext to 31/05/2020		Awaiting aggregated RCA (Never Event)– being managed by LCCG
	2020/1343	21/01/2020	Medication incident meeting SI criteria	Ext to 31/05/2020		Awaiting aggregated RCA (Never Event)– being managed by LCCG
	2020/1345	21/01/2020	Medication incident meeting SI criteria	Ext to 31/05/2020		Awaiting aggregated RCA (Never Event)– being managed by LCCG
	2020/1346	21/01/2020	Medication incident meeting SI criteria	Ext to 31/05/2020		Awaiting aggregated RCA (Never Event)– being managed by LCCG

Trust	STEIS Ref	Reported on StEIS	Type of Incident	RCA Due Date	RCA Submitted	Status
	2020/1691	27/01/2020	Surgical/invasive procedure incident meeting SI criteria	22/04/2020	01/05/2020	To be reviewed at LCCG SIRG
	2020/2316	04/02/2020	Medication incident meeting SI criteria	30/04/2020		Awaiting RCA – being managed by LCCG
	2020/3125	13/02/2020	Blood product/ transfusion incident meeting SI criteria	12/05/2020		Awaiting RCA – being managed by LCCG
	2020/3916	25/02/2020	Blood product/ transfusion incident meeting SI criteria	22/05/2020		Awaiting RCA – being managed by LCCG
	2020/4323	02/03/2020	Surgical/invasive procedure incident meeting SI criteria	29/05/2020		Awaiting RCA – being managed by LCCG
SSCCG	2019/23364	24/10/2019	Treatment delay meeting SI criteria	21/01/2020		Closed in April 2020
	2020/5449	17/03/2020	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	15/06/2020		Awaiting RCA (DMC)
	2020/5455	17/03/2020	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	15/06/2020		Awaiting RCA (DMC)
	2020/5456	17/03/2020	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	15/06/2020		Awaiting RCA (DMC)
	2020/5458	17/03/2020	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	15/06/2020		Awaiting RCA (DMC)

The following SIs are not performance managed by South Sefton CCG but by the relevant RASCI commissioner. The SIs will involve South Sefton CCG patients therefore as accountable commissioner, South Sefton CCG will review all RCAs and provide feedback to the RASCI commissioner. The following applies to the remaining open SIs from other providers.

Trust	SI ref	Status
North West Boroughs	2019/11420	Subject to SCR – ongoing
	2019/20493	Awaiting RCA from NWB
	2019/27927	Forwarded 72HR report to TF 120520 asked to liaise with Mel re should LCCG be dealing?! - (NWB)
	2019/17311	RCA received, TF forwarded to Gina & Sue130520 for comments to collate a response back to NWB
CWP	2019/19353	Awaiting RCA form CWP

7. Closed SIs

During Q4, 9 SIs have been closed for South Sefton CCG. This includes the following:

Closed SIs	Q4			
	Jan-20	Feb-20	Mar-20	Total
LUHFT - Aintree Site				
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)		2		2
Medication incident meeting SI criteria	1			1
Treatment delay meeting SI criteria		1		1
MCFT - Community Division				
Pressure ulcer meeting SI criteria	1	1	1	3
Slips/trips/falls meeting SI criteria		1		1
MCFT - Mental Health				
Treatment delay meeting SI criteria			1	1
Total	2	5	2	9

As per the new process, all RCAs received for Mersey Care Community and Mental Health and all those received for Liverpool University Hospitals, will be reviewed by the Liverpool CCG SIRG panel. South Sefton CCG SIRG members will be invited to comment on RCAs and sit on the panel where necessary. Additionally, a member of the quality team will attend each Liverpool SIRG meeting and report back any issues, themes or trends as appropriate.

South Sefton CCG SIRG panel will convene to review RCAs reported on behalf of their smaller commissioned providers and those other trusts (not commissioned by Liverpool CCG) that involve South Sefton patients.

The CCG quality team will continue to manage their own SIs for smaller providers and convene the SIRG panel to review those RCAs.

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 delayed transfers of care (DTCO) reported in February 2020 was 1,340, a decrease compared to February 2019 with 1,514. Delays due to NHS have decreased, with those due to social care increasing. The majority of delay reasons in February 2020 were due to care package in home, patient family choice, completion assessment and residential home.

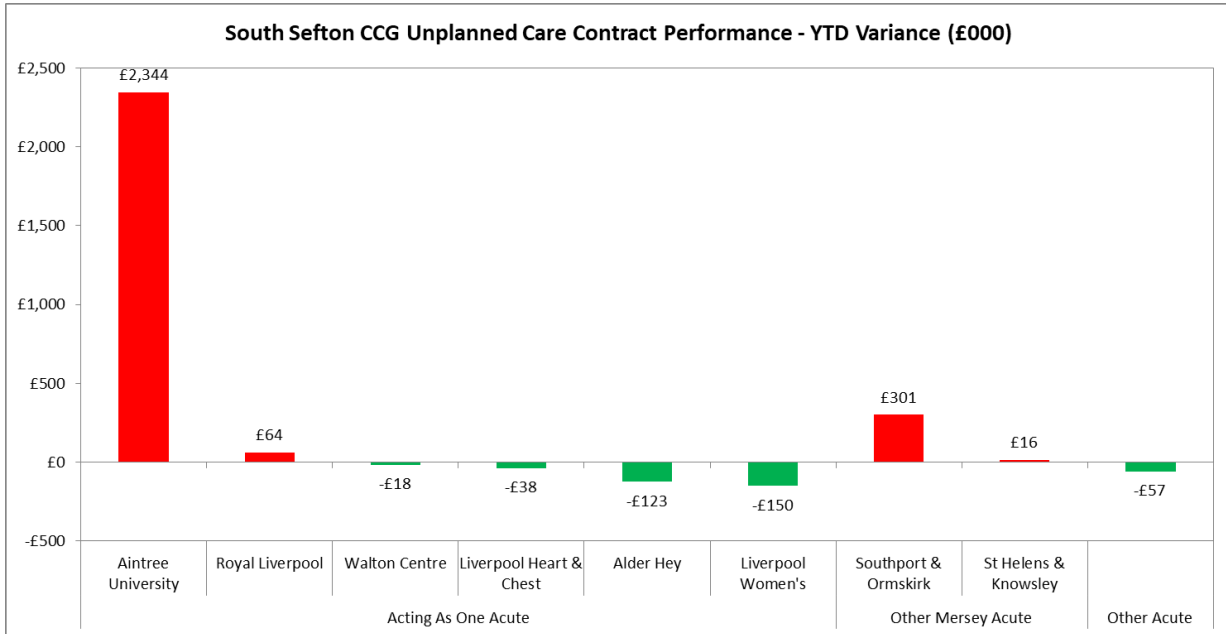
There has been no update for March on the DTCO data, February data remains for information.

See DTCO appendix for more information.

3.9 Unplanned Care Activity & Finance, All Providers

3.9.1 All Providers

Figure 12 - Unplanned Care – All Providers



Performance at month 12 of financial year 2019/20, against unplanned care elements of the contracts held by NHS South Sefton CCG shows an over performance of circa £2.3m/3.9%. However, applying a neutral cost variance for those Trusts within the Acting as One block contract arrangement results in a smaller variance of £230k/0.4%. This is a reduced overspend when comparing to the previous month and can be attributed to decreasing activity in month 12 as a result of the COVID-19 pandemic.

The contracted over performance is clearly driven by Aintree Hospital, which has a variance of £2.3m/5% against plan at month 12. 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 12, the value is £159k. 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 13 - South Sefton CCG at Virgin Care Activity & Cost

South Sefton CCG at Virgin Care	Activity	Cost
2018/19	4,203	£160,461
2019/20	3,975	£159,870
Variance	-228	-£591
Variance %	-5%	-0.4%

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 14 - 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	42,981	39,286	-3,695	-9%	£1,010	£1,010	£0	0%
A&E - Accident & Emergency	36,222	35,640	-582	-2%	£5,848	£5,834	-£14	0%
NEL - Non Elective	17,711	17,267	-444	-3%	£31,912	£35,663	£3,751	12%
NELNE - Non Elective Non-Emergency	50	52	2	4%	£185	£253	£69	37%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	280	244	-36	-13%	£73	£70	-£3	-5%
NELST - Non Elective Short Stay	3,430	3,724	294	9%	£2,380	£2,591	£211	9%
NELXBD - Non Elective Excess Bed Day	14,811	8,279	-6,532	-44%	£3,790	£2,121	-£1,670	-44%
Grand Total	115,484	104,492	-10,992	-10%	£45,198	£47,541	£2,344	5%

A&E type 1 attendances are -2% below plan for South Sefton CCG at Aintree Hospital with the provider (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. Attendances and admissions have each seen a significant drop in activity reported during month 12 and this can be attributed to the impact of the COVID-19 pandemic. Type 1 attendances saw a -21% reduction when comparing to the previous month and a -28% reduction when comparing to March 2019.

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 below planned levels by -3% but costs are exceeding planned values by £3.7m/12%, 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

As result of COVID-19 and NHSE/I contracting guidance all contracting has been suspended including CQPG meetings. Commissioners are seeking to establish a regular dialogue with Mersey Care NHS FT to ensure that long standing quality issues are addressed including communication to primary care and safeguarding.

Autism Spectrum Disorder (ASD)

The Trust is also reporting that waiting times for assessment have increased and exact times are being confirmed. An options paper has been received by the CCGs, but this requires further detail detailing how and when the wait times will be reduced including financial implications. In addition the NHS/E instruction to suspend contracting and related investment while providers respond to COVID-19 may have an impact on progressing any service development. The long waits will also have an impact on the SEND transition pathway to adult services.

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 CAG in May considered an outline proposal to enhance the Eating Disorder service which was approved for further development however progression needs to be considered whilst contracting has been suspended.

Core 24 KPIs

In Month 12 the Trust reported CORE 24 indicators:



Core 24 Indicator	Target	March 2020	
Emergency Pathway - Assessment within 1 hour	90%	100.00%	Sustained from 100.00% reported in February 2020
Urgent Pathway - Assessment within 1 hour	66.67%	100.00%	Sustained from 100.00% reported in February 2020
Urgent Pathway - Assessment within 4 hour	90%	100.00%	Sustained from 100.00% reported in February 2020

For all CORE 24 indicators the Trust are undertaking the following actions to maintain performance.



- 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 has received appropriate communication to understand the correct process and this will be supported by managers on a regular basis.



4.1.2 CPA Follow up 2 days

Indicator		Performance Summary				Potential organisational or patient risk factors
CPA Follow up 2 days (48 hours) for higher risk groups are defined as individuals requiring follow up within 2 days (48 hours) by appropriate Teams		Previous 3 months and latest				Patient safety risk re: – suicide/harm to others.
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		100%	100%	100%	90.0%	
Plan: 95% - Quarter 4 2019/20 reported 90.0% and failed						
Performance Overview/Issues:						
In quarter 4 the Trust failed to achieve the 95% plan for CPA follow up in 2 days for higher risk groups by appropriate teams, reporting 90%, out of 10 patients there was 1 patient breach. The Trust have not given any update on this patients delay. Reporting has been limited due to the COVID-19 pandemic. Year to date the Trust are reporting 96.67% and achieving the 95% target.						
Actions to Address/Assurances:						
The indicator is number sensitive. The underperformance for quarter 4 related to just 1 breach out of 10 patients.						
When is performance expected to recover:						
Trust has achieved 100% for the Q1-Q3 in 2019/20. Expectation is that performance will improve in 2020/21.						
Quality:						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

4.1.3 Eating Disorder Service Waiting Times (KPI 125)



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	Patients safety risk. Reputation.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		63.2%	63.16%	71.43%	45.83%		
		Plan: 95%					
Performance Overview/Issues:							
Out of a potential 24 Service Users, 11 started treatment within the 18 week target (45.83%), which shows a deterioration from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. Demand for the service continues to increase and exceed capacity.							
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 Compassion Focussed Therapy (CFT) group and 1 CBT group. 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. The recent advert for the Band 7 Clinical Psychology post was unsuccessful, and the Trust placed an advert for a CBT Therapy post Band 7. A business case is being developed requesting key investment to enhance the existing service and increase physical health and psychological provision within the service. The CAG in May gave outline approval for a case to be developed however progression may be delayed due to the NHSE/I instruction that contracting activity and transformation initiatives have been ceased whilst the NHS responds to COVID-19 							
The number of service users waiting for therapy and the waiting times for psychological intervention improved this month. Further data analysis is required to provide accurate timeframe for further improvement.							
When is performance expected to recover:							
Aiming for significant improvement by Quarter 1 20/21. However COVID-19 may have a significant impact on activity.							
Quality:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Geraldine O'Carroll		Sue Gough		Gordon Jones			

4.1.4 Falls Management & Prevention (KPI 19)



Indicator		Performance Summary				Potential organisational or patient risk factors	
Falls Management & Prevention: Of the patients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 19	
RED 	TREND 	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Patient Safety.	
		57.1%	85.7%	80.0%	75.0%		
		Plan: 98% - 2019/20 Quarter 4 reported 75.0% and failed.					
Performance Overview/Issues: The Trust reported performance below the 98% target in Q4, 75.0% which was lower than quarter 3 18/19 when 80.0% was reported. In Quarter 4 there were a total of 4 patients, only 1 of which didn't have a care plan in place. The small number of patients means only 1 breach will have a significant impact on performance.							
Actions to Address/Assurances: Modern Matrons have been tasked with ensuring the review and completion of FRAT and care plan where identified.							
When is performance expected to recover: Quarter 1 2020/21.							
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. Demand for the service continues to increase and exceed capacity.
RED	TREND	Dec-19	Jan-20	Feb-20	Mar-20		
		0.71%	0.97%	0.74%	0.68%		
		Access Plan: 19.0% (First 3 quarters) - March 2019/20 reported 0.68% and failed YTD 12.18%					
Performance Overview/Issues:							
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 12 performance was 0.68% and failed to achieve the target standard with a significant drop in the numbers of people accessing the service in the latter half of M12. 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 May that 3 x PWP vacancies are having an impact on capacity.							
Actions to Address/Assurances:							
Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19. The service has moved over delivering a remote based services using digital and telephone access. It is intended to rollout on-line group work. The service is looking to reduce wait times so as free up capacity for the additional numbers expected to enter the service as part of COVID-19 national recovery efforts.							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
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	Dec-19	Jan-20	Feb-20	Mar-20		
		28.2%	41.0%	49.4%	45.5%		
		Recovery Plan: 50% - March 2019/20 45.5% and failed YTD 42.36%					
Performance Overview/Issues:							
The Recovery rate decreased from 49.4% in February to 45.5% in March and failing to achieve the 50% target. Year to date the Trust achieved 42.36%. It has been recognised that for South Sefton CCG people enter the service with higher severity which has an impact on recovery times.							
Actions to Address/Assurances:							
In response to COVID-19 the provider moved to a remote access service which may have impacted on recovery rates. The clinical lead for the service continues to review non recovered cases and work with practitioners to improve recovery rates. It is recognised that demand for services in the aftermath of the COVID-19 will significantly increase.							
When is performance expected to recover:							
National expectation that IAPT services will be at forefront of the mental health response in the aftermath of COVID-19. Procurement exercise commenced in February 2020 with the aim of a new provider to be in place by 1st January 2021.							
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	Dec-19	Jan-20	Feb-20	Mar-20		
		63.9%	64.6%	64.5%	64.0%		
		Plan: 66.7%					
Performance Overview/Issues:							
<p>The latest data on NHS Digital shows South Sefton CCG are recording a dementia diagnosis rate in March of 64%, which is under the national dementia diagnosis ambition of 66.7%. This is similar to the percentage that was reported last month.</p> <p>The Memory Assessment Service operated by NHS Mersey Care Trust (MCT) has been suspended due to the Government's COVID-19 restrictions. This will have a severe impact on dementia assessments and dementia diagnosis ambition. It will also likely increase waiting times across both North and South services once recovery starts.</p>							
Actions to Address/Assurances:							
<p>Commissioners have been notified by NHS MCT that contracting arrangements have been suspended under guidance from NHSE/I.</p> <p>Memory Assessment Services across Sefton have been changed due to the Government restrictions. Indications are that no new assessments have taken place since the restrictions were put in place.</p> <p>Documentation received from MCT states: 'reviewing remote options'. Commissioners have contacted NHS MCT to clarify what this means. Commissioners have recently received a recovery plan from the provider; however, this does not have the detail needed and appears not to cover memory assessment services recovery approach.</p> <p>Commissioners will communicate with Mersey Care Trust to gain clarity around the functioning and recovery plan for the Memory Assessment Service across Sefton.</p>							
When is performance expected to recover:							
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	
						Q4 18/19	
		GREEN	TREND	13.8%	2.9%	13.0%	
				Q3 2019/20 Plan: 16.8%			
Performance Overview/Issues:							
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 3 2019/20, the CCG reported a performance of 19.9%, now above the plan of 16.8%, cumulatively they are achieving 30.1%. Year to date out of 670 registered patients, 202 patients had a health check compared to a plan of 122.							
Actions to Address/Assurances:							
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.							
When is performance expected to recover:							
March 2020, however the current COVID-19 pandemic may impact on future performance.							
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	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20		
		18.6%	20.7%	22.7%	28.1%		
		Plan: 50% - Quarter 4 2019/20 reported 28.1% and failed				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.	
Performance Overview/Issues:							
In the financial year of 2019/20, 28.1% of the 1,755 of people on the GP SMI register in South Sefton CCG (494) received a comprehensive health check. Despite not yet achieving the 50% ambition at the end of the financial year, there has been an improvement in each of the quarterly time periods showing performance is heading in the right direction.							
Actions to Address/Assurances:							
Action plan developed which focuses on the following:							
<ul style="list-style-type: none"> • Redrafting of the LQC scheme to be more explicit on the 6 interventions that make up the SMI health. • Highlighting the correct EMS template which is better suited for capturing the 6 interventions. • Data quality checking. • Increased awareness of the scheme amongst practices. 							
When is performance expected to recover:							
Performance should improve from Quarter 2 2020/21 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)



Due to the COVID-19 outbreak, recent information sub group and Contract & Clinical Quality Review Meetings (CCQRM) have been postponed. A commissioner only CCQRM was held in May and the next CCQRM is due to take place in June with the Trust. Prior to the COVID-19 outbreak, the Trust was undertaking a performance review of each service, and discussions regarding 2020/21 reporting requirements were being had. The CCG met with the Trust to discuss revising the service review action plan to incorporate actions to address service pressures and service development opportunities. It has been agreed that additional reporting requirements and activity baselines would be reviewed alongside service specifications and transformation. Waiting times for Speech and Language Therapy (SALT) and Physiotherapy continue to be scrutinised.

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.

In light of COVID-19 plans for the merging of the CQPGS has been delayed and work will recommence once the full meetings have been recommenced. For Q4 for the CQUIN, National guidance was amended and providers did not need to submit the data and the decision to pay the full amount was made by the Leadership Team of the CCGs.

5.1.2 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				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Dec-19	Jan-20	Feb-20	Mar-20		
		19 wks	22 wks	21 wks	25 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). March's incomplete pathways reported above the 18 week standard with 25 weeks, showing an increase on last month and therefore remaining above the 18 week standard. It is important to note that the completed pathways also continues to exceed the 18 week target at 26 weeks in March, a further increase in waiting times from February.</p>							
Actions to Address/Assurances:							
<p>The CCG have not received update improvement plans for March due to COVID-19 but feedback previously provided is still being progressed with the greatest challenge being workforce recruitment and retention: 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 (CCQRM). The Trust has 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. - Progress: Team currently has 1.24 WTE vacancies. These are currently being filled by locums who commenced in March and April. Posts have been advertised four times but unable to recruit. <p>Action: Recruitment issues are within context of national shortages. It has been discussed the need to consider workforce strategy on a larger footprint in collaboration with other providers.</p>							
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. There has been further deterioration in March with workforce issues not yet resolved and impacting on waiting time position.</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



In February 2020 the Merseyside CCGs 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.

The guidance issued in the 26th March-20 revised arrangements for NHS contracting and payment during the COVID-19 pandemic has been followed in respect of payment for non NHS providers of AQP services.



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:						
<p>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%.</p> <p>Note: Q4 data is not yet available. Provisional data expected 14th June-20.</p>						
Actions to Address/Assurances:						
<p>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.</p>						
When is performance expected to recover:						
<p>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.</p>						
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				<p>Performance in this category is calculated against completed pathways only.</p> <p>Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required</p> <p>Possibility that planned increase in activity for 2020/21 may be delayed by COVID-19 related factors.</p> <p>May be a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		87.0%	82.6%	91.3%	91.7%	
		Access Plan: 100% - 2019/20 National standard 95%				
Performance Overview/Issues:						
<p>In quarter 4 the Trust reported under the 100% plan. Out of 24 routine referrals to children and young people's eating disorder service, 22 were seen within 4 weeks recording 91.7% 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.</p>						
Actions to Address/Assurances:						
<p>All breaches are tracked and reported monthly. Service has relatively small numbers so breaches have a large impact on performance. All clinically tracked and breach always related to patient choice (which the 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.</p>						
When is performance expected to recover:						
<p>Additional investment to be released for implementation. Due to recruitment (specialist posts), currently agreeing trajectory for planned increase in activity for 2020/21. Despite COVID-19 challenges, the Trust is continuing with recruitment.</p>						
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				Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required
GREEN	TREND	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	
		50.0%	66.7%	100.0%	100.0%	
		Access Plan: 100% - 2019/20 National standard 95%				
Performance Overview/Issues:						
Achieved 100% in quarter 4 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 on expanding and standardising metrics across CAMHS and community services were initiated prior to the COVID-19 outbreak, and are now in the process of being finalised. 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, however, due to the impact of the pandemic on service delivery and staffing, waiting times have increased. In light of this, the RTT plan will be revisited as part of Alder Hey's phase 2 response to COVID-19 and be considered in its wider recovery plan.

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				<=18 weeks: Green > 18 weeks: Red	The CCG may not deliver on all aspects of the SEND improvement plan as the SALT waiting time improvement trajectory cannot be met within the plan's timescales (due to impact of COVID-19). Potential quality/safety risks from delayed treatment ranging from progression of illness to increase in symptoms/medication or treatment required, particularly for the SEND cohort. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Dec-19	Jan-20	Feb-20	Mar-20		
		27 wks	22 wks	20 wks	23 wks		
		Target <= 18 weeks					
Performance Overview/Issues:							
<p>In March the Trust reported a 92nd percentile of 23 weeks for Sefton patients waiting on an incomplete pathway. Unfortunately this shows an increase in average waiting times from February when 20 weeks was reported. Prior to this increase, performance had steadily improved and was on track to achieve 18 weeks by March. Demand for the service continues to increase. In March 2020, year to date referrals were 12.7% higher than in March 2019.</p> <p>At the end of March there were no children who had waited over 52 weeks. 84 were waiting between 18 and 29 weeks. No patients were waiting above 29 weeks. The total number waiting over 18 weeks continues to decrease.</p>							
Actions to Address/Assurances:							
<p>Prior to COVID-19, additional investment into SALT recurrently and non-recurrently had already been agreed and a recovery plan was in place to significantly reduce waiting times, which was on target to deliver a month by month reduction to 18 weeks by end of March. Monitoring of this position was taking place at contract review meetings and with Executive senior input and performance and updated trajectories are provided monthly. However, due to the impact of COVID-19, waiting times have increased as services move from face-to-face to remote and digital modes of delivery; and staffing levels are impacted by staff redeployment and illness/requirement to self isolate.</p> <p>The Trust is making every effort to continue to deliver the service remotely where possible, given the constraints. It will revise the recovery plan and waiting time trajectories as part of its COVID-19 recovery plans, including consideration of the waiting time backlog.</p>							
When is performance expected to recover:							
<p>As part of its phase 2 response to COVID-19, the Trust will develop recovery plans and revised trajectories to address the increase in waiting times and the waiting time backlog.</p>							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Wendy Hewitt			Peter Wong		

Figure 15 – 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
Number of Referrals	146	162	139	150	110	152	219	197	164	187	199	194	1,846
Incomplete Pathways - 92nd Percentile	45	43	37	36	35	34	33	31	27	22	20	23	448
Total Number Waiting	945	920	878	818	763	732	732	680	657	597	578	574	9,372
Number Waiting Over 18 Weeks	522	464	469	436	406	375	319	244	196	97	82	84	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				DNA's <= 8.5%: Green > 8.5% and <= 10%: Amber > 10%: Red	Potential quality/safety risks from non attendance ranging from progression of illness to increase in symptoms/medication or treatment required. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.
RED	TREND	Outpatient Clinic DNA Rates					
		Dec-19	Jan-20	Feb-20	Mar-20	Provider Cancellations <= 3.5%: Green > 3.5% and <= 5%: Amber > 5%: Red	
		20.5%	17.5%	15.3%	18.7%		
		Outpatient Clinic Provider Cancellations					
		Dec-19	Jan-20	Feb-20	Mar-20		
		5.1%	6.6%	7.4%	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 March 2020 performance declined, with DNA rates increasing from 15.3% in February to 18.7% in March. However, provider cancellations saw an improvement, decreasing from 7.4% in February to 6.5% in March.							
Actions to Address/Assurances:							
Prior to COVID-19, Alder Hey had introduced a new weekly South Sefton clinic so that south Sefton patients no longer had to travel to north Sefton for an appointment (data has been reported Sefton wide, but in future will be reported by CCG). This was seeing a reduction in the number of Did Not Attend (DNA)/Was Not Brought (WNB) patients which can be seen in the performance above.							
The CCGs have invested in extra capacity in response to Safe Staffing levels from Alder Hey.							
As part of its response to COVID-19, Alder Hey is offering telephone and digital appointments which is helping to keep DNA rates to a minimum.							
When is performance expected to recover:							
As part of COVID-19 recovery phase.							
Quality impact assessment:							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Karl McCluskey		Wendy Hewitt			Peter Wong		

Figure 16 – Alder Hey Community Paediatric Dietetic Waiting Times – South Sefton CCG

Paediatric DIETETICS - South Sefton	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Number of Referrals	27	51	26	24	24	28	34
Incomplete Pathways - 92nd Percentile	21.96	11.00	9.92	14.88	14.88	12.16	8.36
Incomplete Pathways RTT Within 18 Weeks	87.18%	98.33%	100.00%	97.37%	100.00%	97.00%	100.00%
Total Number Waiting	39	60	39	38	28	35	45
Number Waiting Over 18 Weeks	5	1	0	1	0	1	0




RAG Rating	
<=18 Weeks	
19 to 22 Weeks	
23 Weeks Plus	

Figure 17 – 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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total
Appointments	327	532	429	647	528	698	99	142	99	93	113	100	100	1,125
DNA	66	53	41	147	68	116	21	17	30	24	24	18	23	240
DNA Rate	16.8%	9.1%	8.7%	18.5%	11.4%	14.3%	17.5%	10.7%	23.3%	20.5%	17.5%	15.3%	18.7%	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	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total
Appointments	327	532	429	647	528	698	99	142	99	93	113	100	100	1,125
Cancellations	6	0	5	29	0	44	8	15	13	5	8	8	7	89
Rate	1.8%	0.0%	1.2%	4.3%	0.0%	5.9%	7.5%	9.6%	11.6%	5.1%	6.6%	7.4%	6.5%	7.3%

Outpatient Clinics - Cancs by Patient														
	13/14 Total	14/15 Total	15/16 Total	16/17 Total	17/18 Total	18/19 Total	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Total
Appointments	327	532	429	647	528	698	99	142	99	93	113	100	100	1,125
Cancellations	27	63	63	207	128	184	24	50	39	31	31	25	19	335
Rate	7.3%	10.6%	12.8%	24.2%	19.5%	20.9%	19.5%	26.0%	28.3%	25.0%	21.5%	20.0%	16.0%	22.9%

RAG Ratings & Targets 19/20

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

CANCs Outpatients - by Provider	
<= 8.47%	Green
> 8.47% and <= 10%	Amber
> 10%	Red

6.4 Alder Hey Community Services Contract Statement

Commissioner Name	Service	Currency	Previous												YTD
			Year	Plan	FOT	Variance %	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Outturn	
NHS South Sefton CCG	Paediatric Continence	Caseload at Month End	264	264	154	-41.67	106	102	78	77	85	67	58	270	
		Total Contacts (Domicillary)	1,734	1,734	1,710	-1.38	112	148	100	106	159	222	188	1,710	
		Total New Referrals	171	171	174	1.75	11	17	11	7	8	23	16	174	
	Paediatric Dietetics	Caseload at Month End	5	5	224	4,380.00	218	246	233	228	229	233	258	224	
		Referral to 1st Contact (Weeks Average)	8.6	8.6	7.7	-10.47	17.1	9.5	60.6	7.8	7.8	4.3	5.3	8.7	
		Total Contacts	356	356	758	112.92	46	63	74	88	100	78	102	758	
		Total Contacts (Domicillary)	63	63	195	209.52	2	11	8	36	37	28	42	195	
		Total Contacts (Outpatients)	293	293	525	79.18	44	45	55	46	60	47	53	525	
	Paediatric Occupational Therapy	Total New Referrals	284	284	326	14.79	27	51	26	24	24	28	34	326	
		Caseload at Month End	201	201	116	-42.29	104	79	101	108	95	102	103	151	
		Referral to 1st Contact (Weeks Average)	15.9	15.9	12.2	-23.27	12.1	12.0	12.8	13.0	11.9	13.2	7.9	14.1	
		Total Contacts (Domicillary)	4,894	4,894	4,405	-9.99	298	448	443	314	460	325	327	4,405	
		Total New Referrals	619	619	519	-16.16	32	36	42	54	32	57	41	519	
	Paediatric Speech and Language Therapy	Referral to 1st Contact (Weeks Average)	25.0	25.0	26.6	6.4	23.8	26.0	25.3	28.5	21.3	18.8	17.2	35.3	
		Total Contacts (Domicillary)	12,825	12,825	15,328	19.52	1,270	1,510	1,496	1,030	1,548	1,285	1,396	15	
		Total Contacts Complex Cochlear (N&S Sefton)	507	507	247	-51.28	23	21	25	10	18	24	9	247	
		Total New Referrals	1,094	1,094	1,170	6.95	80	127	115	106	106	114	121	1,170	
		Total New Referrals Complex Cochlear (N&S Sefton)	6	6	0	-100.00	0	0	0	0	0	0	0	0	

If Plan is <10,000:

Green	FOT is <10% above or below plan
Yellow	FOT is 10%-20% above or below plan
Red	FOT is > 20% below plan
Purple	FOT is > 20% above plan

If Plan is >10,000:

Green	FOT is <5% above or below plan
Yellow	FOT is 5%-10% above or below plan
Red	FOT is > 10% below plan
Purple	FOT is > 10% above plan

6.5 Alder Hey Activity & Performance Charts



7. Third Sector Overview

Quarter 4 Overview

Introduction

Quarterly reports from CCG-funded Third Sector providers detailing activities and outcomes achieved have been collated and analysed. A copy of this report has been circulated amongst relevant commissioning leads. Referrals to most services have continued to increase during Q4, Individual service user issues (and their accompanying needs) continue to increase in complexity, causing pressure on services provided.

Some reports for Q4 have been delayed due to the current COVID-19 pandemic and services needing to shift to accommodate the needs of the community

Age Concern – Liverpool & Sefton

The Befriending and Re-ablement Service promotes older people's social independence via positive health, support and well-being to prevent social isolation. Due to the current COVID-19 pandemic, activity during Q4 has involved Befriending and Re-ablement Officers (BRO's), volunteers and the volunteering Officers telephoning as many past and current clients as possible to ascertain what support they have in place whilst at the same time offering companionship. Where support is needed the team have been signposting on to those able to offer frontline support. Clients are receiving at least one phone call per week that checks on their wellbeing and offers a friendly chat. As a consequence of the current situation April will highlight a significant increase in the number of client/volunteer matches being made, with many volunteers phoning as many as 3 times more clients than they usually visit. During this quarter, 450 people have been supported by a Befriending and Re-ablement officer. Of the new referrals, received in this quarter, 15% were received from local NHS trusts (a decrease of 7% on Q3) no referrals were received from GPs. This is the second quarter in succession to receive a drop in referrals from GPs and NHS trusts.

The number of active volunteers is currently 105 with 38 volunteers progressing towards becoming active. This equates to a 41% increase on the end of Q3.

Alzheimer's Society

During Q4 the service received 76 new referrals received, referrals have considerably increased during this period by 60%.

During this period the service has been affected by COVID-19 with 5 groups cancelled. There were a total of 19 activity groups in 6 locations delivered throughout Jan -Mar:

9	x	Singing for the Brain, 6 in Southport and 6 in Bootle
2	x	Active & Involved – 2 in Lydiate & 3 in Bootle
9	x	Reading sessions - 4 at the Hope centre in Aintree & 6 at the Salvation Army-Southport

The service has delivered 2 Dementia Support sessions at Blundellsands Surgery and Cumberland House. With agreement from the surgeries the following are now on hold due to lack of referrals; Thornton, 42 Kingsway & Rawson Road. All sessions ceased at GP practices once the COVID-19 lockdown came into effect.

The side by side service made 183 visits to 28 people; the service currently has 31 volunteers. By the beginning of March COV-19 was already having an impact on the project. All new planned matches were suspended on the 9th March, following national guidance all service users and volunteers were contacted by staff explaining the suspension of all visits

Citizens Advice Sefton

Advice sessions are delivered to in-patients of Clock View Hospital, Walton by an experienced social welfare law advisor with a specialist knowledge of mental health issues. During Q4 31 new referrals were received; 45% were via Mental Health professionals on the ward, 52% were self-referrals and 3% were from other sources.

The type of advice required was mainly in regard to benefits including tax credits and Universal Credits. Of these new referrals 61% were recorded as being permanently sick or disabled, 16% are unemployed and a further 16% are currently employed. During the year, the officer based at Clock View Hospital has assisted Sefton patients in applying for various grants, benefits and entitlements totalling £1,125,562

Crosby Housing and Reablement Team (CHART)

Reports for Q4 have not yet been forwarded to the CCGs due to staff working at home during the COVID-19 Pandemic. The following information was submitted for Q3.

During Q3 the service has received 65 new referrals with 89% coming from Mersey Care NHS Foundation Trust. Other referrals were mainly via Sefton MBC - Adult Social Care (12%). Case outcomes during the period included accommodating 46 service users and supporting a further 30 people to stay in their current residence. The service helped 6 people avoid hospital admission and enabled 22 patients to be discharged. In addition to this, the service assisted 9 clients to move to more supported accommodation and prevented 29 people becoming homeless. A further 15 service users were supported in becoming more independent and assisted to move to accommodation within the community.

Expect Limited

Expect Limited's staff complement comprises 4 paid members of staff plus 1 volunteer that look after the Bowersdale Centre in Litherland. During Q4 the service received 8 new referrals. There are 108 existing service users who remain actively engaged within the service. All existing clients are in receipt of benefits with a diagnosis e.g. anxiety, depression, personality disorder, Post-Traumatic Stress Disorder etc.

43% are known to have learning disabilities. During Q4 there were 1,157 drop-in contacts (Monday to Friday). The number of contacts at the centre reduced by less than half during March due to COVID-19. Services at the Bowersdale Centre ceased, centre staff made contact with all service users and their appropriate relatives and/or care providers to offer support, including the provision of a contact telephone number should they experience difficulties or need further advice and guidance.

Imagine independence

During Q4 Imagine Independence carried forward 104 existing cases. A total of 83 were referred via IAPT. Of the new referrals 53% were female and 47% male. All completed personal profiles and commenced job searches. A total of 36 service users attended job interviews; 46% managed to secure paid work for 16+ hours per week. The service supported 47 people in retaining their current employment, and liaised with employers on behalf of clients.

During the COVID-19 pandemic services have ceased, both employment workers are providing employment support to people on their caseloads via telephone, but are not currently receiving referrals from IAPT. Some capacity has been identified within the service to provide telephone support to assist with emotional wellbeing and companionship to vulnerable people within the community; details have been forwarded to Sefton CVS.

Netherton Feelgood Factory

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

Monitoring information has not been received for 2019-20 due to funding and staffing issues. The following update in regard to COVID-19 from the centre has been noted and is currently being acted on.

The service is offering a Community shopping service for vulnerable service users, in addition to this a telephone befriending with some access to counselling is being offered. This is also operational during weekends. The service has also developed a programme of weekly activity packs including local history information, creative writing guidance, puzzles, gardening tips and crafts.

Parenting 2000

During Q4 the service received a total of 129 referrals; these were broken down as 15 adults and 114 children. A total of 40 service users accessed counselling for the first time. Of the 283 appointments available during this period a total of 263 were booked and 220 were actually used. There were 23 cancellations whilst 20 did not attend their scheduled appointment. The current waiting lists stands at 363; this has been discussed with the commissioner of children's services at the CCGs.

The top five referral sources during Q4 were Hospital 22% (Alder Hey & CAMHS) GP direct referral or recommendation 32%, Self/Carer/Parent 18%, Other VCF 14% & schools 9%. The referring GP surgeries were recorded as Family Surgery, Ainsdale St Johns, Cumberland House, Norwood Surgery, St Marks, The Village Surgery, Dr Elliot Westway Medical Centre, Crosby Surgery.

Sefton Advocacy

Due to the COVID-19 pandemic, reports detailing Q4 activity have not yet been submit to the CCGs, Sefton Advocacy are currently working collaboratively with Sefton Carers Centre. Work being undertaken at the moment is mainly via telephone and email, the service has directly contacted all service users and helped with the development of a volunteer shopping project with Sefton CVS. The following information was submitted for Q3.

Q3 the service received a total of 110 new referrals were received and of these 7% were signposted to more appropriate support, the majority of referrals were received via Sefton MBC (39%) and service user self- referrals including friends/family (35%).

During this period there were a total of 228 contacts comprising of office visits and other case contacts. Advocates also carried out 7 home visits and attended 3 medical appointments. In addition to this, advocates attended 6 court tribunals supporting service users. Reports so far this year detail case outputs resulting in financial outcomes worth a total of £849,125.

Sefton Carers Centre

The total number of Carers supported in this final quarter of the financial year has steadily increased by 1.1 % from the third quarter. There are currently 11,732 carers registered with the centre. There has been steady growth in the number of referrals received from GP practices during this period. This could be attributed to the appointment of 8 Social Prescribing Link Workers in December 2019 that are now working closely with the PCN's to support the health and wellbeing of patients across the borough of Sefton.

The Sitting Service continues to grow with a further 4 volunteers having been recruited during this quarter, providing a total of 266 respite hours break to Carers.

The centre has aided a number of carers with applications for various benefits and grants totalling £1,158,037 during the contract year.

Sefton Council for Voluntary Service

Due to the COVID-19 pandemic, activity reports have not yet been submitted by Sefton CVS for Q4. The service are co-ordinating in collaboration with the CCGs the discharge from hospital programme and co-ordinating a large number of volunteers offering befriending telephone calls, shopping services and prescription collection for the most vulnerable and isolated people within the Sefton community.

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

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse; including advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support; plus multi-agency training and VCF partnership working. During Q4 there were 910 new referrals compared to 523 during Q3 (74% increase) of these 910 referrals, 394 were children under the age of 14. During the period the refuge accommodated 2 women along with 3 children for a period of 4 weeks. Referrals came from various sources; with the top three being self/friend or family 30% police 18%, and CYPS Safeguarding Children 36%.

Stroke Association

The Association provides information, advice and support for up to 12 months post-stroke. It works in hospital and community settings, alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway.

Reports detailing Q4 activity and information have not yet been submit but the Stroke Association remains committed to patients and have given the following update whilst adjusting to COVID-19 pandemic plans.

- Home, hospital and care home visits have been entirely ceased until further notice.
- Voluntary and service led groups were on hold until 14th April but have now been ceased until further notice.
- We continue to offer telephone based post stroke reviews to areas where we are commissioned to do so – blood pressure testing will not be carried out.
- All of our offices have closed and all staff have moved to home working – our IT systems are working well and we do not anticipate disruption.

The Stroke Association are also working with NHS England and counterparts to ensure all newly diagnosed stroke survivors get support during this unprecedented time.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. During Q4 there were 63 new referrals for counselling services, 13 for the support group and a further 2 for the outreach service and 48 for counselling.

The majority of women accessing the service self-referred but the number of GP recommendations and direct referrals have increased significantly; this category is now the second largest referral group to the centre closely followed by Mersey Care NHS Trust.

Of the 655 counselling sessions available during this period 467 were booked and used, 170 were cancelled by the client and 18 were recorded as DNA. The Centre also provides an Outreach Service (only available by professional referral) for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support, there were 2 referrals made to the Outreach Service (with 73 outreach sessions delivered in total). The Emotional Well-being Support Group offers support to women via a qualified counsellor with experience of group therapy. There was 1 new referrals received during the period with 37 attendances in total.

Macmillan Cancer Support Centre – Southport

During 2018, Macmillan Cancer support were awarded funding by Southport & Formby CCGs to deliver a service offering support and advice to people in Southport affected by cancer. A further award has been agreed to fund the center up until 31st December 2021. An NHS Standard Contract is to be implemented shortly.

Macmillan cancer support offers advice, information & support to people affected by cancer, their carers, families and friends; signposting to local services and support groups. During 2018 the centre

received 1356 contacts. Support is mainly given to service users suffering Breast, Prostate, Colorectal, lung and head and neck cancers.

During Q4 the centre received 79 new referrals; most were Right by You & GP referrals (21) Aintree UHT (13), Southport & Ormskirk Hospital NHS Trust (9). There were 464 recorded contacts at the centre during the period.

The main reasons for advice and support during the period were Emotional Support, Benefits/welfare advice, Financial Support, Information, Carers Issues, Social Isolation, Work related issues, grants, travel and onward signposting/referrals.

The following update in regard to the centre's response to COVID-19 was forwarded:

COVID-19

The current situation and the impact of the pandemic is going to have a significant impact on the Centre and the RBY service. The centre has closed and all staff are currently working from home providing support by telephone. Currently Centre staff are focusing on supporting existing service users, we are identifying service users that we know are particularly vulnerable and making regular calls to them and when appropriate registering them for support.

The Navigators are continuing to process RBY referrals, support Cancer Champions and carry out HNAs where appropriate. The Centre Manager has a weekly phone call with key staff at Aintree and The Royal to get information about the impact on cancer patients and to be updated with any changes for example CNSs being redeployed to other areas. We are already aware that lots of patients are having diagnostics, surgery and treatment postponed or cancelled. It is recognised that some of these patients may need immediate psychological/counselling support. We are working with a number of partners to try and develop a virtual wellbeing service to support these patients.

We are working in a similar way with Southport Hospital. Aintree and The Royal are going to look at referring any patients that haven't already had an HNA into the RBY service which may mean that our workload is increased significantly.

The service recognise that the numbers of patients where immediate concerns need to be addressed will increase significantly, the service will be ensuring that patients that need to shield have the practical support they need in order to do this rather than offering an HNA. In addition the Navigators are already finding that often it isn't appropriate to offer an HNA when people are so worried about the current situation.

The service expects impact within the primary care pathway. This is very unfortunate given that we are so early on in the process of establishing the pathway and have been so successful at getting practices to engage with the RBY service. We are continuing to try and work with practices, although some have already said that they won't be able to continue to send packs out to patients with a new cancer diagnosis.

We will have a better idea of the impact on the RBY service after the next quarter but given that we are already one third of the way through the 12 month service we are very concerned about what we will be able to deliver especially with regards to future sustainability. In terms of sustainability we had hoped to achieve this through the development of Practice Cancer Champions and working with other new roles for example Social Prescribing Link Workers and other wellbeing services. We had started developing these working relationships but won't have the opportunity to take this any further at the current times. Again we are concerned that due to the short term funding of our service we will now struggle to develop any sustainability going forward depending on how long COVID-19 disrupts services.

8. Primary Care

8.1 CQC Inspections

A number of practices in South Sefton CCG have been visited by the Care Quality Commission (CQC) and details of any inspection results are published on their website. There have been two inspections recently, Ford Medical Practice; who have gone from 'requiring improvement' for overall, safe and well-led to 'good' across the board. The second practice inspected was Netherton Practice; they have also gone from 'requiring improvement' for overall, safe and to 'good' across the board. All results are listed below:

Please note: CQC inspections have been halted due to COVID-19 pandemic.

Figure 18 - 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	05 March 2020	Good	Good	Good	Good	Good	Good
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	24 January 2020	Good	Good	Good	Good	Good	Good
Y00446	Maghull Surgery	16 July 2019	Good	Requires Improvement	Good	Good	Good	Good

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

9. CCG Oversight Framework (OF)

Due to the impact and prioritisation of the COVID-19 response, data collection and reporting on Future NHS has now been paused. As a result, there will be no further updates to the NHS Oversight Framework Dashboard until further notice.

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).

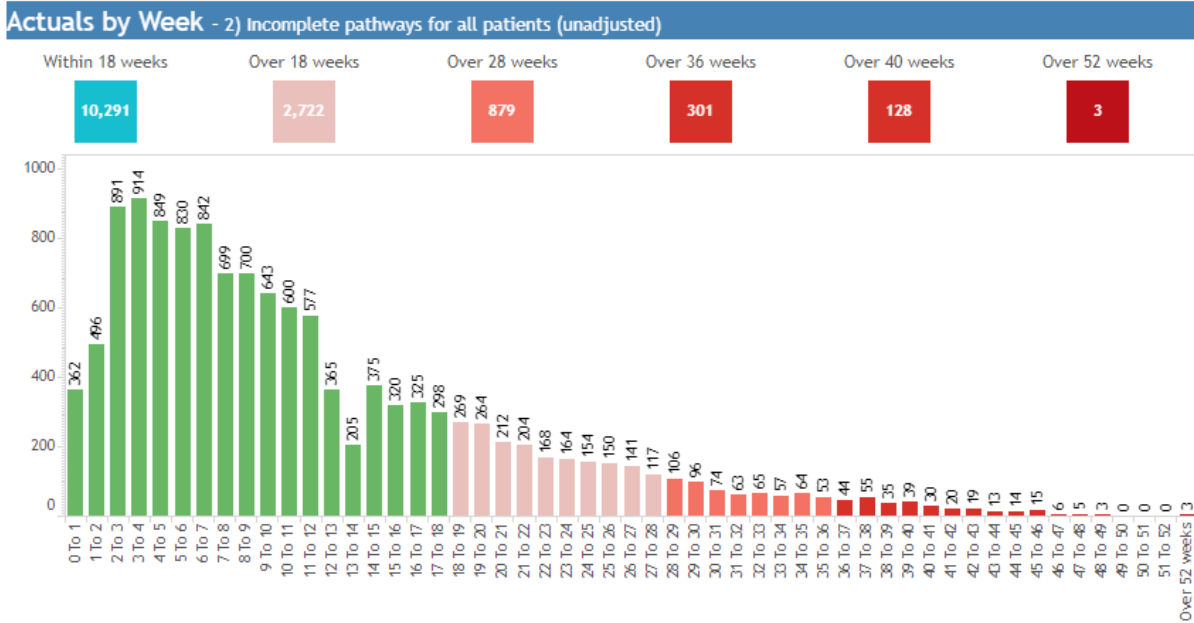
The table below summarises the total number of indicators ranked in each quartile for Q1 and Q2 2019/20. Information on the performance is detailed in the quarterly oversight framework governing body report. Further detail can be found in this report. The next one is due for the June 2020 governing body.

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

10. Appendices

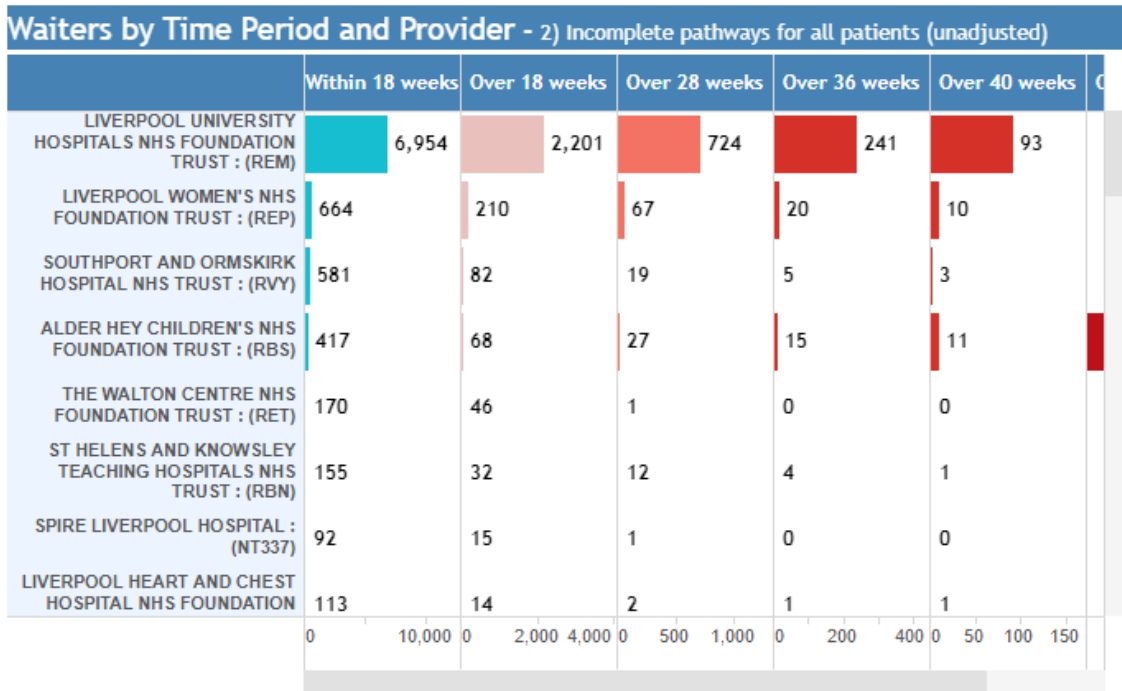
10.1.1 Incomplete Pathway Waiting Times

Figure 19 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



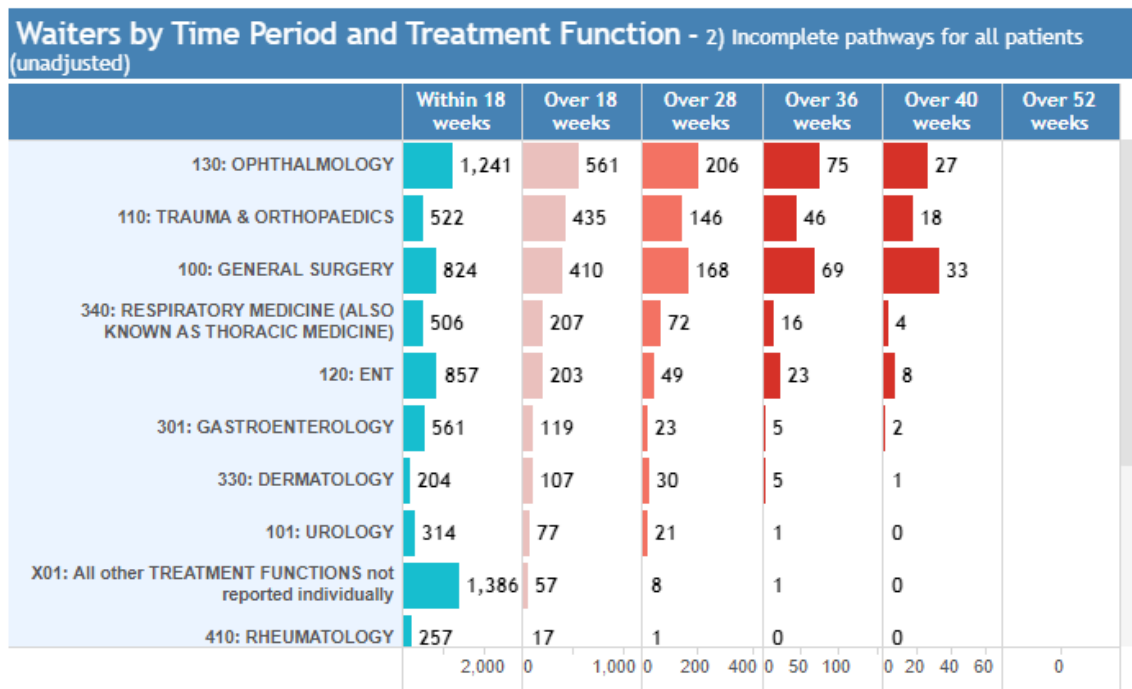
10.1.2 Long Waiters analysis: Top Providers

Figure 20 - Patients waiting (in bands) on incomplete pathway for the top Providers



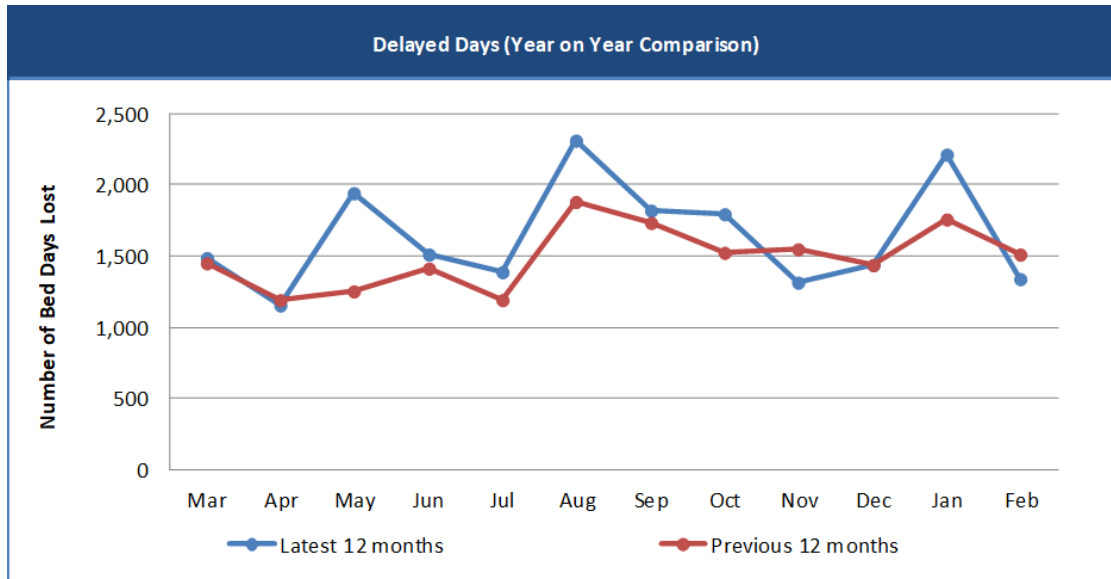
10.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 21 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust



10.2 Delayed Transfers of Care

Figure 22 - Liverpool University Hospital Foundation Trust DTOC Monitoring



DTOC Key Stats			
	This month	Last month	Last year
Delayed Days	Feb-20	Jan-20	Feb-19
Total	1,340	2,214	1,514
NHS	62.2%	68.5%	84.7%
Social Care	37.8%	31.5%	15.3%
Both	0.0%	0.0%	0.0%
Acute	71.1%	84.6%	70.9%
Non-Acute	28.9%	15.4%	29.1%

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

LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Care Package in Home	19.8%
Community Equipment Adapt	1.0%
Completion Assessment	19.3%
Disputes	0.0%
Further Non-Acute NHS	7.5%
Housing	3.4%
Nursing Home	4.6%
Patient Family Choice	26.5%
Public Funding	1.3%
Residential Home	16.8%
Other	0.0%

10.3 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:

Q4 BCF is due to be submitted on the 5th June and will be added to a future report.

Figure 23 - 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 24 - 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.

10.4 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.

Please note due to the COVID-19 pandemic there is no update for month 12 as this return has been stood down for the foreseeable future.

MEETING OF THE GOVERNING BODY June 2020

Agenda Item: 20/75.2	Author of the Paper:
Report date: June 2020	<p>Martin McDowell Chief Finance Officer Email: martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 317 8350</p> <p>Rebecca McCullough Head of Strategic Financial Planning Email: rebecca.mccullough@southseftonccg.nhs.uk Tel: 0151 317 8396</p>
Title: Financial Position of NHS South Sefton Clinical Commissioning Group – Month 12 2019/20	
Summary/Key Issues:	
<p>This paper presents the Governing Body with an overview of the Month 12 financial position for NHS South Sefton Clinical Commissioning Group as at 31st March 2020.</p> <p>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 confirmed that the revised forecast outturn for the year was a deficit of £8.900m.</p> <p>The cumulative deficit brought forward from previous years is £1.892m, this will increase to £10.792m 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.</p> <p>The QIPP efficiency requirement to deliver the agreed financial plan of £1m surplus was £14.000m. The QIPP requirement increased significantly in 2019/20 due to increased cost pressures in provider contracts agreed to support system financial recovery.</p> <p>The CCG identified potential QIPP schemes of £19.796m although the majority were rated high risk with further work required with support from system partners needed to implement the schemes. Prescribing efficiency schemes continued to be delivered although there are other cost pressures which emerged in the prescribing budget. As a consequence of this, the total QIPP delivery in 2019/20 is £4.914m.</p> <p>The final outturn position for the CCG is a deficit of £8.900m. The deficit reflects the under delivery of QIPP savings and further cost pressures which emerged during the financial year.</p> <p>The System Financial Recovery Plan was developed during the financial year in conjunction with NHS</p>	

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 have been provided to the regulators during the year.

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.

The Covid-19 pandemic was declared on 12 March 2020 and the UK government made announcements about how the population should act as a result including the confirmation of funding to support NHS organisations throughout this pandemic. The CCG has made an assessment of significant factors relating to 2019-20 and no material items have been identified.

The CCG draft Annual Report and Accounts for the year ended 31st March 2020 were submitted to NHS England and Improvement on 27th April 2020 in accordance with the national timetable (revised as a result of the COVID pandemic). The figures within the Annual Report and Accounts and this report are therefore subject to audit. Grant Thornton, the CCG external auditors, are currently performing their review and the audited accounts are required to be submitted on 25th June 2020.

Recommendations;

Receive
Approve
Ratify

X

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 12 is £8.900m. The CCG will continue to pursue actions to mitigate this position in the long term through QIPP delivery.
- The cumulative deficit was £1.892m, this will increase to £10.792m following the 2019/20 outturn position.
- The CCG has not delivered the agreed 2019/20 financial plan but has achieved the revised forecast outturn. The focus must remain on continued progression of the QIPP programme 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 2020/21 (*x those that apply*)

X	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.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To ensure 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.
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	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.
X	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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			Finance & Resource Committee

Report to the Governing Body
June 2020

1. Executive Summary

This report focuses on the financial performance of South Sefton CCG as at 31 March 2020.

Table 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	Variance
	£000	£000	£000	£000	£000	£000
Acute Care	148,195	148,195	148,661	465	148,661	465
Mental Health	23,383	23,383	24,448	1,065	24,448	1,065
Continuing Care	12,276	12,276	14,526	2,250	14,526	2,250
Community Health	34,187	34,187	34,358	171	34,358	171
Primary Care	57,872	57,872	56,664	(1,208)	56,664	(1,208)
Corporate Costs & Services	3,545	3,545	3,344	(201)	3,344	(201)
Other CCG Budgets	9,794	9,794	9,747	(47)	9,747	(47)
Total Operating budgets	289,251	289,251	291,747	2,495	291,747	2,495
Reserves	(7,404)	(7,404)	0	7,404	0	7,404
In Year (Surplus)/Deficit	1,000	0	0	(1,000)	0	(1,000)
Grand Total (Surplus)/ Deficit	282,847	281,847	291,747	8,900	291,747	8,900

The Month 12 financial position is a deficit of £8.900m (See Appendix 1 for further detail).

Cost pressures have emerged during 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

The cumulative deficit brought forward from previous years is £1.892m, this will increase to £10.792m following the 2019/20 outturn. The cumulative deficit will be reviewed following changes to the financial arrangements for CCGs announced as part of the 2020/21 planning guidance.

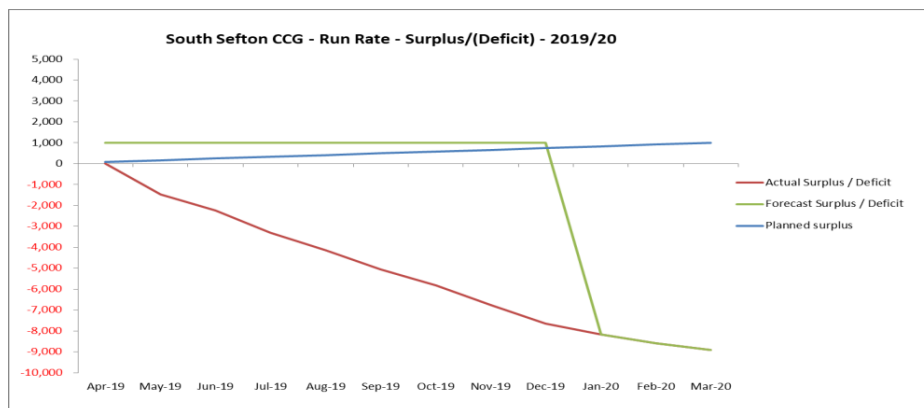
The Covid-19 pandemic was declared on 12 March 2020 and the UK government made announcements about how the population should act including the confirmation of funding to support NHS organisations throughout this pandemic. The CCG has made an assessment of significant factors relating to 2019-20 and no material items have been identified.

Throughout 2019/20, the CCG has worked with the regional team alongside system partners to identify options to reduce the system financial gap and restore long term financial sustainability. “Business as usual” processes have now been suspended to allow focus to be concentrated on the NHS response to the COVID-19 pandemic. This includes changes to the NHS financial and contracting regime, the introduction of central command and control measures and a pause on previous financial recovery processes with regulators in the short term. The CCG will continue to work as appropriate to focus on key QIPP areas to ensure that projects can be progressed in the post pandemic period.

Run Rate

The agreed financial plan was £1m surplus for the financial year and the monthly profile was £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.

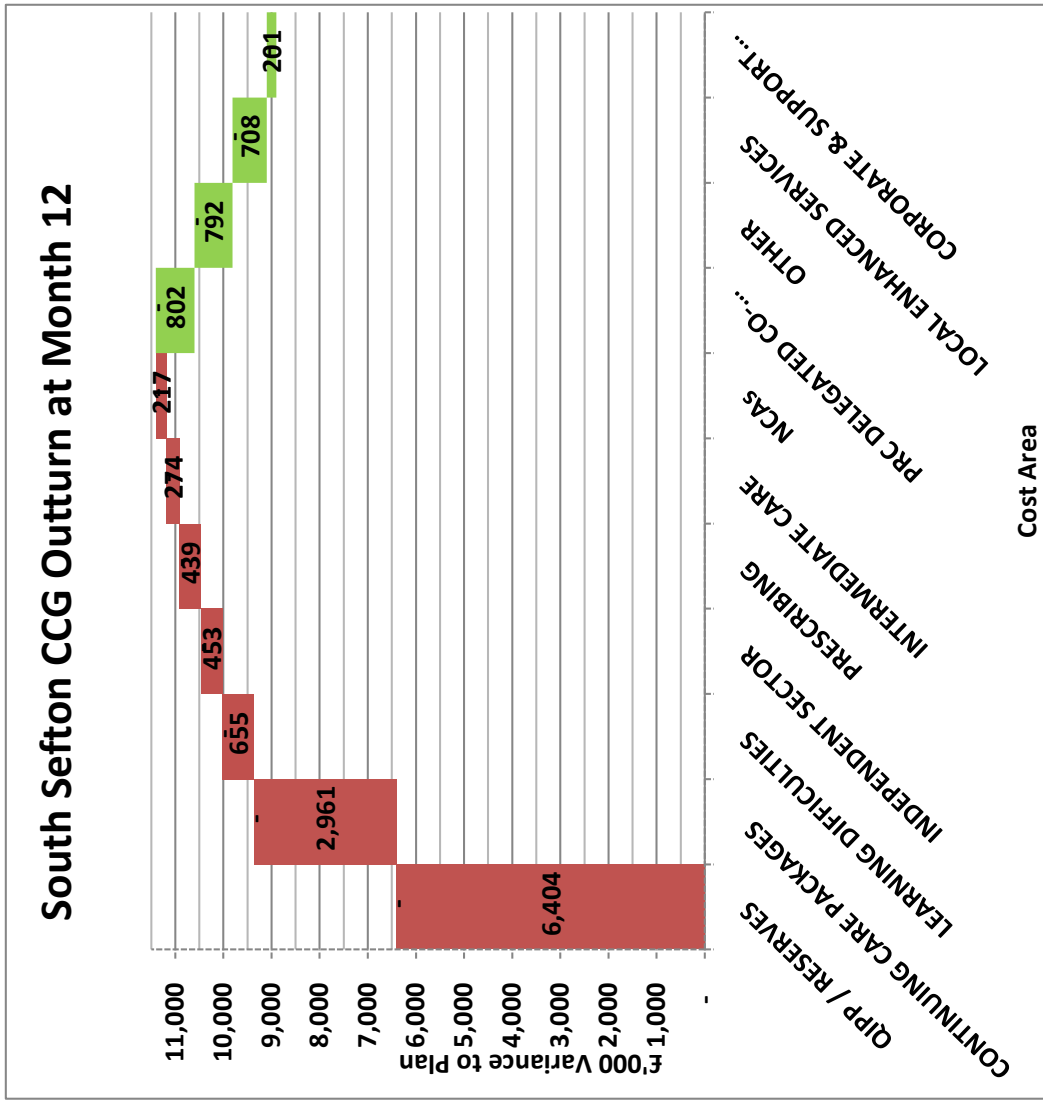


2. Finance Dashboards

1. Finance Key Performance Indicators				Report Section	Key Performance Indicator	This Month	Commentary
Report Section	Key Performance Indicator	This Month	Commentary				
1	Business Rules	1% Surplus	n/a	<ul style="list-style-type: none"> 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 year-end reported position is £8.900m deficit. BPPC targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained. 			
		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%	99.75%				
		NHS - Volume YTD > 95%	97.78%				
		Non NHS - Value YTD > 95%	97.07%				
		Non NHS - Volume YTD > 95%	97.01%				

2. CCG Financial Position – Month 12 2019-20

Report



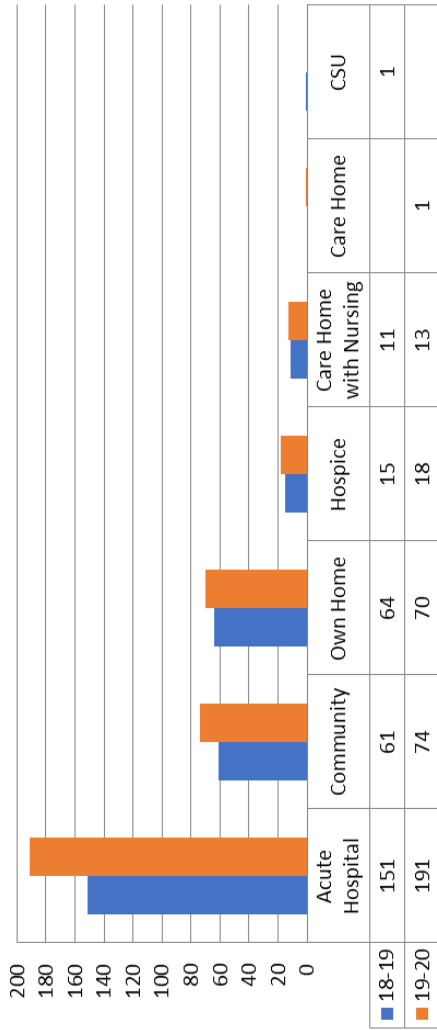
Commentary

- The CCG outturn position is a deficit of £8.900m.
 - The main financial pressures relate to:
 - QIPP Delivery below plan
 - 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.
 - 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.
 - Prescribing cost pressures relating to increased prices of Category M drugs.
 - 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 and underspend against Primary Care and Corporate budgets.
- Appendix 1** provides a full breakdown of the CCG position.
Appendix 2 outlines the financial performance by provider.

3. CHC Fast Track Referrals

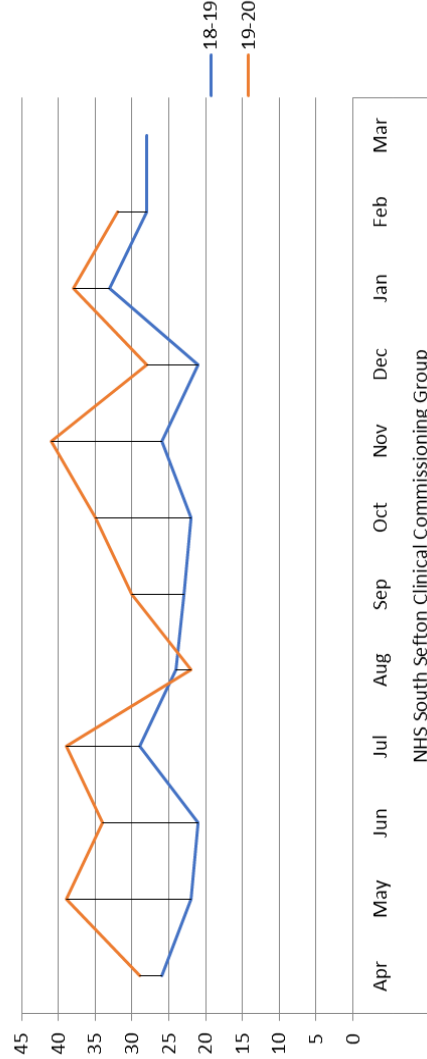
Report

Fast Track Referrals by Source Type (2018-19 vs. 2019-20)



NHS South Sefton CCG

Fast Track Referrals (2018-19 vs. 2019-20)



NHS South Sefton Clinical Commissioning Group

Commentary

- The Continuing Healthcare data shows an increase in the number of Fast Track referrals compared to the previous financial year.
- There was a significant increase in the first four months of the year and another during September to November.
- From April 19 to February 20, the total number of referrals was 367 compared to 303 for the same period in 2018.
- The main source of increased referrals were 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.
- Data is not available for March 20 as recording was suspended from 19th March due to COVID-19.

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			4,914		4,914
Primary care allocation	(1,500)	1,500			0.000
CHC Growth Reserve	0.250			(0.851)	0.250
Financial Plan investments	1,500			(0.020)	0.649
Community services investment	0.770			(0.036)	0.750
Other investments / Adjustments	(0,490)	0,880	(2,878)		(2,524)
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	0,154		(0,154)	0,000
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
STP Contingency Reserve (0.1%)		0,256			0,256
COVID-19 Funding		0,116			0,116
Total Reserves	(12,075)	6,037	2,036	(3,402)	(7,404)

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.
- In Month 12, the CCG received additional allocations for costs relating to COVID-19 and return of the STP contingency reserve which was held by NHS England during the year.

5. Provider Expenditure Analysis – Acting as One

Report

Acting as One Contract Performance: (Year to Date at Month 11)

Provider	Over / (Under) Plan £m
Aintree University Hospital NHS Foundation Trust	(0.564)
Alder Hey Children's Hospital NHS Foundation Trust	(0.231)
Liverpool Women's NHS Foundation Trust	(0.737)
Liverpool Heart & Chest NHS Foundation Trust	0.065
Royal Liverpool and Broadgreen NHS Trust	0.367
Mersey Care NHS Foundation Trust	0.000
The Walton Centre NHS Foundation Trust	(0.065)
Total	(1.165)

Commentary

- 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 £1.165m 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.

6. QIPP

Report

RAG Rated QIPP Plan 2019/20

	Rec	Non Rec	Total	Green	Amber	Red	Total
Prescribing Plan	1,825	0	1,825	1,924	0	(99)	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	0	0	6,365	6,365
Community Plan	1,042	0	1,042	137	0	905	1,042
CHC/FNC Plan	553	0	553	0	0	553	553
Value for Money Reviews / Other Plan	45	0	45	2,853	0	(2,808)	45
High Risk Proposals	3,800	0	3,800	0	0	3,800	3,800
Total QIPP Plan	19,796	0	19,796	4,914	0	14,882	19,796
QIPP Delivered 2019/20				4,914		0	4,914

Commentary

- The 2019/20 QIPP target is **£14.000m**.
- The QIPP Schemes worth £19.796m have been identified, however many of the schemes have been rated as 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 in order to maximise efficiency savings on an ongoing basis.
- The detailed QIPP plan is provided in **Appendix 3**.

7. Underlying position

Report

CCG Financial Position:

	Recurrent £000	Non-Recurrent £000	Total £000
Agreed Financial Position	1.000	0.000	1.000
QIPP Target	(11.500)	(2.500)	(14.000)
Revised surplus / (deficit)	(10.500)	(2.500)	(13.000)
I&E Impact & Reserves budget	0.029	0.157	0.186
Management action plan			
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)

Commentary

Financial Position

- The CCG year-end financial position is a deficit of £8.900m which reflects under delivery of QIPP savings against plan as well as further cost pressures which have emerged during the year.
- 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.

8. Statement of Financial Position

Report

Commentary

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	M12 £'000	M12 £'000
Non-Current Assets	105	96	86	76	116
Receivables	2,254	2,080	3,045	3,069	3,709
Cash	2,002	6,555	2,136	16	136
Payables & Provisions	(16,126)	(18,017)	(21,384)	(15,695)	(14,656)
Value of Debts > 180 days	102	109	107	71	55

- 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 £0.071m. This balance relates predominantly to three organisations;

- 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.

- NHS Liverpool CCG (0.010m) relating to ICRAS programme. This has subsequently been settled in full.

- 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.

- At month 12, the CCG was required to meet a cash target of 1.25% of its monthly cash drawdown (approximately £0.225m). At 31 March 2020, the CCG had a cash balance of £0.016m; therefore the cash target was achieved.

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 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 12 is £8.900m. The CCG will continue to pursue actions to mitigate this position in the long term through QIPP delivery.
- The cumulative deficit was £1.892m and this will increase to £10.792m following the 2019/20 outturn position.
- The CCG has not delivered the agreed 2019/20 financial plan but has achieved the revised forecast outturn. The focus must remain on continued progression of the QIPP programme 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.

Appendices

- Appendix 1 – Financial position - Month 12
- Appendix 2 – Detailed breakdown of provider costs
- Appendix 3 – 2019/20 QIPP plan

Appendix 1 – Financial Position Month 12

O1T NHS South Sefton Clinical Commissioning Group Month 12 Financial Position 2019/20							
Cost centre Number	Cost Centre Description	Annual Budget	Budget To Date	Actual To Date	Actual To Date	End of Year	
						Expenditure Outturn	FOT Variance
		£000	£000	£000	£000	£000	£000
Acute							
598571	Acute Commissioning	129,073	129,073	128,917	(156)	128,917	(156)
598576	Acute Childrens Services	5,666	5,666	5,738	71	5,738	71
598586	Ambulance Services	6,732	6,732	6,599	(132)	6,599	(132)
598591	Clinical Assessment And Treatment Centres	3,976	3,976	4,429	453	4,429	453
598596	Collaborative Commissioning	480	480	480	0	480	0
598606	High Cost Drugs	306	306	318	12	318	12
598616	Ncas/Oats	1,963	1,963	2,180	217	2,180	217
Sub-Total: Acute		148,195	148,195	148,661	465	148,661	465
Mental Health							
598501	Mental Health Contracts	335	335	335	0	335	0
598506	Child And Adolescent Mental Health	364	364	187	(177)	187	(177)
598511	Dementia	105	105	105	(0)	105	(0)
598521	Learning Difficulties	696	696	1,351	655	1,351	655
598531	Mental Health Services – Adults	96	96	117	21	117	21
598551	Mental Health Services - Older People	169	169	171	2	171	2
598556	Mental Health Services - SLA	19,811	19,811	19,687	(123)	19,687	(123)
598557	Mental Health Services - S117 Mental Health	1,807	1,807	2,495	688	2,495	688
Sub-Total: Mental Health		23,383	23,383	24,448	1,065	24,448	1,065
Continuing Care							
598682	Chc Adult Fully Funded	7,311	7,311	8,133	822	8,133	822
598683	Chc Ad Full Fund Pers Hlth Bud	782	782	1,209	427	1,209	427
598684	Chc Adult Joint Funded	1,378	1,378	1,360	(17)	1,360	(17)
598685	Chc Ad Jnt Fund Pers Hlth Bud	147	147	252	104	252	104
598686	Chc Admin and Support	350	350	512	162	512	162
598687	Chc Children	395	395	482	87	482	87
598691	Funded Nursing Care	1,913	1,913	2,578	665	2,578	665
Sub-Total: Continuing Care		12,276	12,276	14,526	2,250	14,526	2,250
Community Health							
598711	Community Services	32,137	32,137	31,982	(155)	31,982	(155)
598721	Hospices	1,582	1,582	1,634	52	1,634	52
598736	Palliative Care	82	82	82	0	82	0
598726	Intermediate Care	386	386	660	274	660	274
Sub-Total: Community Health		34,187	34,187	34,358	171	34,358	171
PRIMARY CARE							
598646	Commissioning Schemes	793	793	873	80	873	80
598651	Local Enhanced Services	1,963	1,963	1,256	(708)	1,256	(708)
598656	Medicines Management - Clinical	1,093	1,093	980	(113)	980	(113)
598661	Out Of Hours	1,309	1,309	1,313	4	1,313	4
598662	GP Forward View	1,068	1,068	1,069	1	1,069	1
598666	Oxygen	523	523	549	27	549	27
598671	Prescribing	27,000	27,000	27,439	439	27,439	439
598676	Primary Care It	1,702	1,702	1,565	(136)	1,565	(136)
598678	PRC Delegated Co-Commissioning	22,422	22,422	21,620	(802)	21,620	(802)
Sub-Total: Primary Care		57,872	57,872	56,664	(1,208)	56,664	(1,208)
Corporate Costs & Services							
600251	Administration & Business Support	226	226	247	21	247	21
600266	Business Informatics	367	367	322	(45)	322	(45)
600271	Ceo/ Board Office	515	515	540	25	540	25
600276	Chair And Non Execs	231	231	154	(76)	154	(76)
600296	Commissioning	703	703	688	(16)	688	(16)
600311	Contract Management	152	152	129	(23)	129	(23)
600316	Corporate Costs & Services	394	394	369	(25)	369	(25)
600346	Estates And Facilities	156	156	152	(4)	152	(4)
600351	Finance	702	702	645	(57)	645	(57)
600426	Quality Assurance	99	99	98	(2)	98	(2)
Sub-Total: Corporate Costs & Services		3,545	3,545	3,344	(201)	3,344	(201)
Other							
598756	Commissioning - Non Acute	6,184	6,184	6,251	67	6,251	67
598776	Non Recurrent Programmes	989	989	837	(152)	837	(152)
598791	Programme Projects	639	639	654	16	654	16
598796	Reablement	1,024	1,024	1,024	(0)	1,024	(0)
598801	Recharges NHS Property Services	171	171	164	(7)	164	(7)
598809	NHS 111	409	409	433	24	433	24
598810	Nursing And Quality Programme	380	380	385	5	385	5
Sub-Total: Other		9,794	9,794	9,747	(47)	9,747	(47)
Sub-Total Operating Budgets pre Reserves		289,251	289,251	291,747	2,495	291,747	2,495
RESERVES							
598761	Commissioning Reserve	(7,404)	(7,404)	0	7,404	0	7,404
598781	Non Recurrent Reserve	0	0	0	0	0	0
Sub-Total: Reserves		(7,404)	(7,404)	0	7,404	0	7,404
099999	In Year Planned Surplus/Deficit	1,000	0	0	(1,000)	0	(1,000)
Grand Total (Surplus)/Deficit		282,847	281,847	291,747	8,900	291,747	8,900

Appendix 2 – Detailed Breakdown of Provider Costs

01T NHS South Sefton Clinical Commissioning Group Month 12 Contract Summary 2019/20						
Cost Centre Description	Area	Cost centre Number	Annual Budget	Budget To Date	Actual To Date	Variance
			£000	£000	£000	Month 12 £000
ACUTE CHILDRENS SERVICES						
ALDER HEY CHILDRENS FT	SLA	598576	5,666	5,666	5,738	71
Sub-Total: Acute Childrens Services			5,666	5,666	5,738	71
ACUTE COMMISSIONING						
LIVERPOOL UNIVERSITY HOSPITALS NHS FT	SLA	598571	99,158	99,158	98,846	(313)
R LIV/BRG UNI HOSP NHST	SLA	598571	5,230	5,230	5,298	68
CLATTERBRIDGE NHS FT	SLA	598571	711	711	757	46
COUNTESS OF CHESTER FT	SLA	598571	61	61	67	6
LIVP HRT/CHST HOSP NHS FT	SLA	598571	803	803	804	1
LIVP WOMENS NHS FT	SLA	598571	10,355	10,355	10,364	9
MANC UNI NHS FT	SLA	598571	205	205	127	(77)
SOUTHPORT/ORMSKIRK NHST	SLA	598571	7,100	7,100	7,103	3
ST HEL/KNOWS TEACH NHST	SLA	598571	2,592	2,592	2,502	(90)
UNIVERSITY HOSPITALS OF NORTH MIDLAND	SLA	598571	1	1	1	0
VIRGIN CARE PROVIDER SERVICES LTD	SLA	598571	327	327	316	(11)
WALTON CENTRE NHS FT	SLA	598571	1,180	1,180	1,311	131
WIRRAL UNIV TEACH HOSP NHS FT	SLA	598571	286	286	294	9
WRIGHT/WGN/LEIGH NHS FT	SLA	598571	694	694	563	(130)
SPECSAVERS HEARCARE LTD	AQP	598571	307	307	259	(48)
INJURY CARE CLINICS LTD	AQP	598571	5	5	0	(5)
SCRIVENS	AQP	598571	9	9	10	1
NORTH WEST BOROUGH HEALTH NHS FT	OTHER	598571	-	0	15	15
CALDERDALE/HUDD NHS FT	OTHER	598571	0	0	0	0
PHOENIX			148	148	228	80
PHOENIX	AQP	598571	12	12	12	0
NHS HALTON CCG	OTHER	598571	3	3	(12)	(15)
NHS KNOWSLEY CCG	OTHER	598571	49	(49)	35	84
NHS LIVERPOOL CCG	OTHER	598571	13	13	(113)	(126)
NHS SPORT AND FRMBY CCG	OTHER	598571	34	(34)	368	402
NHS ST HELENS CCG	OTHER	598571	46	(46)	(240)	(194)
Sub-Total: Acute Commissioning			129,073	129,073	128,916	(157)
COMMUNITY SERVICES						
LIVERPOOL UNIVERSITY HOSPITALS NHS FT	ANTI-COAG	598711	4,398	4,398	4,383	(15)
ALDER HEY CHILDRENS FT	COMMUNITY	598711	3,214	3,214	3,273	59
MERSEY CARE NHS FT	COMMUNITY	598711	21,647	21,647	21,664	17
LANCASHIRE CARE NHSFT	COMMUNITY	598711	1,378	1,378	863	(515)
SOUTHPORT/ORMSKIRK NHST	COMMUNITY	598711	(0)	(0)	0	0
SEFTON METROPOLITAN BC	COMMUNITY	598711	1,500	1,500	1,451	(49)
CEDAS	COMMUNITY	598711	0	0	348	(348)
Sub-Total: Community Services			32,137	32,137	31,982	(155)
MENTAL HEALTH SERVICES						
MERSEY CARE NHS FT	Mental Health	598556	14,423	14,423	14,554	131
ALDER HEY CHILDRENS FT	Mental Health	598556	2,532	2,532	2,532	0
SLS DISH / PERINATAL	Mental Health	598556	1,099	1,099	840	(259)
NHS WARRINGTON CCG	Mental Health	598556	158	158	158	0
CHESH/WIRRAL PART NHSFT	Mental Health	598556	1,599	1,599	1,603	4
Sub-Total: Mental Health Services - Other			19,811	19,811	19,687	(123)
NHS 111						
NW AMBUL SVC NHST	NHS 111	598809	375	375	399	24
NHS LIVERPOOL CCG	NHS 111	598809	20	20	20	0
NHS BLACKPOOL CCG	NHS 111	598809	14	14	14	0
Sub-Total: NHS 111			409	409	433	24
AMBULANCE SERVICES						
NW AMBUL SVC NHST	SLA	598586	6,732	6,732	6,599	(132)
Sub-Total: Ambulance Services			6,732	6,732	6,599	(132)
Grand Total			193,828	193,828	193,355	(472)

01T NHS South Sefton Clinical Commissioning Group Month 12 ISTC Summary 2019/20					
Cost Centre Description	Area	Annual Budget	Budget To Date	Actual To Date	Variance
		£000	£000	£000	Month 12 £000
Clinical Assessment And Treatment Centres					
RAMSAY HEALTHCARE UK	SLA	2,155	2,155	2,570	415
SPIRE HEALTHCARE LTD	SLA	1,032	1,032	968	(64)
FAIRFIELD INDEPENDENT HOSPITAL	SLA	74	74	85	11
ISIGHT LTD	SLA	208	208	245	37
BRITISH PREGNANCY ADVICE SERVICE	SLA	65	65	132	66
Sub-Total: ISTC Contracts		3,535	3,535	4,000	465
EUXTON HALL HOSPITAL	Non-Contract	20	20	23	3
SPIRE CHOICE	Non-Contract	27	27	28	1
SPAMEDICA LTD	Non-Contract	352	352	334	(18)
NUFFIELD HEALTH	Non-Contract	0	0	0	0
OAKLANDS HOSPITAL	Non-Contract	2	2	3	1
ONE TO ONE NORTH WEST LTD	Non-Contract	40	40	40	0
Sub-Total: ISTC Non-Contracted		441	441	429	(12)
Grand Total: Clinical Assessment And Treatment Centres		3,976	3,976	4,429	453

Appendix 3 – 2019/20 QIPP Plan

SOUTH SEFTON CCG								
	Recurrent	Non-Rec	Total	Risk Adjusted	Green	Amber	Red	RAG rating
TARGET	(12,500)	(1,500)	(14,000)					
SCHEME 1: PRESCRIBING								
Individual Patient Reviews	256		256	355	355	0	(99)	G
Risk Pool	830		830	830	830	0	0	G
Restricted Items	80		80	80	80	0	0	G
RightCare - Gastro	56		56	56	56	0	0	G
RightCare - Respiratory	117		117	117	117	0	0	G
Rebates	186		186	186	186	0	0	G
Optimise	90		90	90	90	0	0	G
Gluten Free	16		16	16	16	0	0	G
Vit B	39		39	39	39	0	0	G
Dermatology	8		8	8	8	0	0	G
Stoma	33		33	33	33	0	0	G
Outpatient - VAT	64		64	64	64	0	0	G
Validate cost savings - Blutech	50		50	50	50	0	0	G
Sub-Total - Scheme 1 PRESCRIBING	1,825	0	1,825	1,924	1,924	0	(99)	
SCHEME 2: URGENT CARE								
Gastroenterology	1,066		1,066	0	0	0	1,066	R
Neurology/pain	1,098		1,098	0	0	0	1,098	R
Respiratory	1,277		1,277	0	0	0	1,277	R
Problems of circulation - Non Elective	598		598	0	0	0	598	R
MSK - Non Elective	479		479	0	0	0	479	R
Trauma - Non Elective	1,394		1,394	0	0	0	1,394	R
Cancer - Non Elective	253		253	0	0	0	253	R
Sub-Total - Scheme 2: URGENT CARE	6,167	0	6,167	0	0	0	6,167	
SCHEME 3: ELECTIVE PLANNED CARE								
Outpatient reduction - first appointments	806		806	0	0	0	806	R
Outpatient follow-up reduction	1,425		1,425	0	0	0	1,425	R
MCAS	80		80	0	0	0	80	R
Gastroenterology	600		600	0	0	0	600	R
IVF	273		273	0	0	0	273	R
Circulatory problems	1,259		1,259	0	0	0	1,259	R
Cancer	240		240	0	0	0	240	R
Genito-urinary	146		146	0	0	0	146	R
Respiratory	120		120	0	0	0	120	R
Podiatry	50		50	0	0	0	50	R
Vision	745		745	0	0	0	745	R
Prior Approval Scheme	620		620	0	0	0	620	R
Sub-Total - Scheme 3: ELECTIVE PLANNED CARE	6,365	0	6,365	0	0	0	6,365	

SCHEME 4: COMMUNITY SERVICES								
Telehealth - contract cessation	114		114	137	137	0	(23)	G
Community HF IV (EL)	152		152	0	0	0	152	R
Spirometry (NEL)	160		160	0	0	0	160	R
Community ophthalmology service	165		165	0	0	0	165	R
Community cardiology service	80		80	0	0	0	80	R
Community gastroenterology service	111		111	0	0	0	111	R
Community pain, dermatology, ENT services	0		0	0	0	0	0	R
Community Gynaecology services	260		260	0	0	0	260	R
Sub Total SCHEME 4: COMMUNITY SERVICES	1,042	0	1,042	137	137	0	905	
SCHEME 5: CONTINUING HEALTH CARE								
CHC / FNC	553		553	0	0	0	553	R
SCHEME 5: CONTINUING HEALTH CARE	553	0	553	0	0	0	553	
SCHEME 6: VALUE FOR MONEY / OTHER								
Other	45		45	2,853	2,853	0	(2,808)	G
SCHEME 6: VALUE FOR MONEY REVIEWS	45	0	45	2,853	2,853	0	(2,808)	
SCHEME 7: HIGH RISK PROPOSALS								
Local Quality Contract	1,500		1,500	0	0	0	1,500	R
Walk in Centre	1,500		1,500	0	0	0	1,500	R
Third Sector	800		800	0	0	0	800	R
SCHEME 7: HIGH RISK PROPOSALS	3,800	0	3,800	0	0	0	3,800	
Non-Recurrent Schemes			0				0	
Total All Schemes	19,796	0	19,796	4,914	4,914	0	14,882	

MEETING OF THE GOVERNING BODY June 2020

Agenda Item: 20/78	Author of the Paper: Andy Woods Senior Governance Manager Merseyside CCGs Equality & Inclusion Service andrew.woods3@nhs.net 07825111596
Report date: June 2020	
Title: COVID-19 Equality & inclusion.	
Summary/Key Issues: <ul style="list-style-type: none"> Equality impacts of COVID-19; disproportionate impact on particular groups. Evidencing lawful decision making 	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive and pay 'due regard' to this report.	

Links to Corporate Objectives 2020/21 (*x those that apply*)

x	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.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure 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.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	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.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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			The Equality Brief Version Five provides the CCG's response to Public Sector Equality Duty, section 149 Equality Act 2010. The enclosed differential table in Version Five of the Equality Brief provides NHS Commissioners and Service Providers with equality considerations to incorporate in their response to and recovery of COVID-19. Mitigations have been provided along with further recommended actions for NHS organisations.
Legal Advice Sought		x		
Quality Impact Assessment				
Resource Implications Considered		x		
Locality Engagement		x		
Presented to other Committees		x		

Report to the Governing Body June 2020

1. Executive Summary Equality and Inclusion and COVID -19

From an equality perspective there are a number of issues that all NHS organisations will need to consider as part of their response to COVID-19. The Merseyside CCGs Equality and Inclusion Service has developed a COVID-19 Equality Brief (Currently version five, Appendix A,). The Governing Body is asked to pay 'due regard' to the Equality Brief in the exercise of its public sector equality duty which is still active despite emergency legislation.

2. Introduction and Background

The brief includes equality considerations for people with protected characteristics and also information sources for NHS Providers and Commissioners to access and distribute accordingly. The Merseyside CCG Equality and Inclusion Service has kept the equality briefing as a 'live document' to continually update and share across the system and enable the CCG to understand and react to equality issues and support recovery.

The brief has been distributed to South Sefton CCG's COVID-19 Incident Management team and to all Incident Management Teams and Equality Leads of Acute, Community, Mental Health and Independent Sector organisations (where South Sefton CCG is Co-ordinating Commissioner or Co-Commissioner) with the request that the brief is shared widely across their organisation, including but not limited to Executive Teams, Specialists Teams. Provider workforce including but not limited to human resources (workforce), patient experience, and patient engagement.

3. Key Issues

Prompt decision making and ensuring that equality impacts are considered by decision makers demonstrates ('due regard') to the Public Sector Equality Duty (PSED). The CCG needs to be cognisant of their duties when taking prompt decisions that impact on their population. The Merseyside CCG Equality and Inclusion Service are working closely with the CCG's Interim Programme Lead for Corporate Services to develop a process to enable the CCG to consider the local impacts and mitigations proportionally during these unprecedented times. The Equality Brief v5 (Appendix A) have been developed to support NHS Commissioners and Providers to consider impacts and discharge their duties under the Equality Act 2010.

Emerging UK and international data suggests that people from across all protected characteristics are impacted by the pandemic including disabled people, Black, Asian and Minority Ethnic (BAME) people, and people living in poverty. It is vital that the CCG considers how to improve access to services and information and improve outcomes across its population during these unprecedented times. The equality team are supporting a number of initiatives across workforce and patients as outline in the equality Brief.

4. Conclusions

The CCG needs to be cognisant of their duties when taking prompt decisions that impact on their population and to ensure equality considerations form part of recovery plans.

5. Recommendations

The Governing Body is asked to pay 'due regard' to the Equality Brief V5 in the exercise of its public sector equality duty which is still active despite emergency legislation.

6. Appendices

Appendix A- Equality Brief v5

Andy Woods

Senior Governance Manager

Merseyside CCGs Equality & Inclusion Service

<h1>Merseyside CCG Equality and Inclusion Service</h1> <h2>COVID-19 Equality Briefing</h2>	
<p>Briefing Date : Version (3): 30th March 2020 Version (4): 20th April 2020 This version (5): 14th May 2020</p>	<p>Author of the Paper: Andy Woods Senior Governance Manager Merseyside CCGs Equality and Inclusion Service Email: Andrew.Woods3@nhs.net</p> <p>Jo Roberts Merseyside CCGs Equality and Inclusion Service Manager Email: Jo.Roberts10@nhs.net</p>
<p>Title: COVID-19 Equality Briefing</p>	

Background	
<p>Background</p>	<p>COVID-19 outbreak means that the NHS is currently operating under unprecedented emergency measures.</p> <p>From an equality perspective there are a number of issues that all NHS organisations will need to consider as part of their response in addition to the core standards for Emergency Preparedness, Resilience and Response (EPPR).</p> <p>The restrictions extended by the emergency coronavirus legislation are designed to protect those in vulnerable situations and safeguard futures. They have significant implications for all, but as they come into effect it will be important to consider carefully the specific impacts they may have on groups who are already disadvantaged in other ways. Organisations must ensure these groups are not left further behind.</p> <p>https://www.equalityhumanrights.com/en/our-work/news/human-rights-and-equality-considerations-responding-coronavirus-pandemic</p> <p>The Equality Act 2010 is a statutory act. Public Sector Equality Duty (known as the ‘equality duty’ or ‘PSED’) remains active. This means all service changes, even in emergency circumstances such as responding to COVID-19, must still be given ‘due regard’ to the objectives of:</p> <ul style="list-style-type: none"> • Eliminating discrimination, harassment and victimisation • Advancing equality of opportunity • Fostering good relations between different protected characteristics. <p>There continues to be a legal requirement for NHS organisations to publicly make available equality analysis reports on how ‘due regard to PSED’ was made when changing services.</p> <p>NHS Commissioners and Service Providers are still required to comply with legislation that covers: Equality, Human Rights, Duty of Care, Health and Safety and Employment.</p>
<p>Barriers for People with Protected Characteristics and mitigations</p>	<p>The enclosed differential table provides NHS Commissioners and Service Providers with equality considerations to incorporate in their response and recovery of COVID-19. Mitigations have been provided along with further recommended actions for NHS organisations. Further</p>

<p>Key Issues</p>	<p>equality related publications are available in Appendix 1.</p> <ul style="list-style-type: none"> • Prompt decision making without fully considering equality impacts. • Disproportionate impact of COVID-19 on particular groups. • Accessible Communications to meet information and communication needs for people with a disability or sensory loss on latest COVID-19 guidance and changes to services. • The need for local targeted campaigns and information giving; for those at risk (broader than the national highest risk groups) on key information across protected characteristic and other vulnerable groups.
<p>Recommendations</p>	<ol style="list-style-type: none"> 1. Review this Equality specific brief alongside local and national guidance. 2. Distribute COVID-19 Equality Brief to all relevant teams across organisation. For Provider colleagues including but not limited to: Executive Team, Nurse Specialists' e.g. learning disability, sickle cell. All relevant services e.g. ophthalmology, oncology, CAMHS/ IAPT etc. Provider workforce including but not limited to human resources (workforce), patient experience, patient engagement etc. 3. Providers and CCGs to ensure that when they are reviewing services they develop existing internal documentation to evidence Public Sector Equality Duty 'Due Regard'. PSED is still active. 4. CCGs and Providers to ensure Governing Bodies and Organisation Boards respectively are sighted on Equality Duty and associated risks by sharing the latest version of the Equality Brief and PSED brief v3 (Appendix 2). 5. CCGs and Providers to continue to seek assurance of service provision from interpreter agencies (language and BSL). 6. Ensure communications are inclusive 7. Develop targeted campaigns to vulnerable people e.g. people with sickle cell anaemia 8. Ensure patient data of COVID-19 cases and deaths are recorded by protected characteristic e.g. ethnicity and disability in addition to the standard gender, sex characteristics. 9. Ensure workforce risk assessments updated in line with National recommendations around BAME staff.

Protected Characteristic	Issue	Remedy/ Mitigation	Recommended Actions
<p>Age</p>	<p>Over 65 (and also Disability) Guidelines developed in other countries responding to COVID-19 state that priority should be given to those who have, first, “greater likelihood of survival and, second, who have more potential years of life meaning that pressures on beds and access to respiratory equipment could result in younger, otherwise healthy patients being prioritised treatment over older patients or those with pre-existing conditions.</p> <p>Human Rights Article 2 would relate to rationing of services and the ethical decision making in who receives recourses in life/death situations.</p>	<p>The challenge for local health commissioners and services if cases continue to rise on current projections is to develop a consistent approach, based on an understanding and communication of risk on a case-by-case basis and to avoid a blunt ageist approach.</p> <p>Refer to Publications approval reference: 001559 Maintaining standards and quality of care in pressurised circumstances https://www.england.nhs.uk/coronavirus/publication/maintaining-standards-pressurised-circumstances/</p> <p>and BMA ethical issues guidance note: https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues</p>	<p>Ensure processes are in place to communicate guidance with clinical staff and ensure methods auditable.</p>
<p>Vulnerable People – All Ages Vulnerable people (broader than Government list) being made aware of specific services available to them via targeted campaigns.</p>	<p>Ensure Communications/ Engagement Teams access national and local information sources. https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19</p>	<p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Local Authority, Police, Fire Service, Healthwatch etc. to ensure communications are shared with communities.</p>	<p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Local Authority, Police, Fire Service, Healthwatch etc. to ensure communications are shared with communities.</p>

	<p>People living in Care Homes/ Other Housing COVID-19 poses a higher risk to populations that live in close proximity to each other.</p>	<p>https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people Commissioners to ensure that national and local information is shared with Care Home colleagues.</p>	<p>Commissioners and Providers to ensure that collaborative work is ongoing with Local Authority, Care Quality Commission (CQC) and Care Home colleagues to monitor and review capacity and share information with relevant parties.</p>
<p>Disability</p>	<p>Sensory; D/deaf people D/deaf, Deaf blind</p> <p>D/deaf people may require additional support to understand national / local guidance on COVID-19 and changes to service.</p>	<p>Ensure there is access to British Sign Language for D/deaf people</p> <p>Commissioners of BSL interpreter services (CCG and Provider organisations) to collate information on interpreter agency provision, capacity and Business Continuity Plans escalating any potential gaps as appropriate through organisation's internal escalation process.</p> <p>Consider use of Relay UK (previously Next Generation Text) to support communication with patients. https://www.relayuk.bt.com/</p> <p>Sign Health continues to publish BSL videos on their website to update D/deaf people on the latest COVID-19 guidelines. https://www.signhealth.org.uk/coronavirus/</p>	<p>Commissioners of interpreter services to review contract requirements to ensure any revisions include Quality Standards for Translation and Interpretation services.</p> <p>Commissioners of interpreter services to monitor usage and use intelligence / activity data to share with CCG Equality and Inclusion Service.</p> <p>Explore access to video-conferencing facilities available free during COVID-19 to support non Face to Face healthcare appointments via Sign Health. https://www.bslhealthaccess.co.uk/</p> <p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Deaf Charities, etc. to ensure communications are shared with communities.</p>

	<p>Sensory; Visual Impairments People with visual impairments may require additional support to understand national / local guidance on COVID-19 and changes to service.</p>	<p>Ensure Communications/ Engagement Teams access national and local information sources: RNIB: https://www.rnib.org.uk/campaigning/priority-campaigns/accessible-health-information/coronavirus-and-accessible-online-information RNIB https://www.rnib.org.uk/news/campaigning/accessible-covid-19-information Public Health England: (Audio, Large Print) https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-resources Guidance is now available in easy read and in a range of community languages see https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</p>	<p>CCGs and Providers to ensure they respond to any recommendations from Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work with Healthwatch colleagues to identify/ support any gaps in feedback from specific communities.</p> <p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, Sight Charities, etc. to ensure communications are shared with communities.</p> <p>CCGs and Providers to ensure they respond to any recommendations from Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work with Healthwatch colleagues to identify/ support any gaps in feedback from specific communities.</p>
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	<p>Neurodiversity, Learning Disabilities, low levels of literacy People with neurodiversity or learning disabilities may require additional support to understand national / local guidance on COVID-19 and changes to service.</p> <p>Disability: Children</p> <p>Cancer People undergoing cancer treatment may need support to understand any changes to treatment plans.</p> <p>Mental Health: All Redeployment of other care professionals to respond to coronavirus will help save lives. But it also risks leaving already vulnerable older people and those living with mental health conditions exposed.</p>	<p>All NHS organisations to review accessibility tools on websites</p> <p>Ensure Communications/ Engagement Teams access national and local information sources: https://www.mencap.org.uk/advice-and-support/health/coronavirus-covid-19</p> <p>Ensure parents/ carers/ guardians are involved in any changes to care plans.</p> <p>https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus</p> <p>Organisations to link with Equality Leads, Organisation Development (OD) colleagues for access to local and national support agencies for both staff and patients. https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-</p>	<p>Ensure monitoring arrangements in place for Care Plans and personalised care.</p> <p>CCGs and Providers to ensure compliance with Accessible Information Standard; e.g. information available in easy read.</p> <p>CCGs to ensure resources are shared with General Practice colleagues to share with families who may need additional support.</p> <p>Ensure monitoring arrangements in place for Care Plans and personalised care.</p> <p>CCGs and Providers to ensure compliance with Accessible Information Standard; e.g. information available in easy read.</p> <p>CCGs to ensure resources are shared with General Practice colleagues to share with families who may need additional support.</p> <p>Continue to keep patients informed of any changes to service delivery.</p> <p>Commissioners and Providers to ensure recovery plans include priorities as highlighted in Simon Stevens letter dated 29th April 2020. Letter included in Appendix 1.</p>
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	<p>The impact of COVID-19 is likely to increase demand for mental health services e.g. PTSD frontline staff, bereavement, BAME, domestic violence, isolation etc.</p>	<p>https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/ https://www.mentalhealth.org.uk/coronavirus</p>	
<p>Race</p>	<p>People whose first language is not English may need support to understand national/local guidance and service changes.</p>	<p>Commissioners of language interpreter services (CCG and Provider organisations) to collate information on interpreter agency provision, capacity and Business Continuity Plans escalating any potential gaps as appropriate through organisation's internal escalation process.</p> <p>Commissioners of language interpreter services (CCG and Provider organisations) to identify if interpreter agencies provider Video provision.</p> <p>Ensure Communications/ Engagement Teams access national and local information sources: https://www.doctorsoftheworld.org.uk/coronavirus-information/#</p> <p>Guidance is now available in easy read and in a range of community languages see https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</p> <p>Ensure organisations connect with BME CDW Projects where appropriate to support any targeted communications.</p> <p>Liverpool: Liverpool Community Development Service (LCDS)</p>	<p>Commissioners of interpreter services to review contract requirements to ensure any revisions include Quality Standards for Translation and Interpretation services.</p> <p>Commissioners of interpreter services to monitor usage and use intelligence / activity data to share with CCG Equality and Inclusion Service.</p> <p>Explore access to video-conferencing facilities.</p> <p>CCGs and Providers to work collaboratively with networks e.g. Voluntary Organisations, BAME Community Development Projects, etc. to ensure communications are shared with communities.</p> <p>CCGs and Providers to ensure they respond to any recommendations from Healthwatch surveys undertaken during COVID-19 on patient access/ experience etc.</p> <p>CCG Equality and Inclusion Service to work</p>

		<p>http://psspeople.com/whats-happening/news/introducing-liverpool-community-development-services Sefton: Sefton CVS https://seftoncv.s.org.uk/projects/bme/ Halton, St Helens and Knowsley: SHAP Ltd http://www.shap.org.uk/housing-support/knowsley/bme-community-development-service/</p> <p>Ensure organisations can signpost people to Migrant Help. https://www.migranthehelpuk.org/contact</p>	<p>with Healthwatch colleagues to identify/support any gaps in feedback from specific communities.</p>
<p>Gypsy and Romany Travellers Largely mobile populations and populations with lower literacy are more likely to miss accurate public health messages.</p>	<p>Further support is available through Irish Community Care http://iccm.org.uk/contact/</p>	<p>Organisations to ensure communication is effective and clear, through trusted organisations and individuals, in a culturally appropriate and sensitive way.</p>	<p>Organisations to ensure communication is effective and clear, through trusted organisations and individuals.</p>
<p>Sickle Cell Anaemia Not specified as high risk under national guidelines but are a vulnerable group.</p>	<p>Sickle Cell Society: https://www.sicklecelsociety.org/coronavirus-s-and-scd/ UK Thalassaemia Society: https://ukts.org/heads-up/coronavirus-information/</p>	<p>Organisations to ensure communication is effective and clear, through trusted organisations and individuals.</p>	<p>Organisations to ensure communication is effective and clear, through trusted organisations and individuals.</p>
<p>Black, Asian and Minority Ethnic BAME people disproportionately impacted upon by COVID-19. Refer to statistical reviews available in Appendix 1.</p>	<p>NHSE/1 due to provide guidance and support to employers on creating proactive approaches to risk assessment for BAME staff, including physical and mental health</p>	<p>CCG and Providers to amend staff risk assessment templates to include BAME and concerns on physical and mental health. CCGs and Providers to review organisational process which supports staff</p>	<p>CCG and Providers to amend staff risk assessment templates to include BAME and concerns on physical and mental health. CCGs and Providers to review organisational process which supports staff</p>

				to raise concerns. CCGs and Providers to ensure communication is shared across staff networks. Implement national recommendations to support BAME workforce and patients. Ensure access to religious and spiritual networks, Provider Lead Chaplain or Spiritual Teams.
Religion and Belief	A person's religion or belief may impact treatment options	Refer to information resources in Appendix 1.	Guidance relating to issues around death and burial for faith communities https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased	Ensure each patient is treated as an individual following local guidance and with support of local infection teams to ensure that where possible religious and spiritual needs are met and undertaken in the safest manner. Providers to work collaboratively with families/ friends.
Pregnancy and Maternity	A person may have specific religious or spiritual need that they may need you to support them with during the End of Life phase or after death. Current Infection control issues may impact on achieving those needs. Inability for family/ friends to be with a dying person may breach Human Rights Articles 3 and 8. Pregnant women are considered in the 'vulnerable' group of people at risk of coronavirus	National Guidelines are available to support service providers in their response to COVID-19. https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/	National Guidelines are available to support service providers in their response to COVID-19. https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/	Ensure pregnant staff and patients are aware of how to access support. Local resource to support pregnant people: https://www.improvingme.org.uk/
Sex (M/F)	During periods of confinement domestic abuse (a crime mostly impacting women and girls) tends to increase, and that the health care that offers	National programme and resources available https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-	National programme and resources available https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-	Ensure any communications provide signposting to Voluntary Organisations and referrals to Safeguarding Team or Human Resources Team as appropriate.

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	<p>a way of identifying this issue will be under unprecedented pressure.</p> <p>Women, including those who are pregnant and on maternity leave, should not be disadvantaged in their careers by following government advice to stay at home.</p> <p>Women are more likely to work in higher risk and low paid key worker roles. https://www.theguardian.com/world/2020/mar/29/low-paid-women-in-uk-at-high-risk-of-coronavirus-exposure</p>	<p>victims-of-domestic-abuse</p> <p>Ensure guidance on shielding, self-isolation is followed.</p> <p>Ensure guidance on shielding, self-isolation is followed and Health and Safety procedures.</p>	<p>Ensure group are included in staff communications.</p> <p>Ensure organisation response considers actions to improve protection and health and well-being of key workers.</p> <p>Ensure organisation monitors adherence with PPE, Infection Control and procedures to support staff to raise concerns.</p>
<p>Sexual Orientation</p>	<p>Access to key and supportive information</p> <p>Less likely to seek medical attention due to poor experience and discrimination and experience higher levels of health inequality.</p> <p>Access to key and supportive information</p> <p>Less likely to seek medical attention due to poor experience and discrimination.</p>	<p>National information available to support LGB people to access healthcare services. https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help</p> <p>National information available to support people who are/ have transitioned to access healthcare services. https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help</p>	<p>Ensure communications from Stonewall and any other LGB community group are distributed.</p> <p>Organisations to link with Equality Leads for access to local and national support agencies for both staff and patients.</p> <p>Ensure communications are from Stonewall and other Transgender community groups are distributed.</p> <p>Organisations to link with Equality Leads for access to local and national support agencies for both staff and patients.</p>
<p>Gender Reassignment</p>	<p>Access to key and supportive information</p> <p>Less likely to seek medical attention due to poor experience and discrimination.</p>	<p>National information available to support people who are/ have transitioned to access healthcare services. https://www.stonewall.org.uk/about-us/news/covid-19-%E2%80%93-how-lgbt-inclusive-organisations-can-help</p>	<p>Ensure communications are from Stonewall and other Transgender community groups are distributed.</p> <p>Organisations to link with Equality Leads for access to local and national support agencies for both staff and patients.</p>

<p>Marriage and Civil Partnership</p>	<p>Refer to Mental Health –All Refer to Religion and Belief Refer to Sex (M/F) Domestic Violence</p>	<p>Resources available in Appendix 1.</p>	<p>Ensure family members are included in individual care planning as appropriate.</p>
<p>Other</p>	<p>Health Inequalities and Poverty Migrant workers who are vulnerable and unable to access public funds.</p>	<p>Resources available in Appendix 1.</p>	<p>Communications and Engagement Teams to ensure information is accessible to all staff with a view to signposting patients.</p>  <p>From Migrant Help key info re access to</p>
	<p>People within the criminal justice service and prisons COVID-19 poses a higher risk to populations that live in close proximity to each other. (NHSE commissioned services)</p>	<p>National guidance available for responding to COVID-19 within prison services.</p>	<p>Ensure organisation response includes information sharing with those delivering services within prisons.</p> <p>CCGs to liaise with General Practice to ensure people leaving prison are able to access General Practice services.</p>
<p>All</p>	<p>Health Inequalities and Poverty E.g. Obesity prevalence , smoking and drinking in poorer communities</p> <p>Decision Making The normal course of action, of writing and submitting Equality Analysis reports (EIAs) to committees, and then acting, may be too slow a process for rapidly changing environments. However, the Courts follow precedent and</p>	<p>Resources available in Appendix 1.</p> <p>CCGs and Providers have established Governance arrangements in place.</p>	<p>CCGs and Providers to work with local communities to support Safeguarding people in poorer communities.</p> <p>Organisation recovery plans to include the continued communication of information to support people different communities.</p> <p>Wherever possible current equality processes around meeting PSED must be maintained , however if this is deemed too impractical in an emergency situation then actions that need to be taken; Use a methodology to record decisions and acknowledge PSED responsibilities. The Courts will understand the ‘time crunch/ delivering at pace’ to fighting the</p>

	<p><u>deviation from the precedent implies risk.</u></p> <p>Recovery Planning</p>	<p>Human Rights Any restrictions must be carefully thought through, so that restrictions are rights-respecting rather than breaching the very standards that we all need to maintain our safety and dignity</p>	<p>epidemic, but they will want to see how PSED has been incorporated into that process, even if that process has been temporarily abridged. Refusing to meet PSED is not an option.</p> <p>Review service change log. What dependencies are there to resume service, equality considerations and any mitigation needed. Engage with relevant stakeholders. Applicable to all NHS Organisations including CCGs for General Practice.</p> <p>Ensure staff are treated as an individual if returning to work ensuring local guidance is followed in relation to Health and Safety and local infection prevention and control measures.</p> <p>Continue to work with sub-contractors in relation to Response and Recovery plans.</p> <p>Share best practice across system, e.g. digital inclusion; use of telephone and video consultations between patients and clinicians.</p> <p>Ensure organisation representation at Community Advisory Group (Co-ordinated by Merseyside Police).</p> <p>Ensure ongoing Monitoring of Safeguarding referrals.</p>
<p>Contact Details of a number of support agencies for people with Protected Characteristics or specific disabilities are available from Provider Equality Leads (via Best Practice Guidance for Reasonable Adjustments).</p>			

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All advice to the public about what to do during the pandemic is issued by Public Health England (PHE) and published at <https://www.gov.uk/coronavirus> There is also supporting information on <https://www.nhs.uk/conditions/coronavirus-covid-19/> This is the only official source of advice.

Local, Regional and National information sources is provided as follows:



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Information about CO

Appendix A Equality Brief V5

Appendix 1 COVID-19 Equality Related News Articles/ Statistical Reports/ Guidance/ Resources



COVID-19 Equality
Specific documents.xl

Appendix 2 COVID-19 Public Sector Equality Duty (PSED) Briefing to CCG Governing Bodies and Provider Boards



COVID-19 and PSED
briefing for GB and Pr

Version	Change Log
1	
2	Additions to barriers matrix
3	<ul style="list-style-type: none"> *Over 65's added to Age in relation to bed pressures and access to respiratory equipment. *Recommendations updated to include target audience for brief. *Provider Lead Chaplain or Spiritual Teams added to Religion or Belief. *Safeguarding and Human Resources added to mitigations on Sex (M/F) issue relating to domestic abuse. *End of Life Care needs added to Religion or Belief.
4	<ul style="list-style-type: none"> *Recommendations updated to include: Providers and CCGs to note that the Equality and Human Rights Commission has suspended reporting on specific equality duties for this year. The General Duty is still in force. *Guidance relating to issues around death and burial for faith communities added to Religion or Belief *easy read and community languages government information source added to Disability and Race *Web links added to Age: Vulnerable (All Ages) *Web links added to the end of the barriers matrix to include Public Health England official sources of advice *NHS England collated information sources list embedded at the end of the barriers matrix. *Reference to NICE guidance replaced with national guidance on maintaining quality on Age (Over 65 and disability). *BMA ethical guidance added to Age (Over 65 and disability).
5	<ul style="list-style-type: none"> *Dates added to Briefing Date to highlight version control. *Equality Legal Duty added to Background section *Reference to recovery, recommended actions and additional appendices added to Barriers Matrix section *key issue added: disproportionate impact of COVID-19 on particular groups. *key issue removed: translation and interpretation provision *key issue: wording added: "changes to services" to third bullet point. *key issue: wording added "the need to" to opening sentence of last bullet point. *recommendations: wording added "and CCGs" and "PSED is still active" to recommendation 3. *recommendation added: CCGs and Providers to ensure Governing Bodies and Organisation Boards respectively are sighted on Equality Duty and associated risks by sharing the latest version of the Equality Brief and PSED brief v3 (Appendix 2). *recommendation added: CCGs and Providers to continue to seek assurance of service provision from interpreter agencies (language and BSL). *recommendation removed: reporting requirements suspension. *recommendation added: Ensure patient data of COVID-19 cases and deaths are recorded by protected characteristic e.g. ethnicity and disability in addition to the standard gender, sex characteristics. *recommendation added: Ensure workforce risk assessments updated in line with National recommendations around BAME staff. *Structural/ formatting changes made to barriers matrix to include recommended actions column. Recommended actions added to each Protected Characteristic and Issue. *Disproportionate impact on BAME people added to Race protected characteristic. *Human Rights issue added to Religion and Belief protected characteristic. *Additional consideration added to barriers matrix: Health Inequalities and Poverty. *Additional consideration added to barriers matrix: Decision Making. *Additional consideration added to barriers matrix: Recovery. *Appendix 1 added: includes statistical reports, guidance, national letters, health journal articles and newspaper articles linked to relevant protected characteristics and patient / staff groups. *Appendix 2 added: PSED brief for CCG Governing Bodies and Provider Boards.

MEETING OF THE GOVERNING BODY June 2020

Agenda Item: 20/79	Author of the Paper:
Report date: June 2020	Name: Jitka Roberts Title: System Turnaround Director for Southport & Formby and South Sefton Email: jitka.roberts1@nhs.net
Title:	
Joint QIPP and Financial Recovery Committee – proposed changes to the governance Arrangements	
Summary/Key Issues:	
<p>The committee was established as a substantive joint committee of NHS Southport and Formby CCG and NHS South Sefton CCG in May 2016. At that point in time the purpose of the committee was to preside over all QIPP and financial recovery activities as the new reporting and PMO process for QIPP become embedded. Southport and Formby CCG was placed in “directions” by NHSE and there was a clear expectation that there should be a dedicated committee that was responsible for QIPP delivery.</p> <p>Over the past four years the role of the committee has evolved significantly and the approach to QIPP and alignment with provider priorities has also evolved. At a meeting of the committee on 26th May, members reviewed the role and function of the committee and resolved to recommend revised governance arrangements to the respective governing bodies.</p> <p>It was acknowledged that the Finance and Resource Committee (F&R), that has significant financial responsibilities in respect of financial management for the CCG, is now better placed to have delegated authority from the governing body for the approval of any resource allocation, and it can be supported in making such decisions upon receipt of robust and compelling business cases from a supporting “QIPP Delivery Group”.</p> <p>It is proposed that the Joint QIPP and Financial Recovery Committee is formally disestablished as a substantive governing body sub-committee with immediate effect.</p> <p>It is further proposed that the roles and responsibilities transfer to a “QIPP Delivery Group” of the Finance and Resources Committee so that the grip and rigour on QIPP schemes remains in place.</p> <p>It is also proposed that the accountability for delivery of QIPP and the allocation of any resources will be delegated to the F&R Committee. Any such delegated authorities will be consistent with the CCGs Standing Financial Instructions (SFIs).</p> <p>Subject to approval of these proposals the F&R Committee Terms of Reference will be amended.</p>	

<p>To prevent any delay in the implementation of the new arrangements, the Governing Body is asked to delegate authority to the Senior Leadership Team to sign off the revised terms of reference for the F&R Committee and the terms of reference for the “QIPP Delivery Group”. Those arrangements will be submitted to the Governing Body in September for ratification.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to</p> <p>Approve the disestablishment of the Joint QIPP and Financial Recovery Committee as a substantive committee of the Governing Body.</p> <p>Delegate authority to the Senior Leadership Team to sign off the revised terms of reference for the F&R Committee and the terms of reference for the “QIPP Delivery Group”.</p>	<table border="1"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
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Links to Corporate Objectives 2020/21 (<i>x those that apply</i>)	
x	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.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure 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.

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	x			Presented to Joint QIPP and Financial Recovery Committee on 26th May 2020.

MEETING OF THE GOVERNING BODY June 2020

Agenda Item: 20/80	Author of the Paper: Alan Sharples, Chair of Audit Committee Governing Body Lay Member, Governance Alan.Sharples@southseftonccg.nhs.uk						
Report date: June 2020							
Title: Audit Committee Annual Report 2019/20							
<p>Summary/Key Issues:</p> <p>The work of the Audit Committee, in the seventh financial year in which the CCG has been in existence, continues to provide assurance to the Governing Body:</p> <ul style="list-style-type: none"> i) an effective system of integrated governance, risk management and internal control is in place to support the delivery of the CCG's objectives and that arrangements for discharging the CCG's statutory financial duties are now well established; ii) there were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the objective; and iii) ISA260 Audit Highlights Memorandum will be reported by Grant Thornton to the June Audit Committee Meeting as part of the Annual Accounts approval process. This will be followed by the publication of the Annual Audit Letter to the Governing Body. 							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table border="1"> <tr> <td>Receive</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 2020/21 (x those that apply)	
	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.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure 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.

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			Draft version presented at the Audit Committee meeting on 23 rd April 2020.

Audit Committee Annual Report 2019/20

1. Role of the Audit Committee

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

The principal functions of the Committee are as follows:

- a) To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the Group's activities to support the delivery of the Group's objectives;
- b) To review and approve the arrangements for discharging the Group's statutory financial duties;
- c) To review and approve arrangements for the CCG's standards of business conduct including:
 - i. Conflicts of Interest (CoI);
 - ii. Register of Interests (RoI), and
 - iii. Codes of Conduct.
- d) To ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and to approve such policies.

The Audit Committee met 5 times during 2019/20 in April, May (to sign off the accounts), July and November 2019 and in January 2020.

Name	Position	April 19	May 19	July 19	Nov 19	Jan 20
South Sefton Audit Committee Membership						
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
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	A	✓	✓
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	A
Leah Robinson	Chief Accountant	✓	✓	✓	✓	✓
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	✓
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	A
Robin Baker	Audit Director, Grant Thornton	✓	A	✓	A	A
Georgia Jones	Manager, Grant Thornton	✓	✓	A	✓	✓

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

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

- Alan Sharples – Deputy Chair and Lay Member (Governance) – Chair;
- Graham Bayliss - Lay Member (Patient Experience & Engagement);
- Jeff Simmonds - Secondary Care Doctor; and
- Practice Manager Governing Body Member – a long standing vacancy.

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

- Martin McDowell - Chief Finance Officer
- Alison Ormrod - Deputy Chief Finance Officer
- Leah Robinson - Chief Accountant

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

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

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

2. Internal Audit

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

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

During the year Mersey Internal Audit Agency (MIAA) have reviewed the operations of the CCG, have found no major issues and concluded that overall it has met its requirements.

They have reported back on a number of areas. In all cases action plans have been implemented and are being monitored. In all areas reviewed to date that require an assurance opinion '**Significant or High Assurance**', has been reported. There were no areas reported by MIAA where weaknesses in control, or consistent non-compliance with key controls, could have resulted in failure to achieve the review objective.

The Committee received and approved the Internal Audit Plan 2019/20. Regular progress reports will continue to be provided to each Audit Committee meeting. The Committee also received in April 2020 the Director of Audit Opinion, which stated:

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

The Director of Audit Opinion also drew attention to the governance considerations relating to Covid-19 and set out MIAA’s response to the issues arising. It will be a concern for the Audit Committee that the CCG has effective arrangements to plan for, respond to and recover from the outbreak during the coming year.

3. External Audit

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

External Audit (Grant Thornton) are undertaking their audit of the CCG’s annual accounts 2019/20 and it is anticipated that the ISA260 Audit Highlights Memorandum will be reported to the June 2020 Audit Committee meeting as part of the Annual Accounts approval process. This will be followed by the publication of the Annual Audit Letter to the Governing Body.

4. Anti-Fraud Specialist

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

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

5. Regular Items for Review

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

- Approve accounting policies and financial procedures;
- Agree annual plans for the activity of External and Internal Audit and Anti-Fraud;
- Receive periodic reports on the delivery of those plans;
- Provide assurance to the Governing Body by reviewing the draft Annual Accounts, Annual Report, Annual Governance Statement and CCG Letter of Representation;
- Review of losses and special payments;
- Scrutinise outstanding debts;

- Consider the reasons for tender waivers;
- Approve changes to the Scheme of Reservation and Delegation;
- Receive declarations of interest;
- Approve the Data Security and Protection Toolkit submission;
- Approve updates to the Corporate Risk Register, Governing Body Assurance Framework and the associated Heat Map;
- Annually review the Audit Committee Terms of Reference;
- Carry out a self-assessment of the Committee's effectiveness;
- Submit an Audit Committee Annual Report to the Governing Body.

6. Key Items in the Year for Noting

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

- The Information Governance Annual Report was received.
- The MIAA Data Security and Protection Toolkit Assurance Report for 2018/19 provided Substantial Assurance.
- The Anti-Fraud Plan 2019/20 was approved.
- 2018/19 Annual Governance Statement noted that all CCG internal audit reports achieved either Significant or High Assurance.
- 2018/19 Annual Report was approved, pending final review.
- Director of Internal Audit Opinion for 2018/19 and 2019/20 has been reported as 'Substantial Assurance'.
- An audit of conflicts of interest was carried out during the year and the CCG was reported as being fully compliant in all areas.
- The 2019/20 Primary Medical Care Commissioning and Contracting reviews found that the CCG's arrangements provided substantial assurance for both Governance and Contract Oversight & Management Functions.
- Anti-Fraud Annual Report 2018/19 received and a high number of green rated areas identified, following review of Self Review Toolkit.
- The Raising Concerns (Whistleblowing) Policy was approved.
- The Anti-Fraud Bribery and Corruption Policy was approved.
- Recoveries of debt were made as part of the Liaison Accounts Payable Review.
- Primary Care Commissioning Committee Scheme of Delegation was reviewed.
- The draft CCG Mental Health Investment Standard Compliance Statement demonstrated compliance.
- The Committee has agreed to review periodically the Register of Gifts and Hospitality in conjunction with declarations of interest.
- A formal reporting structure has been agreed for the findings of the external auditor's reports and the implications of management responses to the challenge questions raised therein.
- A process of critically reviewing each meeting is being introduced.
- The Committee has agreed to undertake a self-assessment workshop, facilitated by MIAA in July 2020.

7. Conclusions

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

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

8. Recommendation

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

Alan Sharples
Audit Committee Chair
NHS South Sefton CCG

Appendix 1: Director of Internal Audit Opinion 2019/20

1. Introduction

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

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

2. Executive Summary

This annual report provides the 2019/20 Head of Internal Audit Opinion for South Sefton CCG, together with the planned internal audit coverage and output during 2019/20 and MIAA Quality of Service Indicators.

Key Area	Summary
Head of Internal Audit Opinion	The overall opinion for the period 1 st April 2019 to 31 st March 2020 provides Substantial Assurance , that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
Planned Audit Coverage and Outputs	<p>The 2019/20 Internal Audit Plan has been delivered in accordance with the schedule agreed with the Audit Committee at the start of the financial year, including approved plan variations. This position has been reported within the progress reports across the financial year, with the final report concluding completion of the Internal Audit Plan.</p> <p>Review coverage has been across governance and leadership, financial performance and financial sustainability, quality, workforce and information and technology.</p> <p>We have raised 11 recommendations as part of the reviews undertaken during 2019/20. All recommendations raised by MIAA have been accepted by management. MIAA has continued to undertake follow up reviews during the course of year.</p>
MIAA Quality of Service Indicators	MIAA operate systems to ISO Quality Standards. The External Quality Assessment, undertaken by CIPFA, provides assurance of MIAA's compliance with the Public Sector Internal Audit Standards.

3. Head of Internal Audit Opinion

3.1 Roles and responsibilities

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

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

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

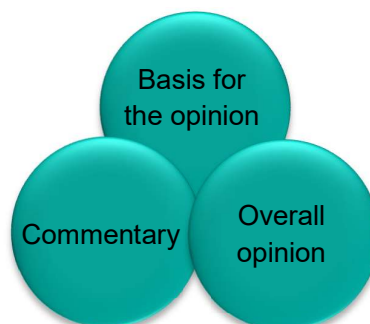
The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements.

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

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

3.2 Opinion

Our opinion is set out as follows:



3.2.1 Basis

The basis for forming our opinion is as follows:

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

3.2.2 Overall Opinion

Our overall opinion for the period 1st April 2019 to 31st March 2020 is:

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

3.3.3 Commentary

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

Our opinion covers the period 1st April 2019 to 31st March 2020 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Assurance Framework

Opinion	
Structure	The organisation's AF is structured to meet the NHS requirements
Engagement	The AF is visibly used by the organisation.
Quality & Alignment	The AF clearly reflects the risks discussed by the Governing Body.

Conflicts of Interest

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

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

Key

● Fully Compliant (FC) ● Partially Compliant (PC) ● Non Compliant (NC)

Overall there has been a consistent level of compliance with NHS guidance compared to previous years.

Primary Medical Care Commissioning and Contracting Arrangements

The Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs was issued in August 2018. NHSE require an Internal audit of delegated CCGs primary medical care commissioning arrangements. The purpose of this is to provide information to CCGs that they are discharging NHSE's statutory primary medical care

functions effectively, and in turn to provide aggregate assurance to NHSE and facilitate NHSE's engagement with CCGs to support improvement.

The 2019/20 **Primary Medical Care Commissioning and Contracting** reviews focused upon:

1. **Governance** and provided **Substantial Assurance**
 2. **Contract Oversight & Management Functions** and provided **Substantial Assurance**
- (Assurance ratings provided as per the NHSE guidance).*

Risk Based Reviews Issued

We issued:

4 high assurance opinions:	<ul style="list-style-type: none"> • Accounts Payable • Accounts Receivable • Treasury Management • Budgetary Control
2 substantial assurance opinions:	<ul style="list-style-type: none"> • General Ledger • Commissioning for Quality
0 moderate assurance opinions:	N/A
0 limited assurance opinions:	N/A
0 no assurance opinions:	N/A
1 briefing note reports (no overall opinion)	<ul style="list-style-type: none"> • Data Security & Protection Toolkit

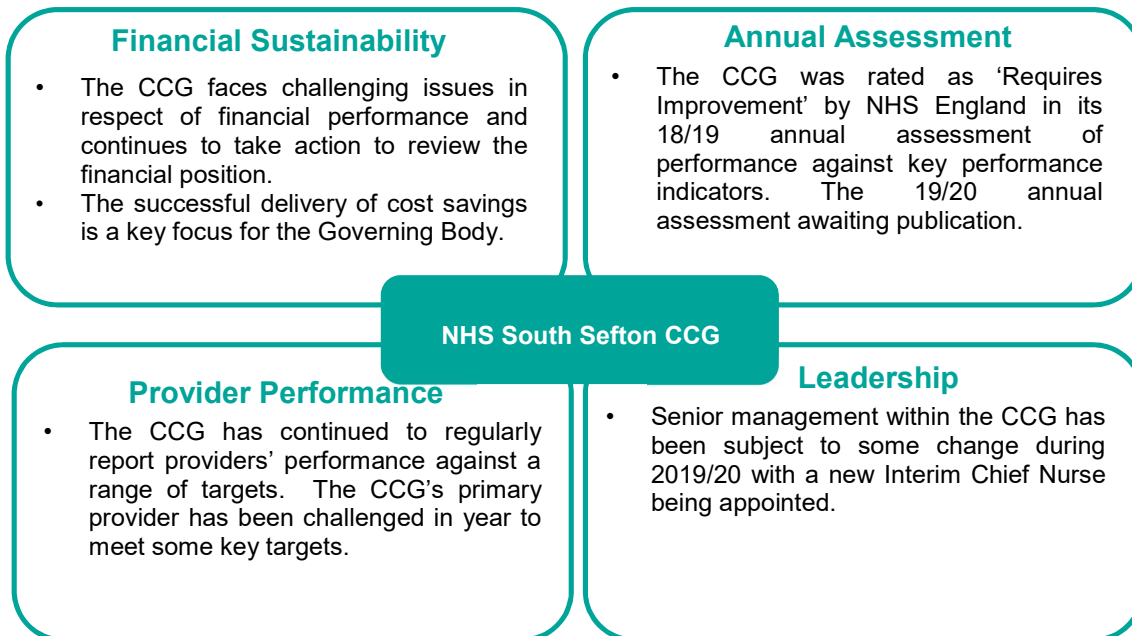
We raised no high risk recommendations in respect of the above assignments.

Follow Up

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

Wider organisation context

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



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

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

Steve Connor

Managing Director, MIAA
March 2020

MEETING OF THE GOVERNING BODY June 2020

Agenda Item: 20/81	Author of the Paper: Alan Sharples, Chair of Audit Committee Governing Body Lay Member, Governance Alan.Sharples@southseftonccg.nhs.uk						
Report date: June 2020							
Title: Audit Committee Terms of Reference							
<p>Summary/Key Issues:</p> <p>The Audit Committee Terms of Reference (ToR) were reviewed at the Audit Committee meeting on 23rd April 2020 as per the annual review process. It was noted at the meeting that the section on quorum refers to the Vice Chair of the committee but that the membership section does not specify a Vice Chair. It was noted that the Lay Member for Patient Experience and Engagement has in practice been undertaking the role of Vice Chair. The committee therefore proposed that the membership section of the Terms of Reference be amended to specify that the Lay Member for Patient Experience & Engagement is the Vice Chair of the committee. The proposed amendment is shown via track changes in the enclosed Terms of Reference.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to approve the enclosed Audit Committee Terms of Reference and the proposed update.</p>	<table border="0"> <tr> <td>Receive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td><input type="checkbox"/></td> </tr> </table>	Receive	<input type="checkbox"/>	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input type="checkbox"/>						
Approve	<input checked="" type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives 2020/21 *(x those that apply)*

	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.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure 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.
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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			Audit Committee meeting - 23 rd April 2020.

NHS South Sefton CCG

Audit Committee

Terms of Reference

1. Authority

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

2. Membership

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

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

3. Responsibilities of the Committee

The Audit Committee is responsible for:

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

4. Duties of the Committee

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

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

5. Administration

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

6. Quorum

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

7. Frequency and notice of meetings.

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

8. Reporting

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

9. Conduct

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

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

10. Date and Review

Date: ~~April 2019~~ April 2020

Future Review Dates ~~April 2020~~
April 2021
April 2022

MEETING OF THE GOVERNING BODY June 2020

Agenda Item: 20/ 82	Author of the Paper:						
Report date: May 2020	Judy Graves Corporate Business Manager Judy.graves@southseftonccg.nhs.uk 0151 317 8352						
Title: Published Registers 2019/20							
Summary/Key Issues: The members are presented with the CCG's published registers as at 31 st March 2020. The report includes an update on the work undertaken in 2019/20 and the next steps planned for 2020/21, as reported to the Audit Committee in April 2020.							
Recommendation The Governing Body is asked to receive the report, noting the areas identified and make recommendation for further consideration or improvement.	<table style="border: none;"> <tr><td>Receive</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Approve</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Ratify</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
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Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives 2020/21 (*x those that apply*)

x	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.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
x	To ensure 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.
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	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.
x	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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			Audit Committee 23 rd April 2020

Report to the Governing Body June 2020

1. Summary

The members are presented with the CCG's published registers as at 31st March 2020 and the progress through 2019/20 and as presented to the April Audit Committee for the:

- Register of Procurements
- Register of Conflict Breaches
- Register of Sponsorship
- Gifts and Hospitality Register
- Register of Interests

This report also includes an update on the CCG's compliance with NHSE Managing Conflicts of Interest online training and the recent MIAA Managing Conflicts of Interest Audit undertaken through February and early March 2020.

2. Register of Procurements

The register captures the procurement decisions notified to 31st March 2020 (*appendix 1*)

The register has been reviewed and refreshed at various points throughout 2019/20 with regular updates published on the CCG website <http://www.southseftonccg.nhs.uk/what-we-do/who-we-buy-services-from/our-procurements/previous-procurements/>

Next steps

A review of the register is planned. This will look at the content, specifically in relation to capturing the information on the committee and those involved in making the procurement decision. For example obtaining a copy of the approved minutes from the meeting would provide details on the individuals involved, confirmation of the outcome and detail on any conflicts and how managed.

3. Register of Conflict Breaches

The register captures any CCG breaches as at 31st March 2020 (*appendix 2*)

The register has been reviewed and re-published at various points through 2019/20, although the CCG is only required to publish as part of an annual publication in April.

There have been no breaches identified or reported for 2019/20.

The latest version of the register can be found on the CCG website <http://www.southseftonccg.nhs.uk/about-us/our-constitution/>

4. Register of Sponsorship

CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices. All known offers, whether accepted, declined or scheduled, have been included within the sponsorship registers:

- PLT and Nurse Events (*appendix 3*)
- Commercial Sponsorship – confirmed payments (*appendix 4*)

A review of the sponsorship data was commenced following a discussion mid 2019 regarding the need to include the ABPI sponsorship data. This highlighted a number of issues:

- The PLT and Nurse Events detailed the sponsors but provided no financial data
- The ABPI is seemingly only updated at a certain point through the year. The data is provided by the pharmaceutical companies and the data published is minimal. The information doesn't provide any detail on date or what the payment is in relation to.
- The original CCG sponsorship register seems only to collate the information on the larger sponsorship payments.
- The need to reconcile the differing systems..

The ABPI portal data has been reconciled against the actual payments made to the CCG. This has further highlighted that there are a number of payments made to the CCG which are not on the ABPI system. These payments have been included on the Commercial Sponsorship register (*appendix 4*).

The register is publicised on the CCG website <http://www.southseftonccg.nhs.uk/about-us/our-constitution/>

Next Steps

Having gained confirmation of actual CCG payments and a better understanding of the multiple sources of information, a system now needs to be created that links these into one confirmed register.

Furthermore:

- The discrepancies with the ABPI system will need to be raised. Noting that the system was created in 2016 so it is likely that any payments prior to that will not be recorded on their system.
- The CCG policy also refers to GP member practices. An understanding will need to be gained on how this feeds through.
- Consideration needs to be given to any potential areas of 'unknown' payments or areas where there is potential for payments to be missed.
- The aim is that this work will progress towards combining the Sponsorship and Gifts and Hospitality Registers, a recommended area of good practice by MIAA.
- The Audit Committee will be updated on this work as progress is made.

5. Register of Gifts and Hospitality

The register presents the gifts and hospitality items as notified to the reporting officer up to the 31st March 2020 (*appendix 5*).

Members and employees are, on a quarterly basis, asked to review and update any declarations they may have. With which they are provided clear guidance on what can and can't be accepted and the process that should be followed for any items offered.

Guidance is also regularly provided in the form of:

- Links to the policy on the intranet
- Information leaflets with wage slips
- Information items and links in the staff bulletin
- Reminders at key times of the year to specific groups/individuals/team/line managers on what can and can't be accepted and the guidelines
- Template forms showing all the areas to be considered and completed.

The register is publicised on the CCG website <http://www.southseftonccg.nhs.uk/about-us/our-constitution/>

Next Steps

Further work will be carried out on the register and the information submitted by the individuals. Specifically where there are any gaps in information and the value of items against the policy. This will be looked at in line with the work scheduled for the sponsorship data and the merging of the two registers.

The Audit Committee will receive an update on any developments of this work as progress is made.

The Gifts and Hospitality register will form part of the regular reporting to the Audit Committee.

6. Register of Interests

A substantial amount of work has been put into developing and maintaining the register which has been reported to the committee through the year including:

- Quarterly requests for updates.
 - On requesting updates individuals are requested to confirm their entries. This ensures clarity on register content. Changes could be needed as a result of input error, omissions, change in interests and lack of clarity or detail on information provided.
 - Differing register versions enables detailed process and information of that which the CCG has to record and maintain, both for internal business purposes (unpublished) and that which is required to be published
- Ad hoc interim updates as a result of meeting declarations or responses to queries or chasers for information
- Regular reminders of responsibilities via staff bulletin and information leaflets
- Reminders sent to those that facilitate meetings so as to ensure raised as a regular agenda item, forms circulated with agenda and/or meeting pack, minuted accordingly and that any such declarations are notified to the reporting officer
- Links provided to the policy and website information
- Improvements made to new starter and leaver process; information contained within the staff handbook, induction pack and leaver form.
- Updates made to the staff handbook
- Review of staff bulletin to capture any information on starters, leavers and any other changes
- Process introduced for the unpublished register that triangulates and identifies data from a number of differing sources; helps identify any gaps in process and those individuals that have not responded
 - Review of membership and committees. The CCG is only required to publish information on members and decision makers. The inclusion of the membership information was added in order to identify those entries that are required to be published.
 - The identification of the members and decision makers also assists in the monitoring of responses from that cohort of individuals
- Information requests made to HR for information on starters, leavers, changes, individuals on long term sick, secondments, etc.

The latest version of the registers, as at 31st March 2020, can be seen in appendix 6 to this report, with the published registers on the CCG website <http://www.southseftonccg.nhs.uk/about-us/our-constitution/>

7. NHSE Managing Conflicts of Interest Online Training for 2019/20

In order to support the CCGs to manage conflicts of interest, NHSE launched on-line training. The training has been developed in collaboration with NHS Clinical Commissioners and aims to raise awareness of the risks of conflicts of interest and how to identify and manage them.

Module 1 of the training is mandatory for:

- CCG Governing Body Members
- Executive members of formal CCG committees and sub-committees
- Primary Care Commissioning Committee members
- Clinicians involved in commissioning or procurement decisions
- CCG governance leads
- Anyone involved or likely to be involved in taking a procurement decision(s)

Modules 2 & 3 are optional but highly recommended for individuals in decision-making roles, including contract and performance managers, commissioning leads, primary care teams, strategy and planning teams, locality managers etc.

The round of training for 2019/20 was available from 1 February 2019 and expired 31 January 2020.

The online training is specific to roles and responsibilities, regardless of employment status i.e. contractor, member or employee.

The following was carried out in order to determine those required to complete:

- Current staff listing taking into consideration starters, leavers and changers since the completion of the first tranche of NHSE training which concluded end May 2018. This included a review of employment status (*contractor, temporary, permanent, seconded, etc*) and learning accounts so as to minimise any impact on the individual's ability to access the training
- Committees and committee membership
- Clinical leads
- Governing body membership
- Statutory and mandatory training reports
- Individuals were notified of the requirement to complete the training.

Following initial notification of the requirement to complete the training:

- Weekly reviews were carried out on the compliance status for the CCG and individuals
- Targeted weekly chasers were sent to individuals regarding training completion. Nearer the deadline this was followed up with e-mails to line managers on team compliance.
- Updates were provided to the Audit Committee Chair on compliance status and action being taken.

The intense work was carried out with the expectation that the CCG would achieve 100% compliance as at the deadline of 31st January 2020. This was not achieved and the CCG is not able to confirm 100% compliance, with two individuals still required to complete the training as at 13th March 2020.

Please see here below detail on the status of compliance:

Date	Total individuals	Completed	Individuals not completed	Compliance	To complete
				%	%
31/01/2020	136	124	12	91.18	8.82
07/02/2020	136	126	10	92.65	7.35
14/02/2020	*136	127	9	93.38	6.62
24/02/2020	*135	129	7	95.56	5.19
28/02/2020	135	131	4	97.04	2.96
13/03/2020	135	133	2	98.52	1.48

*Individual left the organisation

Note:

2018/19 the CCG achieved 96.74% compliance as at the deadline date, with 100% compliance achieved within two weeks.

8. MIAA Managing Conflicts of Interest Audit for 2019/20

During February and March the CCG were audited by MIAA on managing its conflicts of interest. Following a number of meetings and substantial evidence submitted they have responded that the CCG is fully compliant in all areas.

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

Key

● Fully Compliant (FC) ● Partially Compliant (PC) ● Non Compliant (NC)

MIAA have based their opinion on the evidence received to date; further areas of evidence was requested including statements against a number of best practice areas however this was unable to be completed due to COVID and a decision was taken at that time to pause on the submission of any further evidence.

I have carried out an initial review of their findings and this has resulted in the removal of a recommendation/action and an addition to the areas of good practice carried out by the CCG.

Next Steps:

A full review of the MIAA report is due to which will be followed up by a formal response to MIAA.

9. Audit Committee Resolution: 23rd April 2020

The Audit Committee received the report and registers presented as at 31st March 2020 and:

- Noted the work and improvements carried out through 2019/20
- Noted the next steps and actions planned for 2020/21
- Noted the compliance rating for the NHSE Managing Conflicts of Interest online training for 2019/20
- Noted the initial response from MIAA on the CCG's management of conflicts of interest for 2019/20
- Made no recommendation for further consideration or improvement.

10. Recommendations

The Governing Body is asked to receive the report, noting the areas identified and make recommendation for further consideration or improvement.

11. Appendices

- Appendix 1: Register of Procurements as at 31st March 2020 (published)
- Appendix 2: Register of Breaches as at 31st March 2020 (published)
- Appendix 3: Sponsorship Register: PLT and Nurse Events as at 31st March 2020 (published)
- Appendix 4: Commercial Sponsorship: actual payments notified as at 31st March 2020 (published)
- Appendix 5: Register of Gifts and Hospitality as at 31st March 2020 (published)
- Appendix 6: Conflicts of Interest Register as at 31st March 2020 (published)

Judy Graves
Corporate Business Manager
May 2020

Service Procured	Contract Term		Option to Extend	Contract Value	Successful Bidder	Decision Taken and by Whom	Date of Decision	Conflicts of Interest Identified?	If Yes - What steps were taken to manage the conflicts?	Comment
	Start date	End date								
Community Anticoagulation Service (joint with Southport & Formby CCG)	03/06/2019	31/05/2022	Yes - 2 years	£3,250,000	Royal Liverpool & Broadgreen University Hospitals Trust	Governing Body Approved	Feb-18	None identified	N/A	Contract start was delayed and will run for 3 +2 years from 03/06/2019. A revised contract award notice has been placed on OJEU to inform the market of this. As of 19/11/19 contract still not signed
Community Podiatry Service	01/04/2019	30/05/2021	Yes - 1 year	£750,000	Mersey Care NHS FT	Approvals Committee	17/10/2018	None identified	N/A	VEAT notice publication 19.07.2019
Hospice at Home Service	01/04/2019	31/03/2022	Yes - 2 years	£240,000	Woodlands Hospice	Governing Body Approved	5 July 2018	None identified	N/A	
GP Extended Access	01/10/2018	30/09/2020 extended to 31/3/2021	Yes - 1 year	£9,285,000 and extension value: £506,724	South Sefton Primary Healthcare Ltd	Approvals Committee extension agreed by Primary Care Commissioning Committee	7 June 2018 16 January 2020	None identified	N/A	PCCC agreed to extend contract to 31/3/21
Community Dermatology Service	01/04/2016	31/03/2019 Maximum to 31/3/2021	Yes. Maximum 2 year extension agreed.	£1,194,840 £796,560	DMC Health Care	Governing Body Approved Governing Body Approved	26 November 2015 6 September 2018	None identified	N/A	
Home Oxygen Assessment Service	01/04/2016	31/03/2019 Extension to 31/3/2020	Yes: contract for 3 years with an option to extend for a year. Option taken to extend for 1 year	£507,987 £169,329	Aintree Hospital	Governing Body	26 November 2015	None identified	N/A	

Improving Access to Psychological Services	01/04/2015	31/03/2018 Extension to 31/3/2020	yes Extended for 2 years	£4,561,505 2018/19 £1.424m 2019/20 £1bc	Cheshire & Wirral Partnership	Governing Body Approved	26 Nov 2014 and July 2018	None identified	N/A	Waiting national guidance regarding uplifts for 2019/20 contract value
Community Anticoagulation Therapy Service	01/07/2014	30/06/2017	no	£827,449	Aintree Hospital	Governing Body Approved	27-Feb-14	None identified	N/A	Superseded with RLBUH contract which commenced 01/08/2018 (as above)
Hospice at Home Service	01/04/2014	31/03/2017	yes	£720,000	Woodlands Hospice	Governing Body Approved	28-Nov-13	None identified	N/A	Superseded with Woodlands Hospice contract which is due to commence on 01/04/2019 (as above)

Register of Conflicts Breaches

Breach raised internally or externally	Date reported	Nature of breach	Impact of breach	Arrangements in place that could have prevented the breach	Lessons learning as a consequence of the breach	Remedial action required	Date reported to Audit Committee
Internally	3rd January 2019	Late publication of sponsorship register.	Breach		Policy and process reminder.	<ul style="list-style-type: none"> - Register published - Findings of investigation reported to Caldicott Guardian 17 January 2019 - Policy and process reminder circulated - Breach to be reported to the next Audit Committee 	Next meeting: 18 April 2019

Event and Sponsor Log

	Date	Booked	Walk-in	DNA	Total Attended	Subject	Speakers	Speaker Details	Event Sponsor	
2014-2015	Feb-15					Primary Care on AF	Dr Bruce Taylor			
						AT & Stroke/Transient Ischaemic Attack	Dr Patrick McDonald			
						Stroke Prevention in AF NOACS - Moving Forward Frailty	Dr Dave Thornton Dr Caroline Shlach Dr Patrick McDonald			
2015-2016	May-15	No record	No record	No record		Pneumonia	Sally Jones			
						Respiratory Implementing NICE	Tracey Kirk Annie Coppell			
	Jul-15	No record	No record	No record		Child Sexual Exploitation	Kara Haskayne & Clare Lawson			
						Gastroenteritis	Kathryn Jackson & Helen Clough			
						The Impact of Maternal Obesity Epidemic Gynaecology for GPs	Alice Bird Dr Paula Briggs			
18/11/2015	125	2	25	102	Clinical & Radiological Management	Dr Rebecca Hanlon & Dr Christophe Loh				
17/02/2016	132			105	Dermatology	Dr Chris Randall				
					Diabetes	Dr John Kellet & Dr Simon Johnson Dr Cheong Ooi				
						Sexual Health	Dr Paula Briggs			
						Respiratory Medicine	Dr Biswajit Chakrabarti		CHIESI	
						Respiratory Pilot	Tracey Kirk		Boehringer-Ingelheim Eli Lilly & Company	
2016-2017	18/05/2016	164		32	132	Innovation	Gina Halstead			
						Dementia	Professor Alistair Burns			
							Lasting Powers of Attorney	Heather Lucas		
							Dementia	Dr Lisa Williams		
	20/07/2016	188	9	26	171	LSCB Audit Tool - Safeguarding	Dr Margaret Goddard & Bryony Kendall			Eli Lilly
						Domestic Violence	Colette Rice			Ipsen
						Private Fostering	Kara Haskayne			Daiichi-Sankyo
							Red Flags 'catch 22'	Ellie Fairgrieve		
							Early Help	Trish Galloway (Mash Team)		
							Child Protection	Dr Jackie Gregg		
						Prescribing for the Elderly	Dr Fraser Gordon			
05/10/2016	175	6	42	139	Anticoagulants	Dr Caroline Shlach				
					Update on Opioid Management	Dr Bernhard Frank				
						Neuropathic Pain for Primary Care	Sarah Boyce		Independent Pharmacist	
16/11/2016	164			149	An Overview of Hypertension	Dr Chris Harris			Chiesi	
					Early Identification of Sepsis Management & Self Monitoring Skills	Katie Whittle & Liz Kanwar Jan Proctor-King, ETAL			Lilly GSK	
15/02/2017	166	6	34	138	Relaunch of Community Gynae Services	Dr Anna Ferguson			Chiesi	
					Gastroenterology	Dr Graham Butcher			Lilly	
					Gastroenterology	Dr Phil Bliss			GSK	
						Headache Pathway (Neurology)	Dr Nick Silver		Daiichi Sankyo	
						Acute Kidney Injury	Dr Thangavelu Chan		Teva	
17/05/2017	218		38	180	Enhanced Training Hub	Dr Lindsay McClelland			Chiesi	
					Transgender Health	Dr Anna Ferguson			Lilly	
					HIV in Primary Care	Dr Parag Pandit			Daiichi-Sankyo	
					HPV Update	Chris Evans			GSK	
						Different Ways of Work	Dr Chris Mimmagh		Teva	
						Dermatology	Dr Thirusevelan Thirunavukarasu			
						Hoarding (Fire Brigade)	Ian Mullen		Teva UK	
						Domestic Violence U18's	Katy Ashcroft		Daiichi-Sankyo	
19/07/2017	203		31	172	Looked After Children	Carlene Baines			Chiesi	
					Child Exploitation	Sally Murphy			Consilient Health	
						DDIs	Margaret Daws			
2017-2018	15/11/2017	195		36	159	Cancer Update			Ipsen	
						Cancer Alliance Update	Dr Christopher Warburton			Consilient Health
						How GPs support Cancer Pathways	Dr Debbie Harvey			Lilly
						Treating symptomatic Breast Patients in Primary Care	Mr Lee Martin		Chiesi	

									Living with and Beyond Cancer	Dr. Graeme Allan	Macmillan	GSK
									Prostate Cancer	Dr. Rahul Mistry		Daiichi-Sankyo
									CVD Risk, Hypertension & Heart Failure	Dr. Stuart Bennett		Chiesi
21/02/2018	186	40	37	189					Stroke Management	Dr. Claire Cullen		Lilly
									Health & Well Being (Public Health)	Chris McBrien/		Consilient Health
									COPD & Asthma Management	Dr. Paul Walker		Daiichi-Sankyo
									National Diabetes Prevention Programme (NDPP)	Tina Ewart & Jo Herndlhofer	South Sefton CCG	GSK
									Update on Diabetes Management in Sefton	Dr. Nigel Taylor	South Sefton CCG	Lilly
18/04/2018	204	27	62	169					Diabetes Q & A	Dr. Cheong Ooi		Boehringer Ingelheim
									Peripheral Neuropathy and Foot Related Problems	Dr. Uzman Alam		Chiesi
									Diabetes, Kidneys, CKD, Microalbuminuria & Hypertension	Dr. Christopher Wong		
									Safeguarding Update	Dr. Wendy Hewitt	Safeguarding Lead	Neuro
20/06/2018	220	54	47	227					Mental Health Capacity Act	Joanne Critchton	Hill Dickinson	Daiichi-Sankyo
									Children Living with Disabilities (Leber)	Bryony Kendall		Lilly
									Consent, Confidentiality and Information Sharing	Dr. Sunandini Sethurman		Chiesi
									Red Flags 'catch 22'	Ellie Fairgrieve		
									EOL Difficult Conversations - The Art of Listening	Dominic Bray	Aintree Hospital	Abbott
									Infection Control	Martin Jones	Mersey Care NHS Trust	Chiesi
									Identifying Patients Approaching EOL	Dr. Ged Corcoran	Macmillan	Lilly
19/09/2018	161	38	45	154					Prescribing for EOL Patients	Dr. Kate Marley	Palliative Care, Aintree Hospital	Ipsen
									Advance Care Planning/DNACPR	Dr. Karen Groves	Consultant in Palliative Medicine	Leo
									7 day extended service			MSD
									Mentor Update (Nurses only)	Maggi Bradley		Roche
									Glucose Meter Update (Nurses only)	Angela Greenwood & Eileen Power		
									Paediatrics			Lilly
									Childhood Asthma	Dr. Chris Grime	Alder Hey Children's Hospital	Novartis
									Lessons Learnt from Chris's Death	Joanna Lane		GSK
21/11/2018	169	20	56	133					Paediatric Gynaecology	Dr. Cara Williams	Alder Hey Children's Hospital	Roche
									CAMHS	Dr. Vicky Killen	Alder Hey Children's Hospital	MSD
												Daiichi-Sankyo
												Abbott
									Non Alcoholic Liver Disease	Dr. Dan Cuthbertson, Prof. John Wilding	University of Liverpool	Chiesi
									Myeloma	Dr. David Simister	West Lancs & Merseyside Myeloma Support Group	Lilly
									Epilepsy Quality Improvement Plan	Prof. Marson, Pete Dixon	Epilepsy Quality Improvement Plan	Abbott
20/03/2019	148	32	43	137					Park Run	Dr. Simon Tobin	Senior Practice, Norwood Practice	GSK
									Sexual Health	Dr. Anna Ferguson	Strand Medical Centre	Roche
												MSD
									Safeguarding	Dr. Wendy Hewitt	Safeguarding Lead	
									Working Together - Key Changes For Safeguarding Practice	Karen Garside	South Sefton CCG	
									Curiosity - Disguised Compliance, Recognising Neglect & Fabricated Induced Illness	Dr. Natalie Daniels	South Sefton CCG	
19/06/2019	221	34	34	221					Children in Care - New Ways of Working	Helen Case	South Sefton CCG	
									Child Sexual Exploitation in Sefton	Emma Powell - CANCELLED	Catch 22	
									Supporting Sefton's Young Carers	Hayley Mulrooney & Emma Murphy	Sefton Carers Centre	
									HIV	John Hill	Royal Liverpool Hospital	Chiesi
									Rheumatology	Nicky Goodson	University of Liverpool / Aintree University Hospital	Eli Lilly
18/09/2019	115	31	23	123					Diabetes	Stephen Connolly	Diabetes UK	Daiichi
									Sepsis	Elizabeth Kanwar	IAQUA	Thorton & Ross
									Cancer Update	Dr. Debbie Hanvey	Macmillan GP South Sefton CCG	Chiesi
									North Mersey and the Cancer Alliance	Mr. Stephen Fenwick	Aintree University Hospital	Teva
									Bowel Cancer 'When top refer and what's new'	Mr. Paul Skarre (Consultant)	Aintree University Hospital	Lilly
20/11/2019	153	24	46	131					Lung Cancer and what GPs need to know	Dr. Chris McManus	Southport Hospital	
									Cardio Oncology and Primary Care	Dr. Rebecca Dobson	Liverpool Heart & Chest Hospital	Macmillan (non paying)
									Updates for Primary Care	Dr. Rebecca Hanvey	Macmillan GP South Sefton CCG	CRUK (non paying)
									Emergency Oxygen in General Practice	Paul Walker	Aintree University Hospital	Chiesi
18/03/2020									AF	TBC	TBC	Lilly
									To Dip Or Not to Dip!	Martin Jones	Merseycare	Abbott
									CANCELLED DUE TO COVID-19			
												AstraZeneca

Year	Date	Booked	Walk-in	DNA	Total Attended	Subject	Speakers	Speaker Details	Event Sponsor
2017-2018									
2018-2019	17.01.18								
	16.05.18								
	18.07.18								
	15.08.18								
	17.10.18								
	12.12.18								
	16.01.19								
	02.02.19								
	16.01.19								
	20.02.19					Travel Update			Sanofi
2019-2020	10.04.19					Diabetes (1)			MSD
	15.05.19 (pm)					Asthma / Respiratory			Orion
	17.07.19	33	4	10	27	IAPT & Respiratory	Jenny Johnston & Amanda Comer	Aintree University Hospital	AstraZeneca
	21.08.19	24	6	6	24	Emergency Oxygen	Paul Walker	Aintree University Hospital	Chiesi
						Rheumatology	Denise Price/Jenny Fletcher	Aintree University Hospital	
	16.10.19	29	1	8	22	Diabetes Feet	Gemma Cartledge	Merseycare Podiatry Service	Lilly
	11.12.19					Cardiology	Dr Douglas	Aintree University Hospital	Daiichi
							Dr Christopher Grime	Alder Hey	Daiichi Sankyo &
	15.01.20					Childhood Asthma / Mentoring Update	Denise Dutton & Maggi Bradley	Edge Hill University & Southport & Formby ETH	TEVA
	19.02.20					Clinical Supervision / Digital Update	Colette Page	Sefton CCGs	AstraZeneca
2020-2021	15.04.20					TBC			Chiesi
	20.05.20					Travel Health Update	sponsored by Beth Weston		
	15.07.20					TBC			AstraZeneca
	19.08.20					TBC		Andrea Keedy - tell Pauline	Chiesi
	21.10.20					TBC			AstraZeneca
	09.12.20					TBC			AstraZeneca
	20.01.21					TBC			Chiesi
	10.02.21					TBC			AstraZeneca

Year	Date	Booked	Walk-in	DNA	Total Attended	Subject	Speakers	Speaker Details	Event Sponsor	Event Sponsor
2017-2018	12.07.17					To Dip or not to Dip				
2018-2019	27.06.18					Motivational Interviewing	Etal Training			
	12.07.18					Dip or not to dip	Martin Jones	Mersey Care NHS Trust		
	16.07.18					Hypertension	Etal Training			
	29.08.18					cancelled	re booked 05/11			
	05.11.18					ABPI update	Steve Westley	Huntleigh Healthcare	NAPP	AstraZeneca
	19.11.18					Inhaler Technique	Jon Bell			
	31.01.19					Clinical Supervision				
07.02.19					Clinical Supervision					
2019-2020	31.01.19					Clinical Supervision				
	07.02.19					Clinical Supervision				
	17.04.19					Diabetes	Tracy Kirk		NAPP	
	15.05.19 (pm)					Cancer Update			CCG funding	
	05.06.19					Diabetes (2)			MSD	
	26.11.19					Diabetes Study day 1 of 2 (PNs)	Tracy Kirk		NAPP	
	27.11.19					Diabetes Study day 2 of 2 (PNs)	Tracy Kirk		Novo Nordisk	
	04.12.19					Diabetes/ Clinical Skills(HCA)	Tracy Kirk		CCG funding	
	29.01.20					Asthma	Tracy Kirk		Orion	
	04.02.20					Clinical Supervision	Ashfield Services		CCG funding	
	06.02.20					Diabetes (Follow on Day from Nov)	Tracy Kirk		NAPP	
	11.02.20					Clinical Supervision (Practice)	In House		CCG funding	
	25.02.20					COPD	Tracy Kirk		Orion & Chiesi	
2020-2021	06.05.20					Diabetes Foundation Day 1 of 2	Tracy Kirk		NAPP	
	14.05.20					Spirometry	Tracy Kirk		Grant from C&M Primary Care Academy	
	21.05.20					Diabetes Foundation Day 2 of 2	Tracy Kirk		NAPP	
	04.06.20					Motivational Interviewing		Et-AI	Grant from C&M Primary Care Academy	
	09.09.20					TBC	Tracy Kirk		NAPP	
	11.11.20					TBC	Tracy Kirk		NAPP	

	Date	Booked	Walk-in	DNA	Total Attended	Subject	Speakers	Speaker Details	Event Sponsor
2019-2020	04/07/2019 am (PNs)					Revision of Imms Essentials/ Influenza Flu & Imms in 2&3 Year Olds	Stacy Evans Charlorte Smith		Chiesi
	04/07/2019 pm HCAs)					Pneumonia/ Adult & Paediatric Shingles	Stacy Evans		Chiesi
	09/07/2019 am (HCAs)					Pneumonia/ Adult & Paediatric Shingles	Stacy Evans		NAPP
	09/07/2019 pm (PNs)					Revision of Imms Essentials/ Influenza Flu & Imms in 2&3 Year Olds	Stacy Evans Charlorte Smith		NAPP
2020-2021	01/07/2020 am (PNs)					Revision of Imms Essentials/ Influenza Flu & Imms in 2&3 Year Olds	Stacy Evans		CCG Funding
	01/07/2020 pm (HCAs)					Pneumonia/ Adult & Paediatric Shingles	Stacy Evans		CCG Funding
	06/07/2020 am (HCAs)					Pneumonia/ Adult & Paediatric Shingles	Stacy Evans		Chiesi & Grant from C&M Primary Care Academy
	06/07/2020 pm (PNs)					Revision of Imms Essentials/ Influenza Flu & Imms in 2&3 Year Olds	Stacy Evans		Chiesi & Grant from C&M Primary Care Academy

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Sponsorship	Estimated Value	Supplier/Offeror, Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/Supplier	Details of the Officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments	Signed off by...	Position	Date
South Sefton CCG	Medicines Management	19.10.17		Medical Education Grant	*£15,000	Boehringer Ingelheim			Accepted			S Lynch	Head of Medicines Management	19.10.17
South Sefton CCG	Medicines Management	23.06.17	23.6.17	Ion Ball Candy Medical Inhaler Training	£500	GSK			Accepted	QIPP work		S Lynch	Head of Medicines Management	15.5.17
South Sefton CCG	Medicines Management	19.04.17		Meds Medical Educational Goods and Services	*£10,000	Pfizer			Accepted	Financial grant is intended to enhance patient care not linked to prescribing or use of a specific medicine. Pfizer's involvement is limited and they do not receive any direct benefit in return. This will help support delivering our QIPP workstream.		S Lynch	Head of Medicines Management	15.5.17
South Sefton CCG	Medicines Management	4.4.17	10.05.17	Self COPD Training GSK	£500	GSK			Accepted	Education and Training to support		S Lynch	Head of Medicines Management	15.5.17

* Also in All events

Chiesi			
Date	Invoice No	Payment	
16/03/2015	7.013E+09	300.00	
16/03/2015	7.013E+09	360.00	
19/02/2016	7.013E+09	360.00	
22/04/2016	N/a	360.00	
22/07/2016	7.013E+09	360.00	
31/10/2016	7.013E+09	360.00	
01/12/2016	7.013E+09	360.00	
02/05/2017	N/a	360.00	
15/06/2017	7.013E+09	360.00	
16/02/2018	N/a	360.00	
04/07/2018	7.013E+09	360.00	
04/07/2018	7.013E+09	360.00	
16/10/2018	7.013E+09	360.00	
14/12/2018	7.013E+09	360.00	
		4,980.00	

Pfizer			
Date	Invoice No	Payment Amount	
09/10/2017	7.013E+09	10,000.00	

NAPP			
Date	Invoice No	Payment Amount	
20/07/2018	7.013E+09	1,500.00	

GSK			
Date	Invoice No	Payment	
14/03/2016	7.013E+09	360.00	
08/09/2016	7.013E+09	360.00	
08/09/2016	7.013E+09	360.00	
14/12/2016	7.013E+09	360.00	
09/01/2017	7.013E+09	360.00	
20/03/2017	7.013E+09	360.00	
27/06/2017	7.013E+09	360.00	
08/01/2018	7.013E+09	360.00	
20/04/2018	7.013E+09	360.00	
27/06/2016	N/a	89,047.48	
28/07/2016	N/a	19,598.37	
26/10/2016	N/a	40,978.53	
27/01/2017	N/a	67,256.47	
27/04/2017	N/a	68,105.33	
26/07/2017	7.013E+09	61,644.84	
26/10/2017	7.013E+09	61,925.02	
25/01/2018	7.013E+09	58,237.63	
27/04/2018	N/a	55,228.31	
27/07/2018	N/a	78,477.14	
24/10/2018	N/a	59,443.37	

Sanofi			
Date	Invoice No	Payment Amount	
20/09/2018	7.013E+09	360.00	

Merck Sharp & Dohme			
Date	Invoice No	Payment Amount	
19/10/2018	7.013E+09	360.00	
19/12/2018	7.013E+09	360.00	

Daichi Sankyo			
Date	Invoice No	Payment	
15/09/2016	7013000250	360.00	
15/09/2016	N/a	240.00	refunded should be S&F
16/11/2016	7013000289	480.00	
17/01/2017	7013000293	240.00	
15/03/2017	7013000353	360.00	
06/07/2017	7013000422	360.00	
06/12/2017	7013000530	300.00	
11/04/2018	7013000615	300.00	
		2,640.00	

Boehringer Ingelheim			
Date	Invoice No	Payment Amount	
19/10/2017	7013000457	15,000.00	
	7013000761		
07/11/2018	7013000767	4,229.40	
		19,229.40	

Astra Zeneca			
Date	Invoice No	Payment Amount	
21/12/2018	7013000816	180.00	

Eli Lilly			
Date	Invoice No	Payment	
12/04/2016	7013000157	360	
16/08/2016	7013000185	360	
25/10/2016	7013000248	360	
13/12/2016	7013000288	360	
07/03/2017	7013000292	360	
18/07/2017	7013000354	360	
01/08/2017	7013000423	360	
15/05/2018	7013000527	360	
15/11/2018	7013000616	360	
27/11/2018	7013000673	360	
27/11/2018	7013000702	360	
11/12/2018	7013000745	360	
27/12/2018	7013000831	360	
		4,680.00	

Consilient Health			
Date	Invoice No	Payment Amount	
28/12/2017	7013000495	360.00	
29/01/2018	7013000528	360.00	

Payments received from: Santeen UK Ltd			
Date	Invoice No	Payment	Event Notes
Jan-20		225.00	Ophthalmology Collaboration Event
			22/1/20. Joint with S&F CCG-total
			£450.00 split 50/50

Register of gifts and hospitality

Recipient Name	Position	Date of Offer	Date of Receipt /Received (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments
Fiona Taylor	Chief Officer	10/03/2020	10/03/2020	Bouquet of flowers	£35.00	LMC	None		Accepted		
Fiona Taylor	Chief Officer	03/01/2020	03/01/2020	Bottle of Gin (sent direct to office)	£20.00	Carter Corison	None		Accepted		
Christine M Lea	Medicines Management Technician	21/12/2019	21/12/2019	Christmas Meal	£35.00	Bridge Road Medical Centre	None	Sejal Patel	Accepted	Christmas Meal	
Colette Page	Practice Nurse Lead	11/12/2019	11/12/2019	Provision of hospitality during a nurse educational meeting	£5	Daichi-Sankyo			Accepted	DS sponsored nurse meeting on Atrial Fibrillation	Collaborative working with to provide training free to nurses across the CCG
Alain Anderson	Medicines Management Technician	07/12/2019	07/12/2019	Christmas Party	£50.00	Christiana Hartley Medical Practice	As listed	Jennifer Johnson (line manager) Date of approval not provided	Accepted	Treated as part of their team	
Mandiola Fothergill	Pharmacist	30/11/2019	30/11/2019	Christmas meal	£30.00	Boote Village Surgery	As listed		Accepted	Building work relationships	
Mandiola Fothergill	Pharmacist	29/11/2019	N/A	Christmas meal	£30.00	Strand Medical Practice	As listed		Declined	Date not suitable	
Mandiola Fothergill	Pharmacist	27/11/2019	27/11/2019	Educational event	£10.00	Napp Pharmaceuticals, Spectra	As listed		Accepted	Work related useful training provided	
Colette Page	Practice Nurse Lead	16/10/2019	16/10/2019	Provision of hospitality during a nurse educational meeting	£5	Eililly			Accepted	Eililly sponsored a nurse diabetes education meeting	Collaborative working with to provide training free to nurses across the CCG
Colette Page	Practice Nurse Lead	21/08/2019	21/08/2019	Provision of hospitality during a nurse educational meeting	£5	Chiesi			Accepted	Chiesi supported nurse meeting	Collaborative working with to provide training free to nurses across the CCG
Pamela McGorry	Pharmacy Technician	21/08/2019	21/08/2019	Afternoon out: bowling	£15.00	Glovers Lane	None		Accepted	GP leaving social	
Colette Page	Practice Nurse Lead	17/07/2019	17/07/2019	Provision of hospitality during a nurse educational meeting	£5	Astrazeneca			Accepted	AZ provided sponsorship for protected learning time for nurses and HCAs	Collaborative working with to provide training free to nurses across the CCG

Recipient Name	Position	Date of Offer	Date of Receipt /Received (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments
Colette Page	Practice Nurse Lead	09/07/2019	09/07/2019	Provision of hospitality during a nurse educational meeting	£5	Napp Pharmaceutical			Accepted	Napp funded the event venue and refreshment	Collaborative working with to provide training free to nurses across the CCG
Colette Page	Practice Nurse Lead	04/07/2019	04/07/2019	Provision of hospitality during a nurse educational meeting	£5	Chiesi Pharmaceutical Industry			Accepted	Chiesi were funding the cost of the training event	Collaborative working with Chiesi to provide training free to nurses
Fiona Taylor	Chief Officer	10/02/2019	23/03/2019	Annual LMC dinner	£50.00	LMC	24/03/2017		Accepted	On behalf of CCG	
Lesley Fazentfield	Pharmacy Technician	05/09/2018	21/12/2018	Christmas meal / evening out	£40.00	The Strand Medical Centre GP Surgery	None	Chris Brennan	Accepted	Team building	
Janet Spallen	Senior Manager, Commissioning and Redesign	09/11/2018		Box of Chocolates	Unknown	Consultants working on behalf of Newton Europe	None		Accepted	Thank you gift.	
Debbie Fagan	Chief Nurse	14/08/2018	14/08/2018	Flowers	Unknown	CSU CHC Team	None	Debbie Fairclough	Accepted	As a thank you gift for support given.	
William Taylor	Clinical Lead: Diabetes	21/09/2018	21/09/2018	Invited to attend a meeting in relation to Diabetes. Includes overnight accommodation	Unknown	OmniaMed Communications (PCADS is sponsored by NAPP Pharmaceuticals but they have no input into the agenda or the content of the programme)	None		Accepted	The information gathered will assist in Clinical Role.	
CCG (Community Teams)	Commissioning Team (Transformation)	26/01/2018	26/01/2018	19 Blood Pressure Wrist Watches	Unknown	Public Health		Debbie Fairclough	Accepted	Offered and accepted to support the cardiology pilot and community teams.	
Jennifer Johnston	Lead Pharmacist	01/01/2018	January 2018	Sandwich	£3	GSK Rep	N/A	Susanne Lynch	Accepted		
Dr Jill Thomas	GP Member JM/G	Dec-17	Dec-17	Christmas Meal	£30	Norwood Surgery	N/A		Accepted		
Emma Dagnall	Med management pharmacist	22/12/2017	22/12/2017	Cash	£20	Concept House Surgery	N/A		N/A	N/A	
Alain Anderson	Medicines Management Technician	21/12/2017	21/12/2017	Money	£20.00	Concept House Surgery			Accepted		

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments
Linda McLaughlin	Practice Pharmacist	21/12/2017	21/12/2017	Bottle of prosecco	£5	Park St Surgery.	N/A		Accepted	Christmas Gift	
James Creese	Pharmacist	20/12/2017	20/12/2017	Christmas Dinner	Unknown			09/03/2018, Helen Roberts	Accepted		
Jennifer Johnston	Lead Pharmacist	01/12/2017	December 2017	Bottle of Champagne	Unknown	High Pastures	Historically the practice have given a bottle of champagne for most Christmas'.	Susanne Lynch	Accepted	Christmas Gift	
Martin McDowell	Chief Finance Officer	13/10/2017		Invitation to private viewing at Tate Liverpool on 27 November	c£25	Grant Thornton (external auditors for CCG)	N/A		Declined	The gift is above a value of £6 and was therefore declined in accordance with the CCG policy.	
Fiona Taylor	Chief Officer	24/03/2017 13/10/17	24/03/2017 13/10/17	Annual LMC dinner and flowers Invitation to private viewing at Tate Liverpool 27 November 2017.	£70.00 £25.00 circa	LMC Grant Thornton (external auditors for CCG)			Accepted Declined	On behalf of CCG The gift is above a value of £6 and was therefore declined in accordance with CCG policy.	
Linda McLaughlin	Practice pharmacist	13/01/2017	13/01/2017	Bottle of Champagne x 1	£15.00	42 Kingsway GP practice		Sejal Patel Senior Pharmacist 26/01/2017	Accepted	Leaving gift	
Christine Barnes	Medics management pharmacist	21/12/2016	21/12/2016	Gift Voucher for M&S	£15	Dr Misra Dr Bird Dr Kaasha	GV for M and S £15 + meal last Christmas.		Accepted		
Jacqueline Smith	Medicines Management Technician	08/12/2016	08/12/2016	Meal and drinks at restaurant	£30.00	North Park Surgery			Accepted	Work at practice as practice pharmacist on behalf of the CCG	
Grace Harris	Medics management pharmacist	08/12/2016	08/12/2016	Practice Christmas Meal	£20.00	TCG Medical		Sejal Patel Senior Pharmacist 20/01/2017	Accepted	Work at practice as practice pharmacist on behalf of the CCG	

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Helen	Armitage	Representative on Governing Body (on behalf of co-opted member)	Sefton MBC										
Matthew	Ashton	Governing Body - Co-opted	Nil										
Graham	Bayliss	Governing Body Member	Public Sector- Management- Consultancy Pharmaceutical Company	✓			Direct	Director of Public Sector- Management- Consultancy Friend works at a Pharmaceutical Company who deals with CCG	2015 2000	Current-2019 Current	Interest declared at relevant meetings Interest declared at relevant meetings		
Graham	Bayliss	continued...						Remuneration Committee 17/3/2020 agenda item 207 MIAA Review and Remuneration Framework for Clinical Commissioners/ Contractors: Update		17/03/2020	tbc		
Craig	Blakey	Clinical Lead (Urgent Care)	Glovers Lane Surgery University of Liverpool South Sefton GP Federation	✓	✓		Direct	Salaried GP Communities Clinical Teacher Wife is Director for federation.	November 2019 November 2019 January 2020	Current Current Current	All interests declared at relevant clinical meetings and excluded from decision making as relevant and appropriate All interests declared at relevant clinical meetings and excluded from decision making as relevant and appropriate All interests declared at relevant clinical meetings and excluded from decision making as relevant and appropriate	December 2019 bulletin, Issue 42	

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Peter	Chamberlain	Governing Body	Westway Medical Centre Mersey Care	✓	✓		Direct Direct	GP Partner Secondment to Merseycare NHS trust to assist in Community Services Transformation	Oct 2016 June 2017	Current Current	Interest declared at relevant meetings Excluded from making final decisions in relation to LOC funding Interest declared at relevant meetings ; 5. Prohibition from voting in respect of matters relating to Merseycare 6. Prohibition from making formal representation on behalf of Merseycare in any CCG meeting		
Peter	Chamberlain	Governing Body			✓		Indirect	Wife works in Merseycare Perinatal regional team (moved job)	Jan-19	Current	No involvement with funding decisions Interest declared at relevant meetings during related discussions		
Peter	Chamberlain continued	Governing Body member					Prejudicial	Potential involvement	05/09/2019	05/09/2019	It was noted that the items were for information and as such the interests raised did not constitute any material conflict.		
Lyn	Cooke	Employee	Nil										
Lynne	Creedy	Governing Body Member	Bridge Road Medical Centre 66-68 Bridge Road Litherland L21 6PH	✓			Direct	Practice Manager at Bridge Road Practice	Practice position May 2009	September 2019	Interest declared at relevant meetings	Position on governing body concluded September 2019 Also: Issue 39 bulletin Sept 2019	
Billie	Dodd	Employee	Nil										
Jane	Elliot	Employee	Nil										

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				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Debbie	Fagan	Employee Governing Body	NHS Southport and Formby CCG (NHS)	✓	✓		Direct	Joint appointment		Current		Stepped down from Governing Body following secondment position.	
		Management Consultant	DF Consultancy	✓			Direct	Sole trader (Owner)		Current	excluded from decision making with regard to this organisation No action required		
			Knowsley CCG		✓		In-direct	Daughter (Danielle McCulloch) employed by as Commissioning Manager		Current			
			Southport & Formby CCG	✓			Direct	Provide management consultancy support		Current	Declarations at relevant meetings		
			Hallen-CCG		✓		Direct	Provision of consultancy support, QIPP, Financial Recovery and Governance.		October 2019	October 2019	No longer a conflict. Any governance support now provided at STP level is on behalf of CCG.	
Debbie	Fairclough		Warrington-CCG		✓		Direct	Provides management consultancy support		October 2019	October 2019	Declarations at relevant meetings	
			Hallen-GP-Federation		✓		In-direct	Provide management consultancy support		February-2019	Current	Declarations to be made as appropriate	
			Multi Health Specialists (associate contractor)		✓		Direct	Working at Birmingham and Solihull CCG, via Multi Health		May 2019	Current	Declarations to be made as appropriate	
Craig	Gillespie	Governing Body (Crosby Locality)	Blundellsands Surgery, 1 Warren Road, L23 6TZ	✓		✓	Direct	Partner		2008	Current	To not have voting rights for decisions that affect General Practices.	Financial interest commenced in January 2018.
			Member of South Sefton GP Federation		✓		Direct	Member		Jan 2016	Current	To have no involvement in any decision where South Sefton GP Federation have an interest.	
		Governing Body	Connecting Crosby Primary Care Network	✓			Direct	Chair		Nov-2018	Current tbc	Declared at relevant meetings.	
			Crosby and Maghull PCN	✓			Direct	Clinical Director		1 Jan 2019	Current	No voting rights for decisions impacting on General Practice or PCNs	

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Craig	Gillespie continued	Governing Body member				Prejudicial	GB-SS-PH15-Sept-2019 GB19/1084 and GB19/1088 Primary Care Commissioning Committee information items GB-SS-PH15-Sept-2019 GB19/118-Conn-Bandwidth- Upgrades	Potential involvement	05/09/2019	05/09/2019	It was noted that the items were for information and as such the interests raised did not constitute any material conflict.		
Susan	Gough	Clinical Lead (Mental Health)	Westway Medical Centre	✓		Direct		GP Partner of member practice then sessional GP	18/02/2003 then: 01/04/2018	31/03/2018 then: Current	Interest declared at relevant meetings		
Georgina	Halstead	Governing Body Member and Clinical Lead for Safety	Concept House Surgery 17 Merton Road Bootle L20 3BG South Sefton GP Federation Bootle Primary Care Network	✓		Direct		Partner Member of Federation Member of Network	July 2013	Current	Interest declared at relevant meetings and voting rights to be suspended on matters related to GP practices	Vice Chair of CCG Quality Committee and Clinical Lead for Quality	
				✓		Direct			2017	Current	Interest declared at relevant meetings and voting rights to be suspended on matters related to federation		
				✓		Direct			July 2018	Current			

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Debbie	Harvey	Employee	Concept House Surgery 17 Merton Road Boole L20 3BG MacMillan GP, Wirral Cheshire and Merseyside NWC SCN Cancer Alliance Cheshire and Merseyside	✓ ✓ ✓ ✓ ✓ ✓			Direct Direct Direct Direct Direct Direct	Salaried GP GP CRUK GP Lead and EOL Lead Board Member and MacMillan GP IOM	1 September 2014 January 2017 September 2014 and March 2016 March 2017 and July 2016 Current Current	Current Current	Interest declared at relevant meetings		
Wendy	Hewitt	Employee Clinical Lead	Nil Strand Medical Centre	✓			Direct	GP Partner of Member Practice	2003	Current		Clinical Lead position for South Sefton CCG commenced August 2017 Partner of South Sefton CCG member practice	
Anna	Hunter		Sefton MBC Southport & Formby CCG	✓ ✓			Direct Direct	Clinical Lead for Sexual Health Clinical Lead for Transgender Service	August 2012 August 2017	Current Current	Interests to be declared at relevant meetings		
Tracy	Jeffes	Employee	Nil										
Maureen	Kelly	Governing Body (co-opted from Health Watch)	Nil										
Ruari	Killough	Employee	tbc										
Jan	Leonard	Employee	SF GP Federation (NHS)	✓			Indirect	Sister is a member of the SF GP Federation		Current	Internal governance process mitigates this risk via committee / approvals process.		
Jane	Lunt	Governing Body Member	Liverpool CCG Southport & Formby CCG	✓ ✓			Direct Direct	Chief Nurse (substantive post) and Interim Chief Nurse for S&F CCG	01/10/2019	30/06/2020	Conflict declared at each meeting as part of the regular joint declarations.	Conflict arises from being party to confidential or other information which has a material impact on substantive post.	

South Sefton CCG Register of Interests
Governing Body Members and Employees
31 March 2020

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Susanne	Lynch	Employee	Cambridge Road Pharmacy (NHS)	✓			Indirect	Husband is a business partner and superintendent pharmacist for Cambridge Road Pharmacy	2014	Current	Excluded from signing off invoices for commissioned community pharmacy services. Delegate work involving this pharmacy to other senior pharmacists.		
Karl	McCluskey	Employee	Nil	✓			Direct	Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	Current	Protocols in place with Chairs, GB & SLT of both organisations	Sick leave from mid October 2019	
Martin	McDowell	Employee Governing Body Member	Liverpool E&P Theatres		✓		Indirect	Partner is Director of Finance	1/9/18	Current	Monitor decision making.		
Alison	Ormond	Employee	Mersey Care		✓		Indirect	Son is employed as Financial Support Officer as fixed term contractor.	3 January 2017	Current	Interest declared at relevant meetings. Exclusions from discussions/decision making where conflicted.		
Brendan	Prescott	Employee	Aintree Hospital (NHS)	✓			Indirect	Spouse is an employee at Aintree University Hospital	2013	Current	Interest declared at relevant meetings.		
Brendan	Prescott continued	Employee and Governing Body	NHS Southport & Formby CCG			#	Direct	Head employee with S&J CCG Standing in as Chief Nurse on Governing Body	May-19	Oct 2019	Interest declared at relevant meetings		
Angela	Price	Employee	Nil										
Jikita	Roberts	Seconded	tbc										

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Sunil	Sapre	Governing Body Member	S2S Health Ltd	✓			Direct	Director.	11th June 2016	Current	Interest declared at relevant meetings		
			Maghull Health Centre, L31 0DJ	✓			Indirect	Wife is also Practice Manager and Partner. Son-in-Law is also a partner. Daughter is Consultant Psychiatrist	July 1993/ April 2005 October 2013 11th June 2016	Current	Interest declared at relevant meetings No mitigation required.		
			Daughter is Consultant Psychiatrist in Wirral		✓		Indirect				Current		
Sunil	Sapre continued	Governing Body member					Prejudicial	GB-SS-PH15-Sept-2019 GB19/1084-and-GB19/1088 Primary Care-Commissioning-Committee-Information-Items	Potential involvement	05/09/2019	05/09/2019	It was noted that the items were for information and as such the interests raised did not constitute any material conflict.	
							Prejudicial	GB-SS-PH15-Sept-2019 GB19/118-Cont-Bandwidth-Upgrades	Potential involvement	05/09/2019	05/09/2019	(4) the Deputy Chair took the item (2) GP members remained in the meeting but refrained from taking part in the discussion or decision.	
Alan	Sharples	Governing Body Member (Governance)	Cheshire and Wirral Partnership NHS FT			✓	Indirect	Wife (Rebecca Burke-Sharples) is a Non-Executive Director	22nd Jan 2005	Current		Appointed August 2019	
					Vision 4 Children (The Littler Trust)		✓	Direct	Trustee	Sep 2009	Current	Interest declared at relevant meetings	
Alan	Sharples	continued...						Remuneration Committee 17/3/2020 agenda item 20/7 MIA Review and Remuneration Framework for Clinical Commissioners/ Contractors: Update	Item discusses the remuneration of Lay Members and their ability to claim travel expenses	17/03/2020	17/03/2020	tbc	

South Sefton CCG Register of Interests
Governing Body Members and Employees
31 March 2020

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the Interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Interests	Non-Financial Interests				From	To		
Jeff	Simmonds	Governing Body	Southport & Formby CCG	✓			Direct	Governing Body member	Jan-18	Current	Protocols in place with Chairs, GB & SLT of both organisations and interest declared at relevant meetings		
Jeff	Simmonds	Governing Body continued						Remuneration Committee 17/3/2020 agenda item 2017 MIAA Review and Remuneration Framework for Clinical Commissioners/ Contractors: Update	17/03/2020	17/03/2020	tbc		
Charlotte	Smith	Representative on Governing Body (on behalf of co-opted member)	Nil - Sefton MBC										
			NHS Southport & formby CCG	✓			Direct	Joint appointment as CFO at NHS Southport and Formby CCG and NHS South Sefton CCG	2013	Current	Protocols in place with Chairs, GB & SLT of both organisations		
				✓			Direct	Conflict raised at PTII Private GB meeting (May 2017 - GB17/94 and GB17/95)	May 2017	Current	Chair notified in advance, declaration declared at the commencement of the meeting, FLT vacated meeting whilst item was discussed.		
Fiona	Taylor	Employee Governing Body Member	St Ann's Hospice	✓			Direct	Trustee of St Ann's Hospice, Cheade	1 January 2017	Current	No mitigation required		
			AQUA	✓			Direct	Board Member for AQUA	1 January 2017	Current	Interest declared at relevant meetings		
			St Georges Central CE School & Nursery, Tyldesley				Direct	Chair of Governors	September 2005	Current	No mitigation required		

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Interests	Non-Financial Interests				From	To		
William Nigel	Taylor		Eastview Surgery (General Practice) AQUA Primary Care Diabetes Society Diabetes UK British Heart Foundation MSD Janssen, Sanofi, AstraZeneca C&M Diabetes SCN Merseyside Retinal Screening Board C&M Health & Care Partnerships Wirral University Teaching Hospital NHS Foundation Trust Arrowe Park NHS	✓	✓	✓	Indirect	Married to Dr Harwood, salaried GP at Eastview Surgery	14 February 2014	Current			
					✓	✓	Direct	Member of Clinical Reference Group	2006	Current			
					✓	✓	Direct	Member	2004	Current			
					✓	✓	Direct	Member	November 1999	Current			
					✓	✓	Direct	Member	November 1999	Current			
		Employee and Clinical Lead					Direct	Educational sessions and Chairing meeting services provided; honorarium received.	November 1999	Current		All interests declared at relevant meetings and excluded from decision making as relevant and appropriate.	
					✓	✓	Direct	Member	2006	Current			
					✓	✓	Direct	Member	2007	Current			
					✓	✓	Direct	Member of Diabetes Programme Board	March 2018	Current			
					✓	✓	Indirect	Niece employed as Physiotherapist	August 2018	Current			

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes	
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To			
William Nigel	Taylor continued	Employee and Clinical Lead	Foundation Trust						Nephew-in-law employed as Physiotherapist	2015	Current			
			Clatterbridge Cancer Centre and Arrowe Park NHS Foundation Trust	✓	✓		Indirect	Niece employed as Physiotherapist	February 2018 and September 2015	Current				
			Alder Hey Children's Hospital NHS Foundation Trust	✓			Indirect	Sister employed as Nursing Sister on ITU	(Since approx 1985) 14 Feb 2014 in this employ/t Nov 2018 Nov 2018	Current		All interests declared at relevant meetings and excluded from decision making as relevant and appropriate.		
			Southport & Formby CCG				Direct	- Clinical Lead for CVD for S&F and SS CCG.						
			Southport & Formby CCG	✓			Direct	- Diabetes Clinical Lead for SS CCG giving advise to SF CCG						
			Royal Liverpool & Broadgreen CCG		✓		Indirect	Niece employed as theatre nurse	June 2018	Current				
			Member of Primary Care Academy of Diabetes Specialists		✓		Direct	Member of academy	September 2018	Current				
			Royal College of General Practitioners		✓		Direct	Ad hoc work	21 May 2019	Current			All interests declared at relevant meetings and excluded from decision making as relevant and appropriate.	Payment received for work undertaken looking at guidance for patients recovering from Acute Kidney Injury (AKI RAND).
			Health and Care Partnership Elective Care Board		✓		Direct	Primary Care Clinical Lead for Nephrology	September 2019	Current				
			Jill	Thomas	Employee	Nil								

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Interest Declared at meeting	Nature of Interest	Date of Interest		Action taken to mitigate risk	Notes
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests				From	To		
Cameron	Ward	Contractor	Nil										
John	Wray	Governing Body Member (GP Clinical Director) and Clinical Lead	NWAS Concept House Surgery, Bootle L20	✓	✓		Direct Direct	NWAS Merit Team Dr then Associate Medical Director Salaried GP	2015 then 1st June 2017 01/07/17	Current Current Current	Excluded from decision making regarding this organisation Interest declared at relevant meetings Interest declared at relevant meetings		

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
					Nil	Financial Interests	Non-Financial Interests	Non-Financial Professional Interests			Personal Interests	From	
Navaid	Alam	Member practice	North Park Medical Centre	Nil									
Catherine	Aspden	Member practice (Bootle Locality)	Bootle Village Surgery						Chair of Bootle PCN				
Gus	Bernie	Member practice (Locality, Crosby)	42 Kingsway	SS Federation					Director of SS Federation	TBC			
Jon	Clarkson	Member practice	Ford Medical Practice (General Practice)	Nil					GP at Ford Medical Practice		Current	Interest declared at relevant meetings	
Brian	Fraser	Member practice		Sefton LMC (NHS) Royal Liverpool and Broadgreen University Hospitals (NHS)					Chair of Sefton LMC Spouse employed by RLBUHT				
Peter	Goldstein	Member practice		Nil									
Sue	Gough	Member practice	Westway Medical Centre	Nil					GP partner of member practice 18/2/03 to 31/3/18 Sessional GP 1/4/18 to current	18/02/2003 01/04/2018	31/03/2018 Current	Interest declared at relevant meetings	
Gina	Halstead	Member practice	Concept House Surgery (General Practice)						GP Partner at Concept House Surgery		current		

South Sefton CCG Register of Interests
Member Practices
31 March 2020

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Interests	Non-Financial Interests			From	To	
Elizabeth	Harwood	Member Practice					✓	In-direct	Married to Dr W N Taylor, Clinical Lead for respiratory and long term conditions Southport & Formby CCG and South Sefton CCG	14/02/2014	Current	Interest to be declared at relevant meetings	
Anna	Ferguson-Hunter	Member practice	Hightown Village Surgery (managed by Chapel Lane Surgery - SF CCG)		✓		Direct	Salaried GP - Hightown Village Surgery (managed by Chapel Lane Surgery - SF CCG)	4/3/2016	11 August 2019	Interest to be declared at relevant meetings		
			Eastview Surgery (SS CCG)		✓	Direct	Salaried GP Eastview Surgery	1/4/2017	Current	Interest to be declared at relevant meetings			
			Strand Medical Centre		✓	Direct	GP Partner	2003	Current				
Jane	Irvine	Member practice		Sefton MBC	✓	Direct	Clinical Lead for Sexual Health	August 2012	Current				
				South Sefton CCG	✓	Direct	Clinical Lead for Transgender Service	August 2017	Current				
Jakub	Kreichwost	Member practice		Nil									
Colette	McDonagh	Member practice	30 Kingsway Surgery, Waterloo, L22 4RQ		Nil								

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Emma	McDonnell	Member practice (Seaforth and Litherland Locality)	Bridge Road Medical Centre	Member of LMC Deputy Chair of Seaforth PCN									
Colette	McElroy	Member Practice	Dr C A McElroy & Partners 15 Sefton Road, Litherland, Merseyside L21 9HA	Nil					Principle Partner		Current		
Hannah	McKay	Member practice	GP UC24 Crossways					✓	Salaried GP for UC24 based clinically at UC24 Crossways and deliver remote/at scale care across the 7 UC24 practices PCN Connecting Crosby Support Role		1 Dec 2018 Current		
Karen	McKracken	Member practice (Crosby Locality)	Dr's Berry and Vitty 40-42 Kingsway, Waterloo, Liverpool L22 4RQ	SS Federation					Director of SS Federation				
Kebsi	Naidoo	Member practice	Blundellsands Surgery	Nil									
Pauline	Needham	Member practice		Nil									

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
					Nil	Financial Interests	Non-Financial Professional Interests			Non-Financial Personal Interests	From	
Sandra	Oelbaum	PCN Member (Seaforth & Litherland Locality)	PC24	Seaforth & Litherland PCN Primary Care 24		✓		Direct	Clinical Director/Chair	01/04/2019	Current	Interest declared at relevant meetings
						✓		Direct	Executive Medical/Clinical Director	TBC	Current	
Sophie	Reck	Member practice	Ford Medical Practice (General Practice)			✓		Direct	GP at Ford Medical Practice		Current	Interest declared at relevant meetings
						✓		Direct	Wider Constituent rep on behalf of surgery.		Current	
Christine	Randall	Member practice	Cumberland House Surgery Cumberland House Surgery Cumberland House Surgery			✓		Indirect	Inhouse Pharmacy at practice: surgery receives income via rent		Current	
						✓		Indirect	Practice rents space to Physio		Current	
						✓		Direct	Director of Exacta Medical with husband		Current	
						✓		Direct	GPSI in Dermatology	2004	Current	
Janette	Rimmer	Member practice	PC24 Units 4-6 Enterprise Way Liverpool L13 1FB	Dermo Working Group					Advisor to the group	2016	Current	
					Nil							

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Interests	Non-Financial Interests			From	To	
Anthony	Roberts	Member practice	Moore Street Surgery 77 Moore Street, Bootle, L20 4SE		Nil								
Graham	Sharrock	Member practice	Ford Medical Practice		Nil								
Helen	Shillcock	Member practice	Moore Street Surgery 77 Moore Street, Bootle, L20 4SE		Nil								
Andrew	Stade	Member practice	Glovers Lane Surgery Netherton L30 5TA		Nil								
Pauline	Sweeney	Member practice	Park Street Surgery Park Street Bootle L20 3DF		Nil								
Ade	Taiwo	Member practice	Ford Medical Practice (General Practice)			✓		Direct	GP at Ford Medical Practice		Current	Interest declared at relevant meetings	
Jill	Thomas	Member practice			Nil								
Carolyn	Thomson	Member practice	High Pastures Surgery, Maghull		Nil								
Nigel	Tong	Member practice			Nil								

First Name	Surname	Current position (s) held, i.e. Governing Body, Member practice, Employee or other	Member Practice	Declared Interest- (Name of the organisation and nature of business)	Nil	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
						Financial Interests	Non-Financial Interests	Non-Financial Interests			From	To	
Martin	Vickers	Member practice	Bridge Road Medical Centre			✓			Direct	GP Partner		Current	No longer at Seaforth and Litherland meetings but still Chair of South Sefton GP Federation. Interest declared at relevant meetings.
Phil	Weston	Member practice (Maghull Locality)	High Pastures Surgery, Maghull							Chair of Maghull locality Member of LMC			
Roy Doran Potts Vitty Berni	Swapna Clare Katherine Frederick Gustavo	Member practice	Dr's Berry and Vitty 40-42 Kingsway, Waterloo, Liverpool L22 4RQ				Nil						
Practice			Park Street Surgery Park Street Bootle L20 3DF				Nil						

MEETING OF THE GOVERNING BODY June 2020

Agenda Item: 20/83	Author of the Paper: Judy Graves Corporate Business Manager Judy.Graves@southseftonccg.nhs.uk 0151 317 8352						
Report date: May 2020							
Title: Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q4 2019/20							
Summary/Key Issues: The members are presented with the updated Corporate Risk Register (CRR) and GBAF for Q4 2019/20 as at 31 March 2020. Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above. The documents have been reviewed and updated by the respective risk leads and, following analysis by the respective committees, presented through the review and scrutiny process. Also presented is an update on the position of the risks for COVID-19, SEND and Fraud, Bribery and Corruption.							
Recommendation Following review and scrutiny, the Governing Body is asked to:	<table style="margin-left: auto; margin-right: 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"/>						
<ul style="list-style-type: none"> • approve the report content and actions • note the actions of the Audit Committee • make recommendation for any further updates and actions 							

Links to Corporate Objectives 2020/21 (x those that apply)	
X	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.
X	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
X	To ensure 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.
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).

X	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.
X	To progress a potential CCG merger to have in place an effective clinical commissioning group function.

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			<p>Reviewed by the respective risk leads, committees and Leadership Team.</p> <p>The documents were due to be presented to the Corporate Governance Support Group however this was cancelled due to COVID responsibilities.</p> <p>The documents are as presented to the Audit Committee in April 2020</p>

Report to the Governing Body June 2020

1. Executive Summary

The paper provides an updated Corporate Risk Register (CRR), Risk Heat Map and Governing Body Assurance Framework (GBAF) as at 31 March 2020 (Q4 2019/20).

The GBAF has been presented to the risk leads for review and update.

The CRR has been presented to the risk leads for update and is reviewed by the respective committees as part of the risk process.

Also presented is an update on the position of the risks for COVID-19, SEND and the Fraud, Bribery and Corruption risks.

2. Position Statement 31st March 2020 (Q4 2019/20)

2.1 Governing Body Assurance Framework (GBAF)

There are a total of 13 risks against the 6 strategic objectives.

GBAF Risk Positions (*appendix A*)

Risk	Score	Number of Risks
Low	1-3	2
Moderate	4-6	0
High	8-12	4
Extreme	15 - 25	7

GBAF Highlights

GBAF risks 1.1 and 1.3 have been reduced in score due to final agreement of plans.

The majority of remaining risk scores have been increased as a result of the COVID-19 outbreak. The Department of Health and NHS England have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.

2.2 Corporate Risk Register (CRR) and Risk Heat Map

Of the 49 operational risks on the CRR as at 31st March 2020 (Q4 2019/20), there are 25 rated high (score of 12) or above:

- Finance and Resource: 4
- Quality and Performance: 16
- Primary Care Commissioning: 5

The CRR presented (**appendix D**) now includes any risks reduced below the normal reporting threshold of 12 for one cycle. This is following discussion of the process for removing risks from the register and to assure the Audit Committee on mitigation of that risk. This is in addition to that normally contained within the 'recent movement' section of the report (below).

Also listed are the risks which already sit below the reporting threshold that have been reviewed and recommended for removal and transfer to the 'closed' risk register.

Recent Movement (<i>Appendix D</i>)	
<ul style="list-style-type: none"> ○ 3 new risks 	<ul style="list-style-type: none"> ○ QUA078: There is a risk to performance and quality at the AUH site LUHFT caused by the service reconfiguration as a result of the merger resulting in potential adverse impact on care and outcomes. ○ JC30: Risk to sustainability of General Medical Service due to COVID-19 ○ QUA079: There is a risk to performance, quality and delivery of the CHC programme caused by COVID-19 resulting people being lost in the system, care packages not being appropriate to patient need and a post COVID-19 backlog of LR and assessments.
<ul style="list-style-type: none"> ○ 4 risks increased 	<p>All four financial risks increased in February due to the certainty at that time that the CCG will not deliver its financial plan or its statutory duty.</p>
<ul style="list-style-type: none"> ○ 16 risks remained static of which 2 have been recommended for removal: 	<ul style="list-style-type: none"> ○ QUA051a: Risk relates to patients presenting at AED at Aintree University Hospital caused by system pressures. The risk relates to a national issue. The CCG are not directly mitigating this risk. Assurances and updates are being obtained via meetings like CQPG and CF. ○ QUA058: Relates to risk of delivering appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk. The CCG are not directly mitigating against this risk. Assurances and updates are being obtained via meetings like CQPG and CF.
<ul style="list-style-type: none"> ○ 1 risk has reduced which remains above the reporting threshold of 12: 	<ul style="list-style-type: none"> ○ JC05: in relation to the continuity of patient care due to impact of delays in records transfers. Results of practice survey demonstrated that no issues experienced by some practices but those that did struggled to get resolution. Escalation process now put in place with NHSE. PCCC agreed to reduce risk.
<ul style="list-style-type: none"> ○ 4 risks have reduced to below reporting threshold (but will remain on the lower level risk register), with 1 proposed for removal and subsequent transfer to the 'Closed' Risk Register: 	<ul style="list-style-type: none"> ○ QUA025a: Risk that patients could be harmed or receive inadequate care caused by a lack of assurance and capacity within the commissioned Looked After Children's Health Team. Risk reduced as a result of additional appointments to team. ○ QUA044: Risk to delivery due to capacity within the quality team. More joined up working with Liverpool CCG has enabled workloads to be covered. ○ QUA066: Risk reduced as a result of the progress being made on the implementation of CQC recommendations and the anticipated closure of the action plan mid-April. <p>Reduced and proposed for removal:</p> <ul style="list-style-type: none"> ○ QUA064: Risk reduced as a result of the PHB trajectories being met. Risk is recommended for removal.

<ul style="list-style-type: none"> ○ Of the risks below the reporting threshold (12+), there are 6 proposed for removal by the risk leads and respective committees (and moved to the 'Closed' Risk Register): 	<ul style="list-style-type: none"> ○ QUA038: Risk in relation to a risk of a delay for the learning from the deaths of people with a learning disability, under the LeDeR programme. A clear strategy is now in place and is being applied. Risk is now significantly reduced. ○ QUA055: Risk in relation to non-implementation of the recommendations from the Kirkup Report. When Kirkup was published there was initially concern that it needed to be read and digested by Trusts to ensure they understood the implications for their Trust. This has been evidenced through CQPGs. ○ QUA059: Risk is in relation to a lack of ability to learn from incidents and serious incidents in Primary Care caused by low reporting. Strategies are in place to improve reporting. ○ QUA067: Risk is in relation to the necessary systems and resources needed to support the MCA/DoLs process caused by amended legislation. It is recommended that this risk is removed as the risk has not yet presented itself and as such nothing to mitigate against. ○ JC15: <u>PTII confidential</u> : Audit committee received detail and agreed closed. ○ JC22: <u>PTII confidential</u> : Audit Committee received detail and agreed closed.
<p>Aintree Risk (QUA047)</p>	<ul style="list-style-type: none"> ○ QUA047: Risk is in relation to performance at Aintree University Hospital. <p>Was previously recommended by the Audit Committee and Governing Body that this risk is not removed from the reporting register in light of ongoing issues. But is reviewed by the risk lead in relation to rationale for removing and score.</p> <p>Following review a more current and relevant risk has been added to the register (QUA078). Is proposed that the risk QUA047 is now removed.</p>

CRR Risk Positions (12+)

Risk	Score	Number of Risks
High	8-12	14
Extreme	15 – 25	11

CRR Details and Highlights

The risk highlights can be seen in the heat map **appendix B**, with the detail being shown in the corporate risk register **appendix D**.

3. COVID-19 Risks

At the private Governing Body meeting held in March 2020, the members were presented the first COVID-19 risks on the CRR.

It had been noted that COVID-19 had progressed since those risks were added and needed further review.

At the time of writing this report a specific organisational COVID-19 Risk Register was being compiled.

4. SEND Risks

The Audit Committee is presented with a copy of the latest SEND Continuous Improvement Board (CIB) risk register as at 31st March 2020.

There had been an action to incorporate the risks into the CCG's CRR. On first review the SEND register uses a different scoring matrix to the CCG so this is not possible. However work will be carried out to ensure the risks are incorporated into the CCG's assurance process, and work has already been done with the Associate Chief Nurse (Kerrie France) on producing a Heat Map for the SEND risks.

5. Fraud, Bribery and Corruption Risks

MIAA have developed a fraud risk matrix and process for considering which fraud risks should be considered for inclusion on organisations' risk registers; standard 1.4.

As part of this standard the CCG has had a comprehensive risk assessment to identify fraud, bribery and corruption risks, and counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. It has been confirmed that the CCG's risks are recorded and managed in line with the organisation's risk management policy and are included on the appropriate risk registers. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body).

There are seven thematic fraud risks and one generic risk which have been scored against the CCG's risk management process that has been reviewed and added to the CCG risk register. The risks are all low to moderate which is a score of between 1 and 6:

1. Staff & Payroll Frauds	Risk of fraudulent or corrupt payroll-related payments to, or on behalf of, former, current or fictitious NHS employees.
2. Recruitment Frauds	Risk of the fraudulent or corrupt recruitment, appointment or promotion of unsuitable temporary, casual or permanent NHS employees (be they genuine or fictitious).
3. NHS Financial Systems & Performance (invoices, procurement etc)	Risk of the fraudulent or corrupt manipulation of NHS finance and performance systems and data (including targets) potentially or actually causing a loss to the NHS and/or a gain to another.
4. Bribery Risk Management	Risk of bribery and corruption against the NHS through the failure to adopt appropriate governance requirements ('adequate measures') or to effectively apply management controls.
5. NHS Asset Misappropriation	Risk of the misuse or unauthorised removal / disposal of NHS assets / resources causing a loss to the NHS; or, the diversion of income intended for the NHS for private gain.
6. Patient Frauds	Risk of genuine patients and ineligible individuals misrepresenting themselves as patients, defrauding the NHS in order to obtain benefits to which they are not entitled.
7. Other Third Party Frauds (originating externally to the health body)	Risks of third parties, external to the health body, attempting to defraud the NHS or NHS employees.

6. Risk Review: Process Monitoring

A review has been carried out on the process for the management of the risks. This has included:

- Timeline of submission dates and mapping of process so as to ensure the risks are reviewed and updates submitted at each stage of the process
- Responsibilities of each committee lead/contact
- Review of content and process for each committee, including confirmation that each committee should (and do) review 'all' risks within their register
- Process and review support for risk owners and committee leads
- Risk leads had been requested to review their risks scored '5', either as a likelihood or consequence, so as to clarify risks scored at that level.

7. Audit Committee Recommendation: 23rd April 2020

At the Audit Committee meeting in April the membership:

- Following review and scrutiny approved the updates and report content
- Approved the following risks for removal as listed in section 2:
 - QUA051b
 - QUA064
 - QUA038:
 - QUA055:
 - QUA059:
 - QUA067:
 - JC15: PTII confidential
 - JC22: PTII confidential
 - QUA047
- Reference was made to risk QUA058 (*risk to delivering appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk NHS Trust*). This risk had been proposed for removal due to limited mitigation that can be directly applied by the CCG, and given that assurances and updates regarding the issue have been provided at meetings of the Clinical Quality Performance Group and the Collaborative Forum. It was noted that the removal of this risk had been challenged by Southport and Formby CCG as it had been considered and issues for both the Trust and the CCG. The members agreed that further discussion was needed at the Joint Quality and Performance Committee and reported through the next register update.

8. Recommendation

Following review and scrutiny, the Governing Body is asked to:

- approve the report content and actions
- note the actions of the Audit Committee
- make recommendation for any further updates and actions

9. Appendices

Appendix A – Governing Body Assurance Framework

Appendix B – Risk Heat Map

Appendix C – Risk Themes

Appendix D – Corporate Risk Register

Appendix E – Risk Matrix

Judy Graves
Corporate Business Manager
May 2020



South Sefton
Clinical Commissioning Group

South Sefton CCG

Governing Body Assurance Framework

2019/20

Update as at: 31 March 2020 (Q4 2019/2020)

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

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

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
1. To 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.	1.1 Lack of partnership engagement	Karl McCluskey	9	2	<ul style="list-style-type: none"> Sefton2gether plan agreed by all partners Implementation plan prepared. Implementation suspended due to Covid-19 (national request) Sefton Transformation Board formally concluded and transition underway
	1.2 Reconfigurations of organisations detract from transformation agenda	Karl McCluskey	9	16	<ul style="list-style-type: none"> Review implementation approach when Covid-19 concluded to allow business as usual to proceed.
	1.3 Lack of partner and public engagement on developing the 5 year plan	Karl McCluskey	6	2	<ul style="list-style-type: none"> Plan agreed with partners
2. To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	2.1 There is a risk that identified areas of adverse performance are not managed effectively or initially identified	Karl McCluskey	16	16	<ul style="list-style-type: none"> Joint Quality and Performance committee meetings continuing Review of performance and shortfall areas identified and pursued. Covid-19 will impact on provider abilities to meet standards Statutory Lead in place NHSE approval of assurance against key standards. Full incident management team and cell arrangements established in response to of C-19 AO lead role for Sefton in wider system c-19 response
	2.2 Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.	Tracy Jeffes	16	8	

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
	2.3 Failure to have in place plans in the event of a no-deal Brexit may result in adverse consequences for patients due to potential medicines supply issues	Jan Leonard	20	20	<ul style="list-style-type: none"> • EU exit event attended • NHSE sitrep procedure now paused • NHSE EU exit webinars scheduled for forthcoming months for CCG leads • Business continuity exercise for leadership team completed for February 2020
	2.4 Failure to have in place care home provider failure plans could adversely affect continuity of care for patients.	Jane Lunt	9	20	<ul style="list-style-type: none"> • Care home provider failure plan in place and has been tested • CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed • The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.
3. To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan	3.1 Failure to deliver the CCG's overall QIPP plan	Martin McDowell	9	20	<ul style="list-style-type: none"> • Transition Plan for 2020/21 being considered with partners for associated staffing support being quantified. Plan to be approved by STB on 8 January 2020. Pending agreement recruitment to commence on 9 January 2020. • The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.
4. To support primary care development through our responsibilities for the commissioning of primary medical services, the	4.1 Current work pressures reduce ability to engage on the transformation agenda.	Jan Leonard/ Tracy Jeffes	9	9	<ul style="list-style-type: none"> • PCN expectation document completed • LQC for 2019/20 operational and schemes live • Social prescribing link workers

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
<p>development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton</p>					<p>commenced in post December and now supporting C-19 response for most vulnerable</p> <ul style="list-style-type: none"> Extended access schemes all live. Monitoring of impact. Draft quality dashboard being presented to PCCIC PCNs have completed plans and a maturity matrix for NHSE which will assist with planning and support from the CCG. Many areas of the PCN DES are now suspended due to C-19 but work on care homes continues.
<p>5. To advance integration of in-hospital and community services in support of the CCG locality model of care.</p>	<p>5.1 Lack of engagement of all providers in the development of the Provider Alliance.</p> <p>5.2 Ability and capacity of PCNs to develop and to contribute to the integration model.</p>	<p>Jan Leonard</p> <p>Jan Leonard</p>	<p>12</p> <p>16</p>	<p>20</p> <p>20</p>	<ul style="list-style-type: none"> Supporting the development of the Provider Alliance Producing a project initiation document and project plan for the development of the Provider Alliance Supporting monthly meetings of the Provider Alliance and the Operational Group CCG co-Charing (with Public Health) Falls Work Stream Work streams in place for falls and children's Operational Delivery Group in place The COVID19 outbreak will have a significant and adverse impact on delivery of this objective. Phased development of PCNs PCN progress reviewed by Prim 3 PCNs now authorised MOUs in place for Medicines Hub

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Key changes since last Review?
					<ul style="list-style-type: none"> Contractual monitoring in place for 7 day access service Development sessions with Wider Group The COVID19 outbreak will have a significant and adverse impact on delivery of this objective.
6. 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.	6.1 There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans.	Tracy Jeffes	9	9	<ul style="list-style-type: none"> Integrated Commissioning Group established and plan for more ambitious joint working Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements Working together on implementation plan for the Health & Wellbeing strategy and the 5 year plan Steering Group established to monitor and further develop the ambitions within the pooled budget ICG role and function review completed Joint commissioning arrangements in development. New BCF approved by council and governing bodies with s75 agreed Many areas of development are paused to enable c-19 response
	6.2 Organisation reconfiguration detracts from strategic commissioning	Tracy Jeffes	9	9	<ul style="list-style-type: none"> Working together on developing the Health & Wellbeing strategy and the 5 year plan Ensuring the primacy of "place" within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger

Strategic Objective		Principal Risk identified		Risk Owner		Risk Initial Score		Risk current Score		Key changes since last Review?
										<p>commissioning footprints for some other services.</p> <ul style="list-style-type: none"> • Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. • Joint Integration Commissioning Workshop action plan complete. Paper to go to both cabinet and governing body. • Ongoing positive engagement at Integrated Commissioning Group meetings. • Merger process now paused due to c19 response

Strategic Objective 1		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.	
Risk 1.1	Lack of partnership engagement		
Risk Rating		Lead Director Karl McCluskey	
Initial Score	3 x 3 = 9	Date Last Reviewed	9 April 2020
Current Score	1 x 1 = 2		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> • STB with independent chair in place with all partnership engagement • Regular liaison with partners including Board to Board meetings and co-ordination meetings • Regular progress reports to bi-monthly formal STB meetings • Five year plan Sefton2gether agreed by partners. 		Action	Responsible Officer Cameron Ward
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> • .Monthly reviews at STB meetings 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 1	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.		
Risk 1.2	Reconfigurations of organisations detract from transformation agenda		
Risk Rating Initial Score Current Score	<p>Lead Director Karl McCluskey</p> <p>Date Last Reviewed 9 April 2020</p> <p>3 x 3 = 9 4 x 4 = 16</p>		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> Focussing on business as usual Increased focussed on performance levels Clarity of roles and responsibilities during times of change Increased engagement and communications between partners <p>Note – NHSE/I request all implementation of 5 year plans is paused due to Covid-19</p>	Action	Responsible Officer	Due By
Assurances (how do we know if the things we are doing are having an impact?):	Review implementation approach when Covid-19 concluded to allow business as usual to proceed.		
<ul style="list-style-type: none"> Reviews of performance levels across the system and of individual organisations Board to board meetings 	Cameron Ward		
Additional Comments:	Link to Risk Register:		

Strategic Objective 1	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.	
Risk 1.3	Lack of partner and public engagement on developing the 5 year plan	
Risk Rating	Lead Director Karl McCluskey	
Initial Score	2 x 3 = 6	
Current Score	Date Last Reviewed 9 April 2020	
Controls (what are we currently doing about the risk?):		
<ul style="list-style-type: none"> Proactive engagement with partners, patient groups and voluntary sector Maintaining ongoing comms on progress reports Sense check meetings to confirm agreement on draft plans Review of plan at STB meetings Final of 3 engagement events with all partners held 9 October 2019 Numerous engagement events concluded in November (29 November 2019) <p>Plan signed off by all partners.</p>		
Assurances (how do we know if the things we are doing are having an impact?):		
<ul style="list-style-type: none"> Regular review of progress at Leadership Team meetings 		
Additional Comments:		
Link to Risk Register:		

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	
Risk 2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified	
Risk Rating Initial Score Current Score	Lead Director Karl McCluskey Date Last Reviewed 9 April 2020	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> • Roll out of Aristotle Business Intelligence portal makes performance information available to all CCG staff at all times • New Integrated Performance Report framework means all key constitutional and other performance is reported on, and actions agreed at monthly Integrated Performance meeting with leads allocated • Performance Exceptions formally considered through respective CCFs and Joint Quality and Performance committee • Performance is standing agenda item at Leadership Team/Senior Leadership Team/Senior Management Team meetings each week. • New management structure put in place with clear lines of accountability and responsibility • Identified individuals update monthly through integrated performance meetings and SMT • Links between Contracting team and CQPG to triangulate on quality aspects of performance • CCG Improvement and Assessment Framework performance reported to Governing Body quarterly • Continued monthly performance meetings internally • On-going review of all standards by governing body • Newly established escalation process has been developed for performance issues 	Action	Responsible Officer
	Continued monitoring of associated risks	All
	Monthly performance calls with NHSE to review all constitutional targets. Key areas are highlighted as exceptions: <ul style="list-style-type: none"> - A&E performance - Diagnostic test waits performance - Cancer wait times performance - RTT performance 	All
	Performance issues highlighted during weekly meetings with CCG commissioning staff (initiated form November 2019)	Cameron Ward
	Potential impact on performance with efforts focussed on Covid-19	
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> • Weekly discussions of performance issues at L/SLT/SMT and progress on actions checked • Integrated Performance Report shows CCG understanding of issues and oversight of actions • Integrated Performance Reports may show improved performance as a result of robust management by CCG • Performance continues to be maintained • Monthly check and challenge meetings with planned/unplanned care leads will become part of the QIUPP and Financial recovery meeting 		

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	
Risk 2.1	There is a risk that identified areas of adverse performance are not managed effectively or initially identified	
Additional Comments:		Link to Risk Register:

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.		
Risk 2.2	Failure to have in place robust emergency planning arrangements and associated business continuity plans could result in the CCG failing to meet its statutory duties as a Category 2 responder.		
Risk Rating Initial Score Current Score	<p>Lead Director Tracy Jeffes</p> <p>Date Last Reviewed 14th April 2020</p>		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • CCG Commissions EPRR and Business Continuity support from MLCSU • CCG has in place business continuity plans with plans and strategies refreshed September 2018 • Emergency Planning training • CCG Statutory Lead Director of Place – South Sefton • NHSE Self-Assessment Assurance process completed. Development Plan in place. • Business Continuity Plans exercised, with an action plan being progressed as a result of the plan being implemented. • Mutual aid confirmed with neighbouring CCGs • Fast access laptops now in place to enable working at remote locations at all times • Deep Dive assessment of severe weather impact undertaken 	Action	Responsible Officer	Due By
	Action plan from exercising from Business Continuity Plans being implemented	Lisa Gilbert	Ongoing
	On-going training for key staff – multiagency response training event.	Tracy Jeffes	Ongoing
	Leadership training to take place in February 2020 - completed	Programme Lead for Corporate Services	February-2020 Completed
	CCG now responding to c-19 response through establishment of IMT and key cells		
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • NHSE assurance through self-assessment and improvement plan • Response received from NHSE assuring our assessment and plans. Substantial assurance received from NHSE against the EPRR core standards for 2018/19. 	<ul style="list-style-type: none"> • System wide Pan Flu planning to be established 		
Additional Comments:	Link to Risk Register:		

Strategic Objective 2	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	
Risk 2.3	Failure to have in place plans in the event of a no-deal Brexit may result in adverse consequences for patients due to potential medicines supply issues	
Risk Rating Initial Score Current Score	Lead Director Jan Leonard Date Last Reviewed 9 December 2019	
Risk Rating Initial Score Current Score	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> • CCG continues to participate in NHSE events on planning • CCG MM lead is linked into national programme • MM hub model will provide medicines resilience in primary care • Communication from NHS England shared with practices and LMC asking for feedback on any specific issues. • EU no deal NHSE Sitrep procedure now implemented • EU exit lead attended planning workshop • Business continuity plans and strategy have been updated an approved by LT 8.10.19 	Action NHSE sitrep procedure now paused. NHSE EU exit webinars/call on planning and next steps scheduled for 18 th December and 9 th January and will be attended by CCG leads. Business continuity exercise for leadership team to take place in February. COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.	Responsible Officer Programme Lead for Corporate Services Programme Lead for Corporate Services Programme Lead for Corporate Services
Assurances (how do we know if the things we are doing are having an impact?):	Due By tbc 18 December 2019 and January 2020 February 2020	
Additional Comments:	Gaps in assurances (what additional assurances should we seek):	
Additional Comments:	Link to Risk Register:	

Strategic Objective 2		To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.	
Risk 2.4	Failure to have in place care home provider failure plans could adversely affect continuity of care for patients		
Risk Rating		Lead Director	
Initial Score	3 x 3 = 9	Jane Lunt	
Current Score	1 x 3 = 3 20	Date Last Reviewed	
		10 October 2019	
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> Care home provider failure plan in place and has been tested: enacted in the last 12 months with the safe transfer of patients. This was followed with a Lessons Learnt even to identify any areas of improvement. Actions were identified and put in place to mitigate for any future care home failures. CCG and LA lead have met to consider and review risks and remain in contact to ensure any new risks are identified and managed Plans taken through IPA (Individual Patient Activity Programme Board) for annual review. Good engagement with CSU and colleagues leading on patient assessment and placement 		Action	Responsible Officer
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.	
			Due By
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> A successfully tested care home provider failure plan in place Review of plans through IPA 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 3		To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan	
Risk 3.1		Failure to deliver the CCG's overall QIPP plan	
Risk Rating		Lead Director Martin McDowell	
Initial Score	3 x 3 = 9	Date Last Reviewed	9 December 2019
Current Score	4 x 5 = 20		
Controls (what are we currently doing about the risk?):		Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> STB with independent chair meets monthly to progress the transformation plan Working groups established to progress key aspects of the programme Maximising the existing resources and managing workloads within budget. 		Action	Responsible Officer
		Transition Plan for 2020/21 being considered with partners for associated staffing support being quantified. Plan to be approved by STB on 8 January 2020. Pending agreement recruitment to commence on 9 January 2020.	Cameron Ward
		COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.	December 2019 8 January 2020
Assurances (how do we know if the things we are doing are having an impact?):		Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> Monitoring performance of transformation programme milestones 			
Additional Comments:		Link to Risk Register:	

Strategic Objective 3	To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan
Risk 3.1	Failure to deliver the CCG's overall QIPP plan

Strategic Objective 4	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.																		
Risk 4.1	Current work pressures reduce ability to engage on the transformation agenda.																		
Risk Rating	Lead Director Jan Leonard / Tracy Jeffes Date Last Reviewed 5 December 2019																		
Initial Score Current Score	3x3=9 3x3=9																		
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):																		
<ul style="list-style-type: none"> • Delegated Commissioners of Primary Medical Care services • Primary Care Commissioning Committee established • LQC for 19/20 in place • Work plan for transformation in place • New GP contract in place • 3 PCNs now authorised • MOUs in place for Medicines Hub • Contractual monitoring in place for 7 day access service • PCN expectation document completed • LQC for 2019/20 operational and schemes live 	<table border="1"> <thead> <tr> <th>Action</th> <th>Responsible Officer</th> <th>Due By</th> </tr> </thead> <tbody> <tr> <td>Social prescribing offer being mobilised staff commencing in post December now in place and supporting covid response for vulnerable patients</td> <td>JL / TJ</td> <td>March 2020</td> </tr> <tr> <td>Extended access schemes have been approved and due to go live in October schemes all live. Monitoring of impact.</td> <td>JL / TJ</td> <td>December 2019</td> </tr> <tr> <td>Work underway for 20/21 LQC</td> <td>JL/ TJ</td> <td>March 20</td> </tr> <tr> <td>PCNs have been completing plans and a maturity matrix for NHS E which will assist with planning and support from the CCG</td> <td>JL/ TJ</td> <td>Jan 20</td> </tr> <tr> <td>Draft Quality dashboard being presented to PCCiC</td> <td>JL</td> <td>Dec 2020</td> </tr> </tbody> </table>	Action	Responsible Officer	Due By	Social prescribing offer being mobilised staff commencing in post December now in place and supporting covid response for vulnerable patients	JL / TJ	March 2020	Extended access schemes have been approved and due to go live in October schemes all live. Monitoring of impact.	JL / TJ	December 2019	Work underway for 20/21 LQC	JL/ TJ	March 20	PCNs have been completing plans and a maturity matrix for NHS E which will assist with planning and support from the CCG	JL/ TJ	Jan 20	Draft Quality dashboard being presented to PCCiC	JL	Dec 2020
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Draft Quality dashboard being presented to PCCiC	JL	Dec 2020																	
Assurances (how do we know if the things we are doing are having an impact?): <ul style="list-style-type: none"> • Primary Care Dashboard in development in Aristotle • Transformation agenda monitored through Primary Care Commissioning Committee • LQC Monitoring 																			

Strategic Objective 4	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.
Risk 4.1	Current work pressures reduce ability to engage on the transformation agenda.
Additional Comments:	Link to Risk Register:

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.	
Risk 5.1	Lack of engagement of all providers in the development of the Provider Alliance.	
Risk Rating Initial Score Current Score	<p>Lead Director Jan Leonard Date Last Reviewed 9 December 2019</p> <p>3 x 4 = 12 3 x 4 = 12 20</p>	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):	
<ul style="list-style-type: none"> Supporting the development of the Provider Alliance Producing a project initiation document and project plan for the development of the Provider Alliance Supporting monthly meetings of the Provider Alliance and the Operational Group CCG co-Charing (with Public Health) Falls Work Stream 	Action	Responsible Officer
	Confirmation of Provider Alliance priorities identified and being progressed on the three areas	TP
	Work streams in place for falls and children's	ongoing
	Operational Delivery Group in place	ongoing
	COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken.	
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):	
<ul style="list-style-type: none"> Regular review by the STB of Provider Alliance progress 		
Additional Comments:	Link to Risk Register:	

Strategic Objective 5	To advance integration of in-hospital and community services in support of the CCG locality model of care.		
Risk 5.2	Ability and capacity of PCNs to develop and to contribute to the integration model.		
Risk Rating Initial Score Current Score	4 x 4 = 16 3 x 4 = 12 20	Lead Director Jan Leonard Date Last Reviewed 9 December 2019	
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):		
<ul style="list-style-type: none"> • Phased development of PCNs • PCN progress reviewed by Primary Care Commissioning Committee • 3 PCNs now authorised • MOUs in place for Medicines Hub • Contractual monitoring in place for 7 day access service • Development sessions with Wider Group 	Action	Responsible Officer	Due By
	<ul style="list-style-type: none"> • PCNs develop plan for delivery (included in CCG offer of support). Directors of Place meeting with PCN Clinical Directors to support development of plans. Plans developed for NHSE. CCG to review. • Work on ICT development with community provider underway. New post secured, no progress. • COVID19 outbreak will have a significant and adverse impact on delivery of this objective. The DH and NHSE have issued mandated models of care and delivery that have now been implemented. Impact assessments of how those models will affect the objective will be undertaken. 	JL / TJ	Tbc December 2019
Assurances (how do we know if the things we are doing are having an impact?):	Gaps in assurances (what additional assurances should we seek):		
<ul style="list-style-type: none"> • Review of PCN progress 			
Additional Comments:	Link to Risk Register:		
Links to risk 4.1			

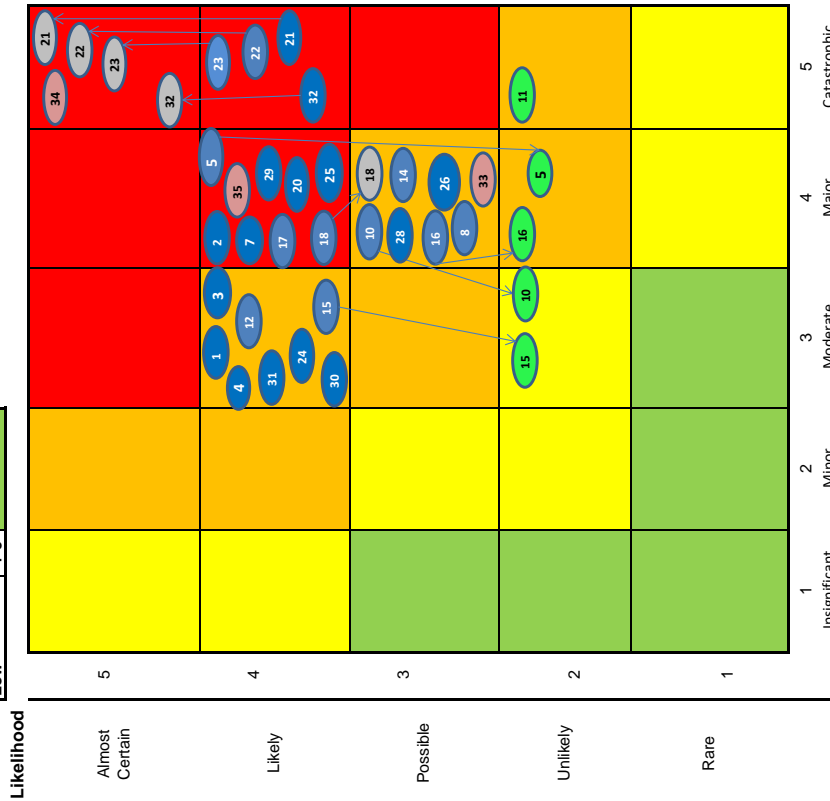
Strategic Objective 6	To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.	
Risk 6.1	There is a risk that financial pressures across health and social care impacts negatively on local services and prevents the future development of integrated commissioning and the implementation of integration plans	
Risk Rating Initial Score Current Score	Lead Director Tracy Jeffes Date Last Reviewed 14 th April 2020	
Controls (what are we currently doing about the risk?):		
<ul style="list-style-type: none"> Health and wellbeing board executive in place Review of current BCF and Section 75 arrangements Integrated Commissioning Group established and plan for more ambitious joint working Making It Happen – joint approach to integration approved, with implementation agreed. Pooled budget arrangements within BCF agreed and plan for more pooled budget arrangements Finalised IBCF and BCF and aligned to “Making it Happen” Working together on developing the Health & Wellbeing strategy and the 5 year plan Steering Group established to monitor and further develop the ambitions within the pooled budget Joint planning group established (refresh of HWB strategy and development of underpinning Sefton 5 year plan). ICG role and function review completed 	Action	Responsible Officer
	Joint planning group established continue to meet to refresh HWB Strategy and development of underpinning Sefton 5 Year Plan. Including approval of plan by governing body and HWB Board. CCG contribution to strategy narrative.	Cameron Ward
	Review completed. Membership widened and arrangements strengthened. Joint commissioning arrangements in development.	ongoing
	New S75 in development : New BCF approved by council and governing bodies and new S.75 now agreed to be signed.	Tracy Jeffes
	Many areas of development are paused to enable c-19 response	March 2020
Assurances (how do we know if the things we are doing are having an impact?):		
<ul style="list-style-type: none"> Senior leader meetings Health & Wellbeing Executive meetings 	Gaps in assurances (what additional assurances should we seek): <ul style="list-style-type: none"> Capacity to deliver on all priority areas. 	
Additional Comments:		
Link to Risk Register:		

Strategic Objective 6	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.															
Risk 6.2	Organisation reconfiguration detracts from strategic commissioning															
Risk Rating Initial Score Current Score	<p>Lead Director Tracy Jeffes Date Last Reviewed 14th April 2020</p>															
Controls (what are we currently doing about the risk?):	Mitigating actions (What new controls are to be put in place to address Gaps in Control and by what date?):															
<ul style="list-style-type: none"> • Focussing on business as usual • Increased focussed on performance levels • Clarity of roles and responsibilities during times of change • Working with neighbouring CCGs to design a larger CCG which ensured locally responsive planning / commissioning through clear governance arrangements. • Ensuring the primacy of "place" within NHS guidance as the key planning and integrated commissioning footprint, regardless of larger commissioning footprints for some other services. • Timescales for possible reorganisation of CCGs allows for the strengthening of place / integrated commissioning arrangements in advance of organisational change. • Joint Integration Commissioning Workshop action plan complete. 	<table border="1"> <thead> <tr> <th data-bbox="474 533 528 1099">Action</th> <th data-bbox="474 300 528 533">Responsible Officer</th> <th data-bbox="474 118 528 300">Due By</th> </tr> </thead> <tbody> <tr> <td data-bbox="533 533 624 1099">Paper to go to both cabinet and governing body recommendations for more integrated working.</td> <td data-bbox="533 300 624 533">Cameron Ward</td> <td data-bbox="533 118 624 300">February 2020</td> </tr> <tr> <td data-bbox="628 533 740 1099">Joint commissioning intention for 2020/21 in development and to be available from February 2020.</td> <td data-bbox="628 300 740 533">Cameron Ward</td> <td data-bbox="628 118 740 300">November 2019 February 2020</td> </tr> <tr> <td data-bbox="745 533 804 1099">Ongoing positive engagement at Integrated Commissioning Group meetings.</td> <td data-bbox="745 300 804 533">Cameron Ward</td> <td data-bbox="745 118 804 300">31 January 2020</td> </tr> <tr> <td data-bbox="809 533 863 1099">Development work on hold to deal with Covid 19</td> <td data-bbox="809 300 863 533"></td> <td data-bbox="809 118 863 300"></td> </tr> </tbody> </table>	Action	Responsible Officer	Due By	Paper to go to both cabinet and governing body recommendations for more integrated working.	Cameron Ward	February 2020	Joint commissioning intention for 2020/21 in development and to be available from February 2020.	Cameron Ward	November 2019 February 2020	Ongoing positive engagement at Integrated Commissioning Group meetings.	Cameron Ward	31 January 2020	Development work on hold to deal with Covid 19		
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<ul style="list-style-type: none"> • Reviews of performance levels across the system and of individual organisations • Board to board meetings 	Capacity to deliver on all priority areas.															
Additional Comments:	Link to Risk Register:															

SOUTH SEFTON CCG - SUMMARY OF CORPORATE RISKS HEAT MAP Q4 2019/20
(MITIGATED SCORES - 12 AND ABOVE)

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

Significant Risks

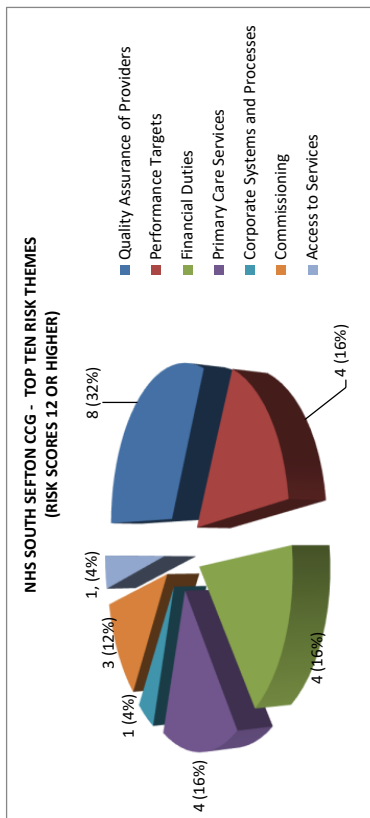


Key Risks	Risk	Score	Risk Owner	Equivalent SF Key
1 Not delivering National KPI Access Psychological Therapies	QUA002	12 (4x3)	KMcC	1
2 Non delivery A&E target - patient flow	QUA009	16 (4x4)	KMcC	4 - similar
3 Infectory hospital admissions - poorly maintained nebuliser equipmt	QUA011	12 (4x3)	JO	5
4 Not meet Constitutional/RTT 18wk target - lack clinical capacity	QUA014	12 (4x3)	KMcC	x (N)
5 Patient care - lack of assurance and capacity within commissioned LAC Health Team	QUA025a	8 (2x4)	BP	6
6 Extra service pressures due to lack of workforce planning and financial pressures	QUA026	12 (4x3)	TJ	7
7 Non delivery of SEND recommendations	QUA033	12 (3x4)	MMcD	9
8 Decreased lack of capacity in quality team impacts of assurance to governing body	QUA044	8 (2x3)	BP	10
9 Quality of care - AUH challenging performance	QUA047	10 (2x5)	BP	11
10 Safe and appropriate patient care - nursing capacity at S&O	QUA058	12 (4x3)	BP	14
11 Failure to meet national emergency ambulance responses - ARP	QUA063	12 (3x4)	JS	15
12 Failure to meet PHB trajectory	QUA064	6 (2x3)	TF	16
13 Non delivery of COC recommendations	QUA066	8 (2x4)	HC	17
14 Non delivery of GP medical services in future	JC03	16 (4x4)	JL	18
15 Records transfer issues.	JC05	12 (3x4)	JL	19
16 Ability of hospice to sustain provision relating to financial resource	QUA068	16 (4x4)	MH	20
17 Non delivery of the CCGs control total £1m surplus	FR009	25 (5x5)	MMcD	x (N)
18 Failure to deliver planned QIPP target for 2019/20	FR009a	25 (5x5)	MMcD	21
19 Non delivery of the statutory duty 2019/20 due to emerging pressures	FR0010	25 (5x5)	MMcD	22
20 Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA070	12 (4x3)	KMcC	21
21 Patients with complex and specialist rehab needs are not being assessed appropriately	QUA075	16 (4x4)	KMcC	23
22 Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	12 (3x4)	KMcC	x (N)
23 Risk to quality and safety of care at Aintree UH AED due to system pressures	QUA051a	12 (3x4)	BP/JL	27
24 Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	16 (4x4)	JL	28
25 Private	JC25	12 (4x3)	JL	29
26 Private	JC27	12 (4x3)	JL	x (N)
27 Failure to contain expenditure against opening budgets and reserves	FR009b	25 (5x5)	MMcD	26
28 Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	12 (4x3)	BP	30
29 COVID - Private	JC30	25 (5x5)	JL	31
30 COVID - private	QUA079	16 (4x4)	Jlu	32

Equivalent SF Key	Mean
x (N)	No equivalent risk on SF Heat Map (N - and not on SF CRR)
x (Y)	No equivalent risk on SF Heat Map (Y - but on SF CRR)
2 - similar	Similar risk on Heat Map

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

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



Key Risks	Risk	Owner	Risk Owner
1	Not delivering National KPI Access Psychological Therapies	QUA002	KMcC
2	Non delivery A&E target - patient flow	QUA009	KMcC
3	Infectory hospital admissions - poorly maintained nebuliser equip	QUA011	JO
4	Not meet Constitutional/RTT 18wk target - lack clinical capacity	QUA014	KMcC
5	Patient care - lack of assurance and capacity within commissioned LAC Health Team	QUA025a	BP
6			
7	Extra service pressures due to lack of workforce planning and financial pressures	QUA026	TJ
8	Non delivery of SEND recommendations	QUA033	MMcD
9			
10	Decreased lack of capacity in quality team impacts of assurance to governing body	QUA044	BP
11	Quality of care - AUH challenging performance	QUA047	BP
12	Safe and appropriate patient care - nursing capacity at S&O	QUA058	BP
13			
14	Failure to meet national emergency ambulance responses - ARP	QUA063	JS
15	Failure to meet PHB trajectory	QUA064	TF
16	Non delivery of CQC recommendations	QUA066	HC
17	Non delivery of GP medical services in future	JC03	JL
18	Records transfer issues.	JC05	JL
19			
20	Ability of hospice to sustain provision relating to financial resource	QUA068	MH
21	Non delivery of the CCGs control total £1m surplus	FR009	MMcD
22	Failure to deliver planned QIPP target for 2019/20	FR009a	MMcD
23	Non delivery of the statutory duty 2019/20 due to emerging pressures	FR0010	MMcD
24	Non delivery of 62 day target for cancer impacting diagnosis, treatment and outcomes	QUA070	KMcC
25	Patients with complex and specialist rehab needs are not being assessed appropriately	QUA075	KMcC
26	Risk to IAPT service delivery following notice by provider to cease provision 1.4.2020	QUA076	KMcC
27			
28	Risk to quality and safety of care at Aintree UH AED due to system pressures	QUA051a	BP/JL
29	Risk to Mental Health LTP ambitions due to lack of finances re challenging QIPP for 2021	QUA077	JL
30	Private	JC25	JL
31	Private	JC27	JL
32	Failure to contain expenditure against opening budgets and reserves	FR009b	MMcD
33	Performance and quality at AUH site LUHFT due to service reconfiguration from merger	QUA078	BP
34	COVID - Private	JC30	JL
35	COVID - private	QUA079	Jlu

Overall Trend	Overall Score Q4 to prior Q	Trend Q3 to prior Q	Trend Q2 to prior Q	Trend Q1 to prior Q	Comm. Review Date	Overall Score Q4	Overall Score Q3	Overall Score Q2	Overall Score Q1	Overall Score Prior
PTI	12	12	12	12	Nov-19	12	12	12	12	12
PTI	16	16	16	16	Nov-19	16	16	16	16	16
PTI	20	20	20	20	Nov-19	20	20	20	20	20
PTI	16	16	16	16	Nov-19	16	16	16	16	16

Overall Trend	Final Score Q4	Trend to Q3 to prior Score Q	Trend to Q2 to prior Score Q	Trend to Q1 to prior Score Q	Overall Trend
PTI	6	12	12	12	1
PTI	5	10	10	10	1
PTI	12	8	8	8	12

Overall Trend	Next 12 Months	Next 6 Months	Next 3 Months	Next 12 Months	Next 6 Months	Next 3 Months	Next 12 Months	Next 6 Months	Next 3 Months	Overall Trend
Score	Score	Score	Score	Score	Score	Score	Score	Score	Score	Score
<p>Community Health Monitoring</p>	<p>Qualify Committee CJ4500</p>	<p>SS307</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>
	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>
<p>PTI</p>	<p>Qualify Committee CJ4500</p>	<p>SS307</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>
	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>
<p>PTI</p>	<p>Qualify Committee CJ4500</p>	<p>SS307</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>
	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>	<p>17/10</p>

Overall Trend	Overall Score Q4 to prior	Trend to Q3 to prior	Trend to Q2 to prior	Trend to Q1 to prior	Overall Score Q	Overall Trend
P11	12	12	12	12	12	12
	12	12	12	12	12	12
P11	4	4	4	4	4	4
	4	4	4	4	4	4
P11	5	5	5	5	5	5
	5	5	5	5	5	5
P11	16	16	16	16	16	16
	16	16	16	16	16	16

Risk Matrix

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

Risk Ratings

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

↓ Significant Risks

Significant Risks

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

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

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

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

MEETING OF THE GOVERNING BODY June 2020

Agenda Item: 20/84	Author of the Paper: Kerrie France Associate Chief Nurse (SEND) Kerrie.france@southseftonccg.nhs.uk 07799408283						
Report date: 20 th May2020							
Title: Report on SEND Improvement Plan and Business Continuity arrangements for all health related actions in response to COVID 19 Pandemic.							
Summary/Key Issues: This report provides the Governing Body with an update on business continuity planning arrangements for SEND in response to the pandemic Covid19.							
Recommendation The Governing Body is asked to receive this report.	<table style="float: right;"> <tr> <td>Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>						
Approve	<input type="checkbox"/>						
Ratify	<input type="checkbox"/>						

Links to Corporate Objectives 2020/21 (x those that apply)	
x	To support the implementation of Sefton2gether and it's positioning as a key delivery plan that will realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
	To ensure 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).
x	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.
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Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	x			Sefton Parent Carers have been consulted and involved in Business Continuity Plan development as members of the Health Performance Improvement Group
Clinical Engagement	x			SEND Provider leads have been consulted with and contributed to business continuity development as members of the Health Performance Improvement Group
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	x			Business Continuity arrangements have been shared with the Performance sub group and the SEND Continuous Improvement Board on 23 rd April 2020.

Report to the Governing Body
June 2020

1. Executive Summary

- 1.1 This report provides the Governing Body with an update on business continuity planning arrangements for SEND in response to the pandemic Covid19.
- 1.2 The CCG's recognise the importance of implementing all of the actions identified for children with SEND, Improvement Notice issued in June 2019. However, in view of World Health Organisation and Government escalation to pandemic status relating to Covid 19, it has been necessary to review all actions contained in the improvement plan to focus on re-prioritisation of responses and amend accordingly by;
- Review of actions that require completion in expected timescale;
 - Revision of actions that require alternative solutions;
 - Review of actions that require deferral in timescales.
- 1.3 The Business continuity plan is based on Guidance issued on 20th March 2020 by NHS England and Improvement entitled 'Covid 19 - Prioritisation within Community Health Services' and guidance issued on 22nd March 2020 on vulnerable children and young people. Plus, guidance issued by NHS England and NHS Improvement regarding 'Revised arrangements for NHS contracting and payment during the COVID-19 pandemic' contracts – issued 31st March 2020.
- 1.4 The Provider Trusts and Sefton Parent Carer Forum have been fully engaged in responding to this Business continuity plan and the partnership is fully committed to improving services for children with SEND in the Borough. The CCG's will continue to provide leadership oversight and ongoing functions of surveillance of all Business continuity arrangements across the health system.
- 1.5 It is expected that the Business continuity plan, will require on-going review as Government advice necessitates and revisions are required and planning for phase 2 recovery will take place during May and June 2020, with continued oversight of all performance maintained by the Health performance improvement group.

2. Introduction and Background

- 2.1 In December 2016, a written statement of action was issued in Sefton by Department for Education, and more recently in April 2019, resulting in an Improvement Notice issued in June 2019. A SEND Continuous Improvement Board and series of sub groups have been established across the partnership to drive forward the system-wide improvements identified.
- 2.2 The Sefton SEND improvement plan has been agreed by all partners with 5 key priority areas and actions 2, 3 and 5 of the improvement plan, specifically relate to health services.
- 2.3 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. A follow up progress review meeting was initially planned for summer 2020.
- 2.4 However, In light of recent events relating to global concerns of COVID 19, the World Health Organisation and Government have declared a pandemic status and it has been necessary for all Organisations to move to emergency planning preparedness.

3. Key Issues

The pandemic will impact on the partnership's ability to deliver on the SEND Improvement plan and as health leaders it has been necessary to review the SEND Improvement plan from a business continuity perspective to set out proposed revisions for the partnership and Board.

- 3.2 As part of business continuity arrangements, it has been necessary to review all actions contained in the improvement plan to focus on re-prioritisation of responses and amend accordingly by;
- Review of actions that require completion in expected timescale;
 - Revision of actions that require alternative solutions;
 - Review of actions that require deferral in timescales.

An initial timescale of 6 months has been applied in the first instance for any health related actions that require a deferral in timescale. This is to enable providers of health services to recover from dealing with NHS response to COVID 19. It is important to note that this timescale may require flexing, as evidence is developed and impact on health workforce is understood. For example, should the pandemic be resolved quicker than anticipated, this timescale will be adjusted to ensure there is a quick re-mobilisation of actions. An on-going review of the impact of the pandemic will be necessary and will be monitored and reported into the Joint sub group for performance and SEND Continuous Improvement Board.

3.3 The following health related actions and Key performance indicators are reporting as on track or better than expected for March 2020:

3.4 KPI 1/ 5

3.4.1 As part of business continuity arrangements, this action requires completion in expected timescale and continues to achieve 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.

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

3.5.1 All actions relating to Action 2 have been completed. The Designated Clinical Officer has produced a quarterly report in April 2020, outlining progress against the work plan. A provider survey was completed 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%. It has been necessary to defer survey completion from June 2020 to October 2020, as part of business continuity arrangements.

3.5.2 In order to mitigate against any relapse in improvements demonstrated, regarding understanding of role and functions, the DCO will remain in post and continuously promote her role during the pandemic and has been working with the CCG's communications department and local authority colleagues to ensure any regional or national developments for SEND are shared and communicated across the partnership.

3.5.3 The DCO will continue to be a member of SEND sub groups and co-chair the communications and co-production sub group. However, it will be necessary to stand down the SEND conference planned for May 2020, which the DCO had planned for health providers, to promote the role. Alternative methods of communication are being used, including emails, communications briefings via provider trusts to continue to promote the role, whilst maintaining social distancing.

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

3.6.1 In March 2020, the average waiting times for Sefton Paediatric Dietetics, Occupational Therapy and Speech and Language therapy are all on track in accordance with improvement trajectories established for January 2020. However, as a result of the impact of the pandemic on staffing levels and service delivery there was a slight increase in reported average waiting times as compared with February 2020, with the exception of occupational therapy.

3.6.2 The following health related actions and Key performance indicators are reporting slippage against SEND Improvement plan and have required further modification as part of business continuity arrangements:

3.7 ***KPI 1/6 % Improvement in the Quality of Health information contained in EHCP's/ Actions 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)' KPI 3/1 Health Practitioners routinely write health submissions for EHC plans for the children and young people. Plus KPI 3/2 workforce training***

- 3.7.1 The current status of the quality of health information has been monitored via the Designated Clinical Officer conducting multi-agency audits with local authority partners. On 10th March 2020 a presentation was delivered to the SENDCIB focusing on quality of plans. In February 50% of those audited from a multi-agency perspective for quality purposes were deemed at least consistently good (KPI 1/4) against a baseline of 50% for January 2020. Multi-agency audits will continue to be prioritised during the pandemic.
- 3.7.2 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.
- 3.7.3 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.
- 3.7.4 The lead Children's Commissioners in Liverpool and Sefton have led on preparing for contractual changes required for two providers (Alder Hey and Mersey Care).
- 3.7.5 A pilot was being conducted during quarter four to test out revised processes and amend processes accordingly based on learning from pilot in readiness for implementation in April 2020.
- 3.7.6 However, In order to minimise impact on children with SEND it has been necessary to review these plans. The pilot was suspended in March 2020 in response to the guidance set out for COVID 19 prioritisation within community health services for community paediatric services.
- 3.7.7 In order to minimise risk, provisional agreement has been reached with Mersey Care to remain as the acting co-ordinating provider for all health related advice. Mersey Care has the workforce available and has put plans in place to support their EHCP team to work remotely to support this function.
- 3.7.8 There is less risk associated with this approach, as due to suspension of the pilot, the revised processes have not been fully tested. Plus the impact of COVID 19 has impacted on planned roll out of training workforce plans in writing qualitative outcomes focused EHC plans (see KPI 3/2). Also in view of workforce impact on staffing levels as some health staff have been re-directed to acute trust responses to pandemic.
- 3.7.9 In order to mitigate any risks as a consequence of this, Health have reviewed training figures and have significantly increased the number of staff trained in writing outcome focused EHC plans, so it is envisaged incremental improvements in the quality of plans will be evidenced in children's health records by those staff who participated in training.
- 3.7.10 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).
- 3.7.11 Training sessions have been held on 2nd and 3rd March and to date 96 staff has completed training. 4 further training sessions have been postponed from April 2020 to September and October 2020. This will mean that the health partnership will no longer

be able to meet improvement trajectory set for 75% workforce to be trained by June 2020 as per KPI 3/3.

3.7.12 The regional DFE advisor conducted a bespoke session with health staff in March 2020 to support improvements in the quality of health advice. Any learning from these sessions will not be lost; as feedback obtained from attendees was that the session provided them with practical tools to improve the overall quality of recording health outcomes.

3.7.13 Once pandemic response has ended, the pilot for revision to processes will be re-launched and new process implemented. The multi –agency audit process is well established and has been deemed necessary to continue during the pandemic, in order to demonstrate improvements in the quality of health practitioner’s contributions to children’s EHC plans.

3.8 Action 5: To address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand as per action 5.1, a revised joint commissioning strategy has been presented to the Health and Wellbeing Board in March 2020 and a series of actions set out in the action plan.

3.8.1 As part of our business continuity preparedness, the CCGs’ commissioning teams are currently reviewing capacity to deliver on the joint commissioning strategy actions in light of the pandemic and impact it will have on provider services. Notably, much of the development work required to underpin the priority areas and actions was initiated prior to the pandemic outbreak and will continue, although it is acknowledged that the pace of this is likely to be impacted in the short term. With the exception of priority 3, which has a clear focus to implement a neurodevelopmental diagnostic pathway in Q1 2020 (see below), the other priority areas and actions are not due for completion until April 2021 to April 2022, providing time for plans to flex, if required. However, the CCGs and partners are ever mindful of the impact of the current situation on progress in these areas and is building on developments to date to strengthen its work with SEND Children and young people and their families wherever possible. For example, using the ‘local offer’ infrastructure and its networks to effectively communicate changes to services and provision as a result of the pandemic, so keeping families informed and engaged. Plus re-prioritisation and launching of 24/7 mental health provision, for children in response to the pandemic.

3.8.2 In relation to action 5.2, an assessment and diagnosis pathway relating to Autism and Attention deficit Hyperactivity Disorder (ASD/ADHD) has been commissioned by the CCG’s and commencement date implemented from 1st April 2020 for any new referrals.

3.8.3 On reviewing business continuity arrangements, it is expected that the waiting times trajectory planned will be impacted for ASD and ADHD as well as community Therapy services (KPI 5/1- 5/4). The business continuity arrangements assumes that the provider will be unlikely to deliver the full level of activity planned in the service due to both impact on staff and partner agencies response such as impact of schools closure.

3.8.4 Alder Hey has identified priority clinical activities required to maintain safe services which include:

- Child protection medicals and wider safeguarding roles for the Trust;
- Prescription service(non-electronic) for controlled medications;
- Review of children on controlled medications- telephone consultations;
- Telephone hot line for advice and guidance led by a range of staff.

- 3.8.5 Alder Hey have made changes to the way ADHD and ASD clinics are delivered to maintain social distancing measures and are using telephone and virtual approaches such as video links. All activities which can be completed from the office or remotely, for example; clinical validation or virtual multi-disciplinary meetings and assessments, are planned to continue to support reduction in numbers waiting.
- 3.8.6 Alder Hey is working with partner providers (Axia and Healios) to continue to support those children waiting for assessment and diagnosis in order to adhere to the waiting list trajectories wherever feasible. The parent care forum is aware and families have welcomed this and engaged well in virtual assessments. For many families this is a great solution to being unable to travel and attend appointments.
- 3.8.7 Alder Hey continues to recruit to posts to support the implementation of the agreed improvements for ASD and ADHD but this ultimately will be impacted as a result of the pandemic. Community staff are currently receiving training to support acute care needs in the hospital over the coming weeks to ensure emergency preparedness and it is expected that workforce numbers will be affected as a result of the pandemic. For example, Junior Doctors in Community services have been relocated to acute services.

3.9 KPI 5/3 Paediatric physiotherapy average waiting times Sefton

- 3.9.1 In March the average waiting time for physiotherapy was reported as 7.9 weeks against an improvement trajectory of 6 weeks. Alder Hey continues to prioritise children with SEND. Families are being contacted directly and alternative ways of working remotely are happening wherever feasible e.g. teleconference, Attend Anywhere video conferencing.

3.10 KPI 5/5 and 5/6

- 3.10.1 Additional staged KPIs were agreed with specialist CAMHS and reporting commenced from January 2020. Reporting from March 2020 demonstrates a 68.9% referral to choice against a staged target of 92% and a 69.9% overall pathway wait against a staged target of 75%; as a result of the pandemic, both are below target and there was a deterioration in performance compared to February 2020. Whilst services continue to be delivered digitally, capacity has been redirected to implement and deliver the 24/7 mental health crisis service and to prioritise high risk patients.

3.11 Progress on establishment of additional Key Performance indicators

- 3.11.1 Further work is on-going to establish key performance indicators for children and young people. A report has been produced for SENDCIB providing assurance by outlining progress made in the development of KPI's for Looked after Children and audit results to measure progress made in relation to concerns raised in the original written statement of action in 2016. This report will be presented to SENDCIB in April 2020.
- 3.11.2 Work has continued during the pandemic led by the CCG's contracting and commissioning teams to contractually agree KPI's commenced with adult health providers to identify and establish key performance indicators for young people with SEND up to 25 years. However, guidance issued on 31st March 2020 by NHS England and NHS improvement has impacted on implementation of these, as planned and once these are confirmed with providers, and they will be added to the performance dashboard.

- 3.11.3 A draft service development and improvement plan (SDIP) has been created for SEND and will be continue to be progressed with providers, to obtain assurance that qualitative measures such as audit, training, policies are reflective of children and young people's needs with SEND.

4. Conclusions

- 1 The purpose of the draft business continuity report for health is to outline proposed revisions in light of the COVID 19 pandemic. It has been necessary to review every action across health, establish current status and propose a suite of revisions. In the main, the ability to deliver against the improvement plan has been impacted by timescale delays, due to workforce reduction predictions, also impact of health staff requiring re-distribution to acute response to emergency preparedness. Children with SEND will continue to receive a health service, but this will be based on need and workforce availability, with priority being given to those with most complex needs. Across health, COVID 19- Prioritisation within Community Health Services' guidance has been adopted to facilitate health providers to determine priorities.
- 4.2 Alternative methods of delivering services have been implemented including telephone advice and video-conferencing where face to face appointments cannot be maintained for safety and social distancing reasons.
- 4.3 In order to support families, the CCG is working with health providers to ensure communication is timely. The Designated clinical officer has continued to provide online advice to families via the dedicated email. Plus Sefton Parent Carers Forum will continuously be engaged in this process, to maintain dialogue and obtain parents views regarding any revisions proposed in the interests of maintaining momentum on improving communication and co-production.
- 4.4 The pandemic has resulted in changing the way we deliver services, it will offer opportunities to evaluate traditional methods and use alternative approaches. Additional Information and support will be shared with parents from regional and national forums using information technology and other innovative and creative solutions, which have been developed. The local offer will be updated as information is published and Sefton Parent Carers Forum is requested to act as a conduit for sharing information with families.
- 4.5 The CCG's quality and contracts teams are working in partnership with the relevant health providers to progress additional key performance indicators. These KPI's are in addition to existing measures issued to providers.
- 4.6 It is envisaged that the additional KPI's are included in contractual monitoring processes for providers once the pandemic has ended. This is in light of latest guidance issued by NHS England and NHS Improvement 'Revised arrangements for NHS contracting and payment during the COVID-19 pandemic' contracts.

5. Recommendations

The Governing Body are asked to note;

- The business continuity planning arrangements related to all health actions contained in the SEND improvement plan.
- Assurance on current status as of end of March 2020, on all health related actions in the improvement plan.
- Assurance on progress made for planned improvements since DFE visit on 22nd January 2020 to develop at pace any improvements deemed necessary, in particular commissioning ASD provision and creation of additional KPI's for looked after children.
- Assurance of incorporation of Key performance Indicators into provider contracts for specialist CAMHS, ASD and ADHD.
- Achievement of actions 2 in SEND Improvement Plan relating to the Designated Clinical Officer.

6. Appendices

Appendix 1 - COVID 19 – Prioritisation within community Health Services –Published 2nd April 2020

https://www.england.nhs.uk/coronavirus/publication/COVID-19-prioritisation-within-community-health-services-with-annex_19-march-2020/

Appendix 2 -Coronavirus (COVID 19) – Guidance on vulnerable children and young people – updated 1st April 2020

<https://www.gov.uk/government/publications/coronavirus-COVID-19-guidance-on-vulnerable-children-and-young-people/coronavirus-COVID-19-guidance-on-vulnerable-children-and-young-people>

Appendix 3 - NHS England and NHS Improvement 'Revised arrangements for NHS contracting and payment during the COVID-19 pandemic' contracts – issued 31st March 2020

Kerrie France
Associate Chief Nurse (SEND)
20th May 2020

Revised arrangements for NHS contracting and payment during the COVID-19 pandemic

NHS England and NHS Improvement



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Introduction

Following publication of the [letter to NHS bodies from Sir Simon Stevens and Amanda Pritchard on 17 March 2020](#)), we are clarifying below the implications for contracting between commissioners and a) NHS Trusts/NHS foundation trusts and b) other non-NHS providers.

The principles of our approach are to

- provide certainty for all organisations providing NHS-funded services under the NHS Standard Contract that they will continue to be paid for the period April to July 2020; and
- minimise the burden of formal contract documentation and contract management processes, so that staff can focus fully on the COVID-19 response.

Further guidance is likely to be issued over time on specific arrangements to be put in place with providers of particular services. Commissioners and providers should follow the principles of the guidance below but be prepared to react to additional service-specific guidance as and when published.

Contractual arrangements for 2020/21 with NHS trusts/NHS foundation trusts

NHS commissioners and NHS Trusts/NHS Foundation Trusts are not required to sign contracts between them for 2020/21 at this time. The nationally mandated terms of the NHS Standard Contract for 2020/21 will apply for these relationships from 1 April 2020. Commissioners and Trusts must not vary from the national terms.

The national deadline of 27 March 2020 for contract signature, set out in the NHS Operational Planning and Contracting Guidance 2020/21, no longer applies. The subsequent national process for mediation and arbitration for unsigned contracts will no longer apply.

Payment will be made on the block basis described in the Stevens/Pritchard letter for each month from April to July 2020. The specific amounts payable for each commissioner / Trust relationship for which direct payment continues to be required are being notified by NHS England and NHS Improvement via Sharepoint and the provider portal.

Payment in respect of all other CCG/Trust relationships for April to July 2020 will be managed nationally, as set out in the guidance on block payments issued separately.

These block payments are deemed to include CQUIN. The operation of CQUIN (both CCG and specialised) for Trusts will be suspended for the period from April to July 2020; providers need therefore not take action to implement CQUIN requirements, nor carry out CQUIN audits or submit CQUIN performance data. (Commissioners and Trusts should also take a pragmatic approach to agreement of the final payment amounts for the 2019/20 CQUIN scheme, and this should be on the basis of all currently available data. We will not be seeking the submission of 2019/20 quarter 4 data from providers via the national CQUIN data collection.)

Further guidance about payment and contracting beyond 31 July 2020 will be issued in due course.

Where commissioners and trusts have already agreed a new contract and/or financial deal for 2020/21, this should be set aside for the period April-July 2020. Where a commissioner and a trust already have a multi-year contract in place, extending into 2020/21, payment to that trust will nevertheless be made as described above, rather than in accordance with the existing contract.

The following should be noted in relation to contract management arrangements.

- Trusts must comply in a timely, complete and accurate way with mandatory data flows ('sit-rep' reports) in relation to COVID-19. They should also comply with other national reporting requirements (covered by NHS Digital Approved Collections and Information Standards) unless notified otherwise. Further guidance may be produced in the future on which national reporting requirements should be prioritised.
- The provisions of the Contract offer protection for providers from liability for failure to meet their contractual obligations, where they are unable to do so as a result of an event of force majeure and/or their response to an emergency situation. Trusts must do all that they reasonably can to continue to comply with the national service requirements stated in the Contract, but commissioners must recognise that these may not always be achieved in full during the COVID-19 outbreak.
- As set out in the Stevens/Pritchard letter, all contractual sanctions are suspended until further notice; commissioners must now not withhold funding from Trusts in relation to failure to achieve any of the national standards in Schedules 4A and 4B or local standards in Schedule 4C, or under the provisions in GC9 for remedial action plans, or under SC28 for information breaches.

Normal contract management meetings and processes should, in general, be suspended. Commissioners should focus on helping Trusts to prepare for and respond to the emergency and relax local reporting requirements (unless required for business-critical purposes such as drug commercial arrangements) and other local contractual measures which may be burdensome for provider staff, such as activity management, Prior Approval Schemes and audits. Commissioners must also waive the requirements in General Condition 28 of the Contract which require formal notification to be sent in relation to Events of Force Majeure.

In relation to payment for high-cost drugs and devices (HCDD):

- For CCGs, any HCDD payments will be included within the block payments described above.
- For specialised services commissioned by NHS England, HCDD will also be included within the initial block payments. Top up payments for material overperformance will be made as required. Note that this is slightly different to the arrangements set out in the Stevens/Pritchard letter.

NHS England and NHS Improvement will shortly publish the 2020/21 National Tariff Payment System. However, as the block payment arrangements above involve a departure from National Tariff prices and rules, commissioners will need to confirm the payment approach using a simple template document (also published as Appendix 1) and submit via pricing@improvement.nhs.uk.

Welsh commissioners which have material flows of patients to English trusts have agreed in principle to follow the same block payment approach described above. Any activity outside of these arrangements should be paid using the 2020/21 National Tariff prices.

Contractual arrangements for 2020/21 with non-NHS providers operating under the NHS Standard Contract

NOTE: This guidance does not apply to the commissioning of primary care.

Independent sector (IS) acute hospitals

As set out in the Stevens / Pritchard letter, national arrangements have been agreed to buy capacity and support from IS acute hospitals. These arrangements will be in place from 23 March 2020 and will run for at least 14 weeks. Further details, including the list of specific IS providers within scope, will be shared as soon as possible.

For the duration of these national arrangements, payment to the relevant IS providers will be made direct by NHS England and NHS Improvement. Other CCG or NHS England contracts (and sub-contracts from NHS trusts and foundation trusts) with these providers will be set aside for the period covered by the national arrangements. At least one month's notice will be given to terminate the national arrangements and revert to "business as usual".

In respect of IS acute hospitals covered by the national arrangements, the following will apply.

- Where an IS acute hospital provider either a) holds an existing multi-year contract with an NHS commissioner which does not expire at 31 March 2020 or b) has agreed a new 2020/21 contract with its NHS commissioners, then that contract should be suspended for the period for which the national arrangement is in force – and will then be re-activated on its conclusion, on the resumption of "business as usual".
- Where an IS acute hospital provider holds a contract with an NHS commissioner which expires at 31 March 2020 but has not yet agreed a new contract for 2020/21, there is no immediate requirement to put a new contract in place – because the new national arrangements will apply. Once notice has been given to terminate the national arrangements, the commissioners and the provider may, if they choose, enter into a new written contract to cover the remainder of 2020/21. Until and unless they do, however, the default position will be as set out below.
 - The provider will be able to continue to provide elective services – and be paid for providing them – on the same broad basis as under its 2019/20 contract.
 - The nationally-mandated terms of the 2020/21 NHS Standard Contract will apply, and the relevant national prices will be those set out in the 2020/21 National Tariff Payment System.
 - The locally-agreed content of the Particulars of the local 2019/20 contract will continue to apply (such as Service Specifications and Expected Annual Contract Value)
 - The provider will be commissioned to provide the same range of services commissioned under its 2019/20 contract (unless the commissioner has made clear, in writing prior to March 2020, its intention no longer to commission a specific service).

In this way, IS acute hospitals will be able to provide services under the national arrangements for the duration of the COVID-19 emergency, with confidence that they will be able to revert to normal contractual arrangements when “business as usual” resumes.

Other non-NHS providers commissioned under the NHS Standard Contract

Outside acute hospitals, non-NHS providers provide a very wide range of different services. Depending on the specific services they run, providers will be affected by COVID-19 in different ways. Some will have an important, direct role to play in the response; some may be asked to expand, or change the nature of, the services they provide in order to support the response; and, with others, the services they provide may need to be scaled back or put on hold.

There is already national guidance covering how out-of-hospital services will need to respond to the COVID-19 pandemic – on services supporting discharge from hospital, for instance, and on community services more generally (for both, see <https://www.england.nhs.uk/coronavirus/>). Commissioners should have regard to this and further guidance which may be published relating to other sectors.

In this context – with providers which are not NHS bodies and services which are, in general, not covered by national prices – it is important from a governance perspective that written contracts for 2020/21 are agreed as soon as possible. Commissioners will need to exercise local discretion in terms of precise contractual arrangements, depending on the role an individual provider is likely to play in the COVID-19 response. General guidance is set out below.

- Contracts must be in the form of the NHS Standard Contract 2020/21, but they need not be complex; the shorter-form version of the Contract will often be appropriate.
- Commissioners are not mandated to take a block payment approach for the period of April to July 2020, fixing payment at historic 2019/20 levels – but such an approach will be appropriate in some circumstances.
- Where a provider provides services that will be essential to the local COVID-19 response (including but not limited to services designated as Commissioner Requested Services), and/or where a provider’s staff may readily be redeployed into other COVID-19 related activities, a block payment approach protecting the provider’s historic level of income should be adopted. This may include community nursing and therapy services, intermediate care, end of life care, mental health inpatient services and community teams, and patient transport services, for instance.

- In other instances – where providers provide elective services on an Any Qualified Provider basis (for example, some diagnostic and treatment services), where levels of activity are likely to reduce significantly during the pandemic, and where there is little scope for the provider’s staff to be redeployed – it will be more appropriate to retain an “activity x price” basis for payment. In such instances, where the provider’s income from NHS commissioners falls, it will have access to the wider financial protections offered by the government for businesses and employers (see <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-COVID-19/COVID-19-support-for-businesses>).
- CCGs, with local authority partners, will need to consider carefully making appropriate contractual arrangements with care homes. A mixed economy approach may be appropriate – continuing to pay for existing NHS Continuing Healthcare cases on the basis of a weekly rate, whilst also purchasing additional bed capacity to support hospital discharge on a block or similar basis.
- Contracts should cover core funding for the services commissioned; there will be separate arrangements for providers to claim exceptional additional costs reasonably incurred as a direct result of COVID-19 and the response to it. Details will be published in due course; to access such funding and avoid any unintended double-payment, providers will be required to adopt an open-book accounting approach.
- Although contracts should be put in place in this way, it is essential that contracting processes do not delay or impede the necessary response to COVID-19 from being put in place.

Of the arrangements described above for contracts with Trusts, the following also apply to non-NHS providers other than acute hospitals.

- CQUIN is also suspended for April to July 2020; commissioners should make CQUIN payments at the full applicable rate during this period.
- The Stevens / Pritchard letter made clear that the block payments made to Trusts for April to July 2020 would include the national uplift for inflation and CNST, but not the 1.1% increased efficiency requirement. This also applies for non-NHS providers for April to July 2020, except for those providers operating under national prices under the 2020/21 National Tariff on an “activity x price” basis; the national prices have both inflation and efficiency built in.

- The arrangements above for the suspension of contractual sanctions also apply for the period April to July 2020, as does the light-touch approach to contract management.

These arrangements will be reviewed before the end of July and will be extended as necessary; further guidance relating to the period beyond 31 July 2020 will be issued in due course.

Where monthly payments are being made in advance to non-NHS providers, based on an Expected Annual Contract Value, commissioners should consider whether they can bring forward payment timescales to align with the revised earlier timescales for Trusts set out in separate guidance.

Where block payment is not agreed, commissioners and providers must be prepared to show flexibility in relation to the strict application of the normal monthly timescales in the contract for invoice validation and payment. And it is essential that commissioners prioritise making agreed payments promptly to non-NHS providers, to protect their cashflow.

Normal arrangements for invoicing and payment will continue to apply to any non-contract activity carried out by non-NHS providers, but – given that most of this relates to routine elective activity – levels during the period April to July 2020 are expected to be minimal.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 19th March 2020	Chair: Alan Sharples
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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. Revised financial forecast outturn enacted. The CCG is on target to deliver its revised target. 	<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 received a comprehensive report on CHC.
 - It was noted that the CCG's Senior Leadership Team had made the recommendation to extend current provision for CHC assessment service with Midlands & Lancashire CSU for two years through the use of the single tender waiver process.

- The finance and resource risks remain unchanged.
 - The delivery of financial target remains the highest risk to the CCG.
- The committee received the Individual Funding Request Service Report for Q3 2019/20.
- The committee received an HFMA Briefing on primary care finance and Primary Care Networks.
- The committee received the Prescribing Report for month 9 – QIPP delivered although other unexpected pressures have put extra demands on budget.
- The committee discussed the potential impact of COVID-19 on finances and noted the process to recover excess costs.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 27th February 2020

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> Enhanced Surveillance KPIs to be agreed with LUHFT post-merger. Quality Site Visit. Digitalisation of primary care records. Serious Incident process changing. 	<ul style="list-style-type: none"> There is a risk of oversight of both performance issues and staff surveillance will not be recorded for assurance. Risk of medical cover at Aintree to Home ward. Information Governance risks of records involving third parties being released. Risk of oversight on Sefton Serious Incidents being reduced. 	<ul style="list-style-type: none"> Interim Chief Nurse to meet and agree KPI's with Deputy Director of Nursing at LUFT. Site visit provided assurance on both nursing and medical cover. SFCCG Chair to raise with IMerseyside to confirm if process has been delayed. Sefton specific Serious Incidents will be reviewed by GP Leads and input in to wider SIRG. Quality Team will continue to produce trends and themes reports.

Information Points for South Sefton CCG Governing Body (for noting)			
<ul style="list-style-type: none"> • None. 			

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 26th March 2020

Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> ▪ PPE equipment – JL to take back to raise – raised from COVID 19 agenda item. ▪ Primary Care feedback to IMT. ▪ Reporting processes for trust to CCGs reduced. ▪ SIRG – Stood down. ▪ JQPC to be stood down. 		<p>GP Lead present on IMT update calls</p>

<ul style="list-style-type: none"> ▪ Trust report by exception not reporting in normal way. ▪ Pathways for SEND not moving at pace. ▪ Risk to patients with non-Covid19 symptoms could be at risk due to delays. 	<p>Virtual meeting pack to be sent to committee members for receipt and approval when appropriate.</p> <p>Assurance template developed to record issues by exception for provider feedback.</p> <p>SEND work continuing and any pathway development work to be given priority when capacity allows.</p> <p>Noted by IMT and providers to be requested to develop recovery plans to allow for both COVID and commissioned pathway work.</p>
<p>Information Points for South Sefton CCG Governing Body (for noting)</p>	
<ul style="list-style-type: none"> • 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)

- A tender and contract waiver form for the Mental Health Military Veterans Service (provided by Greater Manchester Mental Health Services) was reported to the Audit Committee. The committee agreed that the circumstances reported meant that it was appropriate to use the waiver process.
- The Gifts & Hospitality Register will be reported to the 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

Audit Committee: Thursday 23rd April 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 Data Security and Protection Toolkit submission deadline has been extended to 30th September 2020. The following points were reported:
 - The CCG has made good progress to date, although the CCG should continue to review training requirements in light of the 95% target.
 - Midlands & Lancashire CSU have undertaken a governance review and will report a new Information Governance delivery and assurance plan to the Senior Information Risk Owner.
- The committee approved the Annual Governance Statement 2019/20 and received the draft CCG Annual Report 2019/20. Members were invited to provide further comments ahead of final submission.
- The committee received the draft CCG annual accounts 2019/20.
 - It was suggested that a further explanation note for Related Party transactions was required to confirm it is the organisation being paid and not the individual.
- The following Single Tender Action (STA) forms were reported to the committee and members agreed that it had been appropriate to use this process in the circumstances:
 - Provision of Continuing Health Care Service: 1 April 2020 – 31 March 2022
 - Occupational Health Contract: 1 April 2020 – 31 March 2021
 - Consultancy Support for CCG Response to COVID-19 / Governance / Corporate Service Arrangements: 1 April 2020 – 31 March 2021
- The CCG published registers, including the Register of Interests and Gifts & Hospitality Register, were received.
 - It was noted that a recent MIAA Managing Conflicts of Interest audit concluded that the CCG is compliant in all areas reviewed; the Chair offered his congratulations regarding this outcome.
 - Further work to be carried out on the Gifts & Hospitality Register, including combining it with the Register of Sponsorship following internal

audit recommendation.

- The committee approved a temporary change to the Scheme of Reservation and Delegation to increase the limit for approval for packages of care agreed by senior clinical staff at Midlands & Lancashire CSU during the COVID-19 incident response.
- The committee received the Audit Committee Annual Report 2019/20 and noted a minor typographical change was required.
- The committee agreed the Audit Committee Terms of Reference subject to an amendment to specify that the Lay Member for Patient Experience & Engagement is the Vice Chair of the committee. Updated Terms of Reference to be approved by the Governing Body.
- The committee received a completed template with responses to Enquiries of Those Charged with Governance. A separate management response was also received. Minor amendments to be made regarding the content / formatting.
- The committee received an updated External Audit Plan.
 - It was noted that a specific risk relating to COVID-19 had been added, which is unlikely to affect the 2019/20 annual accounts due to timing, being late in the financial year.
- The committee received the MIAA Internal Audit Progress Report which noted that the financial system key controls had generally received high assurance ratings; the Chair offered his congratulations to the team involved.
- The committee received the MIAA Head of Internal Audit Opinion 2019/20.
 - The overall opinion concludes: Substantial Assurance that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
- The committee approved the Internal Audit Plan 2020/21 – timings may change / other national requirements may be brought into plan.
- The committee noted that a COVID-19 governance checklist is in place to support the CCG in managing its response to the incident.
- The committee received the MIAA Anti-Fraud Services Annual Report 2019/20.
 - Standards for Commissioners self-assessment – submission deadline extended to 31st May 2020.
- The committee approved the MIAA Anti-Fraud Services Work Plan 2020/21 – timings may change / flexible depending on changes.
- The committee approved the Governing Body Assurance Framework, Corporate Risk Register and Heat Map.

Key Issues Report to Governing Body

South Sefton Primary Care Commissioning Committee Part 1, Thursday 19 th March 2020	Chair: Dil Daly
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Key Issue	Risk Identified	Mitigating Actions
Digitisation of Lloyd George Records within General Practice. Issue with the quality of records that have been digitised.	Difficult to locate relevant information in patient records once digitised – this may affect future management plan of patient.	iMerseyside in discussion with LMC over this issue.

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

The committee discussed options for improving patient experience in general practice. It was noted that compared with the National average the CCG performs well however there is variation between practices which needs addressing.

Remote working options are being rolled out in light of Covid-19 pandemic.

There has been a gap in identified in the named GP for adult safeguarding. Work is on going to understand the impact of this and put a mitigation place.

The Workforce strategy was received by the Committee.

The Primary Care work plan was reviewed by the Committee.



Key Issues South Sefton Localities

Meeting Date

Bootle Locality/PCN - Chair Catherine Aspden		
Key Issues	Risks Identified	Mitigating Actions
1.		
2.		
3.		

Information Points for Governing Body to Note:

Locality meetings have been suspended due to COVID-19. PCN agreed to meet on a fortnightly basis to discuss relevant issues. PCN are monitoring own risk factors including affected staff, lack of PPE etc. A resilience platform has been developed to monitor and plan for any high risk issues. Practices are working collaboratively to where necessary and have contingency plans in place. Buddy practices have been identified.



Crosby Locality/Crosby and Maghull PCN - Chair Craig Gillespie	
Key Issues	Mitigating Actions
4.	
5.	

Information Points for Governing Body to Note:
Locality meetings have been suspended due to COVID-19. PCN agreed to meet on a fortnightly basis to discuss relevant issues. PCN are monitoring own risk factors including affected staff, lack of PPE etc. A resilience platform has been developed to monitor and plan for any high risk issues. Practices are working collaboratively to where necessary and have contingency plans in place. Buddy practices have been identified.

Maghull Locality - Chair Dr Phil Weston	
Key Issues	Mitigating Actions
6.	
7.	
8.	

Information Points for Governing Body to Note:
Locality meetings have been suspended due to COVID-19.

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:

Locality meetings have been suspended due to COVID-19. PCN agreed to meet weekly initially but are now meeting on a fortnightly basis to discuss relevant issues. PCN are monitoring own risk factors including affected staff, lack of PPE etc. A resilience platform has been developed to monitor and plan for any high risk issues. Practices are working collaboratively to where necessary and have contingency plans in place. Buddy practices have been identified.

Finance and Resource Committee Minutes

Thursday 19th March 2020, 1pm to 3pm
Teleconference

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
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Jan Leonard	Director of Place, SS CCG	JL
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Alison Ormrod (items FR0/37-41 & FR20/43)	Deputy Chief Finance Officer, SS CCG	AOR
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray (FR20/40-part onwards)	GP Governing Body Member, SS CCG	JW
Ex-officio Member*		
Fiona Taylor	Chief Officer, SS CCG	FLT
In attendance		
Jane Keenan (items FR0/37-41 & FR20/43)	Interim CHC Programme Lead, SS CCG	JK
Cameron Ward	Programme Director, Sefton Health & Social Care Transformation Programme	CW
Apologies		
Karl McCluskey	Director of Strategy & Outcomes, SS CCG	KMcC
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Membership	Mar 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20	Feb 20	Mar 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	✓
Dr Sunil Sapre	GP Governing Body Member	✓	✓	✓	✓	✓	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	✓
Susanne Lynch	Head of Medicines Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes			✓	✓	A	A	A	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	✓	*	*	*	✓	*	*	*	✓

No	Item	Action
General business		
FR20/37	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the latest government guidance to limit social contact, the Finance & Resource meeting today had been changed to a teleconference.</p> <p>Apologies for absence were received from Karl McCluskey.</p> <p>Cameron Ward had joined the meeting in his capacity as interim cover for the CCG Director of Strategy and Outcomes role.</p> <p>JK had joined the meeting to present item <i>FR20/43: Continuing Healthcare Update</i>. The Chair had been informed that JK and AOR would need to leave the meeting early in order to join a CHC webinar. It was agreed therefore that item <i>FR20/43</i>, which was to be presented by both JK and AOR, would be covered directly after item <i>FR20/41</i> to allow both to leave the meeting early. 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>	
FR20/38	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • <i>Item FR20/43: Continuing Healthcare Update</i> PC noted that the report for item <i>FR20/43</i> mentions work that has been undertaken with Mersey Care NHS Foundation Trust (MCFT) in relation to CHC provision. He declared he is undertaking a secondment at MCFT to assist in Community Services Transformation. The Chair reviewed this declaration and decided that PC could be present during this item and participate in discussion. This is because the report for item <i>FR20/43</i> was providing a general update on work carried out to date as well as ongoing work in relation to CHC, and the committee were not required to make a decision regarding an area specifically related to MCFT. 	
FR20/39	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 20th February 2020 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	

No	Item	Action
FR20/40	<p>Action points from the previous meeting</p> <p>FR19/118 Continuing Healthcare Update Report It was noted that the due date for the action related to analysis of CHC high cost packages is May 2020.</p> <p>FR19/133 Action points from the previous meeting FR19/97 Continuing Healthcare Update Report PC reported he has sent information to AOR regarding value stream mapping which can be used to help explain delays in placements. AOR confirmed she has received this information. Action closed.</p> <p>FR20/06 HR Policies <u>Retirement Policy</u> SL reported that the flow chart to be included as an appendix to the Retirement Policy (which provides a practical guide on processes to follow by CCG management in relation to this policy) was still in progress. Action still open.</p> <p>FR20/20 Any Other Business <u>Pneumococcal Vaccines</u> In reference to issues experienced by SS's practices in relation to limited pneumococcal vaccines – SL confirmed she has discussed this with the CCG's Practice Nurse Lead and understands that the changing availability of this vaccine is a national issue. SS raised concerns about communication regarding the changing availability of vaccines and the potential impact on performance against the Quality Outcomes Framework. SL confirmed she would liaise with the CCG's Practice Nurse Lead regarding communication with practices in relation to the national situation with pneumococcal vaccines, and update SS. The committee noted that further communication would be taking place between SL and SS regarding this issue and agreed that this action could be closed in terms of the F&R action tracker. Action closed.</p> <p><i>JW joined the meeting.</i></p> <p>FR20/25 Action points from the previous meeting FR19/155 CHC Benchmarking – Q1 2019/20 MMcD reported that work is ongoing regarding a general review of urgent care and confirmed an update would be provided at the next F&R Committee meeting scheduled for 28th May 2020. Action to remain on the tracker. CW reported that the CCG is preparing an urgent care programme of work focused on Southport & Ormskirk NHS Trust with other partners, which includes reviewing ambulatory care data and identifying alternatives to hospital admission.</p> <p>FR20/26 Management of Organisational Change Policy TK reported that the change to wording in section 8.1 of the Management of Organisational Change Policy has been actioned by the CCG's HR advisers. The flow chart to be added as an appendix, which provides a practical guide on processes to follow by CCG managers in relation to this policy, is still to be finalised. Action to be updated and to remain on the tracker in relation to the outstanding flow chart only.</p> <p>FR20/26 Management of Organisational Change Policy TK reported that the additional two amendments to the Management of Organisational Change Policy that had been agreed by the South Sefton F&R</p>	

No	Item	Action
	<p>Committee had been proposed to the Southport & Formby F&R Committee to help ensure that the corresponding policies of the Sefton CCGs are consistent. The two additional amendments were agreed at the Southport & Formby F&R Committee meeting on 18th March 2020. Action closed.</p> <p>FR20/27 Midlands & Lancashire CSU: Summary Service Report In reference to the proposed merger between South Sefton CCG, Southport & Formby CCG, Liverpool CCG and Knowsley CCG – MMcD suggested that Midlands & Lancashire CSU workstream leads are approached to assess the CSU's availability, capacity and resources to provide support to the merger process, as part of the work programme. The committee noted that this work would be carried out and agreed for the action to be closed.</p> <p><i>It was noted that all other actions on the action tracker following the February 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>Finance</i>		
FR20/41	<p>Finance Report - Month 11 2019/20 AOR provided an overview of the year-to-date financial position for NHS South Sefton CCG as at 29th February 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG followed the protocol to change financial forecast out-turn procedure in month 10 as per NHS England / Improvement (NHSE/I) guidance and agreed a revised year-end forecast out-turn of £8.900m deficit with the regulators. The CCG is on target to deliver its revised target. • The main financial pressures relate to Continuing Care packages including Continuing Healthcare, Funded Nursing Care, Personal Health Budgets and Mental Health packages due to increased cost and volume of packages. There are also prescribing cost pressures related to increased prices for Category M drugs, as well as cost pressures impacting the Learning Difficulties budget. • The CCG is on target to meet the year-end cash target. • An overview was provided of Appendix 4 of the report, which shows the risk adjusted position at month 11. <p>The committee had a detailed discussion regarding the CCG's financial position and the potential impact of COVID-19 on CCG finances. MMcD reported that NHSE/I have provided information regarding the next steps of the NHS response to COVID-19, including financial arrangements through to the end of July 2020. The information notes that block contracts should be agreed for 1st April to 31st July 2020. Initial guidance has been provided on the process to recover excess costs due to the pandemic.</p> <p>Committee discussion included activity levels in hospitals, Accident & Emergency attendance levels, workforce, the independent sector and the potential impact of any additional costs on year-end accounts. MMcD reported that further information on financial arrangements will be provided at a webinar with Julian Kelly (Chief Finance Officer, NHSE/I) on 20th March 2020, which will focus on the NHS finance community and the COVID-19 response. MMcD confirmed he will be joining this webinar.</p>	

No	Item	Action
	<p><i>The committee received the finance report and noted the summary points as detailed in the report.</i></p>	
FR20/42	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk Register. The committee agreed that no changes were required to the risk register, noting that delivery of financial target remains the highest risk to the CCG.</p> <p>AS enquired about potential financial risks in relation to the COVID-19 pandemic. MMcD noted that further information on this and potential mitigating factors will be provided at the NHSE/I webinar on 20th March 2020, noted under item FR20/41.</p> <p><i>The committee approved the F&R Committee Risk Register.</i></p>	
FR20/43	<p>Continuing Healthcare Update</p> <p>JK and AOR presented a comprehensive report providing a summary on the current status and progress against recommendations (made through reports shared with CCG committees) in relation to Continuing Healthcare (CHC). A detailed overview was provided of each section of the report, including progress to date in relation to the Adam Dynamic Purchasing System (DPS) and also the link to the future commissioning of the CHC end to end service. A detailed overview was also provided in relation to areas included in the overall work plan for CHC going forward, including the financial position relating to CHC and QIPP; a financial 'health check' for CHC; the alignment of key programme areas with CHC; and assurance around Fast Track and High Cost cases.</p> <p>Key points included the following:</p> <ul style="list-style-type: none"> • A tender waiver to extend the current arrangement for CHC provision with Midlands & Lancashire CSU (due to expire on 31st March 2020) for a further two years was discussed at the CCG Senior Leadership Team (SLT) meeting on 17th March 2020. The reasons behind the tender waiver were presented to SLT and were summarised within this CHC update report. The tender waiver was approved by FLT, as the value is within her delegated limit as Chief Officer, and will be presented to the Audit Committee for ratification in April 2020. • The contract for the Adam DPS has been extended beyond its initial 3 year contract until September 2020. The CCG is exploring options for the future beyond the end of the contract extension. • There are arrangements in place to proceed with a post implementation review of the Adam DPS by Mersey Internal Audit Agency, commencing in late March / early April 2020 subject to changing circumstances in relation to COVID-19. The findings will be reported back to the Leadership Team in the first instance. • The current financial position for CHC was presented in the report through Table 1. • The North Mersey CCGs will be working as a collective with Liaison Care to facilitate a retrospective financial review and financial 'health check' for CHC to provide assurance and areas of focus for further internal review. • There is a mapping exercise opportunity in relation to the CHC interface internally at the CCG and the alignment of key programme areas with CHC. It is recommended that the interdependencies of key areas of transformation and delivery are mapped against current CHC delivery requirements and 	

No	Item	Action
	<p>trends to improving control around CHC and delivering the transformational agenda. An event regarding CHC and cross programme working is scheduled for 16th April 2020.</p> <ul style="list-style-type: none"> • A draft Project Initiation Document (PID) for CHC joint work has been issued by Sefton Council. Commentary regarding this PID was provided in the report for the committee to note. Discussions in relation to the PID are scheduled with the Project Lead for Sefton Council and the CCG's CHC Programme Lead. • An evaluation of business as usual processes for CHC will be carried out, including a review of the terms of reference for the IPA Programme Board and IPA Operational and Performance Group. • The NHSE/I Regional CHC Team have planned to host an event to share best practice and to drive forward the transformation of CHC at a Sustainability and Transformation Partnership / Integrated Care System level. This was scheduled to take place on 30th March 2020 but will now be rescheduled due to the COVID-19 situation. • Regular meetings have been taking place between colleagues from the CCG and Sefton Council regarding Funded Nursing Care, including invoicing arrangements effective from 1st April 2020. • A deep dive review was undertaken of 364 Fast Track cases processed from November 2018 to November 2019. The main objective of the review was to understand the appropriateness of the referrals received; details of the findings were within the report for the committee to note, and further work is being undertaken to understand the results. • A review of the top 30 High Cost cases in receipt of CHC funding for quarter 4 for both of the Sefton CCGs is scheduled to take place in April 2020 with CCG and Midlands & Lancashire CSU colleagues. <p>An extensive discussion took place regarding the report, including the CHC budget for 2019/20. Members noted and supported the key points and ongoing work detailed within the recommendations section of the report and summarised above.</p> <p>AS queried the figure in the report for the percentage of patients continuing to receive Fast Track Care 90 or more days after initial referral (across both Sefton CCGs) and asked that this figure be checked for accuracy.</p> <p>PC referred to usage of performance scores / predictive values in the process of assessing CHC applications and confirmed he would send an email to JK and the CCG's Deputy Chief Nurse with information on this method.</p> <p><i>The committee received this report, noting and supporting the key points and ongoing work detailed within the recommendations section of the report and summarised in the minutes.</i></p> <p><i>JK and AOR left the meeting.</i></p>	<p>JK / AOR</p> <p>PC</p>
FR20/44	<p>Strategic Financial Plan 2020/21</p> <p>MMcD reported that a presentation on the CCG's strategic financial plan for 2020/21, which was delivered at the Governing Body Development Session on 5th March 2020, has been included in the F&R Committee meeting pack for the committee's information. He noted that due to the timing of the presentation, the information does not incorporate financial measures relating to COVID-19.</p>	

No	Item	Action
	<p>A discussion followed regarding the financial plan, including the 'system by default' approach.</p> <p><i>The committee received this presentation.</i></p>	
FR20/45	<p>Individual Funding Request Service Report Q3 2019/20</p> <p>JL presented the Individual Funding Request (IFR) Service Report for Q3 2019/20. She highlighted that the majority of referrals were received from GPs. The report includes reasons behind this, which were further explained by JL. She noted that the majority of IFR applications would be expected to be received from secondary care and that IFR referrals and approvals will in future be managed by the introduction of the Value Based Checker software. The introduction, however, may now be delayed due to the current situation in relation to COVID-19.</p> <p>A discussion followed regarding the recommendations within the report. JL reported that the recommendation in the report regarding Lymphoedema would be reviewed via community services discussions. She confirmed that Mersey Care NHS Foundation Trust (MCFT) will be undertaking the future provision of the Lymphoedema service; staff training has been taking place to ensure that MCFT have the appropriate capacity to provide this service. The CCG has also agreed a position regarding Pinnaplasty and Facial / Bell's Palsy and this has been communicated to other Cheshire & Merseyside CCGs under the Criteria Based Clinical Treatments policy.</p> <p><i>The committee received this report.</i></p>	
FR20/46	<p>HFMA Briefing - Primary Care Finance and Primary Care Networks</p> <p>MMcD presented an HFMA briefing, which provides an overview of primary care finance and the financial arrangements to support evolving Primary Care Networks. The briefing is intended to give a basic understanding for those working in NHS finance teams or those who may be new to the financial management of primary care.</p> <p>MMcD commented that this is a useful briefing to be received by the committee, given that the CCG now has delegated approval for the commissioning of Primary Care Medical Services.</p> <p>MMcD noted that the HFMA have produced a summary of Coronavirus cost reimbursement guidance and revised financial arrangements for 1st April – 31st July 2020. He confirmed he would circulate this document to the committee following this meeting.</p> <p><i>The committee received this briefing.</i></p>	MMcD
<i>Prescribing</i>		
FR20/47	<p>Prescribing Report – Month 9 2019/20</p> <p>SL provided an overview of the prescribing report for month 9 2019/20, noting that South Sefton CCG is currently forecast to be overspent against the 2019/20 prescribing budget. It was noted that a number of cost pressures have meant overall costs have increased.</p>	

No	Item	Action
	<p>SL noted a typographical error in the report and clarified that if Category M drugs continue at the current prices, the year-end estimated cost for the CCG is predicted to be £4.64m, which is an increase of £827k against the previous year and contributes to the forecast overspend at month 9.</p> <p>SL notified the committee that the current priority for the Medicines Management team is to support patients and practices in the context of the developing situation with COVID-19. She confirmed she will be liaising with and providing relevant feedback to the CCG's COVID-19 Incident Management Team. The Medicines Management Team will also be liaising with the Finance Team regarding any potential financial impact of COVID-19 in relation to prescribing.</p> <p>The committee had a discussion regarding the prescribing update, which included practice monitoring and the impact of the COVID-19 lockdown on the issuing of prescriptions. SL confirmed that an email communication was sent out to all practices yesterday (18th March 2020) to provide guidance on issuing prescriptions in the current circumstances.</p> <p>AS referred to the coding issue in relation to the Sefton Continence Service, which had been detailed in the report, and enquired about whether it would be resolved prior to the submission of the CCG's final accounts for 2019/20. SL confirmed that the Medicines Management Team are working closely with the Finance Team to resolve this issue as soon as possible.</p> <p><i>The committee received this report.</i></p>	
Committee Governance		
FR20/48	<p>F&R Committee 2019/20 Attendance Tracker</p> <p>AOR reported that the F&R Committee meeting attendance record for the Governing Body members of the committee will be included in the CCG's annual report for 2019/20. In preparation for this, members have been asked to approve the F&R Committee attendance tracker to date for 2019/20, which was included within the meeting pack.</p> <p><i>The committee approved the F&R Committee attendance tracker to date for 2019/20.</i></p>	
Minutes of Steering Groups to be formally received		
FR20/49	<ul style="list-style-type: none"> Information Management & Technology (IM&T) Steering Group – January 2020 <p>The committee received the minutes of the IM&T Steering Group meeting (January 2020).</p> <p>AS queried the section in the minutes where it was reported that there is 'no current appetite from staff to use their own devices'. MMCD clarified that this conclusion had been reached following a staff survey.</p>	

No	Item	Action
Closing business		
FR20/50	<p>Any Other Business</p> <p>PC reported that there are IT solutions that he is aware of that could potentially help practices and patients in the context of the COVID-19 situation. MMcD asked PC to email further details to him so that he could forward to iMerseyside to review.</p>	PC
FR20/51	<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>	
FR20/52	<p>Feedback on Today's Meeting</p> <p>AS asked members to provide feedback on the meeting today. Members provided positive feedback on the way in which the meeting had been conducted and chaired, particularly as it had taken place as a teleconference.</p>	
	<p>Date of next meeting:</p> <p>Thursday 28th May 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 27th February 2020 at 9am – 12noon

Venue: 3A, 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		
Ehsan Haqqani	Interim Primary Care Quality Lead (SSCCG/SFCCG)	EH
Tracey Forshaw	Assistant Chief Nurse (SSCCG)(SFCCG)	TF
Mel Spelman (for part of the meeting)	Programme Manager Quality and Risk (SSCCG/SFCCG)	MS
Lynne Savage	Deputy Head of Quality and Safety (SSCCG/SFCCG)	LS
Natalie Hendry-Torrance (for part of the meeting)	Designated Safeguarding Adult Manager (SSCCG/SFCCG)	NHT
Helen Roberts	Pharmacist (SSCCG/SFCCG)	HR
Lynne Savage	Deputy Head of Clinical Quality and Safety (SSCCG/SFCCG)	LS
Karen Garside (for part of the meeting)	Designated Nurse Safeguarding Children (SSCCG/SFCCG)	KG
Apologies		
Cameron Ward	Programme Director (SSCCG/SFCCG)	CW
Jennie Piet	Programme Manager Quality and Performance (SSCCG/SFCCG)	JP
Jane Lunt	Chief Nurse (SSCCG/SFCCG)	JL
Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Martin McDowell	Chief Finance Officer (SSCCG/SFCCG)	MMcD
Graham Bayliss	Lay Member (SCCG)	GB
Fiona Taylor	Chief Officer (SSCCG/SFCCG)	FLT
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	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20
Dr Rob Caudwell	GP Governing Body Member	✓	✓	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	-			
Dil Daly	Lay Member for Patient & Public Involvement											N	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	✓	N	✓	✓	A	✓	✓	✓	A	N	A	A
Billie Dodd	Head of CCG Development	A	A	N	✓	✓	A	A	A	A		N	D	A
Debbie Fagan	Chief Nurse & Quality Officer	✓	A	N	-	D	D	D	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	✓	A
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	A	✓	A	A	✓	A	A	N	A	A
Jane Lunt	Chief Nurse (on Secondment from LCCG)									✓	✓	N	✓	A

✓ = Present

A = Apologies

L = Late or left early

N = No meeting held

D = Deputy attended

No	Item	Actions
20/19	<p>Welcome, Introductions & Apologies</p> <p>Dr Rob Caudwell welcomed all to the meeting and round the table introductions were made.</p> <p>Apologies were noted from Martin McDowell, Dr Doug Callow, Jane Lunt, Graham Bayliss, Cameron Ward, Jennie Piet and Fiona Taylor.</p> <p>Dr Rob Caudwell confirmed that the meeting was quorate.</p>	
20/20	<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. 	
20/21	<p>Minutes & Key Issues Log of the previous meeting</p> <p>With the following amendment the minutes from the previous meeting held on 30th January 2020 were approved as an accurate reflection of the meeting:-</p> <ul style="list-style-type: none"> • Page 2, amend membership tracker to note Graham Bayliss's apologies. 	
20/22	<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>Action completed.</p> <p>Dr Gina Halstead informed that the Health Visitor assigned to her practice had undertaken a period of sickness absence which was not covered. Tracey Forshaw advised that she would raise the issue with North West Boroughs Healthcare NHS Foundation Trust in relation to what contingency arrangements in respect Health Visitor's sickness absence.</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 Brendan Prescott to obtain a sample review of home breaches and if satisfactory the action could be closed down.</p>	TF

<p>Brendan Prescott advised that Billie Dodd/Sharon Forrester would follow up this action. Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 10/108, Safeguarding Quarterly Report. <p>(i) Looked After Children (LAC) Action Plan to be presented to the Committee at a future meeting.</p>	<p>BP</p>
<p>It was noted that the LAC update is included in the Quarterly Safeguarding Report and is on the agenda. A full LAC update will be presented at the April Committee Meeting.</p>	<p>HC</p>
<ul style="list-style-type: none"> • Agenda Item 19/168, Corporate Risk Register – Quality Update. <p>Jane Lunt to discuss the pension issues at the next Quality Surveillance Group (QSG).</p>	<p>JL</p>
<p>It was noted that the next QSG Meeting is scheduled for March 2020. Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/182, Deputy Chief Nurse Report. <p>An action had been noted in relation to a patient with Barrett's Oesophagus not being recalled for scope at Aintree Hospital as part of the recent look back exercise of missed Barrett's recalls.</p>	<p>JL/BP</p>
<p>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 and Brendan Prescott and determine a plan of action. Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 19/183, Clinical Director Quality Update. 	
<p>An action had been 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 (IPR) going forward.</p> <p>It was noted that neurology waiting times had not been included the IPR report but had been included in the report presented to Governing Body. It was suggested for it to be raised by Ali Picton, Senior Contracts Manager at NHS Liverpool CCG.</p>	
<p>Brendan Prescott advised that he had contacted Ali Picton and she advised that the Walton Centre is undertaking a national pilot in relation to neurology waiting times. She informed that the Walton Centre do not have to report Referral to Treatment data.</p> <p>Brendan Prescott tabled an Organisational Health Check for The Walton Centre produced by NHS Liverpool CCG.</p>	
<p>Concerns were raised by the Committee in relation to the data noted in the Organisational Health Check. Brendan Prescott advised that he would request that the data concerns be raised at the next Provider Meeting. Dr Gina Halstead and Dr Rob Caudwell to send examples of long waits for neurology appointments to Brendan Prescott.</p>	<p>BP GH/RC</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 had 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. Action deferred to 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> <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> <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>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/05, Deputy Chief Nurse Report <p>Martin McDowell to email the Ofsted SEND Report to Dr Gina Halstead.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/06, Clinical Director Quality Update <p>(i) Martin McDowell to raise the concerns in relation to the digitalisation of patient records with Paul Shillcock and Louise Taylor at IMerseyside.</p> <p>The Committee queried if the primary care records digitalisation process had been placed on hold. Dr Rob Caudwell advised that he would contact IMerseyside to clarify.</p> <p>(ii) Brendan Prescott to escalate the concerns raised in relation to poor discharges at Southport and Ormskirk Hospital NHS Trust to Bridget Lees and to raise it at CQPG.</p> <p>Brendan Prescott advised that the issue of poor discharges at Southport and Ormskirk Hospital NHS Trust is being followed up by Director of Nursing's team.</p> <p>It was noted that the issues are not isolated to Southport and Ormskirk Hospital NHS Trust. They are system wide. It was also noted that Southport and Ormskirk Hospital NHS Trust do not have a Patient Advisory Liaison Service. Patients are therefore contacting the Local Authority for patient advice. Brendan Prescott advised that he would request that the issues be raised at the Quality Surveillance Group. It was suggested collating trends and themes and presenting them for discussion at the Joint Medicines Operational Group. Helen Roberts and Ehsan Haqqani to take forward the action of producing trends and themes data and to focus on specific areas to drive forward change.</p>	<p>JL</p> <p>JL</p> <p>MS</p> <p>JL</p> <p>RC</p> <p>HR/EH</p>
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	<p>(iii) Brendan Prescott to raise the concerns noted in relation to Aintree to Home Ward and the potential safety issues which would arise due to the lack of medical cover.</p> <p>Lynne Savage informed that she and a colleague from NHS Liverpool CCG undertook a quality site visit at Aintree to Home Ward recently. Root Cause Analysis and escalation processes were discussed and assurance was given around a clear escalation process being in place. The visit was positive overall. A further quality site visit will take place in 6 months. Lynne advised that she would draft the full details of the visit and present them at a future meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/09, Integrated Performance Report <p>It had been highlighted in the IPR report at the January 2020 Committee meeting in relation to TIA Assess and Treat 24 hours (target 60%) at Southport and Ormskirk Hospital NHS Trust was noted as being 4.5%. An action was noted for Brendan Prescott to raise the data recording issues at Southport and Ormskirk Hospital NHS Trust at the next CCF and CCQRM Meetings.</p> <p>It was noted that Stroke Nurses are ensuring care is being delivered and a safeguarding mechanism is in place allowing relevant treatment to be received. However narrative is not being received from the Trust which is being followed up with the Medical Director.</p> <ul style="list-style-type: none"> • Agenda Item 20/10, Commissioning for Quality and Innovation (CQUIN) Framework Quarter 2 Report <p>(i) Jane Lunt to raise the prevention of falls at the next at the next CQPG meeting which was one of the indicators not achieved at both Aintree Hospital and Southport and Ormskirk Hospital NHS Trust.</p> <p>It was noted that this action will be followed up at the March CQPG. Action deferred until next month's meeting.</p> <p>(ii) Jennie Piet to share next year's CQUIN indicators with Dr Gina Halstead and Dr Rob Caudwell.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/17, Any Other Business <p>Michelle Diable to routinely include Primary Care Committee in Common Minutes in the Committee Meeting pack.</p> <p>Action completed and to be removed from the tracker.</p>	<p>LS</p> <p>JL</p>
<p>20/23</p>	<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 January 2020.</p> <p>The following points were highlighted:-</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> An on-going patient class action involving an ex-employee of the Trust who worked as an Orthopaedic Surgeon was noted. There are currently no cases meeting the StEIS threshold for reporting.</p>	

	<p><u>Mersey Care NHS Foundation Trust (Community)</u> Waiting lists for specialist services continue to be monitored. The Speech and Language Therapy Service is currently above the 18 week target. Telephone triage has been introduced to help in freeing up clinical capacity. It was suggested that nurses contact a Speech and Language Therapist for guidance prior to contacting the patient and ensure that the advice sought is detailed in the patient's notes.</p> <p><u>Joint Targeted Area Inspection (JTAI)</u> It was noted that positive feedback in relation to the on line counselling service. Brendan Prescott advised that he would feed that back to the JTAI Group. It was suggested ensuring that all practitioners are aware of the on line counselling service.</p> <p>Action: Brendan Prescott to relay the positive feedback received in relation to the on line counselling service to the JTAI Group.</p> <p><u>SEND Improvement Plan Update</u> It was noted that a SEND Workshop was facilitated by the Associate Chief Nurse for SEND in February 2020. The workshop reviewed the Sefton Improvement Notice, the SEND Improvement Plan and draft SEND Performance Dashboard.</p> <p>It was noted that the SEND Health Performance Improvement Group (Sefton) meet on a monthly basis with representation from all partners to drive forward the actions in within the Improvement Plan.</p> <p>The Committee requested for SEND Updates to be presented at Joint Quality and Performance Committee as well as to Governing Body. Tracey Forshaw advised that she would raise this with Jane Lunt.</p> <p>Action: Tracey Forshaw to request that SEND updates are received by the Joint Quality and Performance Committee with Jane Lunt.</p> <p>Dr Gina Halstead informed that she had requested sight of the Children's Dashboard at Governing Body but has not received it. Tracey Forshaw advised that a draft dashboard and KPI's are currently being developed and are discussed at the SEND Health Performance Improvement Group (Sefton) Meetings.</p> <p>It was noted that a paper would be presented to Governing Body in relation to CAMHS waiting times at Alder Hey Hospital.</p> <p>Outcome: The Committee received the Deputy Chief Nurse Report.</p>	<p>BP</p> <p>TF</p>
20/24	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead highlighted the following 2 issues:-</p> <ul style="list-style-type: none"> (i) Concerns noted in relation to the quality of the digitalisation of primary care records. The records are lengthy and cannot be redacted which poses an issue in particular when patients request sight of their clinical records which cannot be edited. It is time consuming for clinicians to check through the lengthy PDF records before they can be shared with 3rd parties. The process in which the records are being processed for digitisation poses a risk. (ii) Concerns noted in relation to lack of Health Visitors provision and contingency cover for Health Visitor sickness absence. <p>Outcome: The Committee noted the Clinical Director Quality Update.</p>	

20/25	<p>Overdue Appeals Ratio</p> <p>Brendan Prescott advised that the overdue appeals ratio refers to continuing health care activity. The CCG is not being made aware when any appeals have been upheld. MLCSU follow them up locally.</p> <p>The Committee noted there are currently 6 Retrospective Appeals for NHS South Sefton CCG.</p> <p>Brendan advised that when the End to End Service commences there will be one service reviewing patients.</p> <p>Outcome: The Committee noted the Overdue Appeals Ratio update.</p>	
20/26	<p>Integrated Performance Report</p> <p>Brendan Prescott presented the Integrated Performance Report which seeks to provide an overview of the activity and quality performance at the CCGs as at month 9.</p> <p>Cameron Ward was not in attendance, but had provided the following comments which were noted by the Committee:-</p> <p>“Revisions are being considered for the children’s section of the report. Discussions are underway with Alder Hey Hospital on the reports they produce to consider what else can be included for the two CCGs as well as a total position for Sefton. This includes performance information on SEND.</p> <p>Flag the cancer waiting times at LUFT which are being escalated following the non-response to a CPN.</p> <p>Regarding cancer we are pursuing a local agreement with providers on a maximum wait for patients included in the new 28 day target. This has emanated from patients referred for 2 week waits who have waited 50+ days. As commissioners we don’t know how many other patients have waited longer than 2 weeks or how long they have waited. As the 28 day target is being introduced from April we thought we would use that as the basis for initiating the maximum wait. The new target is being set at 70% for 28 day compliance which means 30% waiting longer. It is the 30% of patients we want to consider. Will keep the Committee updated on progress”.</p> <p>NHS South Sefton CCG <u>IAPT</u> It was noted that there has been a dip in recovery rate, it had dropped to 27%.</p> <p>NHS Southport and Formby CCG It was noted that counselling non-attendance figures has steadily fallen between October and December 2019.</p> <p><u>Stroke</u> It was noted that at month 9 NHS South Sefton was at 73.8% and NHS Southport and Formby was at 70.4%. Narrative is required explaining why patients are not being seen.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	

20/27	<p>CCG Safeguarding Team Q3 (2019-20) Safeguarding Quality Safeguarding Schedule Update and Quarterly Safeguarding Update</p> <p>Karen Garside and Natalie Hendry-Torrance jointly presented the Safeguarding Report which seeks to provide the Committee with an analysis of commissioned health services in respect of Quarter 3 (2019-20) Safeguarding Schedule.</p> <p>The Committee noted the following Key Issues:-</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> Increasing CCG concerns regarding training compliance and lack of progress against agreed actions</p> <p><u>Liverpool University Hospitals NHS Foundation Trust – Aintree Hospital site</u> The merger is frequently sighted as the reason for delays in progress across the new organisation, however Aintree Hospital site is evidencing progress in most areas. It was noted that Jane Lunt is meeting with Colin Hont, Deputy Director of Nursing regarding surveillance indicators.</p> <p><u>Mersey Care NHS Foundation Trust, North West Boroughs Healthcare NHS Foundation Trust sub contract</u></p> <p>The new North West Boroughs Healthcare NHS Foundation Trust Children in Care Team has been demonstrating areas of improved quality of service and improved outcomes for Children in Care with on-going operational support from the Designated Nurse Children in Care. Whilst quality continues to improve, performance is not being sustained due to staffing resource issues which includes vacancies and sickness. The additional CCG funding to the Children in Care Team was notified to Mersey Care NHS Foundation Trust in November 2019, however there are on-going negotiations between the finance teams in the CCGs and Mersey Care NHS Foundation Trust, North West Boroughs Healthcare NHS Foundation Trust regarding existing funding streams and the subsequent additional CCG contract value.</p> <p>Given that the North West Boroughs Healthcare NHS Foundation Trust Children in Care Health Team will have an increased staffing resource by the end of March 2020. There is a formal exit strategy in place for the Designated Nurse Children in Care to withdraw the additional operational support to the Children in Care Team as of 1st April 2020. This will then increase the Designated Nurse's capacity to focus on strategic duties.</p> <p><u>MSAB Peer Review</u> The MSAB underwent a peer review in January 2020. Recommendations from the review will be discussed in full at the next MSAB Board Meeting and at the Board Development Day. An action plan to be developed and will be shared with the Committee.</p> <p><u>Learning Disability Mortality Review (LeDeR)</u> Additional monies have been secured to support the performance and sustainability of the LeDeR programme. Mersey Care NHS Foundation Trust is supporting the programme on behalf of the CCG and has identified a reviewer. There is no LeDeR administrative support allocated at the CCG.</p> <p>It was highlighted that the 7 minute briefing following a child death the most preferable form of communication. This has been raised at the Joint Operation Group (JOG) but it was opposed and convening a locality meeting was suggested instead. Tracey Forshaw informed that she would inform the JOG in relation to the use of the 7 minute briefing as it is the most preferable form of communication following the death of a child.</p>
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	<p>Karen Garside advised that she would also feed that back to LSCB.</p> <p>Outcome: The Committee noted the CCG Safeguarding Team Q3 (20196-20) Safeguarding Quality Safeguarding Schedule Update and Quarterly Safeguarding Update.</p>	
20/28	<p>Serious Incident Report</p> <p>Mel Spelman presented the Serious Incident Report which seeks to provide a Quarter 3 update on the performance of serious incident management for both CCGs. It was noted that NHS Liverpool CCG will be managing the serious incident process going forward. This is as a result of the quality teams for Sefton CCGs and Liverpool CCGs are aligning work areas as well as the merger of the new LUHFT leading to the change in coordinating commissioner status to LCCG.</p> <p>NHS South Sefton CCG</p> <p><u>Liverpool University Hospital NHS Foundation Trust – Aintree Hospital site</u> 8 incidents reported, of which 80% were reported within 48 hours. Zero Never Events reported. 80% of 72 hour reports submitted. There are 7 incidents open 100+ days. There were 10 RCA's received during Quarter 3. A panel held by NHS Liverpool CCG is scheduled for every other Wednesday for Acute and Specialist Trusts. Either the Aintree Hospital Clinical Risk Manager or, Aintree interim Assistant Director of Governance will attend.</p> <p><u>Mersey Care NHS Foundation Trust – Community Services</u> 2 incidents reported, of which 80% were reported within 48 hours. Zero Never Events reported. 2 72 hour reports submitted in Quarter 3. There are 2 open serious incidents.</p> <p><u>NHS South Sefton CCG StEiSable Incidents</u> 1 serious incident reported and has subsequently closed.</p> <p>Dr Gina Halstead highlighted a risk of oversight of Sefton serious incidents being reduced. It was noted that Sefton specific serious incidents will be reviewed by GP Leads and input in to wider SIRG. The Quality Team will continue to produce trends and themes reports.</p> <p>It was noted that Julia Chambers, Quality Manager will send RCAs for Sefton registered patients to Dr Gina Halstead for review . It was requested that a blank copy of the evaluation form is sent to Dr Gina Halstead.</p> <p>Action: Mel Spelman to send the evaluation form template to Dr Gina Halstead.</p> <p>It was noted that there is an inaccuracy in the serious incident report whereby UC24 is referenced instead of PC24.</p> <p>NHS Southport and Formby CCG</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u> 21 incidents reported, of which 100% were reported within 48 hours. Zero Never Events reported. 100% of the 72 hour report due for Quarter 3 was submitted. There were 13 open serious incidents. It was noted that performance has improved greatly, however this was over a long period of time. It was highlighted that clinical engagement can take time to embed. Another factor to note was that the Clinical Risk Manager was absent for 6 months. It was also noted that there is an open reporting culture at the Trust including the reporting of near misses.</p>	MS

	<p><u>Lancashire and South Cumbria NHS Foundation Trust</u> 3 serious incidents reported, of which 100% were reported within 48 hours. Zero Never Events reported. There were 6 serious incidents reported.</p> <p>Dil Daly queried if the CCG held serious incident data to use to compare with other Trusts. It was noted that NHSEI holds that type of data and would highlight any anomalies to the CCGs.</p> <p>The Committee noted the Serious Incident Report.</p>	
20/29	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee received the Key Issues Report arising from the JMOG meeting held on 7th February 2020 and noted the following 2 main issues:-</p> <ul style="list-style-type: none"> • Poor quality of information from Acute Trusts which is an on-going concern. An interface Task and Finish Group has been established to work on issues identified. • The risk of harm to care home residents from medication errors is an on-going concern. The Medicines Management Care Home Team continue to provide medicines training for care home staff and post hospital discharge structured medication reviews for care home residents. New patient structured medication reviews are planned for care home residents. <p>Outcome: The Committee noted the Joint Medicines Operation Group Key Issues.</p>	
20/30	<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 – 9th January 2020 • NHS Southport and Formby CCG – 8th January 2020 <p>Outcome: The Committee noted the Serious Incident Review Group (SIRG) Minutes</p>	
20/31	<p>Health SEND Performance Improvement Group (Sefton)</p> <p>The Committee received the following minutes:-</p> <ul style="list-style-type: none"> • Extraordinary Sefton Health SEND Strategic Working Group Minutes – 18th December 2019 <p>The Extraordinary Sefton Health SEND Strategic Working Group Meeting has been preceded by the Health SEND Performance Improvement Group (Sefton). The minutes and key issues from which will be included in the meeting pack going forward.</p> <p>Outcome: The Committee noted the Extraordinary Sefton Health SEND Strategic Working Group Minutes.</p>	
20/32	<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 – 25th November 2019. 	

	Outcome: The Committee noted the Individual Patient Activity Programme Board Minutes.	
20/33	<p>NHS South Sefton CCG and NHS Southport and Formby CCG Primary Care Commissioning Committees in Common (Part 1)</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 Primary Care Commissioning Committees in Common (Part 1) - 19th December 2019. <p>Outcome: The Committee noted NHS South Sefton CCG and NHS Southport and Formby CCG Primary Care Commissioning Committees in Common Minutes (Part 1).</p>	
20/34	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>The Committee received the following key issues:-</p> <ul style="list-style-type: none"> Engagement and Patient Experience Group (EPEG) Key Issues - 15th January 2020. <p>Outcome: The Committee noted the Engagement and Patient Experience Group (EPEG) Key Issues.</p>	
20/35	<p>Any Other Business</p> <p>Brendan Prescott advised that Locality key issues will continue to be provided on a quarterly basis to Governing Body. Any quality issues will be raised through the Joint Operational Group and escalated accordingly to the Quality Team.</p>	
20/36	<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> Enhanced Surveillance KPIs to be agreed with Liverpool University Hospitals NHS Foundation Trust post-merger.</p> <p><u>Risk Identified</u> There is a risk on oversight of both performance risks and staff surveillance will not be recorded for assurance.</p> <p><u>Mitigating Action</u> Interim Chief Nurse to meet and agree KPIs with Deputy Director of Nursing at Liverpool University Hospitals NHS Foundation Trust.</p> <p><u>Key Issue</u> Digitalisation of Primary Care records.</p> <p><u>Risk Identified</u> Information Governance risks of records involving third parties being released.</p>	

	<p><u>Mitigating Action</u> NHS Southport and Formby CCG Chair to raise with IMerseyside to confirm if the process has been delayed.</p> <p><u>Key Issue</u> Serious Incident Process changing</p> <p><u>Risk Identified</u> Risk of oversight of Sefton serious incidents being reduced.</p> <p><u>Mitigating Action</u> Sefton specific serious incidents will be reviewed by GP Leads and input in to wider SIRG. Quality Team will continue to produce trends and themes reports.</p> <p>The Committee noted the following Key Issue for NHS South Sefton CCG Governing Body:-</p> <p><u>Key Issue</u> Quality Site Visit.</p> <p><u>Risk Identified</u> Risk of medical cover at Aintree to Home Ward.</p> <p><u>Mitigating Action</u> Site visit positive assurance on both nursing and medical cover.</p>	
	<p>Date of Next Meeting: Thursday 26th March 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 26th March 2020 at 9am – 12noon

Venue: Teleconference

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 (SSCCG/SFCCG)	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		
Ehsan Haqqani	Interim Primary Care Quality Lead (SSCCG/SFCCG)	EH
Tracey Forshaw	Assistant Chief Nurse (SSCCG)(SFCCG)	TF
Helen Roberts	Pharmacist (SSCCG/SFCCG)	HR
Jennie Piet	Programme Manager Quality and Performance (SSCCG/SFCCG)	JP
Michele Brooks	Regional Strategic Lead for Children and Young People's Continuing Care (MLCSU)	MB
Cameron Ward	Programme Director (SSCCG/SFCCG)	CW
Apologies		
Jeff Simmonds	Secondary Care Doctor (SFCCG)	JS
Susanne Lynch	Head of Meds Management (SSCCG/SFCCG)	SL
Minutes		
Robert Foden	Quality Improvement Support Officer (SSCCG/SFCCG)	RF

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	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Dr Rob Caudwell	GP Governing Body Member	✓	✓	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	✓	✓	✓	✓	✓						
Dil Daly	Lay Member for Patient & Public Involvement											N	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	✓	N	✓	✓	A	✓	✓	✓	A	N	A	A	✓
Billie Dodd	Head of CCG Development	A	A	N	✓	✓	A	A	A	A		N	D	A	-
Debbie Fagan	Chief Nurse & Quality Officer	✓	A	N	-	D	D	D	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	✓	A	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	N	A	✓	A	A	✓	A	A	N	A	A	A
Jane Lunt	Chief Nurse (on Secondment from LCCG)									✓	✓	N	✓	A	✓

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

No	Item	Actions
20/37	<p>Welcome, Introductions & Apologies</p> <p>Dr Rob Caudwell welcomed all to the meeting and round the table introductions were made.</p> <p>Apologies were noted from Jeff Simmonds and Susanne Lynch.</p> <p>Dr Rob Caudwell confirmed that the meeting was quorate.</p>	
20/38	<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. 	
20/39	<p>Minutes & Key Issues Log of the previous meeting</p> <p>The minutes from the previous meeting held on 27th February 2020 were approved as an accurate reflection of the meeting.</p>	
20/40	<p>Matters Arising/Action Tracker</p> <p>The Committee received the following updates to the action tracker:-</p> <p>Action - Agenda Item 19/36, GP Quality Lead Update. Dr Gina Halstead informed that the Health Visitor assigned to her practice had undertaken a period of sickness absence which was not covered. Tracey Forshaw advised that she would raise the issue with North West Boroughs Healthcare NHS Foundation Trust in relation to what contingency arrangements in respect Health Visitor's sickness absence.</p> <p>Update: Defer this action to June 2020. Health Visitor work is now being carried out over the phone due to the COVID19 outbreak and they are only visiting those at high risk/safeguarding concerns at home.</p> <p>Questions around GP Practice protocols were raised in relation to Health Visitor working practices.</p> <p>Prioritising care for seriously ill patients and how work that is required to be carried out is set out in the COVID19 guidance, the work essentially requires that patients and staff caring for them is carried out in a safe way for both.</p> <p>Health visitors will be working in different ways and redeployed to priority areas, this work is being progressed. Staff safety is paramount. Work is being done around treating and ensuring safety for vulnerable people to alleviate the burden from Primary Care.</p>	

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Action - Agenda Item 19/85, Q1/Q2 Quality Assurance Report 2018-19 Urgent Care Greater Manchester and SFSS.

An action had been noted for Brendan Prescott to obtain a sample review of home breaches and if satisfactory the action could be closed down. Brendan Prescott advised that Billie Dodd/Sharon Forrester would follow up this action. Action deferred to the next meeting.

Update: Defer this action to June 2020.

No update.

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Action - Agenda Item 19/108, Safeguarding Quarterly Report.

- (i) Looked After Children (LAC) Action Plan to be presented to the Committee at a future meeting.

Update: Defer this action to June 2020.

No update.

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Action - Agenda Item 19/168, Corporate Risk Register – Quality Update.

Tracey Forshaw had 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. Jane Lunt informed that it can be requested that your tax bill is paid from the "pension pot" however this diminishes the pension. Jane Lunt to discuss the pension issues at the next QSG.

Update: CLOSED

QSG Surveillance group was held couple of weeks ago, pension issue measures have come from Health / Social care and been extended to Clinicians and certain managers. Has been resolved to some extent, but senior staff staying in roles for longer periods and therefore not all elements have been covered.

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Action - Agenda Item 19/182, Deputy Chief Nurse Report.

An action had been noted in relation to a patient with Barrett's Oesophagus not being recalled for scope at Aintree Hospital as part of the recent look back exercise of missed Barrett's recalls. 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 and Brendan Prescott and determine a plan of action.

Update: Defer this action to June 2020.

No update.

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Action - Agenda Item 19/183, Clinical Director Quality Update.

Brendan Prescott tabled an Organisational Health Check for The Walton Centre produced by NHS Liverpool CCG. Concerns were raised by the Committee in relation to the data noted in the Organisational Health Check. Brendan Prescott advised that he would request that the data concerns be raised at the next Provider Meeting. Dr Gina Halstead and Dr Rob Caudwell to send examples of long waits for neurology appointments to Brendan Prescott.

	<p>Update: Defer this action to June 2020. No update.</p> <p style="text-align: center;">--</p> <p>Action - Agenda Item 19/201, Clinical Director Quality Update.</p> <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 had 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. Action deferred to 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>Update: Defer this action to June 2020. Caron Lappin has been informed regarding issue(i) and has been escalated to NHSE&I.</p> <p>Action (ii) no update and deferred as above to June 2020.</p> <p style="text-align: center;">--</p> <p>Action - Agenda Item 19/203, Corporate Risk Register Quality Update.</p> <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>Defer this action to June 2020. Was taken off this meeting's agenda</p> <p style="text-align: center;">--</p> <p>Action – Agenda Item 19/204, North West Ambulance Service and NHS 111 Update.</p> <p>An action had been noted for Jane Lunt to take forward the action of identifying a Merseyside representative for quality. Jane Lunt advised that this would be raised at the next Quality Surveillance Meeting.</p> <p>Update: CLOSED NWAS have changed the way of their meetings with the CCG and how they engage. They now hold a Merseyside wide meeting and a representative from each CCG is invited.</p> <p style="text-align: center;">--</p> <p>Action - Agenda Item 20/06, Clinical Director Quality Update.</p> <p>(i) The Committee queried if the primary care records digitalisation process had been placed on hold. Dr Rob Caudwell advised that he would contact IMerseyside to clarify.</p> <p>(ii) Brendan Prescott to escalate the concerns raised in relation to poor discharges at Southport and Ormskirk Hospital NHS Trust to Bridget Lees and to raise it at CQPG.</p> <p>Brendan Prescott advised that the issue of poor discharges at Southport and Ormskirk Hospital NHS Trust is being followed up by Director of Nursing's team.</p>	
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It was noted that the issues are not isolated to Southport and Ormskirk Hospital NHS Trust. They are system wide. It was also noted that Southport and Ormskirk Hospital NHS Trust do not have a Patient Advisory Liaison Service. Patients are therefore contacting the Local Authority for patient advice. Brendan Prescott advised that he would request that the issues be raised at the Quality Surveillance Group. It was suggested collating trends and themes and presenting them for discussion at the Joint Medicines Operational Group. Helen Roberts and Ehsan Haqqani to take forward the action of producing trends and themes data and to focus on specific areas to drive forward change.

- (iii) Brendan Prescott to raise the concerns noted in relation to Aintree to Home and the potential safety issues which could arise due to the lack of medical cover.

Lynne Savage informed that she and a colleague from NHS Liverpool CCG undertook a quality site visit at Aintree to Home Ward recently. Root Cause Analysis and escalation processes were discussed and assurance was given around a clear escalation process being in place. The visit was positive overall. A further quality site visit will take place in 6 months. Lynne advised that she would draft the full details of the visit and present them at a future meeting.

Update: Defer this action to June 2020

- (i) Some reasonable progress has been made around Primary Care records being digitalised including discussions with Informatics. Facilitators will carry out some data quality checking and Informatics will commission some software to enable PDF files to be redacted easily. A further meeting was planned for this but has subsequently been cancelled. It was agreed that paper records will not be destroyed whilst work is ongoing.
- (ii) Trends and themes are still being looked at by Ehsan Haqqani & Helen Roberts who were to meet but this has been cancelled given COVID circumstances. Discharges from S&O Trust will still be a priority moving forward. Discharge information from the trust is vital to ensure patients critical information is known and available and is clear. Brendan Prescott has a scheduled telecom with Bridget Lees at S & O Trust on 26/03/20 regarding discharge guidance
- (iii) Aintree to home was discussed at the LUFT CQPG.

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Action - Agenda Item 20/10, Commissioning for Quality and Innovation (CQUIN) Framework Quarter 2 Report.

- (i) Jane Lunt to raise the prevention of falls at the next at the next CQPG meeting which was one of the indicators not achieved at both Aintree Hospital and Southport and Ormskirk Hospital NHS Trust.

Update: Defer this action to June 2020.

CQUIN data compliance submissions have been suspended due to COVID19.

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Action - Agenda item 20/23, Deputy Chief Nurse Report.

- (i) Brendan Prescott to relay the positive feedback received in relation to the on line counselling service to the JTAI Group.
- (ii) Tracey Forshaw to request that SEND updates are received by the Joint Quality and Performance Committee with Jane Lunt.

Update: CLOSED

	<p>--</p> <p>Action - Agenda item 20/28, Serious Incident Report. Mel Spelman to send the RCA evaluation form template to Dr Gina Halstead.</p> <p>Update: CLOSED</p> <p>--</p>	
20/41	<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 March 2020.</p> <p>The following points were highlighted:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust (LUHFT)</u></p> <p>Main item to note was that COVID19 events had now taken over and work will be put on hold to deal with COVID19. There was Planned Prevention meeting to be held in April which has been cancelled.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>No comments or questions raised.</p> <p><u>Mersey Care NHS Foundation Trust (Community)</u></p> <p>SALT service is experiencing significant wait times and performance issues, the 18 week wait target is being breached by 5 weeks and concern was raised about this and how Mersey Care moving forward will be able to reduce wait times.</p> <p><u>Joint Targeted Area Inspection (JTAI)</u></p> <p>BP informed that Fiona Taylor has been sighted on the JTAI Health Improvement Plan.</p> <p><u>Corona Virus Update</u></p> <p>Performance issues regarding speech and language therapy & concerns around other aspects of health care that are not COVID19, not being addressed. Concerns over patients not being dealt with and routine care not taking place due to COVID19 being the priority at this time. Further discussions around enhanced surveillance of providers and how moving forward this will be progressed to be assessed and agreed.</p> <p>Concern was raised that lots of issues could be put to one side which could potentially impact on services due to re-deployment and services not staffed to normal level.</p> <p>Critical care beds cannot be staffed in the usual way due to the expected increase in patients.</p> <p>The committee highlighted the risk to patients as routine care is being suspended due to COVID19. The response for patients needs to be made as things progress and the impact of stopping some care services will reveal some unexpected consequences. Decision making will follow to minimise the impact on patients, the plan for this is not yet produced.</p>	

<p>20/42</p>	<p>COVID -19 Update</p> <p>Jane Lunt talked through what has been done from a CCG Perspective. Cheshire & Mersey area have declared a major incident and working under the Civil Contingencies Act. NHSE&I are in a Command & Control Framework Setting.</p> <p>The main areas of NHS affected are Critical Care capacity and increasing this and Community Services responsibilities which are requiring a change to community work, some services will be stepped down whilst others are stepped up.</p> <p>Discharge guidance pathways components are being joined up to streamline the process. LUFT are using a discharge to assess model using 4 lanes of discharge patient type, 0, 1, 2, 3 –</p> <p>Lane 0 – Knee replacement fit to go home. Lane 1 - Other long term condition/need – further support required. Lane 2 – More complex patients. Lane 3 – Most complex patients/CHC/Joint Funding completion/special residential care in place/packages of care required.</p> <p>All above lanes have different post hospital care responsibilities and different level support services are required for each including community work. NHS Volunteers are to help in the community with transporting patients and delivering food this will be stepped up in the next weeks.</p> <p>The interface with hospitals and community services will be supported by local authorities who will also ensure that pathways are in place for discharges. Questions around funding from a CCG perspective have been removed.</p> <p>Some care homes would like patients discharged from hospital to be tested for COVID19 before being admitted, question was asked what if they are not tested, can a care home legally refuse to admit a discharged patient?. It was discussed that care homes will need to think about dealing with all their patients during this time and potentially cohorting and isolating patients who have COVID19. Work is being done with care homes to take patients who have been discharged and doing all they can to take patients.</p> <p>Primary Care Commissioning in relation to GPs there has been some uncertainty. To support practice resilience advice was to use guidance and asked to make it clear to patients what they should do in relation to appointments, practices to “buddy up”, and use telecom appointments.</p> <p>A lot of concern was raised and uncertainty is felt by GPs regarding home visits and the risk GPs will have to put themselves or other staff in. There is currently no community respiratory team as they have gone back to support hospitals. Some GPs only have access to a plastic apron & a surgical face masks. LCCG’s GPs are following guidance around PPE if they have to visit a home and normal PPE provision is deemed appropriate for home visits. PHE is making decision on what is appropriate and clinicians of all expertise feel it is not enough. Many people with COVID19 are asymptomatic and can still spread the virus unknowingly.</p> <p>At LUFT a hub has been created for PPE for mutual aid across the sites but unknown if this is for other providers and primary care as well.</p> <p>Key Issue regarding PPE equipment will be taken by JL to raise with NHSE&I.</p> <p>CCG has established an Incident Management Team (IMT) made up of a core group of staff which links and feedback to other teams and cells.</p>	
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	<p>Lack of and unsuitable PPE & supply and delivery will come out from the IMT meetings which are held daily. New guidance regarding PPE is being issued daily.</p> <p>There was no definite date as to when the PPE will be scaled up</p> <p>Committee expressed that PHE standard of equipment is not adequate to meet the WHO standards of what is needed in practice as per guidance. NHSE&I are in a command and control status making decisions on behalf of the nation and challenges to decisions made need to be fed up frequently. GPs also raised the issue that a number of GPs are in the published risk categories themselves.</p> <p>The committee found the daily communications from the CCG very helpful and informative and are aware of all the background work that is being undertaken.</p> <p>If other channels were available to GPs in obtaining PPE they were advised to use them to negate any delays. It was felt that the PPE that had been issued has not been of expected standard or adequate.</p> <p>Routine service confirmation as to what services are being suspended by Mersey Care, needs to be clear about what is being suspended, what is continuing as routine, what is still operating and waiting confirmation re service.</p> <p>It was recognised that patients with non COVID19 may come to harm as many services across the health economy are suspended to provide care as COVID19 is the priority and patients may not turn up at GPs or want to go into hospitals during this time. Elective and non-urgent care has generally been stopped across the whole system.</p> <p>Serious Incident reporting has been changed due to COVID19. SI's will still be required to be input onto STEIS and a 72 hour report is still required to be produced to cover aspects and details of what occurred and any immediate measures put in place. Full RCAs will not be required until further notice. The SIRG meetings have been stepped down with the trusts and documents will be reviewed by the CCG when they are submitted.</p> <p>There will be no HCAI reporting other than COVID-19 and there will be no routine quality monitoring.</p> <p>Statutory targets have all now been stepped down.</p> <p>It was recognised a huge amount of work and clear up will be required post COVID19.</p> <p>It was recognised staff in all areas of the NHS and many providers are working in different ways and maybe redeployed. Therefore staff may not be available for their normal duties including meeting attendances & reviewing reports. Non-clinical CCG staff could also be redeployed which would have the knock on effect of no admin to administer meetings at the CCG.</p> <p>There were ongoing discussions regarding the scheduled meetings, it was expected most will be stood down.</p>	
20/43	<p>Children & Young People Joint Continuing Core Protocol</p> <p>Michelle Brooks gave an overview of the CYP Protocol which was contained in the meeting pack for attendees to read, it is the work done over the last couple of years between the CSU, the CCG and Social Care/LA. It details how CYP are assessed, managed and how decision making is carried out. It is based on the national framework (2016) the protocol is how it would be implemented locally to Sefton.</p>	

	<p>Once the protocol has been agreed it can be implemented.</p> <p>Work will continue on the framework and within the next year or so an updated framework is expected to be in place.</p> <p>There were no questions from the committee.</p>	
20/44	<p>CCG's SI Policy Minor Amendment</p> <p>The SI Policy was amended in light of a number of incidents with DMC, 4 incidents have recently been added to STEIS from DMC which had not been reported in the normal SI process framework.</p> <p>The SI policy has been amended for smaller providers to be more explicit in the action that they need to take should an SI occur within a provider and make it clear around their reporting.</p> <p>There were no questions from the committee.</p>	
20/45	<p>Integrated Performance Report</p> <p>Most of the performance reporting has now been taken over by COVID19.</p> <p>The CCG will have more of an observation role rather than impacting changes, and there will be a reporting by exception strategy, the majority of meetings with the trusts have or will be stepped down. CCQRM and CQPG meetings will be stepped down with a focus on COVID19.</p>	
20/46	<p>Primary Care Quality Report</p> <p>Ehsan Haqqani gave overview of the report and explained there had been 3 complaints received - 2 from SF patients, 1 from SS patient.</p> <p>Discussions were to be had with NHSEI scheduled for May but now postponed to a later date.</p> <p>Monies from NHSEI had come through and staff are in place to process the LeDeR reviews in which there has been good GP engagement.</p> <p>EMIS coding was briefly discussed and it was noted that there was no code on EMIS for a patient who had "not been brought".</p>	
20/47	<p>SEND Health Performance Improvement Group (Sefton) Minutes</p> <p>The SEND minutes were noted by the committee.</p> <p>Key issue and risk identified 6 months ago were only recently being worked on and it was questioned why there was such a delay. Money allocated for ASD & ADHD pathways were now improving and impact during COVID19 will need to be reviewed.</p> <p>It was felt that development could have had more pace and that it potentially should have been prioritised.</p> <p>It was noted that initially it started well on some areas, but ASD and ADHD pathways more difficulties and though out the country Sefton is now one of the only areas with these pathways in place.</p>	

	As soon as services return to normal ASD/ADHD pathways should go to being one of the top of the priorities given the impact on Children and Young People. Issues around SEND are still being brought up at Governing Body.	
20/48	Individual Patient Activity (IPA) Programme Board Minutes These minutes were not included in the meeting pack and BP informed they would be sent out.	
20/49	JPQC Attendance 19/20 Annual Report No comments made.	
20/50	Primary Care Committees in Common Minutes & Key Issues Not in meeting pack, no comments made.	
20/51	Any Other Business Meds Management Post Dating Prescriptions. The issue of Meds Management working on postdating prescriptions for high risk patients. The team is issuing 4 postdated authorization prescriptions requiring GPs to read and process 4 individual requests coming through which is time consuming. Helen Roberts from Meds Management said she would look into this issue.	
20/52	Key Issue Log (issues identified from this meeting) The Committee noted the following Key Issues for both CCG's Governing Body:- Key issues were noted as per below: <ul style="list-style-type: none"> ▪ PPE equipment – JL to take back to raise – raised from COVID 19 agenda item. ▪ Primary Care feedback to IMT. ▪ Reporting processes for trust to CCG's reduced. ▪ SIRG – Stood down. ▪ JQPC to be stood down. ▪ Trust report by exception not reporting in normal way. ▪ Pathways for SEND not moving at pace. ▪ Risk to patients with non-Covid19 symptoms could be at risk due to delays. 	
	Date of Next Meeting: TBC	

Audit Committees in Common South Sefton CCG Minutes

Wednesday 15th January 2020, 1.30pm to 4pm
Room 5A, South Sefton CCG, Merton House, Stanley Road, Bootle, L20 3DL

South Sefton CCG Members present		
Alan Sharples	Lay Member (SS Audit Committee Chair)	AS
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
Southport and Formby CCG Members present		
Helen Nichols	Lay Member (S&F Audit Committee Chair)	HN
Dil Daly	Lay Member (S&F Audit Committee Vice Chair)	DD
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	JS
In attendance		
Martin McDowell	Chief Finance Officer, SSCCG and SFCCG	MMcD
Leah Robinson	Chief Accountant, SSCCG and SFCCG	LR
Michelle Moss	Anti Fraud Specialist, MIAA	MM
Georgia Jones	Manager, Grant Thornton	GJ
Apologies (South Sefton CCG Members)		
Graham Bayliss	Lay Member (SS Audit Committee Vice Chair)	GB
Apologies (In attendance)		
Robin Baker	Audit Director, Grant Thornton	RB
Alison Ormrod	Deputy Chief Finance Officer, SSCCG and SFCCG	AOR
Adrian Poll	Audit Manager, MIAA	AP
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SSCCG and SFCCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Position	April 19	May 19	July 19	Nov 19	Jan 20
South Sefton Audit Committee Membership						
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
Dr Jeff Simmonds	Secondary Care Doctor and Governing Body Member	✓	✓	A	✓	✓
In attendance						
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	A	✓	A
Leah Robinson	Chief Accountant	✓	✓	✓	✓	✓
Michelle Moss	Local Anti-Fraud Specialist, MIAA	✓			✓	✓
Adrian Poll	Audit Manager, MIAA	✓		✓	✓	A
Robin Baker	Audit Director, Grant Thornton	✓	A	✓	A	A
Georgia Jones	Manager, Grant Thornton	✓	✓	A	✓	✓

No	Item	Action
General Business		
A20/01	<p>Introductions and apologies for absence Apologies for absence were received from Graham Bayliss, Robin Baker, Alison Ormrod and Adrian Poll.</p> <p>It was noted that Alan Sharples, Chair of the South Sefton Audit Committee, would chair this CiC meeting.</p> <p>The CiC welcomed Dil Daly, who recently commenced his role as lay member of the Southport & Formby Governing Body.</p>	
A20/02	<p>Declarations of interest Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Audit Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <ul style="list-style-type: none"> • DD declared that he is employed by Age Concern Liverpool & Sefton, which is funded for a befriending project by both of the Sefton CCGs. He has sent this declaration to the Sefton CCGs' Corporate Business Manager to be added to the Southport & Formby CCG Register of Interests, and noted it as a direct pecuniary conflict of interest. The Chair reviewed the declaration and decided that this interest did not constitute any material conflict of interest with items on the agenda. • It was noted that GJ would have a conflict of interest in relation to item <i>A20/22: Appointment of Auditors</i>, as she is employed by Grant Thornton, the CCG's external auditors. As the committees would be discussing a potential extension of the external audit contract with Grant Thornton, the Chair decided that GJ could not be present for discussion during this item. • JS declared he is a member of both of the respective Governing Bodies and Audit Committees of South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport & Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
A20/03	<p>Minutes of the previous meeting and key issues The South Sefton minutes of the Audit Committees in Common meeting on 14th November 2019 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from this meeting.</p>	

No	Item	Action
A20/04	<p>Action points from previous meetings</p> <p>A19/39 (S&F and SS): Whistleblowing Policy MM reported that her MIAA colleague, Paul Bell, will be delivering the training that is required for Governing Body Lay Members with responsibility for whistleblowing. This training will be arranged after the revised updated Whistleblowing Policy for each of the Sefton CCGs has been approved by the respective Audit Committee [policy to be discussed under item A20/13]. It was agreed to keep this action open on the tracker until the training has taken place.</p> <p>A19/49 (SS): Audit Committee Terms of Reference In reference to recruitment of a Practice Manager Governing Body member to the committee – MMcD reported that the Local Medical Committee have not received any interest to date, since advertising a post to recruit for the CCG Practice Manager Governing Body role. It was agreed to keep this action open on the tracker and for an update to be provided at the Audit Committee meeting in April 2020.</p> <p>A19/108 (S&F and SS): Draft Report on Compliance Statement GJ reported that a publication date for the CCG's Mental Health Investment Standard (MHIS) Compliance Statement has not yet been confirmed. It was agreed to keep open the action regarding a debrief of audit procedures for the MHIS until the compliance statement has been published.</p> <p>A19/109 (S&F and SS): Governing Body Assurance Framework, Corporate Risk Register and Heat Map The Audit CiC discussed the following risk on the heat map for each of the Sefton CCGs and recommended that it go through the internal moderation process again for both CCGs. It was agreed that both the description and assessed post mitigation score require review. This action is to supersede the current action on the tracker.</p> <p><i>Risk 11 (SS) and Risk 12 (S&F): Quality of care - AUH challenging performance</i></p> <p>It was noted that all other actions on the action tracker for the November 2019 meeting have been completed; updates are provided on the action tracker which were taken as read.</p>	MMcD
Governance		
A20/05	<p>Losses, Special Payments and Aged Debt LR provided an update on losses, special payments and aged debt for South Sefton CCG since the last report was presented to the Audit Committee on 14th November 2019. No losses have been identified for write-off and no special payments have been made in this period.</p> <p>LR reported on the outstanding debt as at 31st December 2019. Of the total debt outstanding (£685,185), there are three invoices above the £5k threshold which are greater than six months old, amounting to a total of £88,098. Members noted the update detailed within the report, regarding each of these invoices. LR reported she has received confirmation that the invoice relating to the Cheshire and Mersey Rehabilitation Service for Quarter 1 2017/18 will be settled by NHS St Helens CCG. MMcD provided</p>	

No	Item	Action
	<p>the background to the outstanding invoice relating to Southport & Ormskirk NHS Trust Emergency Department – GP Assessment Unit follow ups. The CCG has requested an urgent update in relation to settlement of this invoice.</p> <p><i>The South Sefton Audit Committee received the Losses, Special Payments and Aged Debt report.</i></p>	
A20/06	<p>Financial Control Planning and Governance Assessment 2019/20 LR presented a completed version of the financial planning, control and governance template for South Sefton CCG for Q3. Paper versions of the report were tabled at the meeting. Submission of the template to NHS England for Q2 and annual review had been mandatory by 18th October 2019. LR noted that confirmation of a submission date for Q3 review has not been received to date but for best practice, the CCG will complete the template on a quarterly basis.</p> <p>The committee noted the contents of the report.</p> <p><i>The South Sefton Audit Committee received this report.</i></p>	
A20/07	<p>Mental Health Military Veterans Service – Tender and Contract waiver forms MMcD presented a tender and contract waiver form to re-procure / extend the Mental Health Military Veterans Service. The service, provided by Greater Manchester Mental Health Services across the footprint of the 11 Cheshire & Merseyside CCGs, is due to expire on 31st March 2020. It has been requested that the service is extended for 2 years (2020-2022) in line with NHS England commissioned services for Military Veterans. Further details, including the reasons for the waiver detailed within the form, were reported to the committee.</p> <p>MMcD confirmed that he has reviewed and approved the tender and contract waiver form, as the value is within his delegated limits. He noted that continuity of care is the key reason for the extension of the service.</p> <p><i>The Mental Health Military Veterans Service tender and contract waiver form was reported to the South Sefton Audit Committee. The committee agreed that the circumstances reported meant that it was appropriate to use the waiver process.</i></p>	
A20/08	<p>Register of Interests MMcD presented an update report on the Register of Interests which included the following:</p> <ul style="list-style-type: none"> • Full and unpublished register of governing body members, employees and contractors as at 23rd December 2019. • Full and unpublished register of member practices as at 23rd December 2019. • Published register of governing body members, employees and contractors as at 23rd December 2019. • Published register of member practices as at 23rd December 2019. <p>Members discussed the Register of Interests and noted that the column detailing committee membership does not seem to include all the relevant</p>	

No	Item	Action
	<p>committees where applicable. The committee requested that this column be reviewed to ensure that all the relevant committees are listed against each member where applicable. TK to forward this request to Judy Graves, the CCG's Corporate Business Manager.</p> <p>The committee discussed the Gifts and Hospitality Register and agreed that this should be presented to the Audit Committee, as part of this item, at future meetings. TK to liaise with the CCG's Corporate Business Manager to ensure this is presented at future meetings.</p> <p>The committee requested that the CCG's governance lead review the Gifts & Hospitality Register to ensure that the entries are all compliant with the Conflicts of Interest and Gifts and Hospitality Policy. AS requested that a review be undertaken to ensure anyone in receipt of gifts or hospitality from a potential supplier is not involved in purchasing decisions involving that supplier. TK to forward both requests to Debbie Fairclough, the CCG's governance lead.</p> <p><i>The South Sefton Audit Committee received the CCG's Register of Interests.</i></p>	<p>TK</p> <p>TK</p> <p>TK</p>
A20/09	<p>Policy Tracker</p> <p>MMcD presented the policy tracker. The cover sheet for this item included a status update on the 11 policies that are out of their review dates, which was noted by the Audit CiC. A further verbal update on the Infertility Policy and Commissioning Policy would be provided under the next agenda item.</p> <p><i>The Audit CiC received the policy tracker.</i></p>	
A20/10	<p>Update on Infertility Policy and Commissioning Policy</p> <p>MMcD provided an update on the Infertility Policy and Commissioning Policy which are out of their review dates. Consultation is currently ongoing in relation to the review of both policies. The Commissioning Policy that is currently in use has had amendments to incorporate changes that have been made nationally. The Infertility Policy that is currently in use has been amended in line with NICE guidance and is therefore compliant with NICE.</p> <p>The Audit CiC discussed this update and noted the importance of understanding the lessons learnt from the review process for both policies.</p> <p><i>The Audit CiC received this verbal update.</i></p>	
A20/11	<p>Update on Follow Up Actions / Response from MLCSU re. HR Case</p> <p>AS introduced this item and provided a background to the HR case referred to in the title. MMcD reported that a response from Midlands & Lancashire CSU is yet to be received; he confirmed he would write to the CSU regarding a response. The Chair requested that the response be forwarded to both Audit Committee Chairs of the Sefton CCGs when received.</p> <p><i>The Audit CiC received this verbal update.</i></p>	MMcD

No	Item	Action
<i>Audit and Anti-Fraud Specialist</i>		
A20/12	<p>Anti-Fraud Bribery and Corruption Policy MM presented an updated Anti-Fraud Bribery and Corruption Policy, which was reviewed by the Corporate Governance Support Group in December 2019 and recommended for approval. MM reported that minor updates have been made to the policy, which were summarised within the Version Control Sheet of the policy.</p> <p>The committee reviewed the policy and agreed that the sentence which notes, 'The CCG's nominated AFS is Michelle Moss' in section 5.5 of the policy should be moved to Appendix A. MM to action.</p> <p><i>The South Sefton Audit Committee approved the updated Anti-Fraud Bribery and Corruption Policy subject to the minor amendment noted above.</i></p>	MM
A20/13	<p>Whistleblowing Policy MM presented an updated Whistleblowing Policy, which has been revised to incorporate recommendations from MIAA anti-fraud specialists. The policy now also includes details of the CCG's new Freedom to Speak Up Guardians.</p> <p>Members discussed the policy and requested that future policies presented to the committee show the amendments that have been made via track changes. MM to forward this feedback to Debbie Fairclough, the CCG's Interim Lead for Corporate Services.</p> <p>Members queried whether the Freedom to Speak Up Guardians have received training for this role. MM confirmed she would liaise with Debbie Fairclough regarding training for the Freedom to Speak Up Guardians.</p> <p>The committee enquired about staff communications regarding the updated policy, particularly in relation to the Freedom to Speak Up Guardians. Members commented that a one-page desktop type guide on processes to follow would be helpful for staff. MM confirmed she would liaise with Debbie Fairclough to provide the committee's feedback regarding staff communications in relation to this policy and the Freedom to Speak Up Guardians.</p> <p><i>The South Sefton Audit Committee approved the updated Whistleblowing Policy.</i></p>	MM MM MM
A20/14	<p>Fraud Risk Matrix 2019/20 MM presented a Fraud Risk Matrix for 2019/20, which has been produced in line with the new requirements of the NHS CFA Standards for Commissioners. Standard 1.4 of the 2019 NHS CFA Standards for Commissioners requires the CCG to carry out a comprehensive risk assessment to identify where the organisation is most at risk from bribery, corruption and fraud and to produce a work plan which prioritises mitigating actions.</p> <p>As the CCG's Anti-Fraud Specialist, MM carried out a comprehensive risk assessment in December 2019 with a total of seven 'thematic' fraud risks</p>	

No	Item	Action
	<p>identified as part of this process. These risks will be assimilated into the CCG's risk management framework. The scores for each risk did not reach the threshold for inclusion in the Corporate Risk Register; the risks have therefore been provisionally allocated to the Audit Committee for ongoing monitoring and management. A new Risk Register will be produced for the Audit Committee and will be submitted to each meeting as required.</p> <p>The committee discussed the matrix and noted a typographical error in the column showing the Finalised Risk Register Scores for Key Fraud Risk 7; MM to correct.</p> <p><i>The South Sefton Audit Committee received the Fraud Risk Matrix 2019/20 and noted the control measures in place and progress of action plans.</i></p>	MM
A20/15	<p>Audit Committee Recommendations Tracker</p> <p>LR presented the Audit Committee Recommendations Tracker and provided an update on progress against each recommendation, as detailed on the tracker. In reference to the external audit recommendation to disclose the names of Governing Body GP members in related party transactions, LR reported that the CCG has been considering the GDPR implications of disclosing individual names. Midlands & Lancashire CSU have confirmed that names can be disclosed and have advised that the CCG contact the relevant members to inform them that this will be done.</p> <p>The committee discussed progress against recommendations in relation to Information Governance. Members noted that the Data Security and Protection Toolkit requires sign off before the end of March 2020 and delegated approval of this to the Chief Finance Officer and Audit Committee Chair.</p> <p><i>The South Sefton Audit Committee received the Audit Committee Recommendations Tracker and delegated approval of the Data Security and Protection Toolkit to the Chief Finance Officer and Audit Committee Chair.</i></p>	
A20/16	<p>MIAA Internal Audit Progress Report</p> <p>MM presented the MIAA Internal Audit Progress Report and noted that the 2019/20 internal audit plan is on track to be completed by the end of this financial year.</p> <p><i>The South Sefton Audit Committee received the MIAA Internal Audit Progress Report.</i></p>	
A20/17	<p>External Audit Plan</p> <p>GJ presented the External Audit Plan, setting out the detailed audit work planned for the 2019/20 audit of the CCG's financial statements. She presented the headlines in the report, including materiality, Value for Money arrangements and audit fees. She noted that the values relating to materiality has increased in 2019/20, as the CCG now has delegated approval for commissioning of Primary Care Medical Services.</p> <p>The committee discussed the External Audit Plan and raised queries, with answers and explanation provided by GJ.</p>	

No	Item	Action
	<i>The South Sefton Audit Committee approved the External Audit Plan.</i>	
A20/18	<p>Challenge Question: Insights from the spread of the Primary Care Home</p> <p>MMcD introduced this item. The external audit progress report and sector update was reviewed at the last Audit CiC meeting on 14th November 2019. The report included a summary of emerging national issues and developments that may be relevant to CCGs, as well as a number of challenge questions in respect of these emerging issues which the Audit Committees may wish to consider.</p> <p>Members agreed that the following challenge question in relation to the 'Insights from the spread of the Primary Care Home' report be considered at the Audit CiC meeting in January 2020: 'What are the CCG's views on the four key lessons in the report and how these could be implemented to help reduce emergency admissions in your locality?'</p> <p>MMcD presented data provided by the Sefton CCGs' Business Intelligence (BI) team, showing the number of Accident and Emergency (A&E) attendances and Non Elective admissions for care homes in each of the Sefton CCGs from July 2018 onwards. The Audit CiC had an extensive discussion regarding the challenge question and the data provided by the BI team. Further to discussion, MMcD confirmed he would request an update on high intensity users of A&E and the social (particularly mental health) aspect in relation to A&E attendances.</p> <p>The Chair enquired about the processes within the Sefton CCGs to manage the issues reported through the BI data. MMcD confirmed that he would check to ensure that the information presented is part of each of the Sefton CCGs' urgent care response / redesign of services.</p> <p>The Audit CiC agreed to consider further challenge questions where appropriate in future but asked that a written management response to the question is included in the meeting pack for review.</p> <p><i>The Audit CiC had an extensive discussion regarding the challenge question noted above. Future challenge questions to be considered by the Audit CiC are to include a written management response within the meeting pack.</i></p>	<p>MMcD</p> <p>MMcD</p>
<i>Risk</i>		
A20/19	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map</p> <p>MMcD presented the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map. The Heat Map summarises all the mitigated risks for the CCG with a score of 12 and above. MMcD provided an overview and explanation of the Recent Movement table detailed on the cover report for this item.</p> <p>The committee had an extensive discussion regarding the risk related to performance at Aintree University Hospital caused by a number of pressures (risk QUA047 on the CRR; risk 11 on the Heat Map). As noted during item</p>	

No	Item	Action
	<p><i>A20/04</i>, members recommended that this risk go through the internal moderation process again, and that both the description and assessed post mitigation score require review. AS noted that this risk has been removed from the CRR as the current assessed post mitigation score is below the threshold for inclusion in the CRR. He requested that the risk be kept on the register, given the recommendation that an internal moderation process be undertaken again.</p> <p>The committee noted that a review of the presentation of the risk documents will be undertaken by Debbie Fairclough (the CCG's lead for governance) in due course.</p> <p><i>The South Sefton Audit Committee approved the updates to the Heat Map, CRR and GBAF, subject to risk QUA047 being included in the CRR. It was agreed that risk QUA047 should go through the internal moderation process again.</i></p>	
<i>Committee Governance</i>		
A20/20	<p>Audit CiC / Committee Work Plan 2020/21 MMcD presented the Audit CiC / Committee Work Plan for 2020/21. The work plan sets out the plan of agenda items / issues to be addressed by the Audit CiC / Audit Committees during 2020/21.</p> <p>Members referred to the item regarding private discussions with internal and external audit and agreed that a half hour meeting between committee members and the auditors is to be arranged on the following dates:</p> <ul style="list-style-type: none"> • 15th April 2020 – half hour meeting between Southport & Formby Audit Committee members and the auditors. This is to be directly before or after the Southport & Formby Audit Committee meeting scheduled on that day. • 16th April 2020 - half hour meeting between South Sefton Audit Committee members and the auditors. This is to be directly before or after the South Sefton Audit Committee meeting scheduled on that day. • October 2020 – half hour meeting between members of both of the Audit Committees of the Sefton CCGs and the auditors. This is to be directly before or after the Audit CiC meeting in October. [The October meeting date is to be confirmed further to discussion in the next item]. <p>TK to arrange the private meetings as noted above.</p> <p>The Audit CiC noted that the Fraud Risk Matrix 2019/20 had been added as a standing agenda item following the content in the report for item <i>A20/14</i>. MM commented this item may not need to be presented at every meeting and confirmed that she would notify TK accordingly when the agenda for each meeting is finalised.</p> <p><i>The Audit CiC received the Work Plan for 2020/21.</i></p>	TK
A20/21	<p>Audit CiC / Committee Meeting Dates 2020/21 MMcD presented a paper which sets out the planned dates of the Audit CiC / Audit Committee meetings for 2020/21. Calendar invitations have been issued to members and regular attendees.</p>	

No	Item	Action
	<p>It was noted that the meeting scheduled for 28th October 2020 is during half term. It was agreed for TK to try to rearrange this meeting depending on availability.</p> <p><i>The Audit CiC received the meeting dates for 2020/21.</i></p>	TK
<i>Other</i>		
A20/22	<p>Appointment of Auditors <i>GJ left the meeting for this item due to a conflict of interest. Further details regarding the conflict of interest and the decision made by the Chair are in item A20/02: Declarations of Interest.</i></p> <p>MMcD provided background information to this item. He noted that the current contract with the CCG's external auditors, Grant Thornton, is due to end on the completion of the CCG audit for 2019/20 with an option to extend for a further two years. The joint auditor consortium panel has recommended that the contract be extended for a further two years up to the completion of the audit for 2021/22. MMcD confirmed that the appointment of auditors is a matter reserved to the Audit Committee in the CCG constitution.</p> <p>The committee had a detailed discussion and agreed to support the panel's recommendation with the condition that the impact of the proposed merger between South Sefton CCG, Southport & Formby CCG, Liverpool CCG and Knowsley CCG is considered. The committee agreed that discussions would be required with Grant Thornton in relation to the proposed merger, which would potentially impact the audit of the 2021/22 financial year.</p> <p><i>The South Sefton Audit Committee supported the recommendation of the joint auditor consortium panel to extend the CCG external audit contract with Grant Thornton for a further two years up to the completion of the audit for 2021/22, providing the impact of the proposed merger is considered, as noted above.</i></p> <p><i>GJ rejoined the meeting.</i></p>	
Key Issues of other committees to be formally received		
A20/23	<p>Key Issues reports of other committees</p> <ul style="list-style-type: none"> • Finance and Resource Committees October and November 2019 • Joint Quality and Performance Committee October and November 2019 • Primary Care Commissioning CiC October and December 2019 <p><i>The South Sefton Audit Committee received the key issues of the Finance and Resource Committee, Joint Quality and Performance Committee and Primary Care Commissioning CiC meetings for the</i></p>	

No	Item	Action
	<i>months detailed above.</i>	
Closing business		
A20/24	<p>Any other business</p> <p><u>MHIS Compliance Statement</u> MMcD raised the status of the Mental Health Investment Standard (MHIS) Compliance Statement as an AOB item. As noted under item A20/04, a publication date has not yet been confirmed. MMcD reported that the Senior Leadership Team (SLT) have delegated authority to sign-off the MHIS Compliance Statement prior to publication on the CCG's website. He proposed that the sign-off process is undertaken at the next SLT meeting so that the compliance statement is ready to be published once the publication date is confirmed. The committee agreed this proposal; MMcD to arrange. GJ noted that once the publication date is confirmed, external audit will require an email from SLT to confirm whether there have been any changes to the CCG's circumstances in terms of the MHIS from the date of SLT sign-off to the date of publication.</p> <p><u>Feedback on today's meeting</u> The Chair asked members to provide feedback on the meeting today, particularly on process, content and behaviours. JS commented that it is helpful that meeting packs are issued a week before the meeting, which allows a reasonable amount of time to review the papers. The Chair commented that a deep dive into certain aspects of the organisation could be a potential agenda item for consideration in the future.</p>	MMcD
A20/25	<p>Key Issues Review The approved key issues from this meeting will be circulated as a Key Issues report to Governing Body.</p>	
	<p>Date and time of next meeting South Sefton Audit Committee Thursday 16th April 2020, 1pm-3pm Room 5A, Merton House</p>	