

Governing Body Meeting (Part I) Agenda

Date: Thursday 3rd September 2020, 13:00hrs to 14:45hrs

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
For Information					13:00hrs
GB20/107	The Direct and Indirect Impacts of COVID-19 on the Health and Wellbeing of our Local Population	Rory McGill / Margaret Jones	Report	Receive	15mins
General					13:15hrs
GB20/108	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB20/109	Declarations of Interest	Chair	Verbal	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB20/110	Minutes of previous meeting – 4 th June 2020	Chair	Report	Approve	
GB20/111	Action Points from previous meeting – 4 th June 2020	Chair	Report	Approve	
GB20/112	Business Update	Chair	Verbal	Receive	
GB20/113	Chief Officer Report	FLT	Report	Receive	
Finance and Quality Performance					13:35hrs
GB20/114	Integrated Performance Report 113.1: NHS Constitution Quality 113.2: Financial Position	JLu MMcD	Report	Receive	30 mins
Governance					14:05hrs
GB20/115	Annual Audit letter 2019/2020	MMcD	Report	Receive	15 mins
GB20/116	Information Governance Management Framework / Information Governance Data Security and Protection Policy	MMcD	Report	Receive	
Quality					14:20hrs
GB20/117	SEND Improvement Plan and Business Continuity Arrangements	Kerrie France	Report	Receive	15 mins
GB20/118	GP Patient Survey 2020	Jan Leonard	Report	Receive	
For Information					14:35hrs
GB20/119	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
GB20/120	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI:	Chair	Report	Receive	
Closing Business					14:40hrs
GB20/121	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
GB20/122	<p>Date of Next Meeting</p> <p>Thursday 5th November 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>4th February 2021 1st April 2021</p> <p>All PTI public meetings will commence 13:00hrs.</p>				
Estimated meeting close					14:45hrs

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)

MEETING OF THE GOVERNING BODY September 2020

Agenda Item: 20/107	Author of the Paper: Rory McGill Sefton Council Rory.McGill@sefton.gov.uk						
Report date: September 2020							
Title: The Direct and Indirect Impacts of COVID-19 on the Health and Wellbeing of our Local Population							
Summary/Key Issues: Liverpool John Moores University and the Champs Public Health Collaborative have produced a rapid evidence review identifying what the current evidence tells us about the direct and indirect impacts of COVID-19 on health and wellbeing.							
Recommendation The Governing Body is asked to receive this report.	<table border="1"> <tr> <td>Receive</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 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.
	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				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement	X			
Presented to other Committees				

Cabinet Member Update Report Agenda Item 16 3 August 2020

Councillor	Portfolio	Period of Report
Cllr Ian Moncur	Health & Wellbeing	
Title: The Direct and Indirect Impacts of COVID-19 on the Health and Wellbeing of our Local Population		

1 Reason for Briefing

Liverpool John Moores University and the Champs Public Health Collaborative have produced a rapid evidence review identifying what the current evidence tells us about the direct and indirect impacts of COVID-19 on health and wellbeing.

2 Background

Health inequalities already existed in our community before the pandemic. However, COVID-19 has impacted disproportionately on our most vulnerable communities potentially widening the gap in health and wellbeing measures between some groups and the rest of Sefton. There will be implications during our recovery phase with regard to how we best try to tackle this. The recently published review gives some indication as to what some of the impacts have been and can be expected if applied with a Sefton lens:

2.1 Impacts on family, friends and communities

- There is evidence of increased civic participation in response to the pandemic and a positive impact on social cohesion. Thousands of new volunteer groups have been established in communities across the country and the majority of adults believe the country will be more united and kinder following the pandemic.
- Social isolation and loneliness have impacted on wellbeing for many. There are also serious concerns about how the combination of greater stress and reduced access to services for vulnerable children and their families may increase the risk of family violence and abuse. Compounding this, safeguarding issues have been largely hidden from view during lockdown.

2.2 Impact on money and resources

- There has been an increase in people signing up for Universal Credit and Jobseeker's Allowance benefits. Young workers and low earners have been impacted the most and household incomes have fallen particularly among the lowest earners. The predicted economic downturn will have significant health impacts in the short and longer term.

2.3 Impact on education and skills

- Children and young people may be hit hardest by the social distancing and lockdown measures. School closures risk exacerbating existing inequalities in educational attainment. Surveys suggest that the richest households are more likely to be offered active help from school, and that they are spending more hours a day on home learning.

2.4 Impact on our surroundings

- People have spent far more time at home during lockdown which may play a role in exacerbating the health impacts of poor-quality housing. Further, an estimated 12% of households in England have had no access to a private or shared garden during lockdown. Although access to public parks is more evenly distributed, inequalities exist in access to good quality and safe public green space. Air was cleaner and healthier in early lockdown, but global emissions have since rebounded to close to 2019 levels.

2.5 Impact on transport

- The impact on transport has been mixed. Falls in road journeys during the early period of lockdown have generally been short-lived and there are concerns about the lasting damage that may be done to public transport systems. A positive impact has been seen with more people cycling, but it remains to be seen whether the changes to cycling infrastructure will have a lasting impact.

2.6 Impact on the food we eat

- Lockdown has exacerbated food insecurity and food need; particularly among children. The number of adults who are food insecure is estimated to have quadrupled. Food banks have experienced a rapid increase in demand but alongside this have experienced reduced volunteer numbers.

2.7 Access to health and social care

- The COVID-19 pandemic has both disrupted and changed the delivery of NHS and social care services. Concerns have been raised about significant drops in A&E use and the health care needs of people with long-term conditions have been significantly impacted.

2.8 Individual health behaviours

- The wider determinants of health both shape the distribution of, and trigger stress pathways associated with the adoption of unhealthy behaviours. Lockdown has impacted on these behaviours in different ways. People who were drinking alcohol the most often before lockdown are also the ones who are drinking alcohol more often and in greater quantities on a typical drinking day. People already drinking alcohol the least often have cut down in the greatest number. The impacts on smoking appear to be more positive, with smokers showing an increased motivation to quit and to stay smoke free during the pandemic.
- Findings are less clear in relation to diet. Non-UK studies show decreased physical activity and increased eating and snacking during lockdown. In England, physical activity behaviours among children and adults have been disrupted by lockdown. Although some groups have continued to be physically active, groups that were least active before lockdown are finding it harder.

2.9 Health and wellbeing outcomes

- It is expected that long-term conditions will have worsened for many people over the course of lockdown and there are particular concerns about the impact of delayed cancer diagnoses and the knock-on effects as NHS services are resumed. There is also increasing evidence that people who experience mild to moderate COVID-19 disease may experience a prolonged illness with frequent relapses.
- Experience from previous pandemics and economic shocks suggests that mental ill health will increase widely during the pandemic, although the scale is difficult to predict. A range of factors may be drivers of poor mental health, including those directly related to COVID-19 (e.g. more generally or because of the loss of family and friends to COVID-19) and those indirectly related through the effects of the social distancing and lockdown measures (e.g. through social isolation or because of financial insecurity).

3 Recommendations

The impacts of COVID-19 have not been felt equally – the pandemic has both exposed and exacerbated longstanding inequalities locally. As we move from the response phase into recovery, the direct and wider impacts of the pandemic on individuals, households and communities will influence their capacity to recover. The unequal impacts of the COVID-19 pandemic go further than the direct impacts of the disease itself. The unintended

consequences of lockdown, social distancing and other measures designed to control the spread of infection – isolation at home, economic shutdown, school closures and reduced access to services – have had and will continue to have their own unequal impacts on health and wellbeing outcomes.

- 3.1 We must therefore adopt the principle of “proportionate universalism”, in line with our health and wellbeing strategy for the borough. Targeted support will be required for some groups who have been disproportionately disadvantaged by the pandemic including men, older people, those with existing health conditions, ethnic minority communities, so-called ‘low skilled’ workers and those from poorer areas are all at a greater risk of infection, serious illness and of dying from COVID-19.
- 3.2 We are returning to a different social landscape in Sefton to what we were operating in before. We need to understand this landscape and adapt to it to better serve the local community. We must not be afraid of working in new and innovative ways and in new partnerships. This will include how best to carry on with our test and trace model in the years to come.
- 3.3 We have had a bolstering to our sense of community in terms of the vast numbers of volunteers to help with our community response. This is something we can build on in our response to protecting the health of those most vulnerable in our communities.
- 3.4 Sefton Council should work with the CCGs on combined efforts to promote the usage of local health services to prevent non COVID related conditions from going unchecked. This should include consideration of how services return to face to face access rather than a solely digital offer.
- 3.5 Adopting a life course approach, we potentially have a cohort of children in Sefton who have been impacted educationally and socially, with lifelong impacts who may need specialised consideration and a trauma informed approach. This is of particular note to our more disadvantaged children.
- 3.6 While mental ill health is difficult to predict in terms of how it will manifest post pandemic for Sefton, it is vital we have systems in place to handle this and consider it as another “wave” of impacts from COVID-19. There may be fear associated with getting back outside, interacting with our local economy and becoming less sedentary.
- 3.7 There is likely to be an increased demand on local healthy weight services and provision due to an increase in local population weight and the associated comorbidities e.g. CVD. For a while there is also likely to be a widening of the BMI difference by socioeconomic position.
- 3.8 Worsening financial insecurity is likely to lead to an increased demand on local food banks and more pressure on our employment related services. We should prepare for this by ensuring sufficient capacity and resource in the system.

Dr Rory McGill – Registrar
Margaret Jones – Interim Director of Public Health

Governing Body Meeting in Public Draft Minutes

Date: Thursday 4th June 2020, 13:00hrs to 15:10hrs

Format: To help the CCG respond to the coronavirus meetings are being held virtually, as per the published notice on the CCG website.

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

Kerrie France	Associate Chief Nurse	KR
Tracy Jeffes	Director of Place - South	TJ
Cameron Ward	Programme Director – Sefton Transformation Programme	CW
Andy Woods	Senior Governance Manager	AW
Judy Graves	<i>Minute Taker</i>	

Name	Governing Body Membership	Sept 19	Nov 19	Feb 20	Apr 20	June20
Dr Craig Gillespie	Chair & GP Clinical Director	✓	✓	✓	✓	✓
Alan Sharples	Deputy Chair & Lay Member - Governance	✓	✓	✓	✓	✓
Director or Deputy	Director of Public Health, Sefton MBC (co-opted member)	✓	A	✓	✓	✓
Director or Deputy	Director of Social Service & Health, Sefton MBC	A	A	A	A	A
Graham Bayliss	Lay Member for Patient & Public Engagement	✓	✓	✓	✓	✓
Dr Peter Chamberlain	GP Clinical Director	✓	✓	✓	✓	✓
Lynne Creevy	Practice Manager	A				
Gina Halstead	GP Clinical Director	A	✓	✓	✓	✓
Maureen Kelly	Chair, HealthWatch (co-opted Member)	✓	✓	A	✓	✓
Jane Lunt	Interim Chief Nurse		A	✓	✓	✓

Name	Governing Body Membership	Sept 19	Nov 19	Feb 20	Apr 20	June20
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	✓	✓

*Standing meeting clash

Quorum: Majority of voting members.

No	Item	Action
GB20/69	<p>Apologies & Welcome</p> <p>The Chair informed the members that the information on the governing body meetings had been updated on the CCG website to provide the public an opportunity to continue to present questions to the members. No questions had been received for the meeting.</p> <p>The Chair informed the members that, in an effort to make the meetings more available to the public, the PTI section of the meeting would be recorded and published on the CCG website.</p> <p>The Chair commenced the recording and introductions were given.</p> <p>No apologies were received.</p>	
GB20/70	<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>	

No	Item	Action
GB20/71	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting from 2nd April 2020 were confirmed as a true and accurate record.</p>	
GB20/72	<p>Action Points from Previous Meeting</p> <p><u>20/43: 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>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>Update:</u> was agreed that the item should be deferred and revisited post COVID.</p> <p><u>20/47: Annual Report 2019/20: Governing Body Attendance Register</u></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> <p><u>Update:</u> Was confirmed as completed.</p> <p><u>20/48: Finance and Resource Terms of Reference</u></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> <p><u>Update:</u> Action confirmed as completed.</p> <p><u>20/49: Corporate Objectives 2020/21</u></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> <p><u>Update:</u> It was confirmed that the wording had been updated.</p>	<p>Remove and defer</p> <p>Closed</p> <p>Closed</p> <p>Closed</p>

No	Item	Action
	<p><u>GB20/52: Key Issues Reports:</u></p> <p>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.</p> <p><u>Update:</u> it was confirmed that the action had not been carried out due to the intervention of COVID. JLu confirmed the action would be revisited and remain on the tracker until concluded.</p> <p>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><u>Update:</u> It was confirmed that, following review, monitoring of the service had been put in place as well as arrangements to prioritise urgent patients.</p>	<p>Ongoing</p> <p>Closed</p>
GB20/73	<p>Business Update</p> <p>The Chair briefed members on the continued challenge and pressure on the system as a result of COVID. It is expected that the command and control position is likely to be in operation until the end of March 2021.</p> <p>The Chair referred to secondary care and highlighted the need for an in-depth discussion on the Out of Hospital system at the next governing body development session, in conjunction with the clinical governing body member roles.</p> <p>Resolution: The members received the update.</p>	<p>July Development Session</p>
GB20/74	<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, as discussed at the development session and taken through the wider membership and, as briefed in item 20/73, expected to continue until the end of the financial year (March 2021). Reference was made to the COVID 19 Governance structure which was requested to be re-circulated to members as a PowerPoint and displayed on the CCG website which would help clarify areas of responsibility.</p> <p>The members were updated to the work being carried out by the Medicines Management team to support the COVID response, the work of which had</p>	<p>FLT</p>

No	Item	Action
	<p>been recognised both regionally and nationally. Thanks were relayed to the Head of Medicines Management and the team.</p> <p>One of the biggest challenges in the area is the work around the Care Homes. The CCG continue to work closely with the local authority.</p> <p>Services continue to be developed for staff to assist them working remotely during the COVID response. This has included links to HR, online training and an additional forum to raise concerns through Freedom to Speak up Guardians.</p> <p>Recognised was the immense challenge in relation to business as usual and patient care within the acute sector and has highlighted within the Integrated Performance Report. This will be looked at as part of the recovery and restoration phase. Reference was made to the work carried out in 2019 to co-produce the Health & Wellbeing Strategy, Living Well in Sefton, and NHS plan Sefton2gether. The CCG and Council are working to refocus on the development of that joint agenda to realise the vision of a connected and confident borough. To work towards this three new Integrated Commissioning Manager roles have been introduced. 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 delivery for the people of Sefton.</p> <p>Cancer services are starting to show an increase in terms of referral patterns with Graeme Allen and Debbie Harvey continuing to provide clinical leadership for the CCG.</p> <p>Further discussions were had in relation to the antibody testing for, in the first instance, healthcare workers and the utilisation of the private sector facilities during COVID.</p> <p>Resolution: The members received the report.</p>	
GB20/75	<p>Integrated Performance Report</p> <p><u>75.1: NHS Constitution and Quality</u></p> <p>The 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. The members were taken through the report with the following areas highlighted:</p> <p>An executive summary was provided on pages 34 to 41.</p> <p>There had been a decrease in GP referrals which was consistent with the previous year's reporting.</p> <p>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</p>	

No	Item	Action
	<p>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.</p> <p>There had been an increase in some waiting times including 52 week waits and diagnostics.</p> <p>Some areas had shown an improvement but this was set against reduced patient numbers as a result of the pandemic.</p> <p>Page 39 of the pack provides data on the key performance standards as per constitutional statutory requirements.</p> <p>It was highlighted that some of the non-acute activity was showing an increase, including Asperger's; this would be reviewed in order to gain an understanding of the position.</p> <p>Children and young people services had switched some of their provision to alternative online methods.</p> <p>Alder Hey had suspended some of their services as a result of the pandemic and this was now being looked at as part of the recovery phase. Reference was made to the Voluntary Services. The members acknowledged the work of the sector and the key and vital role that they play in the whole system.</p> <p>It was noted that many of the performance meetings had been stood down. The CCG were looking to understand the impact of this alongside the recovery of services.</p> <p><u>Quality</u></p> <p>The members were reminded on the discussion at the prior governing body meeting in relation to the national changes to the serious incident framework. In that it was only necessary to undertake a 72-hour review at the time of the incident, with the root cause analysis report to be undertaken once the restrictions have been stood down. Other changes included new discharge pathway and the suspension of the NHS CHC framework.</p> <p>As part of the recovery phase the CCG are looking to re-establish the Clinical Quality and Performance Group so as to enable dialogue with partners without condition. The lack of a contract in place, as a result of the pandemic, means that CCGs aren't able to pursue usual areas in relation to quality assurance although the role and accountability still apply for all. To this end the CCG are working with partners and NHSE to understand expectations, with the next meeting of the Cheshire and Merseyside Quality Surveillance Group soon to be held and who will look at the changes and expectations around some of the performance monitoring.</p> <p>The members discussed issues in relation to quality and performance verses command and control and the impact that the pandemic has had on the system and services. The governing body recognised the immense work undertaken to respond to the pandemic but also the mammoth task of resetting the NHS post COVID and the impending challenges and changes needed. Especially if the system and society are to live with 'COVID' and the potential changes to standards, baselines and IPC rules (Infection, Prevention and Control) and how the system may need to work differently to</p>	

No	Item	Action
	<p>manage this.</p> <p><u>Finance</u></p> <p>The 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 members were highlighted to the summary detailed on page 118 of the meeting report and the most significant underperformance detailed on page 126 of the meeting report. This was in relation to 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.</p> <p>Resolution: The Governing Body received the report and noted:</p> <ul style="list-style-type: none"> • The agreed financial plan for South Sefton CCG is a surplus of £1m for 2019/20. • The 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. 	

No	Item	Action
GB20/76	<p>Future of CCGs</p> <p>The members were reminded of the recommendation made to the membership regarding a potential merger. As reported in April, the membership ballot result was indeterminate. Following this there have been further discussions with the wider membership and the LMC to do a further ballot to see if the membership will support a mandate to apply for the merger of the for CCG across North Mersey.</p> <p>Further discussion to be had under the PTII private section of the meeting.</p> <p>Resolution: The members received the report.</p>	
GB20/77	<p>COVID-19</p> <p>The item was opened up for questions following no further update in this item in addition to that already covered under Business Update, the Chief Officer Report and the clarification given regarding antibody testing for health workers.</p> <p>The importance of the appropriate local intelligence, in terms of the ability to follow up COVID related cases in Sefton, was highlighted and an update was given on the interface with partners in relation to complex outbreak and disease management.</p> <p>HA, Public Health Consultant, referred to the national briefings where it had been recognised that there was still progress to be made on improving some areas of data for what is needed. However, there are good updates at local area level and there is information available to be viewed via Public Health and the Office of National Statistics. In relation to the data flows needed to do some more work around outbreak control, HA informed members that discussions were being had.</p> <p>The Chair informed members that COVID patient data was hard to obtain with GPs not being informed when their own patients are tested positive for COVID, nor numbers within the area i.e. postcode, so as to enable mapping of cases. The Chair with PC, had raised this issue numerous times and will raise again at a regional meeting being held 5th June. FLT advised of a discussion during a recent regional meeting call on similar work being looked at in Great Manchester for 'Track, Trace, Isolate and Support'. FLT offered to forward the lead contact details to CG and PC.</p> <p>FLT highlighted that for patients the contact tracing element was unknown. However, due to the interface with partners and the data available, for Care Homes that intelligence is available.</p> <p>It was commented that the local health system was not being informed of the cases yet was expected to manage the patients and keep the local area safe. PC raised concern regarding the discrepancy. This impacts on the ability to manage the national mandate of controlling centrally resulting in the inability of being able to manage further outbreaks or respond as needed. PC referred to the CIPHA meeting previously mentioned by the Chair, an intelligence group, that are able to slice and dice NHS Digital data but the data is not being shared to areas where it is needed.</p> <p>A wide discussion was had on the need to use available data resources and that such should be available as soon as possible. JW highlighted the</p>	FLT

No	Item	Action
	<p>potential for patients to receive a delayed COVID symptom response or a delayed test result, the treatment for COVID being largely supportive and the increased risk and consequence to patients of those not recovered after 5 days. Also highlighted was the potential for the impact on the treatment, diagnosis and action taken for that as a result of the lack of data.</p> <p>The members were briefed on the process being used by the local authority on track and trace and the availability of other data networks as the need shows.</p> <p>It was considered clear from the clinical members that action was needed. HA was asked to take as an action.</p> <p>HA updated members to the piece of work being carried out by the local authority and the Department of Health in establishing, within the month, a local outbreak control plan which will set out certain requirements of how things operate at a local level. The discussion at governing body highlighted the need to involve partners and create forums to enable the involvement and discussion with the wider system so as to ensure clear on expectation and needs. HA agreed to take back and all agreed a further virtual meeting to discuss.</p> <p>Resolution: The members received the update.</p>	HA
GB20/78	<p>COVID-19 Equality & Inclusion</p> <p>The members were presented with a report which, from an equality perspective, highlighted a number of issues that all NHS organisations need to consider as part of their response to COVID-19. The Merseyside CCGs Equality and Inclusion Service have developed a COVID-19 Equality Brief (Currently version five, Appendix A,).</p> <p>The members were 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.</p> <p>The brief included 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.</p> <p>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.</p> <p>The members were highlighted to the support being provided by an Asian minority ethnic project hosted in Sefton CVS who are doing a lot of work around making sure that information is communicated to the community. Such as national shielding letters in people's preferred language; a vital service in ensuring the information is reaching those communities so they are</p>	

No	Item	Action
	<p>not disadvantaged.</p> <p>FLT as accountable officer emphasised the importance of ensuring due regard and due process so that all elements are considered during decisions. Despite other things being in play in terms of command and control, the CCG responsibilities and legal duties are clear. FLT thanked Andy Woods for his steer, support and expertise.</p> <p>Reference was made to the age and disability grouping in appendix A. It was commented that the grouping might be better split given the differences. AW advised that the grouping had been made as is at the time due to potential disadvantages as stated within the report. The document is kept as a live document so as to enable updates. AW noted the request.</p> <p>Resolution: The members received the report.</p>	
GB20/79	<p>Joint QIPP and Financial Recovery Committee: proposed changes to governance and reporting requirements</p> <p>The paper referred to a review of the Term of Reference for the group in relation to its role and clarity with the constitution and links to the Finance and Resource (F&R) Committee. It was noted that the review had been undertaken with Southport & Formby CCG.</p> <p>The members were briefed on the process of the review and the reasoning for the amendments and arrangements as presented. It was noted that this would result in a change to remove QIPP and Financial Recovery Committee as a committee but establish a working group to look at the QIPP process which would report to the Finance and Resource Committee which is now better placed to have delegated authority from the governing body for the approval of any resource allocation. This will mean a significant role change and Terms of Reference change for QIPP. In addition the F&R committee Terms of Reference will be reviewed to ensure fit for purpose.</p> <p>Reference was made to the discussion and approval at the Southport & Formby CCG Governing Body where the Chair of the Clinical Advisory Group that for that part of the process to work, increased clinical input was needed. It was suggested at that alternative meeting arrangements might assist this and the clinical governing body members be canvassed for suggestions. CG agreed that increased clinical involvement was needed.</p> <p>AS highlighted that the QIPP proposals, in order to affect change and improvement, need to be in sync with the timetable for commissioning and contracting. To this end and in line with the original intention of QIPP as per the constitution, it was proposed that a development session be used to review and consider options and priorities. The Chair considered this beneficial and in line with the intention to review the clinical portfolios.</p> <p>FLT wished it put on record her thanks to AS for his challenge and work for the CCG and his steer as Audit Committee Chair.</p> <p>FLT reiterated the importance of getting the clinical voice and opinion into those discussions as early as possible.</p> <p>In closing it was noted that during those considerations, the CCG need to also consider its spends, outcome and value for money.</p>	FLT

No	Item	Action
	<p>Resolution: The Governing Body:</p> <ul style="list-style-type: none"> • Approved the disestablishment of the Joint QIPP and Financial Recovery Committee as a substantive committee of the Governing Body. • Delegated 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”. 	
GB20/80	<p>Audit Committee Annual Report 2019/20</p> <p>The members were presented with the Annual Report for the Audit Committee for 2019/20. The Committee, in the seventh financial year in which the CCG has been in existence, continues to provide assurance to the Governing Body in a number of areas and as detailed within.</p> <p>The members were highlighted to the response from MIAA in relation to how the CCG manages its governance arrangements, such as Conflicts of Interest. MIAA have given the CCG a positive result across the board. This, with item GB20/82, highlighted the work undertaken and planned in order to link the registers so as to ensure cohesive and ensure that any decision taken with and for the CCG are legitimate, honest and open. The work of which has been validated by MIAA on behalf of NHSI/E.</p> <p>Congratulations and thanks were relayed to Judy Graves on the work undertaken and the outcome from MIAA.</p> <p>Resolution: The members received the report.</p>	
GB20/81	<p>Audit Committee Terms of Reference</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>Resolution: The governing body approved the amendment and revised terms of reference.</p>	
GB20/82	<p>Published Registers 2019/20</p> <p>The report presented the detail and registers as discussed under item GB20/80, as well as the schedule of work for the coming months and through 2020/21.</p> <p>The membership reiterated their thanks to Judy Graves for the work undertaken and the improvements made.</p> <p>Resolution: The members received the report.</p>	
GB20/83	<p>Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q4 2019/20</p>	

No	Item	Action
	<p>The members were presented with the updated Corporate Risk Register (CRR) and GBAF as at 31 March 2020. It was noted that this was as presented to the Audit Committee on the final position of the risks for Q4 2019/20.</p> <p>Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.</p> <p>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.</p> <p>Also presented through the report is an update on the position of the risks for COVID-19, SEND and Fraud, Bribery and Corruption.</p> <p>AS provided an update on a recent meeting of Audit Committee Chairs who had debated the COVID risks and whether these should sit on a separate register of risks or integrate into the main risk register due to the impact that such has on the normal business risks. Further discussion is to be had under PTII private section of the meeting. FLT suggested that further discussion on this might be useful at the next development session.</p> <p>Reference was made to section 4 in relation to the SEND risks. The scoring of the risks uses the local authority matrix which is different to the CCG and however the risks are mindful of both the local authority and NHS and are presented through the CCG risk process.</p> <p>Resolution: The governing body received the report.</p>	FLT/DFair
GB20/84	<p>SEND Improvement Plan and Business Continuity Arrangements</p> <p>The members were presented a report which provided an update on the business continuity planning arrangements for SEND. Due to the pandemic it has been necessary to review all of the actions contained in the improvement plan to focus on prioritisation of responses as detailed within the report. The content of the report was discussed with the following areas highlighted:</p> <p>Actions 2 (item 3.5) are as contained within the improvement notice and have been completed.</p> <p>Section 3 actions and key performance indicators have been maintained.</p> <p>The timeliness of the education health care plans have been sustained, as detailed in section 3.7.</p> <p>Since writing the report the programme was now in the recovery phase with the pilot re-instated and some programmes re-scheduled albeit for a later date.</p> <p>Work had commenced on the KPI for 18-25 cohort and is expected to be up and running within the next quarter.</p> <p>As with other services, some providers have switched to alternative and more electronic methods of delivery during the pandemic. This has had a positive impact resulting in increased engagement with parents and carers. It was recognised that whilst this new methodology would not work for all services, the learning from the alternative methods would be taken forward in the</p>	

No	Item	Action
	<p>recovery phase.</p> <p>The members were highlighted to the intense scrutiny undertaken and the progress and improvements made. Recognition and thanks were given to the parents and carers who had provided support through the process and who continue to do so.</p> <p>Resolution: The Governing Body received the report and noted:</p> <ul style="list-style-type: none"> • 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. 	
GB20/85	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Localities <p>Resolution: The governing body received the key issues reports</p>	
GB20/86	<p>Approved Minutes:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI: None <p>Resolution: The governing body received the approved minutes.</p>	
GB20/87	<p>Any Other Business</p> <p>None.</p>	
GB20/88	<p>Date of Next Meeting</p> <p>Thursday 3rd September 2020, 13:00 hrs, virtual meeting (details to be advised).</p> <p>It was noted that the meeting in July was a Development Session.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held bi-monthly, on the first Thursday of the month. Future meeting dates:</p> <p>5th November 2020 4th February 2021</p>	

No	Item	Action
	1 st April 2021 All PTI public meetings will commence 13:00hrs , format to be advised.	
Meeting concluded		14:58hrs
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 4th June 2020

Item	Item and action	Lead	Update
GB20/72	<p>Action Points from Previous Meeting: April 2020</p> <p><u>GB20/52: Key Issues Reports:</u></p> <p>d) Primary Care Commissioning Committee PTI Lack of named GP for Safeguarding Adults. JLu to look into advertising options be looked into.</p>	JLu	
GB20/73	<p>Business Update</p> <p>Out of Hospital system to be discussed in-depth at the next governing body development session (July) in conjunction with the clinical governing body member roles.</p>	Chair	
GB20/74	<p>Chief Officer Report</p> <p>COVID 19 Governance structure to be re-circulated to members as a PowerPoint and displayed on the CCG website.</p>	FLT	
GB20/77	<p>COVID-19</p> <ul style="list-style-type: none"> COVID patient data was hard to obtain with GPs not being informed when their own patients are tested positive for COVID, nor numbers within the area i.e. postcode, so as to enable mapping of cases. The Chair with PC, had raised this issue numerous times and will raise again at a regional meeting being held 5th June. FLT advised of a discussion during a recent regional meeting call on similar work being looked at in Great Manchester for 'Track, Trace, Isolate and Support'. FLT offered to forward the lead contact details to CG and PC. 	<p>GG and PC</p> <p>FLT</p>	

Item	Item and action	Lead	Update
	<ul style="list-style-type: none"> Local Outbreak Control Plan: HA updated members to the piece of work being carried out by the local authority and the Department of Health in establishing, within the month, a local outbreak control plan which will set out certain requirements of how things operate at a local level. The discussion at governing body highlighted the difficulties being experienced at GP level in obtaining data and the need to involve partners and create forums to enable the involvement and discussion with the wider system so as to ensure clear on expectation and needs. HA agreed to take back and all agreed a further virtual meeting to discuss. 	HA	
GB20/79	<p>Joint QIPP and Financial Recovery Committee: proposed changes to governance and reporting requirements</p> <ul style="list-style-type: none"> The need for increased clinical input was discussed. Was suggested that alternative meeting arrangements might assist this and the clinical governing body members be canvassed for suggestions. QIPP proposals need to be in sync with the timetable for commissioning and contracting. Discussion to be had at a development session to review and consider options and priorities. 	<p>(QIPP admin contacted to pick-up with the QIPP/CAG Chair)</p> <p>FLT</p>	
GB20/83	<p>Governing Body Assurance Framework, Corporate Risk Register Update and Heat Map: Q4 2019/20</p> <p>An update was given of a discussion at a meeting of the Audit Committee Chairs regarding whether or not to merge the COVID risks into the normal CRR. Was agreed that further discussion would be had at the next development session.</p>	Chair/FLT/ D.Fairclough	<p>Judy Graves: COVID and CRR now merged and being presented to the Audit Committee. The risk contact for each committee has been highlighted to the joint document and what needs to be done by their committee to review. E-mails will also be sent to the respective committee leads.</p>

MEETING OF THE GOVERNING BODY September 2020

Agenda Item: 20/113	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southseftonccg.nhs.uk 0151 317 3456									
Report date: September 2020										
Title: Chief Officer Report										
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.										
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Recommendation</td> <td style="width: 10%; text-align: right;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: right;">Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>The Governing Body is asked to</p> <ul style="list-style-type: none"> • <i>Receive the update</i> • <i>Ratify the amendment to the Continuous Glucose Monitoring Policy as recommended by the Clinical Advisory Group</i> 		Recommendation	Receive	<input checked="" type="checkbox"/>		Approve	<input type="checkbox"/>		Ratify	<input type="checkbox"/>
Recommendation	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 September 2020

General local and national updates

1. NHS People Plan and Our NHS Promise

NHS England and NHS Improvement, and Health Education England have now published the next part of the NHS People Plan. **We are the NHS: People Plan for 2020/21 action for us all** sets out what our NHS people can expect from leaders and each other.

There's a huge amount we can do to look after and support our NHS people in 20/21 to recognise the pressures that we have all been under during the COVID-19 response, and the further challenges that lie ahead, with workload remaining a pressing concern. This plan is practical and ambitious, setting out the focused action that NHS people have told us they need right now, and for the rest of the financial year, to:

- build a compassionate and inclusive culture
- grow our workforce and train our people
- find ways to work together differently, to deliver patient care.

Published alongside the People Plan for 2020/21, **Our NHS People Promise** challenges us all to make the NHS a better place to work. Its themes and words come from colleagues who work in the NHS, who have told us what would improve their working experience.

For some staff, parts of the Promise will already match their current experience. For others, it may still feel out of reach. We must pledge as colleagues, line managers, employers and central bodies to work together to make these ambitions a reality for all of us, within the next four years.

This is our opportunity to take a huge step forward in creating an equal, inclusive and diverse NHS. Each of us has a part to play in making this a lasting change.

2. Alder Hey Children's NHS Foundation Trust CQC Inspection Report 2020

On 14th July 2020 the Chief Executive of Alder Hey, Louise Shepherd wrote to the CCG advising of the outcome of a CQC inspection. The overall outcome was that the Trust's rating remained as before i.e. Good overall, Outstanding for Caring, Good for Effective, Responsive and Well Led and Requires Improvement for Safe.

3. HealthWatch Sefton Annual Report

On 30th June 2020 HealthWatch Sefton published its 2019-2020 Annual Report "*Together We Make A Positive Change*". The full report can be found at the following link:

<https://healthwatchsefton.co.uk/wp-content/uploads/2020/06/HWS-Annual-Report-2019-20.pdf>

COVID19 update**4. 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 new governance architecture to align to local resilience forums and the C&MHCP incident management arrangements. Those arrangements remain in place albeit scaled back to levels that are proportionate to the presenting level of risk.

5. Testing

The CCG continues to work very closely with Sefton Borough Council to support the implementation of Department of Health and Social Care (DHSC) COVID19 antigen testing arrangements. The mobile testing units commissioned by the DHSC now routinely arrive at sites in Southport and Formby and there is now a walk in facility based at the Cambridge Arcade in Southport.

The DHSC is also now rolling out the antibody testing programme to staff that work in adult social care. The CCG is working with the Council and local providers to support that initiative.

6. HR, Workforce and Estate

The Leadership Team is currently exploring ways in which a new operating model for the way in which the CCG conducts business going forward. It is widely accepted that any future operating model will be an agile construct comprising home and on-site working, optimisation of digital solutions where practical and possible and at all times arrangements will be informed with the health and wellbeing of our staff at the forefront.

The Chief Finance Officer and lead for Corporate Services are exploring options for possible future premises for our staff to work from within our existing localities. In all cases, our premises will be fully compliant with COVID Secure Guidelines.

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. Sefton2gether and refreshed Health & Wellbeing Strategy

Due to COVID-19, work on implementing Sefton2gether and the refreshed Health & Wellbeing Strategy have been paused. The CCG working with Sefton Local Authority is in the process of reviewing Sefton2gether's implementation approach as this is now tied into the NHS's Phase 3 recovery programme. In addition the Sefton CCGs and the local authority are working more closely on an integrated commissioning approach. This has the aims of maximising the commissioning skills in all organisations, having a joined up approach to strategies, contracts and implementation.

With much of the focus of Sefton2gether on integrated and collaborative approaches to planning and delivering health and social care this work will continue over the coming months. Reports will also be shared with the Health & Wellbeing Board

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

8. Continuous Glucose Monitoring (CGM)

The Clinical Advisory Group supported a recommendation to amend the CGM policy to include provision to allow the opinion of a relevant specialist to consider standalone CGM alongside multiple daily doses of insulin, if a patient is unable to use an insulin pump. All the other criteria for CGM in children or adults must be met. This would apply to both adults and children. This change will be incorporated into the Criteria Based Clinical Treatment Policy.

Recommendation

As the approval of such policies is reserved to the governing body, the governing body is asked to ratify that amendment.

9. CQC – programme of rapid reviews

On 8th July the CQC announced its approach to help providers of health and social care services learn from the experience of responding to COVID-19 around the country, the Care Quality Commission (CQC) is carrying out rapid reviews of how providers are working collaboratively in local areas.

These Provider Collaboration Reviews (PCRs) will focus on 11 Integrated Care System (ICS) or Sustainability and Transformation Partnership (STP) areas. The reviews will support providers across systems by sharing learning, helping to drive improvements and prepare for future pressures on local health and care systems.

In [*Beyond Barriers: How older people move between health and social care in England*](#), CQC noted that health and care services can achieve better outcomes for people when they work together. Collaboration between providers in a system is even more important in times of crisis.

In carrying out the reviews, CQC will use data it holds and undertake conversations with providers and ICS and STP leaders. This will include the experiences of people who use services.

CQC's ambition is to look at provider collaboration in all ICS and STP areas. The first phase, between July and August will see reviews in:

- Bedfordshire, Luton and Milton Keynes ICS
- Norfolk and Waveney STP
- The Black Country and West Birmingham STP
- Lincolnshire STP
- North East and North Cumbria STP
- Healthier Lancashire and South Cumbria STP
- Frimley Health and Care STP
- Sussex Health and Care Partnership STP;
- North West London STP
- One Gloucestershire ICS
- Devon STP

These reviews will involve understanding the journey for people with and without coronavirus across health and social care providers. They will focus on the interface between health and adult social care for the over-65 population group.

10. Merseyside Violence Reduction Partnership (VRP) bid 2020/21

As part of its response to Covid-19 and the reported rise in domestic violence, the VRP has provisionally allocated NHS South Sefton and NHS Southport and Formby CCGs £30K of non-recurrent monies to support local prevention and intervention programmes to reduce the incident and impact of violence on children and young people (CYP). The funding is subject to the submission of a detailed bid that demonstrates the ability to locally deliver the aims and success measures of the VRP.

To progress this, the CCGs have been working in partnership with CAMHS, council, public health and 3rd sector colleagues to develop a proposal that builds on and bolsters current funding streams, initiatives and services to deliver these outcomes and to ensure sustainability. Collectively, the partnership has agreed to focus on developing the Trauma Informed Practice (TIP) strategy which uses a tiered model to train the local workforce to prevent and protect CYP from harmful experiences and Adverse Childhood Experiences (ACEs). This approach underpins Sefton's Children and Young People's Plan, the Integrated Commissioning Strategy, the new model of safeguarding and will support local Covid-19 recovery plans for CYP.

In addition, the partnership is exploring the option to use some of the funds to develop a bank of violence reduction self-help information for CYP and the possibility of strengthening the Kooth online counselling platform to include bespoke violence reduction support for the remainder of the financial year.

11. Mental Health Support Teams (MHSTs) bid for funding

The CCGs in partnership with health, local authority, schools and third sector colleagues have been successful in their NHS England and NHS Improvement (NHSE/I) bid to secure £720k of funding to set up two MHSTs in Sefton as part of the national wave 4 roll out, scheduled to be operational by end of December 2021. MHSTs are part of the system wide local transformation plan for children and young people's mental health, working in schools and colleges to deliver early intervention for mild to moderate mental health issues and building on the support already available in schools, from local health and care services and third sector organisations .

The focus and location of the Sefton MHSTs has been based on an assessment of our CYP's emotional health and wellbeing (EHWB) needs. In south Sefton, one MHST will support the impact of high levels of deprivation and inequality on EHWB and will be available in all educational settings. The second MHST will support all transition year groups in other areas of Sefton i.e; years 6/7 and years 11/12.

The mobilisation of the Sefton MHSTs is reliant on the training of eight Education Mental Health Practitioners (EMHPs) who are due to commence training at Edge Hill University in January 2021, however, NHSE/I has signalled this may be delayed due to the impact of covid-19 on training capability so the operational start date is currently provisional.

Once NHSE/I publish the business plan criteria for wave 4 sites, CCGs will meet with partners to progress with the detailed project plans.

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.

12. Improving Access to Psychological Therapies (IAPT) Procurement

The CCG recently undertook a procurement exercise to secure IAPT services for our local population. The procurement has been successful, a new provider has been identified and they have been informed of the outcome of the evaluation process.

The next stages is to work with the current provider, Cheshire and Wirral Partnership NHS Mental Health Trust and the new provider to agree a mobilisation plan to ensure that the service will be to be up and running by the 1st January 2021.

13. Joint QIPP Delivery Group

At the previous meeting of the governing body, delegated authority was given to the Senior Leadership Team to approve a revised terms of reference for both the Finance and Resources Committee and the Joint QIPP Delivery Group. That work has now been completed and the new arrangements have been implemented.

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

14. Primary Care Networks (PCNs)

The Primary Care Commissioning Committee approved the establishment of a merged PCN in Bootle, Crosby and Maghull as well as the re-authorisation of Seaforth & Litherland PCN. PCNs are now working with local partners to develop plans for delivery of the service specifications with the additional roles funded via the Directed Enhanced Service (DES). Services for the patients within the practices who opted not to sign up to the DES will be provided by Bootle, Crosby & Maghull PCN.

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.

15. NHS Phase 3 planning

The NHS has been asked to consider how it will restore services across all service groups. This includes addressing cancer waiting times; elective activity to 90% of their level before the onset of COVID-19 by October; primary and community services; mental health; and workforce.

There is also a focus on health inequalities which is in line with our Sefton2gether programme. The planning approach and methods of service delivery need to take into account the learning from COVID-19.

Further advice on the financial arrangements is awaited in the Autumn pending Government agreement.

In addition to restoring services planning for winter and potential second wave of COVID-19 will need to be considered. A Place based narrative has been requested incorporating all aspects of health and care restoration and is currently being compiled. It will be shared at the next Governing Body meeting.

16. Provider Alliance

The Sefton Provider Alliance is a key delivery vehicle for supporting place-based service integration in Sefton. It is financed and resourced by the CCG and has Director-level representation. It met in July to consider the impact of Covid-19 on its work streams, with leads now looking to develop full project initiation documents so that delivery can start or be expedited from September onwards.

One of its key work streams relates to the development of Integrated Care Teams for the CCGs eight localities of 30-50,000 population. The work stream is supported by an Organisation Development project that has continued to advance its work and is developing a "Team 100" approach to delivery that will bring together professionals from across services and sectors in order to deliver a multidisciplinary team approach that is focused on population (and individual) need.

The Integrated Commissioning Group, which comprises CCG and Council officers, has also continued to meet on a monthly basis and is developing joint strategies and plans that encapsulate learning from Covid-19 and cover areas including care homes, intermediate care and end-of-life.

These will set out the need for a joint, person-centred approach to delivery and thereby support implementation of Living Well in Sefton and Sefton2gether.

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

17. Potential merger

As the NHS has moved into phase 3 of its response to the pandemic the national team has set out the new ways of working and requirements during this phase. Within this there was a short section in respect of commissioning and specifically CCGs as follows;

'Plans to streamline commissioning through a single ICS/STP approach. This will typically lead to a single CCG across the system. Formal written applications to merge CCGs on 1 April 2021 needed to give effect to this expectation should be submitted by 30 September 2020.'

Following the national letter, the CCG received correspondence from Bill McCarthy, NW Regional Director which sets out how the Region will take this phase 3 approach forward. Within this letter there is a clear statement of direction in respect of strategic commissioning within the North West Region describing the default expectation that there will be "...one CCG per Integrated Care System, enabling strategic commissioning and the devolution of more functions to the system level...decision making and energy will be located in place based leadership alongside Local Authority colleagues to tackle longstanding inequalities.....'

Following options appraisals carried out with the members in each of the four NM CCGs, there was a mandate to develop an application to merge and form a single North Mersey (NM) CCG and we have been taking this forward as agreed. In light of the guidance as set out above, it is clear that the NMCCG proposal does not have the scale required to meet the default expectation above and would be rejected by NHSE.

The default proposal would be an application supporting one CCG across the Cheshire and Merseyside Healthcare partnership area and further discussions are required between all CCG's involved to understand the collective implications.

Regardless of national or regional requirements in respect of commissioning at scale, the CCG remains entirely committed to ensure that our borough based focus is our priority. We will continue to work with our local authority colleagues to implement our integrated commissioning arrangements and operate in a way that best serves the needs of our local populations.

18. Recommendation

The Governing Body is asked to

- Receive this report.
- Ratify the changes to Continuous Glucose Monitoring policy

Fiona Taylor
Chief Officer
September 2020

MEETING OF THE GOVERNING BODY SEPTEMBER 2020

Agenda Item: 20/114	Author of the Paper: Martin McDowell Deputy Chief Officer Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 317 8350
Report date: September 2020	
Title: South Sefton Clinical Commissioning Group Integrated Performance Report	
Summary/Key Issues: This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group. Information was collated during the outbreak of COVID-19 and as previously anticipated, the effects of COVID-19 are noticed in month 3 across a number of performance areas.	
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)*

	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).
	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	2020-21														
		Q1			Q2			Q3			Q4			YTD		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
E-Referrals																
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	South Sefton CCG	RAG	R	R	Not available										R	
		Actual	52.3%	39.1%												45.7%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)																
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	South Sefton CCG	RAG	R	R	R										R	
		Actual	65.46%	66.85%	53.45%											
		Target	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	South Sefton CCG	RAG	R	R	R										R	
		Actual	70.35%	59.72%	49.96%											
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	South Sefton CCG	RAG	R	R	R										R	
		Actual	8	46	106											160
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations																
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Liverpool University Foundation Hospital Trust	RAG	R	G	G										R	
		Actual	35	0	0											35
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Liverpool University Foundation Hospital Trust	RAG														
		Actual	Not available	Not available	Not available											
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
<u>% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY)</u> The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	South Sefton CCG	RAG	G	G	G										G	
		Actual	93.51%	99.72%	98.11%											97.67%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY)</u> Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	South Sefton CCG	RAG	G	G	G										G	
		Actual	93.33%	100%	100%											98.80%
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
<u>% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY)</u> The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	South Sefton CCG	RAG	R	R	G										R	
		Actual	94.92%	90.48%	98.36%											95.06%
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	South Sefton CCG	RAG	R	G	R										R	
		Actual	90.91%	100%	87.50%											91.18%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	South Sefton CCG	RAG	G	R	R										R	
		Actual	100%	93.33%	93.75%											95.83%
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
<u>% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY)</u> 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	South Sefton CCG	RAG	G	G	R										G	
		Actual	100%	100%	85.71%											95.83%
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
<u>% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY)</u> The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	South Sefton CCG	RAG	R	R	R										R	
		Actual	79.31%	73.91%	83.87%											79.52%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
<u>% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY)</u> Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	South Sefton CCG	RAG	R	R											R	
		Actual	50%	66.67%	No patients											60.0%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<u>% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY)</u> % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	South Sefton CCG (local target 85%)	RAG														
		Actual	80%	0%	75%											75%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level		2020-21												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 % of patients who spent less than four hours in A&E	South Sefton CCG	RAG	R	G	R										R
Actual		93.19%	96.37%	94.80%											94.93%
Target		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG													G
Actual		Not available	Not available	Not available											
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG													
Actual		Not available	Not available	Not available											
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	South Sefton CCG	RAG	G	G	G										G
YTD		0	0	0											0
Target		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	South Sefton CCG	RAG	G	G	G										G
YTD		4	6	7											7
Target		6	11	15	20	24	28	34	40	46	51	55	60	60	60
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	G	R	R										R
YTD		9	23	35											35
Target		11	21	32	42	53	63	75	85	96	108	125	128	128	128

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	South Sefton CCG	RAG	G												G
		Actual	97.3%												97.3%
		Target	95%			95%			95%			95%			95%
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.	South Sefton CCG	RAG	G												G
		Actual	77.6%												77.6%
		Target	60%			60%			60%			60%			
IAPT (Improving Access to Psychological Therapies)															
<u>IAPT Recovery Rate (Improving Access to Psychological Therapies)</u> The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R	R	R										R
		Actual	39.8%	34.2%	46.0%										40.84%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
<u>IAPT Access</u> The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R	R	R										R
		Actual	0.74%	0.46%	0.66%										1.86%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	G	G	G										G
		Actual	100%	95.71%	98.50%										98.1%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G	G	G										G
		Actual	100%	98.57%	100%										99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
<u>Estimated diagnosis rate for people with dementia</u> Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R	R	R										R
		Actual	60.40%	59.42%	59.36%										59.72%
		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		2020-21												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Learning Disability Health checks															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG	No new update as at Q1												
		Actual													
		Target													
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%)	South Sefton CCG	RAG	R											R	
Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.		Actual	19%											19%	
		Target	50%			50%			50%			50%			50%
Children & Young People Mental Health Services (CYPMH)															
Improve access rate to Children and Young People's Mental Health Services (CYPMH)	South Sefton CCG	RAG	To be updated in month 4 report												
Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service		Actual													
		Target													
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks	South Sefton CCG	RAG	To be updated in month 4 report												
The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)		Actual													
		Target	95.00%			95.00%			95.00%			95.00%			95.00%
The number of completed CYP ED urgent referrals within one week	South Sefton CCG	RAG	To be updated in month 4 report												
The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY)		Actual													
		Target	95%			95%			95%			95%			95%

1. Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 3 of 2020/21 (note: time periods of data are different for each source).

Constitutional Performance for June and Quarter 1 2020/21	CCG	LUHFT
Diagnostics (National Target <1%)	53.45%	53.50%
Referral to Treatment (RTT) (92% Target)	49.96%	47.35%
No of incomplete pathways waiting over 52 weeks	106	148
Cancer 62 Day Standard (Nat Target 85%)	83.87%	75.51%
A&E 4 Hour All Types (National Target 95%)	94.80%	93.83%
A&E 12 Hour Breaches (Zero Tolerance)	-	0
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	40
Ambulance Handovers 60+ mins (Zero Tolerance)	-	5
Stroke (Target 80%)	-	Not Available
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	Not Available	Not Available
CPA 7 Day Follow Up (95% Target) 2020/21 - Q1	97.3%	-
EIP 2 Weeks (60% Target) 2020/21 - Q1	77.6%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.66%	-
IAPT Recovery (Target 50%)	46.0%	-
IAPT 6 Weeks (75% Target)	98.5%	-
IAPT 18 Weeks (95% Target)	100%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, the decision was made to pause the collection and publication of several official statistics. These include Friends and Family Test (FFT), Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToC), cancelled operations, occupied bed days, ambulance performance indicators, CQC inspections, Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Liverpool system to increase the urgent elective activity. Again this will be done in a clinically assessed method. Some of the additional activity is being undertaken through utilising the nationally agreed independent sector contracts. It is anticipated these contracts will be extended throughout the summer.

In conjunction with the Cheshire & Mersey Hospital Cell (established to co-ordinate acute hospital planning resulting from the COVID-19 pandemic) demand and capacity is being assessed for routine

elective activity. System wide waiting list management is being considered to maximise the capacity available and to standardise waiting times where possible. There have been increases in waiting list numbers and patients waiting longer than 52 weeks. These patients are being prioritised for treatment. At this stage there are no estimates to indicate when the waiting lists and waiting times will be at pre-COVID-19 levels. However, in response to the expectations set out in the phase 3 recovery letter, draft recovery plans are due for submission on 1st September 2020. This will require close collaborative working between CCG and Trust leads to align trajectories and provide greater clarity to the operational issues providers are experiencing to deliver expected levels of activity.

Trends show that total secondary care referrals have increased by 32.6% from the previous month in June but remain well below current averages and historical levels. GP referrals are reporting a year to date -64.2% decrease when comparing to 2019/20. However, taking into account working days, further analysis has established there have been approximately 25 additional GP referrals per day in June 2020 when comparing to the previous month.

The CCG have failed the target of less than 1% of patients waiting 6 weeks or more for their diagnostic test recording 53.45% in June, an improvement from last month when 66.9% was reported - initial decline being due to the impact of COVID-19 and reductions in activity. Liverpool University Hospital Foundation Trust (LUHFT) performance was 53.50% in June, also an improvement.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in June was 49.96%. LUHFT reported 47.35%. This is a drop in performance for the both CCG and Trust.

In June, the CCG reported 106 patients waiting over 52 weeks for treatment. LUHFT reported 148 breaches in June failing the target for the whole of 2020/21. As anticipated, a significant increase in breaches.

The CCG are achieving 3 of the 9 cancer measures year to date. LUHFT are achieving 2 out of the 9 measures.

Quarter 1 of the financial year 2020/21 has shown significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system.

Unplanned Care

In relation to A&E 4-Hour waits (all types); the CCG and Trust have failed the 95% target in June after achieving in May, reporting 94.8% and 93.8% respectively. Improvements last month were largely due to the COVID-19 pandemic and a reduction in the numbers of patients attending A&E.

In relation to the North West Ambulance Service (NWAS), present COVID-19 recovery planning is against a backdrop of improvement work initiated and progressed throughout 2019/20 to deliver the service against the national Ambulance Response Performance (ARP) standards. This was agreed as a detailed action plan which would extend to the end of Quarter 1 2020/21. Work has continued but will have been affected by COVID-19.

The CCG reported no new cases of MRSA in June. LUHFT reported no new cases in June but had 1 case in May and April, so have failed the zero tolerance threshold for 2020/21.

For C difficile, the CCG reported 1 case of C difficile cases in June (7 year to date). National objectives have been delayed due to the COVID-19 pandemic and therefore the CCG are measuring against last year's objectives.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2020/21 so are reporting against last year's target of 128. In June there were 12 cases (35 YTD) which is failing the target. There are no targets set for Trusts at present.

Quarter 1 of the financial year 2020/21 has shown reductions in unplanned care contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'.

Mental Health

For Improving Access to Psychological Therapies (IAPT), Cheshire and Wirral Partnership performance was 0.66% so failed to achieve the target standard of 1.59%. The percentage of people moved to recovery was 46% in month 3 of 2020/21, which also failed the 50% target but shows an improvement from the previous month.

Early Intervention Psychosis (EIP) is achieving the threshold of 60%.

The provider has undertaken a capacity and demand exercise which is informing an internal business aimed at reducing excessive Autistic Spectrum Disorder (ASD) waits. The capacity and demand exercise findings were shared with commissioners on 13th August 2020. Demand is for ASD assessment and diagnosis (270 approx. per year in Sefton) is far in excess of assessment capacity and the Trust will share business case costings with CCGs in mid-September for consideration.

With regards to the CORE 24 indicators, the Trust is achieving 2 of the 3 indicators, and reports under the 90% for the Urgent Pathway Assessment within 1 hour, 75% (with just 1 patient out of 4 breaching). The Trust has actions in place to improve/maintain performance.

The latest data shows South Sefton CCG are recording a dementia diagnosis rate in June of 59.4%, which is under the national dementia diagnosis ambition of 66.7%. This is the same as reported last month.

Timeliness of communication with primary care continues to be a concern and was picked up with the Trust at next Contract Quality Performance Group (CQPG) in August 2020. The Trust reported that the pandemic had impacted on performance, the Trust was reminded of the clinical risk associated with the KPI and the expectation is that performance must improve. This may contribute to dementia diagnosis underperformance.

For sickness, against a plan of 5%, the Trust reported a sickness absence rate of 7.8% compared to 8.1% in May. This figure is partly related to COVID-19 and staff self-isolating and will have impacted on KPIs.

Community Health Services

The Contract & Clinical Quality Review Meetings (CCQRM) has been reinstated from June 2020 with restart of the Information Sub-Group in July. Focus will remain on COVID-19 recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19.

Children's Services

In the move to phase 2 of the pandemic response, Alder Hey has developed recovery plans for community services and Child and Adolescent Mental Health Services (CAMHS) and will further refine these as the Trust moves into phase 3 of its recovery.

During phase 2 there has been an increase in community therapy service provision and average waiting times have reduced and are on target to hit revised trajectories. Throughout this period services have continued to carry out local risk assessments and prioritise Allied Health Professional (AHP) caseloads and new referrals in accordance with risk and needs of the child/young person. Services also continued to accept referrals and offer home visits for any high clinical priority

patients. The Trust is also working to support increases in face to face activity in clinic (following Infection Prevention Control guidance), and anticipates that as the number of face to face appointments increases, waiting times will reduce further. All other interventions are continuing to be offered virtually, by telephone or Attend Anywhere.

In response to the increasing demand for mental health services and the anticipated surge in referrals, Alder Hey's CAMHS is undertaking a collective recovery and restoration plan as part of the Cheshire & Merseyside out of Hospital Cell (Mental Health sub-cell) and is developing its own service recovery plan which it will share with the CCG imminently. To inform these plans, data is being modelled to include specific increases in referrals and complexity of those referrals. This work will also take into account the national mandate for the establishment of a 24/7 Crisis Care Service. The modelling exercise indicates that waiting times will return to pre-COVID levels by December 2020, but this is dependent on a number of variables such as referral numbers which are anticipated to increase as a result of COVID.

The Trust has flagged an increase in demand for the Eating Disorders Service as a result of COVID-19, which reflects the national picture and which is being addressed in its recovery plans. In particular, there has been an escalation of risk for existing patients. The Trust has raised some queries in relation to the validity of the Q1 national performance data which is being withheld this month to allow the Trust time to investigate further.

The new Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) assessment and diagnostic pathways were implemented in April 2020 as planned, and are performing to set targets and progressing well against the waiting list management plan.

The IPR and SEND performance and direction of travel for CAMHS, community therapies and ASD/ADHD are consistent and in line with the respective COVID-19 revised plans.

2. Planned Care

2.1 Referrals by source

Indicator	GP Referrals				Consultant to Consultant				All Outpatient Referrals			
Month	Previous Financial Yr Comparison				Previous Financial Yr Comparison				Previous Financial Yr Comparison			
	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%	2019/20 Previous Financial Year	2020/21 Actuals	+/-	%
April	2870	689	-2181	-76.0%	1846	766	-1080	-58.5%	5673	2078	-3595	-63.4%
May	3023	932	-2091	-69.2%	2054	1050	-1004	-48.9%	6079	2736	-3343	-55.0%
June	3113	1603	-1510	-48.5%	1851	1116	-735	-39.7%	5999	3629	-2370	-39.5%
July	3313				2228				6512			
August	2944				1862				5760			
September	2858				2064				5882			
October	3342				2119				6601			
November	2964				1799				5985			
December	2304				1662				5084			
January	2953				2078				6291			
February	2774				1754				5678			
March	1975				1301				4261			
Monthly Average	2869	1075	-1795	-62.5%	1885	977	-908	-48.1%	5817	2814	-3003	-51.6%
YTD Total Month 3	9006	3224	-5782	-64.2%	5751	2932	-2819	-49.0%	17751	8443	-9308	-52.4%
Annual/FOT	34433	12896	-21537	-62.5%	22618	11728	-10890	-48.1%	69805	33772	-36033	-51.6%



Figure 1 - Referrals by Source across all providers for 2018/19, 2019/20 & 2020/21





Month 3 Summary:

- Trends show that total secondary care referrals have increased by 32.6% (893) from the previous month in June 2020 but remain well below current averages and historical levels.
- GP referrals are reporting a year to date -64.2% decrease when comparing to 2019/20. However, taking into account working days, further analysis has established there have been approximately 25 additional GP referrals per day in June 2020 when comparing to the previous month.
- Aintree Hospital has reported a -56.4% decrease in total referrals at month 3 when comparing to 2019/20.
- Trauma & Orthopaedics was the highest referred to specialty for South Sefton CCG in 2019/20. Referrals to this speciality in month 3 are approximately -8.3% (-50) lower than in June 2019 and are -17% down when comparing year to date.
- In terms of referral priority, all priority types have seen a reduction at month 3 of 2020/21 when comparing to the equivalent period in the previous year. The largest variance has occurred within routine referrals with a reduction of -64.5% (-7,102).
- Although some recovery of two week wait referrals is apparent in June 2020 (with numbers exceeding those reported in June 2019), year to date referrals for this priority type remain below the previous year (-23%).
- Decreases in referrals are evident across the majority of specialities with notable variances (in terms of volume and proportionally) apparent in Gynaecology, ENT and Ophthalmology.



2.2 NHS E-Referral Services (e-RS)

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	Feb-20	Mar-20	Apr-20	May-20		
		64.3%	50.3%	52.3%	39.1%		
		Plan: 100% by end of Q2 2018/19				The national ambition that E-referral utilisation coverage should be 100% by the end of Q2 2018/19 wasn't achieved.	
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Latest published data is May 2020. • 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. • Due to the COVID-19 pandemic, providers may have been receiving more referrals as Appointment Slot Issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the utilisation percentage may show a lower figure than usual, as there will be fewer bookings recorded against the number of referrals raised from the Monthly Activity Return (MAR) data. • 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. May data shows an overall performance of 58.4% for South Sefton CCG, a decline on the previous month (69.8%). 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The phase 3 recovery letter issued on 31st July 2020, has set an expectation that elective activity/performance should resume to near normal levels before winter. • An expectation will be that more capacity will be available via ERS, resulting in fewer ASIs leading to improved performance. • The System management Group are reviewing the phase 3 response by exception in advance of the first draft planning submission on 1st September 2020, to ascertain realistic levels of activity/performance, and will provide assurance as to likelihood of achieving improved performance for this metric. • Planned Care Team has appointed a new commissioning project manager who will lead the review the of CCGs outpatient strategy, which will look to focus on the reduction of unwarranted variation, leading to an improvement in capacity, supporting the improvement in ERS utilisation. 							
When is performance expected to recover:							
Performance is expected to improve by October 2020							
Quality:							
Safety netting is in place, via the ERS appointment slot issues functionality, allowing providers to pick up patients referred via ERS were appointments are not available.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Rob Caudwell			Terry Hill		

2.3 Diagnostic Test Waiting Times

Indicator		Performance Summary				NHS Oversight Framework (OF)	Potential organisational or patient risk factors	
Diagnostics - % 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	Mar-20	Apr-20	May-20	Jun-20			
		CCG	14.14%	65.46%	66.85%			53.45%
		LUHFT	15.52%	69.60%	67.82%			53.50%
		National Target: less than 1%						
Performance Overview/Issues:								
<ul style="list-style-type: none"> For the CCG 3,547 patients on the waiting list with 1,896 waiting over 13 weeks. Same period last year saw 2,823 patients waiting in total. Non-Obstetric Ultrasound (553), Echocardiography (252), CT (272), Gastroscopy (271) make up over 71% of the total breaches. Both LUHFT sites recorded increases, the June waiting list number was 14,722 comparing to the waiting list size in May of 13,790. Impact on performance due to COVID-19 pandemic. 								
Actions to Address/Assurances:								
CCG Actions:								
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability is on-going. The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from providers. 								
System:								
<ul style="list-style-type: none"> Hospital cell is working on recovery. Liverpool CCG is meeting with providers such as LUHFT to discuss recovery approach. MRI, CT and Echo are the initial focus. Set up principles around sharing capacity and agreeing how to best deliver in relation to urgency, wider discussions taking place on a C&M footprint via C&M imaging network but with a local focus. Phase 3 recovery letter – draft recovery plan to be submitted by 1st September 2020. 								
LUHFT Actions:								
<ul style="list-style-type: none"> Management of diagnostics across all sites under one operational lead, with demand and capacity work underway across diagnostic modalities: Cardiology: Enhanced rate of pay for each echo list. Additional echo cardiographers recruited. Currently out to recruitment for 2 x consultant cardiologists that specialise in imaging. Open access echo service switched to a RAS to help manage increased demand. Endoscopy: Staff delivering extra capacity at weekends. Specialty has developed a recovery plan shared with the Cancer Alliance. Spire Liverpool confirmed that their new Endoscopy room is due for inspection on 13th July 20 and subject to passing the assessment, LUHFT 8-10 all day endoscopy lists can be scheduled at Spire Liverpool per week from 23rd July 2020. MRI: Restricted to consultants only. All inpatient MRI being reviewed for clinical urgency. Further capacity on a module unit has be sourced. 								
When is performance expected to recover:								
LUHFT do not plan to achieve the 99% standard in 2020/21.								
Quality:								
No quality concerns have been raised.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Cameron Ward		John Wray		Terry Hill				

2.4 Referral to Treatment Performance (RTT)

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	Mar-20	Apr-20	May-20	Jun-20		
		CCG	79.08%	70.35%	59.72%		
		LUHFT	77.26%	68.73%	59.24%	47.35%	
		Plan: 92%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Continued impact on performance is due to COVID-19 pandemic. The challenged specialties include T&O, Ophthalmology, General Surgery and Thoracic Medicine. The high volumes of routine patients on the waiting list have not been prioritised during phase 1 of the Reset Plan. Waiting list size position has reduced compared to pre-COVID position at both the CCG and main Acute Provider due to reduction in new patients, virtual clinics and validation of existing patients. The Phase 3 recovery letter expectation is that elective recovery resumes to near pre-COVID levels by October 2020, draft plans expected by 1st September 2020, 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership (HCP) to establish recovery and innovation for longer term sustainability in on-going. The CCG will agree with NHSE/I how information can be shared with CCGs e.g. Elective Care IST 'Health Check' Key Lines of Enquiry and IST COVID-19 Elective Recovery Plan Assessment Checklist. Re-establishment of Collaborative Commissioning Forum (CCF) and Contract Quality Review Meeting (CQRM) to ensure performance and quality concerns are addressed and assurance is sought from Providers. 							
LUHFT Actions:							
<p>Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:</p> <ul style="list-style-type: none"> Redeployment of staff supporting Critical Care during the peak of COVID-19 pandemic were returned to theatres. Plans finalised to re-open Broadgreen as a designated Silver site for elective orthopaedics on the 6th July. Validation of waiting lists and contracting long waiting patients to identify if they want to proceed with surgery. Requested additional theatre capacity at Spire Liverpool for long waiting routine General Surgery, Urology & Vascular patients for scheduling in July & August. 60% of outpatient services are being delivered via virtual clinics. Rollout of 'Attend Anywhere' solution in 53 clinics across the Trust. LUHFT/RLH continue weekly performance meetings chaired by Deputy COO and are demonstrating significant improvements in Ophthalmology. Re-establishment of task and finish groups in Gastroenterology and Ophthalmology led by SSCCG project leads. Phase 3 recovery letter – draft recovery plan to be submitted by 1st September 2020. 							
When is performance expected to recover:							
<ul style="list-style-type: none"> LUHFT 'Reset' operational framework indicates Elective urgent and emergency work to reconvene July with further work outlined for September. No specific date for recovery provided. 							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		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	Mar-20	Apr-20	May-20	Jun-20		
		CCG	3	8	46		
		LUHFT	0	11	85	248	
		Plan: Zero					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Of the 106 breaches, the majority were at were at Liverpool University Hospital Foundation Trust (83), the remaining 23 breaches spanned across 9 other trusts. All breaches were cancelled either by the patient or hospital due to COVID-19 guidance issued. LUHFT 52 week breaches increased to 248 in June compared to 85 in May, the largest number of patient waiting in excess of 52 weeks were in T&O, General Surgery, Ophthalmology and Oral Surgery. Regionally Trust experiencing further delays due to patients reluctant to attend during the pandemic, such patients are not to be discharged as per national guidance. 							
Actions to Address/Assurances:							
CCG Actions:							
<ul style="list-style-type: none"> Monitoring of the 36+ week waiter continues. Discuss support offer from NSHE/I and Leaf Mobbs re: system waiting lists and advice and guidance. Collaborative working with North West Outpatient Transformation Programme and Health Care Partnership to establish recovery and innovation for longer term sustainability in on-going. Quality concerns will be discussed at Collaborative Commissioning Forum (CCF) and brought through to Contract Quality Review Meeting (CQRM) as appropriate. 							
LUHFT Actions:							
<p>Key actions taken to support the safe restart of the elective programme on the Royal and Aintree sites include:</p> <ul style="list-style-type: none"> Wider network within Acute Providers across Cheshire and Merseyside to enable strategic management of recovery. Breaches/appointment cancellations were directly related to COVID-19 issues and the patients have since been prioritised and offered new appointments. The Trust opened up to NHS e-RS on the 14th May 2020. In line with guidance, the Trust are validating their waiting list and ensuring patients are treated in order of clinical priority, not chronological order, this will impact the future reporting position as providers would have had a focus on targeting long waiters. Where clinically appropriate, virtual clinics have occurred across all specialities. Review of activity and workforce commenced to support rota development and future workforce planning to maintain safe staffing levels matched to patient demand, this to be completed by the end of August 2020. Additional staff booked to cover gaps via bank to maintain patient safety whilst review is being undertaken, this has been ongoing throughout the pandemic and discussed at weekly divisional meetings Requested additional theatre capacity at Spire Liverpool for long waiting routine General Surgery, Urology & Vascular patients for scheduling in July & August. 							
When is performance expected to recover:							
No set date for recovery.							
Quality:							
No quality concerns have been raised.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		John Wray			Terry Hill		

Figure 2 – CCG RTT Performance & Activity Trend

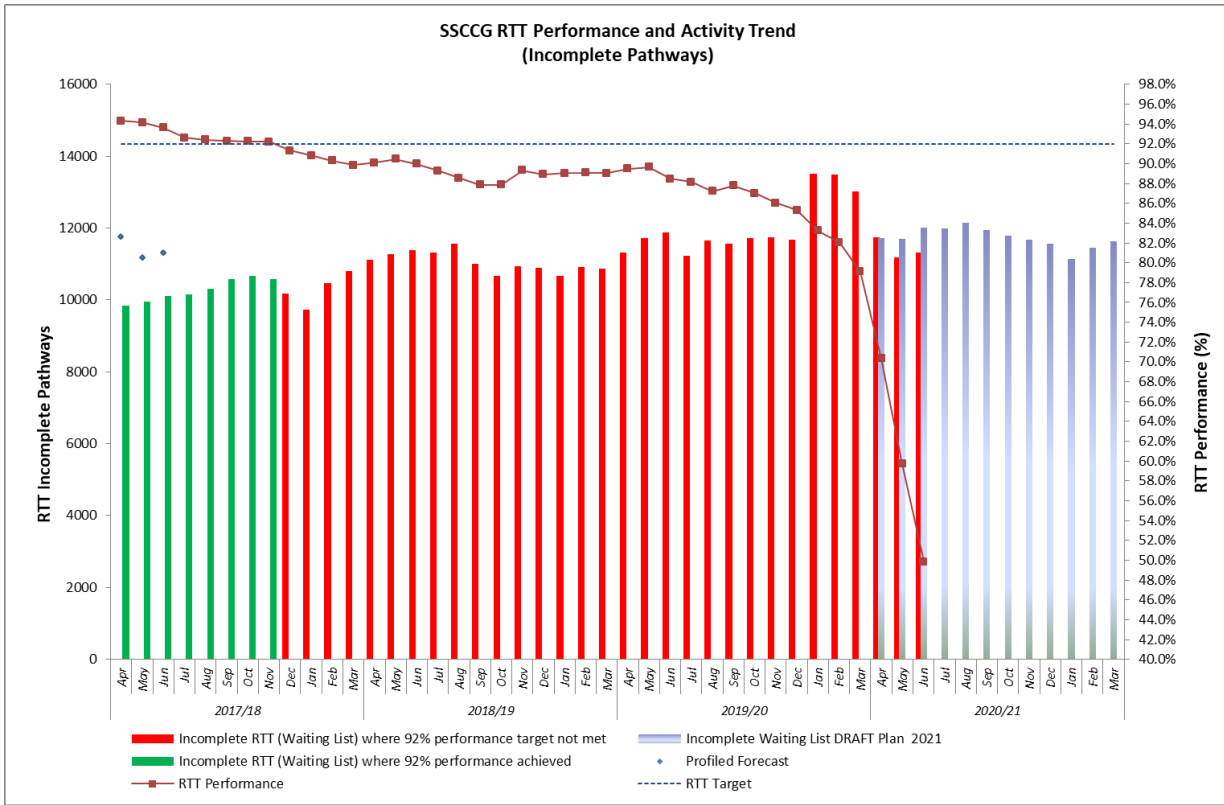


Figure 3 - South Sefton CCG and LUHFT Total Incomplete Pathways

South Sefton CCG

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	11,309	11,727	11,880	11,234	11,648	11,574	11,725	11,734	11,680	13,503	13,493	13,013	13,503
2020/21	11,751	11,179	11,311										11,311
Difference	442	-548	-569										-2,192

LUHFT

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	45,889	46,813	48,329	47,884	49,373	48,901	48,859	48,679	48,886	48,135	48,377	46,013	48,135
2020/21	41,822	39,838	39,096										39,096
Difference	-4,067	-6,975	-9,233										-9,039

2.4.2 Provider assurance for long waiters

Provider	No. of 36 Week Waiters	No. of 52 Week Waiters	Assurance Notes - 52 weeks
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (REM)	841	83	The number of 52-week breaches at Trust level has increased to 248 in June compared to 85 in May. The largest number of patients waiting in excess of 52 weeks are in T&O, General Surgery, Ophthalmology and Oral Surgery.
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST : (REP)	64	2	1 patient treated 7-8-20, second patient was booked to come in 30-7-20.
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST : (RBS)	38	11	4 patients received appt/clock stopped, 1 patient with appt booked for 30/07/2020 and remaining 6 with appts in August.
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS	11	2	Both breaches were due to cancellations by patient due to COVID-19.
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST : (RWS)	10	1	Treatment delayed due to COVID-19. Not on the active ptl so patient has been treated/discharged.
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST : (ROA)	1	1	The Trust do not routinely provide patient level information on 52 week waiters/long waiters.
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST : (RRV)	0	1	The Trusts are not providing exception reporting since NHS England has until now halted nationally all elective activity and associated reporting.
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	1	2	These breaches are in Upper Gastrointestinal Surgery.
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST : (RWY)	0	1	Awaiting a TCI date due to inadequate elective capacity.
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST : (RWY)	0	1	The patient was sent a letter in early July advising him/her that due to the global Coronavirus pandemic, the service is unable to plan any operations at the moment.
Other Trusts	57	0	No Trust Comments.
	1,023	106	

LUHFT comments:

There had been an inability to provide sufficient operational capacity to meet demand and to achieve operational standards for NHS providers, and maintain services during pandemic. Since the Trust enacted its Emergency Contingency Plan and stopped receiving referrals via the Electronic Referral System (ERS) the total volume of waits in the 6-12 week time frame has reduced, although the volume has now started to increase across both Trust sites.

Alder Hey comments:

The Trust has seen an increase in this metric that reflects the challenges with reducing capacity. The team are actively reviewing each patient and attempting to create the capacity to accommodate each patient. Each long waiting patient is clinically reviewed and the Trust is experiencing some challenges with families not being available to attend.

2.5 Cancer Indicators Performance

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer Measures		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.
RAG	Measure	Mar-20	Apr-20	May-20	Jun-20	YTD		
	2 Week Wait (Target 93%)	CCG 95.28%	93.51%	99.72%	98.11%	97.67%		
		LUHFT 95.77%	93.44%	99.05%	98.40%	97.46%		
	2 Week breast (Target 93%)	CCG 92.73%	93.33%	100%	100%	98.80%		
		LUHFT 95.27%	96.88%	98.33%	98.32%	97.97%		
	31 day 1st treatment (Target 96%)	CCG 97.78%	94.92%	90.48%	98.36%	95.06%		
		LUHFT 95.74%	96.08%	91.49%	89.95%	92.25%		
	31 day subsequent - drug (Target 98%)	CCG 100%	100%	93.33%	93.75%	95.83%		
		LUHFT 100%	96.43%	88.89%	68.42%	85.71%		
	31 day subsequent - surgery (Target 94%)	CCG 100%	90.91%	100%	87.50%	91.18%		
		LUHFT 96.00%	88.89%	72.34%	79.71%	78.36%		
	31 day subsequent - radiotherapy (Target 94%)	CCG 100%	100%	100%	85.71%	95.83%		
		LUHFT	No pats	No pats	No pats	No pats		
	62 day standard (Target 85%)	CCG 78.57%	79.31%	73.91%	83.87%	79.52%		
		LUHFT 70.85%	66.49%	70.06%	75.51%	70.77%		
	62 Day Screening (Target 90%)	CCG 92.86%	50.00%	66.67%	No pats	60.00%		
		LUHFT 75.00%	80.00%	53.33%	0.00%	52.94%		
	62 Day Upgrade (Local Target 85%)	CCG 66.67%	80.00%	0.00%	75.00%	75.00%		
		LUHFT 82.08%	90.79%	65.96%	86.42%	83.33%		
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG are achieving 3 of the 9 cancer measures year to date. The Trust are achieving 2 of the 9 cancer measures year to date. Reasons for breached pathways recorded on the National Cancer Waits database relate to a limited number of categories for the primary delay cause and do not take into account multiple delays in the same cancer pathway which is a common scenario. 								
Key reasons and issues are:								
<ul style="list-style-type: none"> 31 day standards - elective capacity constraints. 62 day standards - complex diagnostic pathways, inadequate elective capacity, HCP-initiated delay. Monthly numbers treated by LUHFT on 62 day pathways are approximately two thirds of pre-pandemic levels. Since the start of the COVID-19 pandemic, the focus has shifted from performance standards relating to patients who have been seen or treated in the given month to the backlog of patients still waiting on cancer diagnostic and treatment pathways. Nationally the number not yet treated waiting over 62 days and 104 days has grown significantly since the start of the pandemic. 								
Actions to Address/Assurances:								
<p>The Third Phase of NHS response to COVID-19 letter of 31st July from Sir Simon Stephens and Amanda Pritchard detailed the following with respect to cancer services:</p> <ul style="list-style-type: none"> Restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders. Systems should commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021 to: <ul style="list-style-type: none"> To reduce unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels. Manage the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service by: <ul style="list-style-type: none"> - Ensuring that sufficient diagnostic capacity is in place in COVID-19 secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres. - Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosol generating) investigations, and using CT colonography to substitute where appropriate for colonoscopy. - Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in COVID-19 secure environments. - Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment. Fully restarting all cancer screening programmes. Alliances delivering lung health checks should restart them. Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days. 								
When is performance expected to recover:								
LUHFT has produced a trajectory to predict the decrease in 104 day waiters between August and December 2020.								
Quality:								
Cheshire and Merseyside Cancer Alliance hosts a weekly clinical prioritisation group where individual cases can be discussed to ensure most equitable access to available capacity at surgical hubs based on clinical need.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Debbie Harvey			Sarah McGrath			

2.5.1 104+ Day Breaches



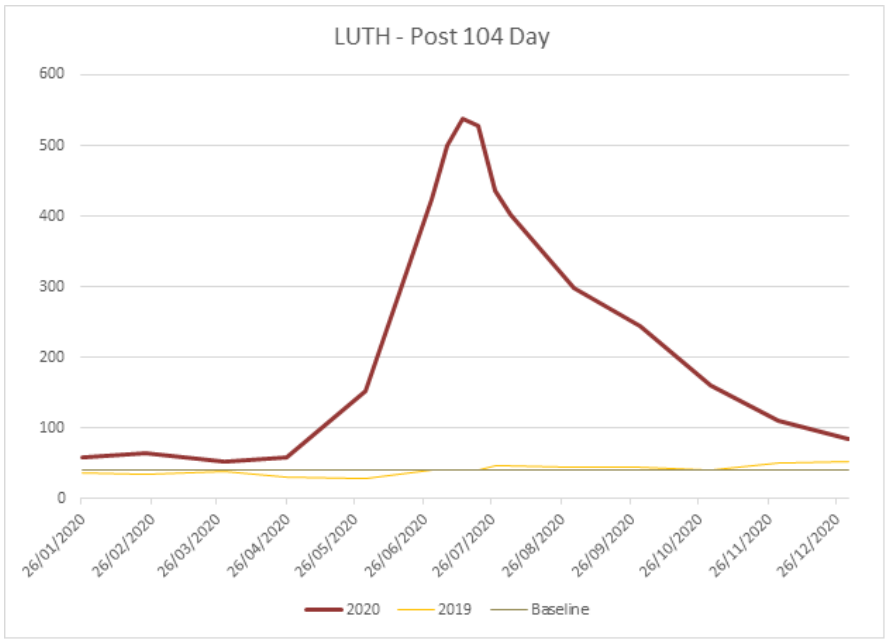



Indicator		Performance Summary				Potential organisational or patient risk factors
Cancer waits over 104 days - LUHFT		Latest and previous 3 months				Aintree data reported up until March, from April LUHFT data provided Risk that CCG is unable to meet statutory duty to provide patients with timely access to treatment. Delayed diagnosis can potentially impact significantly on patient outcomes. Delays also add to patient anxiety, affecting wellbeing.
RED	TREND	Mar-20	Apr-20	May-20	Jun-20	
		21	11	12	14	
		Plan: Zero				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Out of the 14 breaches in June, 6 urological, 4 were lower gastro, 2 upper gastro, 1 head & neck and 1 haematological. There will be a review of harm and the details of all breaching pathways will be reviewed by the Performance & Quality Investigation Review Panel (PQIRP). The average total days waited in June 2020 for LUHFT was 142 days, compared to 145 in May 2019. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> See actions and assurances in the main cancer measures template, above, and reference to 3rd phase letter priorities and immediate plan to manage those waiting more than 104 days. 						
When is performance expected to recover:						
LUHFT has produced a trajectory to show the decrease in 104 day waiters between August and December 2020 (see figure 4 below).						
Quality:						
There is work in progress to standardise harm reviews for long waiting cancer patients. A definition of harm due to protracted pathways would include <ul style="list-style-type: none"> Cancer no longer operable More radical surgery required Reduced treatment options Loss of functionality Prolonged psychological harm 						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Cameron Ward		Debbie Harvey		Sarah McGrath		

Figure 4 – LUHFT Trajectory 104 day waiters

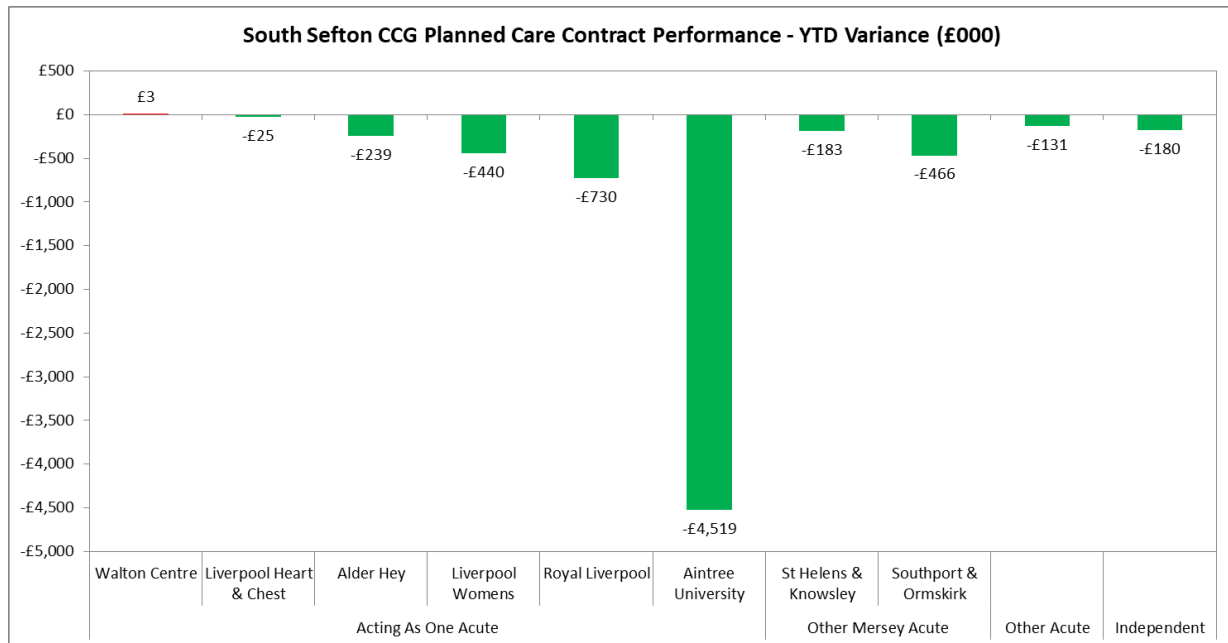


2.5.2 Faster Diagnosis Standard (FDS)

Indicator		Performance Summary					NHS Oversight Framework (OF)	Potential organisational or patient risk factors
Cancer - Faster Diagnosis Standard Measures		Previous 3 months, latest and YTD						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.
RAG	Measure		Mar-20	Apr-20	May-20	Jun-20	YTD	
	28-Day FDS 2 Week Wait Referral	CCG	79.60%	65.91%	89.96%	79.75%	79.05%	
		Target	Target to start July 2020 - 75%					
	28-Day FDS 2 Week Wait Breast Symptoms Referral	CCG	88.89%	92.00%	100%	97.22%	97.06%	
		Target	Target to start July 2020 - 75%					
	28-Day FDS Screening Referral	CCG	49.12%	40.00%	50.00%	10.00%	30.77%	
		Target	Target to start July 2020 - 75%					
Performance Overview/Issues:								
<ul style="list-style-type: none"> Shadow reporting has taken place on these indicators from April 2019, this data shows that both 2 week measures would have achieved the new 75% target for last year. From July the target will be 75%. RAG is indicating what the measure would be achieving when the target comes in. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> 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. Focus since the start of the pandemic has been on the backlog of patients still waiting for diagnosis and treatment. Actions to achieve the 28 days standard are consistent with actions aimed at shortening the diagnostic element of the pathway to aid achievement of the 62 days standard, see under 62 day section. 								
When is performance expected to recover:								
Not applicable.								
Quality:								
Not applicable.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Cameron Ward		Debbie Harvey			Sarah McGrath			

2.6 Planned Care Activity & Finance, All Providers

Figure 5 - Planned Care - All Providers



Quarter 1 of the financial year 2020/21 has shown significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£4.5m/-64% against the previous year. Across all providers, South Sefton CCG has underperformed by -£6.9m/-58.8%.

Previously in 2019/20, a notable over performance had been reported at Renacres Hospital and Southport & Ormskirk Hospital. The former had seen market share increasing in the last three years, particularly in relation to Trauma & Orthopaedics activity. However, since the outbreak of COVID-19, Renacres are within the nationally procured block contract for independent sector providers until 1st July 2020. The CCG are still unsure of the anticipated activity levels that independent sector providers will undertake following this date under the new operating framework and Infection Prevention Control (IPC) guidelines. This is something that will be explored via future contracting routes.

NB. 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 2020/21 contract performance for the individual sites of Aintree and Royal Liverpool.

Due to the COVID-19 pandemic, a number of month 3 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 3 year to date actuals.

There will be 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.

2.6.1 Aintree Hospital

Figure 6 - 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	3,166	663	-2,503	-79%	£1,952	£360	£-1,592	-82%
Elective	353	78	-275	-78%	£1,178	£170	£-1,008	-86%
Elective Excess BedDays	218	20	-198	-91%	£57	£5	£-52	-91%
OPFAMPCL - OP 1st Attendance Multi-Professional Outpatient First. Attendance (Consultant Led)	55	9	-46	-84%	£11	£2	£-10	-84%
OPFANFTF - Outpatient first attendance non face to face	283	1,120	837	296%	£9	£154	£145	1626%
OPFASPCL - Outpatient first attendance single professional consultant led	7,514	3,602	-3,912	-52%	£1,214	£568	£-645	-53%
OPFUPMPCL - Outpatient Follow Up Multi-Professional Outpatient Follow. Up (Consultant Led).	179	17	-162	-91%	£19	£2	£-17	-91%
OPFUPNFTF - Outpatient follow up non face to face	1,555	3,291	1,736	112%	£39	£205	£166	427%
OPFUPSPCL - Outpatient follow up single professional consultant led	16,519	7,117	-9,402	-57%	£1,221	£565	£-656	-54%
Outpatient Procedure	5,669	1,066	-4,603	-81%	£785	£156	£-629	-80%
Unbundled Diagnostics	3,555	1,389	-2,166	-61%	£296	£121	£-175	-59%
Wet AMD	398	324	-74	-19%	£317	£270	£-46	-15%
Grand Total	39,464	18,696	-20,768	-53%	£7,097	£2,578	£-4,519	-64%

Underperformance at Aintree Hospital is evident against the majority of planned care points of delivery with a total variance of -£4.5m/-64% for South Sefton CCG in quarter 1. This is a direct result of the NHS response to the outbreak of the COVID-19 pandemic. Referrals to Aintree Hospital have also seen a substantial reduction when comparing to the previous year with a variance of -56% across all referral sources combined. Referrals have increased for two consecutive months but remain below historical levels across a number of specialities.

The two points of delivery to report an over performance in quarter 1 are for outpatient non face to face (first and follow up) activity, which is likely to suggest a change in working patterns at NHS providers to support the wider population measures announced by Government (i.e. 'stay at home' guidance and supporting shielded patients). The majority of the increased non face to face activity occurred within Gastroenterology, Renal Medicine, Respiratory Medicine, Urology and Rheumatology.



Although consultant led first appointments remain well below plan overall, the Trauma & Orthopaedics service did see an increase in appointments during May-20 with activity in month representing the highest total reported since October 2019. General Surgery, Acute Medicine and Physiotherapy have also seen significant increases reported during June 2020 although only the former has seen above average activity in month – the 120 appointments reported represent the highest monthly total of 2019/20 and 2020/21 to date for General Surgery.

The small amounts of activity to take place within an inpatient (day case and elective) setting were largely for intravenous blood transfusions, minor bladder procedures and activity relating to inflammatory bowel disease (without Interventions). A number of diagnostic scopes have also taken place in June 2020 where none had been recorded in the preceding months of 2020/21, which suggests some recovery of activity within the Gastroenterology Service.

NB. 2020/21 plans have yet to be formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 3 year to date actuals.

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



2.7 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	<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. <u>Risk to Patients</u> 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 available on healthcare and services.
GREEN	TREND	Q2 19/20	Q3 19/20	Q4 19/20	Q4 19/21		
		14.02%	12.27%	9.01%	10.84%		
		National ambition of 11% or less of maternities where mother smoked Year to date 12% so reporting red					
Performance Overview/Issues:							
<ul style="list-style-type: none"> During Quarter 1, the number of SSCCG Maternities were 332, of which 36 were reported as Smoking at time of Delivery (10.8%) Another excellent reduction on previous Qtr4 SATOD performance. This achieves the national ambition of 11% or less in the quarter. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> 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. 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. 							
When is performance expected to recover:							
It is hoped that the national ambition of 11% or less is continued in the future reports.							
Quality:							
The improvement shown over the last two quarters demonstrates that women have responded to quality of care offered.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Fiona Taylor		Wendy Hewit		Peter Wong			

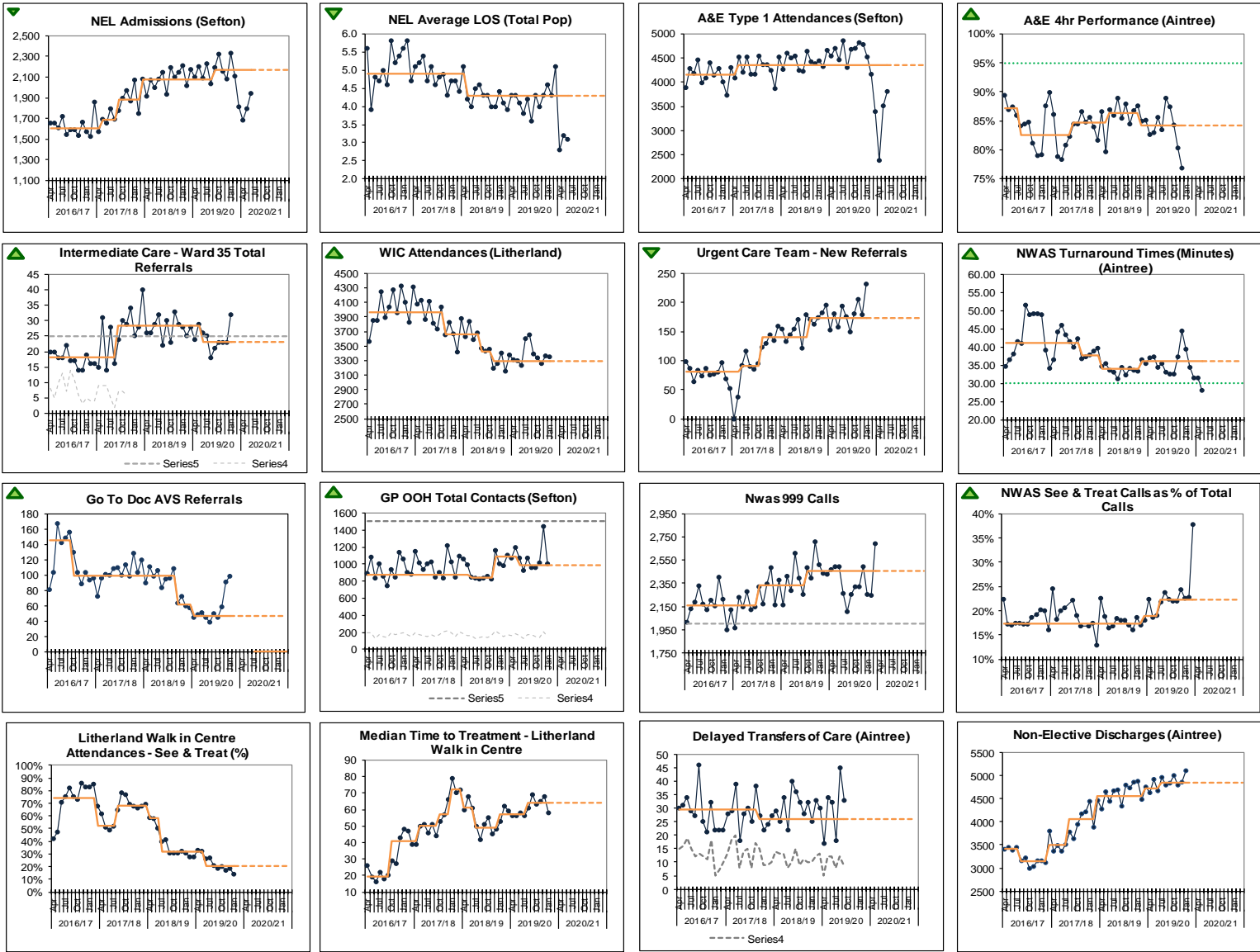
3. Unplanned Care

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 LUHFT A&E Waits - % of patients who spend 4 hours or less in A&E (cumulative) 95%		Previous 3 months, latest and YTD					127c	
		RED	TREND	Mar-20	Apr-20	May-20		
		CCG All Types	86.03%	93.19%	96.37%	94.80%	94.93%	National Standard: 95% No improvement plans available for 2020/21 Yellow denotes achieving improvement plan but not National Standard
		National Target	95%	95%	95%	95%	-	
		LUHFT All Types	85.73%	91.94%	95.92%	93.83%	94.07%	
		LUHFT Type 1	77.11%	90.01%	94.89%	92.05%	92.51%	
Performance Overview/Issues:								
<ul style="list-style-type: none"> In June 2020, the total number of A&E attendances reported for South Sefton CCG patients was 4,246. Whilst, this shows an increase from the 3,691 attendances reported in May; it represents a decrease on South Sefton A&E attendances in June 2019 when there were 6277. The increase in A&E attendances in June along with measures in place for social distancing has led to a decrease in 4 hour performance. This needs to be monitored carefully for any further deterioration as attendances continue to rise. 								
Actions to Address / Assurances								
Work continues in regard to following actions: <ul style="list-style-type: none"> Ambulance handover improvements - performance shows continued improvements in June 2020 with 2 cubicles ringfenced within ambulance drop off bay. Patient flow - admission and discharge - Ongoing implementation of COVID D2A pathway and daily RFD list circulated for operational system call. NHS111 First - Shadow Implementation Group has been established. This will support national work looking at the introduction of telephone triage and signposting of patients to appropriate services according to need. Aim of reducing attendances at A&E. Winter plan being finalised with projects identified to avoid A&E attendance and hospital conveyance e.g. DVT pathway development, ACSC work 								
When is performance expected to recover:								
National target is 95%, achieved in May. NHSE/1 19/20 target was 89% but no revised target provided for 20/21 although present performance is higher.								
Quality:								
No specific issues have been raised through other review processes.								
Indicator responsibility:								
Leadership Team Lead			Clinical Lead			Managerial Lead		
Cameron Ward			John Wray			Janet Spallen		



3.2 Urgent Care Dashboard



Definitions



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

3.3 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 (30 to 60 minute breaches) b) All handovers between ambulance and A&E must take place within 15 minutes (> 60 minute breaches)	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	Apr-20	May-20	Jun-20		
		(a) <=15-30mins	143	73	40		
		(b) <=15-60mins	5	1	5		
Plan: Zero							
Performance Overview/Issues:							
<ul style="list-style-type: none"> NWAS performance saw a marked decrease with handover delays of over 30 and 15-60 minutes. With 30 minute delays decreased to 40 and 60 minute delays increased slightly to 5. Ongoing improvements being seen but with a need to eliminate any delays over 60 minutes. Improvement is in context of increasing ambulance attendances at LUHFT in June. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Work continues in collaboration with NWAS to improve processes to support achievement of the handover targets. There have been changes to processes since April and a need for patients to enter ED through revised estate reconfigurations due to COVID and IPC restrictions. A contract notice is being stood down by South Sefton CCG with Liverpool CCG taking host commissioner responsibility to review performance and instigate appropriate remedial action. This is within present position of Trust generally meeting average of 30 minutes handover on a daily basis and in the light of number of ambulance conveyances returning to pre-COVID activity levels. 							
When is performance expected to recover:							
This has remained a priority area for ongoing improvement within the Trust with need for urgent improvement given it has been an ongoing outlier in regard to achieving targets. Positively the percentage of handovers outside of the 30 minute target have continued to reduce in June although ambulance conveyances have returned to pre-COVID levels with a need to monitor impact on ongoing performance.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		John Wray			Janet Spallen		

3.4 Unplanned Care Quality Indicators



3.4.1 Stroke and TIA Performance

Indicator		Performance Summary				Measures	Potential organisational or patient risk factors
LUHFT 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	Mar-20	Apr-20	May-20	Jun-20		
		Not Avail	87.20%	85.00%	Not Avail		
		Stroke Plan: 80% TIA 60% (previously achieving, unavailable in March/April/May)					
Performance Overview/Issues:							
<ul style="list-style-type: none"> No update was available for June from the Trust. 							
Actions to Address/Assurances:							
Following are ongoing Trust Actions: -							
Work with Lead Nurse for workforce on a recruitment strategy for Registered Nursing Vacancies							
<ul style="list-style-type: none"> Finalise recruitment briefing for Clinical Business Unit (CBU) and Stroke 							
Improve therapy Scores Sentinel Stroke National Audit Programme (SSNAP)							
<ul style="list-style-type: none"> 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							
<ul style="list-style-type: none"> 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)							
<ul style="list-style-type: none"> 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)							
<ul style="list-style-type: none"> 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. The 80% target has been met now since February 2020. Ongoing work is focussed on patient flow and an 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 maintenance of the target as bed occupancy arises following low admissions during main period of COVID.							
Quality:							
No quality aspect reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		John Wray			Janet Spallen		



3.4.2 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.	
GREEN	TREND	Mar-20	Apr-20	May-20	Jun-20			
		CCG	1	0	0			0
		LUHFT	4	1	2			2
		Plan: Zero						
Performance Overview/Issues:								
<ul style="list-style-type: none"> • RAG rating and trend is on CCG cases. • No new cases of MRSA reported in June for the CCG or Trust. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> • In June, Liverpool University Hospital Foundation Trust held its inaugural Infection Prevention Control Governance meeting and this was attended by Kerry Lloyd (Assistant Chief Nurse), on behalf of Liverpool and Sefton CCGs. • The CCG will continue to provide representation at this meeting going forward. The report produced for this meeting will now form a standing agenda item at Contract Quality & Performance Group (CQPG) by exception. Post Infection Review (PIR) meetings for the reported MRSA cases to be held on 27-08-20. 								
Improvements noted regarding:								
<ul style="list-style-type: none"> • MRSA admission screening • Personal protective equipment; during COVID, the practice of double gloving and sessional use of aprons were being applied. This has now ceased and PHE guidance is being followed. 								
When is performance expected to recover:								
This is a zero tolerance indicator so for Aintree site no recovery plans required.								
Quality:								
Any further incidents will be reported by exception.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Brendan Prescott		Gina Halstead		Jennifer Piet				

3.4.3 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)				<p>2020/21 Plans Awaiting National Objectives to measure actuals against. Measuring against last year's objectives: CCG: < /= 60 YTD</p>	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.	
GREEN	TREND	Mar-20	Apr-20	May-20	Jun-20			
		CCG	63	4	6			7
		LUHFT	254	9	21			33
		CCG - Actual 7 YTD - Target 15 YTD LUHFT - Actual 33 YTD - Target 63 YTD						
Performance Overview/Issues:								
<ul style="list-style-type: none"> The CCG do not have the new objectives/plans for c.difficile for 2020/21 as these have not been released Nationally. The decision has been made to measure against last year's objectives. Previously Trusts were able to appeal cases in agreement with the CCG if there had been no lapses in care: national guidance suggests this process is now not required; the reasoning for this is so that efforts can be focussed on improvement actions as opposed to challenging good practice. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> National surveillance requirements have been maintained during the COVID period and the formal post infection review for c difficile cases will resume in quarter 2. 								
Trust Actions:								
<ul style="list-style-type: none"> An integrated CDI Working Group has been established, this group was postponed during COVID, however plans are in place to re-establish this. The forum provides an opportunity to share lessons learned, best practice and to engage with community colleagues to reduce the cases of Community Onset Healthcare Associated (COHA) infections. Trust cleaning and Infection Prevention Control (IPC) measure heightened at present due to COVID-19 Trust wide C Difficile Infection 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:								
C Diff action plan in progress which will be monitored through the newly formed Infection Prevention Control Governance meeting which Liverpool CCG attend on behalf of South Sefton CCG. The report produced for this meeting will now form a standing agenda item at CQPG by exception.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead		Managerial Lead				
Brendan Prescott		Gina Halstead		Jennifer Piet				

3.4.4 Healthcare associated infections (HCAI): E Coli

Indicator		Performance Summary				Potential organisational or patient risk factors		
Incidence of Healthcare Acquired Infections: E Coli		Previous 3 months and latest (cumulative position)				2020/21 Interim Plan: <=128 YTD <i>There are no Trust plans at present numbers for information</i>	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	Mar-20	Apr-20	May-20	Jun-20			
		CCG	156	9	23			35
		LUHFT	658	29	80			132
		CCG - Actual 35 YTD - Target 32 YTD						
Performance Overview/Issues:								
<ul style="list-style-type: none"> NHS Improvement and NHS England originally set CCG targets for reductions in E.coli in 2018/19, the CCG do not have the new objectives/plans for E.coli for 2020/21. The decision has been made in the interim to measure against last year's plan of 128. 								
Actions to Address/Assurances:								
<ul style="list-style-type: none"> The NHSE Gram Negative Bloodstream Infections (GNBSI) Programme Board Meetings have reconvened in July due to the COVID-19 incident. Local meetings are yet to be rescheduled, all highlighted as due to workload in relation to COVID-19. A Task and Finish Group has been established to support the work and currently undergoing a gap analysis both of the data submitted and the variation. Further work with any Structured Judgement Reviews (SJRs) undertaken as part of learning from Death Processes for cases where Sepsis was cited as the cause or a contributory factor of death. 								
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:								
Following on from the initial meeting in July further work is going to be developed for a Cheshire and Mersey GNBSI strategy. Within the CCG and Local Authority a plan is under development to support care homes with information regarding hydration which will also support the reduction in GNBSI infections.								
Indicator responsibility:								
Leadership Team Lead		Clinical Lead			Managerial Lead			
Brendan Prescott		Gina Halstead			Jennifer Piet			

3.4.5 Hospital Mortality (LUHFT)

Figure 7 - Hospital Mortality

Mortality				
Hospital Standardised Mortality Ratio (HSMR)	20/21 - May	100	85.00	↓ ↑

HSMR is lower than reported last month at 85 (with last month being 87.5). Latest reported was for May. 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 1.02 in the “lower than expected” range for reporting period March 2019 to February 2020. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge. The SHMI gives an indication for each non-specialist acute NHS trust in England whether the observed number of deaths within 30 days of discharge from hospital was 'higher than expected' (SHMI banding=1), 'as expected' (SHMI banding=2) or 'lower than expected' (SHMI banding=3) when compared to the national baseline.

As of the July 2020 publication, COVID-19 activity has been excluded from the SHMI. The SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included. Activity that is being coded as COVID-19, and therefore excluded, is monitored in a new contextual indicator 'Percentage of provider spells with COVID-19 coding' which is part of this publication.

3.5 CCG Serious Incident (SI) Management – Quarter 1 2020/21

1. Number of Serious Incidents Open for South Sefton CCG

As of Q1 2021/20, there are a total of 23 serious incidents (SIs) open on StEIS that are attributed to South Sefton CCG patients. See table below for breakdown by Provider.

Trust	No. of Incidents
Liverpool University Hospital Foundation Trust (LUHFT) - Aintree site only	9
DMC Healthcare	4
North West Boroughs NHS Foundation Trust	4
Mersey Care (Community)	2
Mersey Care (Mental Health)	1
Alder Hey Children's Hospital	1
Cheshire & Wirral Partnership	1
The Walton Centre	1
TOTAL	23

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 are the Lead Commissioner for LUHFT and have taken over the management of SIs. All Legacy SIs have now been reviewed by the South Sefton CCG SIRG panel and subsequently closed.

2. Number of Serious Incidents (SIs) Reported In Quarter 1 2020/21

There have been a total of 5 SIs reported in Q1 2020/21 that were attributed to South Sefton patients in other Providers. The following table shows the types of SIs reported by Provider during this reporting period.

Provider and Incident Type	Q1 2020/21
LIVERPOOL UNIVERSITY HOSPITAL FOUNDATION TRUST (LUHFT)	1
Treatment delay meeting SI criteria	1
MERSEY CARE - COMMUNITY	2
Treatment delay meeting SI criteria	1
Pressure ulcer meeting SI criteria	1
MERSEY CARE - MENTAL HEALTH	1
Apparent/actual/suspected self-inflicted harm meeting SI criteria	1
PC24	1
Commissioning Incident Meeting SI criteria	1
TOTAL	5

3. Number of Never Events reported

There were no Never Events reported in Q1 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	2017/18	2018/19	2019/20	2020/21
Aintree University Hospital	8	1	0	N/A
Liverpool University Hospitals (Aintree site)	0	0	5	0
Total for SSCCG	8	1	5	0

There have been 5 never events reported by Liverpool University Hospitals (Aintree site) during Q4 19/20.

4. SIs reported during last 12 months

For South Sefton CCG during the last 12 months and for Q1 20/21, 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 Q1 20/21

During Q1 2020/21, the following RCAs were due:

- 5 RCAs due for LUHFT (Aintree site). 3 were received on time, and 2 extensions were granted
- 1 RCA due for Mersey Care Mental Health – This was downgraded as it did not meet the SI criteria.
- 4 RCAs due for DMC Healthcare. All were received within the 60 day timescale. They were reviewed by the CCGs SIRG panel and further assurances have been requested.

6. Serious Incidents Ongoing

There are 14 SIs that remain open on StEIS that involve South Sefton CCG patients.

Provider and current status	Total
Liverpool University Hospitals NHS Foundation Trust	9
Awaiting RCA – extension granted	2
RCA received on time and awaiting review at SIRG	1
RCA Report Received further assurances requested	6
DMC Healthcare	4
RCA received and further assurance requested	4
Northwest Boroughs NHS Foundation Trust	4
Awaiting RCA	2
Serious Case Review being undertaken	2
Mersey Care NHS Foundation Trust	3
Awaiting RCA – within timescale	3
Alder Hey Children's Hospital NHS Foundation Trust	1
RCA received and further assurance requested	1

The Walton Centre NHS Foundation Trust	1
Awaiting RCA	1
Cheshire Wirral Partnership	1
Awaiting RCA	1

7. SI Process

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.

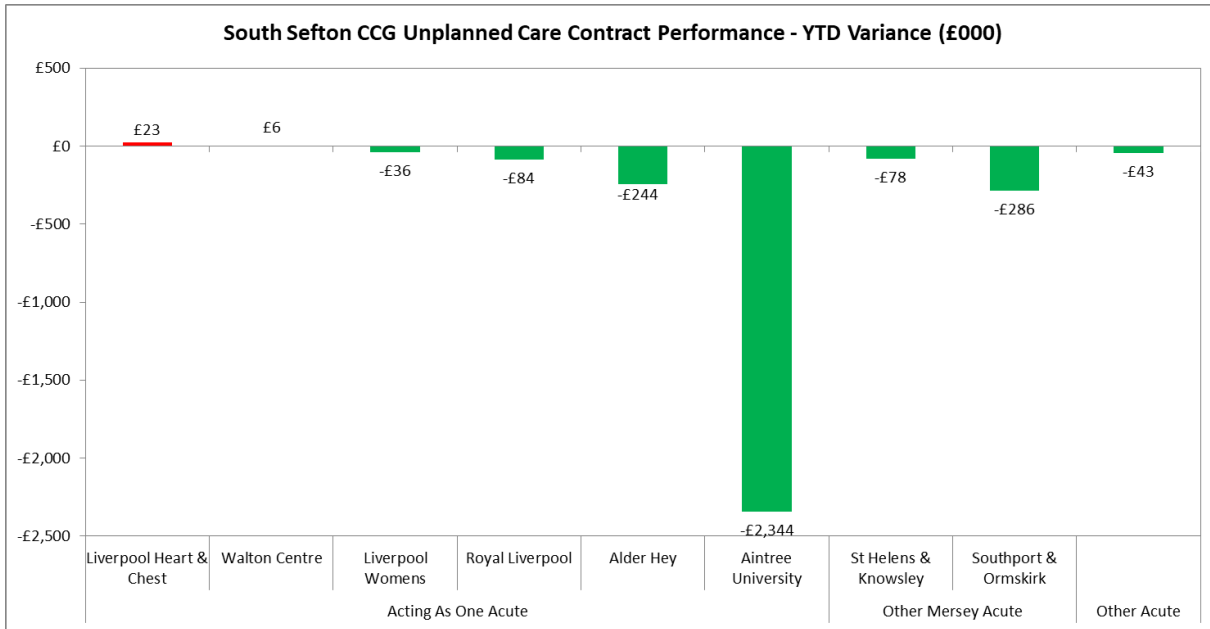
South Sefton CCG Serious Incident Review Group (SIRG) panel will convene to review root cause analysis (RCAs) reported on behalf of their smaller commissioned providers and those other trusts (not commissioned by Liverpool CCG) that involve South Sefton patients.

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

3.6 Unplanned Care Activity & Finance, All Providers

3.6.1 All Providers

Figure 8 - Unplanned Care – All Providers



Quarter 1 of the financial year 2020/21 has shown reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'.

At individual providers, Aintree Hospital is showing the largest under performance with a variance of -£2.3m/-20% against the previous year. Across all providers, South Sefton CCG has underperformed by -£3m/-20.6%.

NB. Due to the COVID-19 pandemic, a number of month 3 submissions have been unavailable and excluded from the above chart. Furthermore, 2020/21 plans have yet to be formally agreed with a number of providers. Therefore, for consistency, the contract performance values included in the above chart relate to variances against 2019/20 month 3 year to date actuals.

There will be 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.

3.6.2 Aintree Hospital

Figure 9 - 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	9,850	5,622	-4,228	-43%	£252	£256	£4	1%
A&E - Accident & Emergency	9,192	7,180	-2,012	-22%	£1,496	£1,205	£-292	-19%
NEL - Non Elective	4,403	4,029	-374	-8%	£8,577	£6,832	£-1,745	-20%
NELNE - Non Elective Non-Emergency	11	15	4	36%	£60	£57	£-3	-5%
NELNEXBD - Non Elective Non-Emergency Excess Bed Day	0	61	61	-	£0	£15	£15	-
NELST - Non Elective Short Stay	881	731	-150	-17%	£609	£500	£-109	-18%
NELXBD - Non Elective Excess Bed Day	2,623	1,843	-780	-30%	£681	£467	£-214	-31%
Grand Total	26,960	19,481	-7,479	-28%	£11,675	£9,330	£-2,344	-20%

Underperformance at Aintree Hospital is evident against the majority of unplanned care points of delivery with a total variance of -£2.3m/-20% for South Sefton CCG in quarter 1. The largest activity reductions have occurred within Litherland walk-in centre and A&E type 1 (largely minors) with variances of -43% and -22% respectively. The majority of this decrease can be attributed to the COVID-19 national response and public advice to 'stay at home', which was enacted from 23rd March 2020. However, some of the reduction in attendances at Litherland walk-in centre is also due to the site only operating via planned/booked appointments as part of the COVID-19 response.



South Sefton CCG Business Intelligence conducted a local analysis into the impact of COVID-19 on unplanned care activity levels at Aintree Hospital during the first peak in cases reported i.e. April and May 2020. This analysis identified the reduced activity levels noted above and a corresponding improvement in A&E 4 hour performance. There was also a recovery of non-elective admission levels towards the end of April-20 following an increasing conversion rate from A&E attendance to admission. The proportion of zero length of stay admissions increased and from the week ending 19th April-20 onwards, zero length of stay admissions consistently represented the majority of non-elective activity at Aintree Hospital into mid-June 2020.

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.



2020/21 plans have yet to be formally agreed with Aintree Hospital. Therefore, the contract performance values included in the above table relate to variances against 2019/20 month 3 year to date actuals.

4. Mental Health



4.1.1 Eating Disorder Service Waiting Times

Indicator		Performance Summary				Potential organisational or patient risk factors	
Eating Disorder Service (EDS): Treatment commencing within 18 weeks of referrals		Previous 3 months and latest				KPI 125	Patients safety risk. Reputation.
RED	TREND	Mar-20	Apr-20	May-20	Jun-20		
		45.83%	46.15%	48.70%	33.75%		
		Plan: 95%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> Long standing challenges remain in place. Out of a potential 160 Service Users, 54 started treatment within the 18 week target (33.75%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. 							
Actions to Address/Assurances:							
Trust Actions:							
<ul style="list-style-type: none"> A service development proposal is being discussed CCGs and clinical leads in August 2020. 1.8 WTE Psychology vacancies are expected to be in post in September 2020. 							
When is performance expected to recover:							
Quarter 2 onwards.							
Quality:							
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		



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	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	
		100%	100%	90.0%	97.8%	
		Plan: 95% - Quarter 1 2020/21 reported 97.8% and achieved				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Quarter 1 saw 45 out of 46 individuals in a higher risk group being followed up within 48 hours by the appropriate teams, achieving the target. The Trust have not given any update on the 1 delay. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The indicator is number sensitive. Any underperformance can just equate to a very small number breaches in some cases. 						
When is performance expected to recover:						
The Trust has achieved target in quarter 1. Expectation is that optimum performance will continue to improve.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		

4.1.3 Eating Disorder Service (EDS)

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				Patients safety risk. Reputation.
RED	TREND	Mar-20	Apr-20	May-20	Jun-20	
		45.83%	46.15%	48.70%	33.75%	
		Plan: 95%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Long standing challenges remain in place. Out of a potential 160 Service Users, 54 started treatment within the 18 week target (33.75%), which shows a decline from the previous month. The Trust has stated that demand for the service continues to increase and to exceed capacity. 						
Actions to Address/Assurances:						
Trust Actions:						
<ul style="list-style-type: none"> A service development proposal is being discussed CCGs and clinical leads in August 2020. 1.8 WTE Psychology vacancies are expected to be in post in September 2020. 						
When is performance expected to recover:						
Quarter 2 onwards.						
Quality:						
It is longstanding issue that the service is currently not NICE compliant, and as such primary care is asked to undertake interventions that ideally should be undertaken in secondary care.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		



4.1.4 Falls Management & Prevention

Indicator		Performance Summary				Potential organisational or patient risk factors
Falls Management & Prevention: Of the inpatients identified as at risk of falling to have a care plan in place		Previous 3 quarters and latest				KPI 6b Patient Safety.
GREEN	TREND	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	
		85.7%	80.0%	75.0%	100.0%	
		Plan: 98% - 2020/21				
Performance Overview/Issues:						
• The Trust overall had 62 inpatients who had their care plan in place in quarter 1. This indicator is a catchment position, last year was by CCG.						
Actions to Address/Assurances:						
• Modern Matrons are tasked with ensuring the review and completion of FRAT and care plan where identified.						
When is performance expected to recover:						
Performance has recovered in quarter 1.						
Quality:						
No quality issues reported.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Gordon Jones		



Indicator		Performance Summary				Potential organisational or patient risk factors
Falls Management & Prevention: All adults inpatients to be risk assessed using an appropriate tool		Previous 3 quarters and latest				KPI 6a Patient Safety.
GREEN	TREND	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	
		100.0%	90.0%	85.7%	98.4%	
		Plan: 98% - 2020/21				
Performance Overview/Issues:						
• The Trust overall had 62 out of 63 inpatients risk assessed using an appropriate tool in quarter 1. This indicator is a catchment position, last year was by CCG.						
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:						
Performance has recovered in quarter 1.						
Quality:						
No quality issues reported.						
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	Mar-20	Apr-20	May-20	Jun-20		
		0.68%	0.74%	0.46%	0.66%		
		National Monthly Access Plan: 1.59%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • Long standing challenge remains in place and local commissioning agreements have been made that the Provider should aim to achieve an annual access rate of 19.0%, which equates to approximately 1.59% per month. • Numbers accessing the service have increased but are still below the threshold. The service is making efforts to recruit to vacancies. The service has reported that internal waits for Step 2, CBT and counselling have significantly reduced – however these waits may increase if demand increases. The move to a new provider following procurement exercise may also impact on performance from Q3 onwards. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • Nationally it is recognised that IAPT services will be in the forefront in dealing with mental health related issues arising out of COVID-19 and modelling is being done for a 5%, 10% and 15% increase in demand scenarios. • Commissioners will work with the new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		



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	Mar-20	Apr-20	May-20	Jun-20		
		45.5%	39.8%	34.2%	46.0%		
		Recovery Plan: 50%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The recovery rate increased in June but still failed to achieve the target. 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:							
<ul style="list-style-type: none"> 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. Commissioners will work with the new incoming provider to ensure that there is a smooth transfer of services in run up to 1st January 2021. 							
When is performance expected to recover:							
The above actions will continue with an ambition to improve performance.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Geraldine O'Carroll		Sue Gough			Gordon Jones		

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	Mar-20	Apr-20	May-20	Jun-20		
		64.0%	60.4%	59.4%	59.4%		
		Plan: 66.7%					
Performance Overview/Issues:							
<ul style="list-style-type: none"> The Memory Assessment Service operated by NHS Mersey Care Foundation Trust (MCFT) 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 once recovery starts. 							
Actions to Address/Assurances:							
<p>Commissioners have been notified by NHS MCFT that contracting arrangements have been suspended under guidance from NHSE/I. Memory Assessment Services across Sefton have been suspended due to the Government restrictions. Indications are that no new assessments have taken place since the restrictions were put in place.</p> <p>Recovery plan received from NHS MCFT:</p> <ul style="list-style-type: none"> Understand the current demand/waits/performance across identified services. Review current waiting lists (potentially re-categorise based on need). Identify services that will potentially be impacted by increased demand. Consider options for redesigning models of care, and to include trauma informed care, (lessons learnt from new approaches adopted during the response period). <p>Awaiting more detailed plan from NHS MCT.</p>							
When is performance expected to recover:							
MCFT Recovery plan states the Trust is developing: short (June 20), medium (Sept 20 – March 21) and long term (March 21 onwards) project plans. These plans are in progress.							
Quality:							
No quality issues reported.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Jan Leonard		Susan Gough			Kevin Thorne		

4.4 Improving Physical Health for People with Severe Mental Illness (SMI)

Indicator	Performance Summary	NHS Oversight Framework (OF)	Potential organisational or patient risk factors							
<p>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</p>	<p>Latest and previous 3 quarters</p>		<p>123g</p> <p>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.</p>							
	<p>RED</p> 	<p>TREND</p> 		<table border="1"> <tr> <th>Q2 19/20</th> <th>Q3 19/20</th> <th>Q4 19/20</th> <th>Q1 20/21</th> </tr> <tr> <td>20.7%</td> <td>22.7%</td> <td>28.1%</td> <td>19.0%</td> </tr> </table> <p>Plan: 50% - Quarter 1 2020/21</p>	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	20.7%	22.7%
Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21							
20.7%	22.7%	28.1%	19.0%							
<p>Performance Overview/Issues:</p> <ul style="list-style-type: none"> In Quarter 1 of 20/21, 19.0% of the 2,059 of people on the GP SMI register in South Sefton CCG (391) received a comprehensive health check. COVID-19 will have impacted on the delivery of some of the 6 interventions which make up the indicator (e.g. bloods). 										
<p>Actions to Address/Assurances:</p> <p><u>Action plan developed which focuses on the following:</u></p> <ul style="list-style-type: none"> Revised LQC scheme in place which highlights the correct template to use for data collection. Performance is likely to improve in the later years particularly in the "Golden Quarter" (Q4) when practices seek to maximise income from LQC schemes. Increased awareness of the scheme amongst practices. 										
<p>When is performance expected to recover:</p> <p>Performance should improve from Quarter 2 2020/21 onwards.</p>										
<p>Quality impact assessment:</p> <p>No quality issues reported.</p>										
<p>Indicator responsibility:</p> <table border="1"> <thead> <tr> <th>Leadership Team Lead</th> <th>Clinical Lead</th> <th>Managerial Lead</th> </tr> </thead> <tbody> <tr> <td>Geraldine O'Carroll</td> <td>Sue Gough</td> <td>Gordon Jones</td> </tr> </tbody> </table>				Leadership Team Lead	Clinical Lead	Managerial Lead	Geraldine O'Carroll	Sue Gough	Gordon Jones	
Leadership Team Lead	Clinical Lead	Managerial Lead								
Geraldine O'Carroll	Sue Gough	Gordon Jones								

5. Community Health

5.1 Adult Community (Mersey Care FT)



The Contract & Clinical Quality Review Meetings (CCQRM) have been reinstated from June 2020 with plans to restart the Information Sub-Group in July 2020. Focus will remain on COVID-19 recovery planning and understanding service specific issues e.g. staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19.

5.1.1 Quality



Whilst working is ongoing, the amalgamation of the Community and Mental Health CQPGs across the Liverpool and Sefton CCGs for Mersey Care Foundation Trust has continued to progress. Post COVID as work now progresses, the Community Collaborative Commissioning Forum (CCF) for Liverpool and Sefton has now become one meeting and the first CQPG for the Community element of the contract is planned for September.

For the Mental Health it was agreed this would be incorporated later in the year.

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)					
		Mar-20	Apr-20	May-20	Jun-20		
		25 wks	21 wks	24 wks	30 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • June's incomplete pathways reported above the 18 week standard with 30 weeks, showing a deterioration on last month and remaining above the 18 week standard. It is important to note that the completed pathways is now within the 18 week target at 17 weeks in June, an improvement in average waiting times from May. • There has been an increase in referrals between the May to June period. • Workforce issues remain a challenge and impacting on waiting time position - further post vacant due to adoption leave. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • The Trust is presently reviewing all clinical services to identify action required to return to business as usual as part of recovery plan. The SALT service will be reviewed against a backdrop of longstanding workforce issues along with inability to see as many patients due to COVID-19 IPC restrictions. The CCG has met with the Trust Service Leads to be appraised of proposed telephone/video consultation work underway and to gain assurance on which cohorts of patients this will be suitable for in providing a first definitive treatment outside of a direct face to face intervention. Feedback was positive and the Trust have been asked to prepare a briefing on service delivery model to be reviewed through CCQRM. • Recruitment is an ongoing issue to secure permanent staff. 							
When is performance expected to recover:							
Trajectory for improvement will be developed as part of COVID phase 3 recovery plan. Potential for performance to deteriorate further as routine referrals are accepted from July.							
Quality impact assessment:							
The Trust has assured the CCG that they continue to see urgent patients in a timely manner and these are prioritised. All referrals are triaged to identify those requiring urgent review.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Sunil Sapre			Janet Spallen		

5.1.3 Mersey Care Adult Community Services: Physiotherapy

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Mersey Care Adult Community Services: Physiotherapy		Previous 3 months and latest				<=18 weeks: Green > 18 weeks: Red	
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Mar-20	Apr-20	May-20	Jun-20		
		16 wks	20 wks	18 wks	21 wks		
		Target: 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> • June's incomplete pathways failed to achieve the target and showed a deterioration from the 18 weeks in May. • There has been a significant increase in referrals between the May to June period. • Housebound patients declining physio home visit consultations during this period has had a significant impact on waiting times. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> • During COVID-19 the service has continued to review all new referrals and those on waiting list to ensure that those with high priority needs receive support. They have identified support has been through telephone consultation, advice, issuing of equipment and visits where able. There has been a reticence of the general public to receive visits so this has curtailed some interventions that could have been provided. • Performance improvement plans are being re-introduced and all services are being reviewed in detail as part of phase 3 COVID recovery plans 							
When is performance expected to recover:							
Trajectory for improvement will be developed as part of COVID phase 3 recovery plan. Potential for performance to deteriorate further as routine referrals are accepted from July.							
Quality impact assessment:							
The Trust has informed that there is limited risk of patient harm as all referrals to the service are triaged and seen based on clinical need. The service aims to see patients triaged as urgent within four weeks of referral. Patients, their carers and healthcare professionals can contact the service to discuss any change in a patients presentation and be retriaged into another part of the ICRAS pathway.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead			Managerial Lead		
Cameron Ward		Sunil Sapre			Janet Spallen		

5.2 Any Qualified Provider (AQP) – Audiology

In February 2020, the Merseyside CCGs agreed to continue to commission services from AQP Audiology providers (LUHFT, S&O, Specsavers, St H&K, Scrivens) in 2020/21, pending further work on an updated adult hearing loss specification and a Liverpool led engagement process.



Following the COVID-19 outbreak, routine Audiology was initially suspended in accordance with national guidance. Restoration of elective work is now being taken forward across the health economy. Community audiology local AQP providers including Specsavers, Southport & Ormskirk and Aintree (LUHFT) have resumed services in early July with providers reporting that they are initially focussing on cancelled appointments and waiting lists. Payment for providers has been in accordance with national guidance.

Merseyside CCG (commissioners and contract lead representatives) have recently met in respect of next steps re AQP Audiology. Liverpool CCG commissioning lead for Audiology, with support from Merseyside Equality & Diversity lead and contract managers, will be drafting a paper to take to CCG leadership teams. This is expected by early September.

6. Children's Services

6.1 Alder Hey NHS FT 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				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by digital divide. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase
RED	TREND	Q2 19/20	Q3 19/20	Q4 19/20	YTD	
		5.4%	4.8%	7.4%	29.9%	
		YTD Access Plan: 34% - YTD reported performance: 29.9% and failed				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Although additional activity was commissioned and mainstreamed from the voluntary sector in 2019/20, the target of 34% was missed. The CCG now receives data from a third sector organisation Venus who submits data to the Mental Health Services Data Set (MHSDS) and which is included in the data. In Q4, the online counselling service Kooth began to submit data to the MHSDS which has clearly contributed to the improvement in performance in Q4. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> The start of the Kooth data flow had a significant positive impact on performance in Q4, which is anticipated to continue into 2020/21 financial year. There has also been an increase in Kooth capacity in response to COVID-19, and possibility of further increases in Quarter 3 and 4. CAMHS was affected by significant capacity issues during the year affecting numbers and access times. The Trust initiated improvement plans which initially increased activity in quarter 4, but which are being revised as part of AHFT's COVID-19 recovery plans. In response to COVID-19, 24/7 crisis support has been implemented which should result in an increase in access rates in 2020/21. 						
When is performance expected to recover:						
As part of national recovery planning AHFT is currently preparing recovery trajectories which will provide a clearer picture of likely performance for 2020/21.						
Quality impact assessment:						
Specific COVID related challenges include the implementation of a substantial digital offer and the risk that digital poverty may prevent some CYP from access to digitally delivered services.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Please note: Quarter 1 data is due to be published on the 16th September 2020 and will be updated in next month's report.



6.1.2 Waiting times for Routine/Urgent Referrals to Children & Young People's Eating Disorder Services

The Trust has raised queries with the CCG regarding the published CYP eating disorder referral and breaches data provided as part of the Q1 2020/21 National Mental Health Data Set and has requested that this be withheld until it has had sufficient time to fully investigate the anomalies. The Trust has indicated an increase in local activity which has not been reported in the national data set.



A full Q1 update will be available in month 4.



6.1.3 Children & Young People new Autistic Spectrum Disorders (ASD) referrals within 12 and 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that started an assessment within 12 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of ASD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19. For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Mar-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	96.5%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In June 96.5% of all new CYP ASD referrals started an assessment within 12 weeks which satisfies the target of 90% within 12 weeks. The reason the 2 patients who did not start their assessment within 12 weeks was due to choice of appointment times. • The longest wait in June was 12 weeks which increased from that of an 8 weeks wait in May. • At the end of March there was a backlog of open referrals for the ASD pathway of 758 referrals. The backlog of open referrals in June stood at 631. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway and to manage the reduction in the backlog. • The planned reduction in the backlog of open referrals was to achieve 638 by June, which was achieved. • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ASD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of the ASD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19.
GREEN	TREND	Apr-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period, although these have been completed. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • In response to COVID-19 and the required changes to working arrangements, Alder Hey has made greater use of digital assessments and is using external partner provision, delivered by AXIA and Helios to support delivery of the new pathway. 						
When is performance expected to recover:						
Achieving the target of 90%.						
Quality impact assessment:						
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of the digital assessment process.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



6.1.4 Children & Young People new Attention Deficit Hyperactivity Disorder (ADHD) referrals within 12 and 30 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that started an assessment within 12 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers • Second wave of COVID-19. For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.
GREEN	TREND	Mar-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	100%	
		Plan: 90% of referrals: Assessments started within 12 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • In June 100% of all new CYP ADHD referrals started an assessment within 12 weeks which satisfies the target of 90% within 12 weeks. • The longest wait in June was 12 weeks which increased from that of an 8 week wait in May. At the end of March there was a backlog of open referrals for the ADHD pathway of 519 referrals. The backlog of open referrals in June stood at 428. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • The planned reduction in the backlog of open referrals was to achieve 439 by June, this was achieved. • There is a waiting list management plan and trajectory in place to reduce the backlog to zero by June 2021. • There have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
For those CYP on the waiting list, there is a potential quality/safety risk from delayed access to the service.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		



Indicator		Performance Summary				Potential organisational or patient risk factors
Proportion of CYP new ADHD referrals that completed an assessment within 30 weeks		Latest and previous 3 months				The following potential risks have been identified in relation to their impact on the delivery of ADHD pathway and waiting list management: <ul style="list-style-type: none"> • Decreased capacity within additional providers. • Second wave of COVID-19.
GREEN	TREND	Mar-20	Apr-20	May-20	Jun-20	
		N/A	100%	100%	100%	
		Plan: 90% of referrals: Assessments completed within 30 weeks				
Performance Overview/Issues:						
<ul style="list-style-type: none"> • As the new pathway only commenced in April 2020, the completion of 100% of new CYP ADHD referrals within 30 weeks was not due or expected in this period, although these have been completed. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> • There have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people. • Although it was not expected for any assessments to have been fully completed in this period, the CCG will begin to monitor the number of assessments completed as the pathway embeds. 						
When is performance expected to recover:						
Achieving the 90% target.						
Quality impact assessment:						
No quality issues reported.						
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)

6.2.1 % Referral to Choice within 6 weeks



Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Choice within 6 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risks from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or a second phase.
RED	TREND	Mar-20	Apr-20	May-20	Jun-20	
		68.9%	36.8%	35.4%	58.9%	
		Staged Target by March 2020: 92%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to choice waiting time has seen an increase in compliance with the agreed 6 week standard. Issues relate to the ongoing impact of COVID-19 on the ability to deliver appointments within this target, including staffing capacity and the required changes to working arrangements. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> Alder Hey has increased the number of routine choice appointments and continues to offer additional capacity to support the required reduction in waiting times. The service will continue to monitor this standard alongside referral rates, ensuring choice capacity meets any potential change in demand. Staff have worked flexibly and undertaken additional hours to ensure that those children and young people most at risk have continued to receive safe and effective care. The service has fully embraced and led the move to virtual appointments for children and young people The Trust is developing a detailed recovery plan which will include a revised trajectory for reducing waiting times to the agreed standard. Notably, the Trust and Cheshire and Merseyside partnership has flagged the likelihood of an increase in referrals as the recovery phase progresses which will be addressed in the recovery plan. 						
When is performance expected to recover:						
The recovery plan will outline the timescales for recovery, including the response to an increase in referrals. In the meantime, it is expected that performance will improve over the coming months.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.2.2 % Referral to Partnership within 18 weeks

Indicator		Performance Summary				Potential organisational or patient risk factors
CAMHS - % Referral to Partnership within 18 weeks		Latest and previous 3 months				Due to impact of COVID-19, potential quality/safety risk from delayed access/or inability to access timely interventions, potentially exacerbated by barriers to digital access. Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase and/or a second phase.
RED	TREND	Mar-20	Apr-20	May-20	Jun-20	
		69.9%	64.2%	61.4%	56.3%	
		Staged Target by March 2020: 75%				
Performance Overview/Issues:						
<ul style="list-style-type: none"> Referral to partnership waiting times has deteriorated in June. The service had a reduction in capacity due to the impact of the delivery of 24/7 crisis care service, through redeployment of staff. 						
Actions to Address/Assurances:						
<ul style="list-style-type: none"> There is a phased return plan for staff to return to the Sefton CAMHS team and additional investment to reduce waiting times has also been agreed by Alder Hey, which will be provided by an agency staff member and additional capacity from the existing workforce. As part of recovery plans, a capacity and demand exercise has been completed and a revised trajectory to achieve the 92% referral to first partnership target has been set. The Trust is developing a detailed recovery plan which will include a revised trajectory for reducing waiting times to the agreed standard. Notably, the Trust and Cheshire and Merseyside partnership has flagged the likelihood of an increase in referrals as the recovery phase progresses which will be addressed in the recovery plan. 						
When is performance expected to recover:						
The recovery plan will outline the timescales for recovery, including the response to an increase in referrals. In the meantime, it is expected that performance will improve over the coming months.						
Quality impact assessment:						
No quality issues to report.						
Indicator responsibility:						
Leadership Team Lead		Clinical Lead		Managerial Lead		
Geraldine O'Carroll		Sue Gough		Peter Wong		

6.3 Children's Community (Alder Hey)

6.3.1 Paediatric Speech & Language Therapies (SALT)

Indicator		Performance Summary				RAG	Potential organisational or patient risk factors
Alder Hey Children's Community Services: SALT		Previous 3 months and latest					<p>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).</p> <p>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.</p> <p>Potential increase in waiting times/numbers and a surge in referrals as part of COVID-19 recovery phase.</p>
RED	TREND	Incomplete Pathways (92nd Percentile)					
		Mar-20	Apr-20	May-20	Jun-20		
		23 wks	23 wks	26 wks	30 wks	<p><=18 weeks: Green</p> <p>> 18 weeks: Red</p>	
		Target <= 18 weeks					
Performance Overview/Issues:							
<ul style="list-style-type: none"> As the backlog of referrals has increased since the outbreak of the pandemic, the number of patients waiting over 18 weeks for an initial assessment increased from 190 in May to 283 in June. There was a significant increase in the number of referrals in June: 95 were received, compared to 37 in May. In response to COVID and changes to service delivery, it took several months to develop and embed the new ways of working and there were issues with access to digital access which impacted on waiting times. The Trust continues to highlight the issue of recruitment to speech and language therapy vacancies which is impacting on the number of patients that can be assessed and treated. 							
Actions to Address/Assurances:							
<ul style="list-style-type: none"> Now that the new ways of working are taking effect, the service is now able to assess and treat more patients and was able to offer 25 new appointments in June. The Trust has provided a detailed recovery plan for reducing the waiting times, which has focused on the clinical prioritisation (urgency) of children and young people who have been referred more recently. This focus has reduced the average wait from 22 weeks in May to 12 weeks in June. The plan also includes a recovery trajectory to reduce the longer 18+ waits to the 92% standard by October 2021. This plan indicates that the number of CYP waiting over 18 weeks will reduce from 283 in June to 103 in July. The plan and trajectory also takes account of the anticipated surge in referrals following the return of children and young people to school. 							
When is performance expected to recover:							
As outlined in the Trust's recovery plan, average waits are scheduled to be reduced to 18 weeks by June 2020 and maximum waiting times by October 2020.							
Quality impact assessment:							
The CCG is reviewing patient feedback and case studies on the effectiveness/quality of digital/telephone assessments.							
Indicator responsibility:							
Leadership Team Lead		Clinical Lead		Managerial Lead			
Cameron Ward		Wendy Hewitt		Peter Wong			

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.

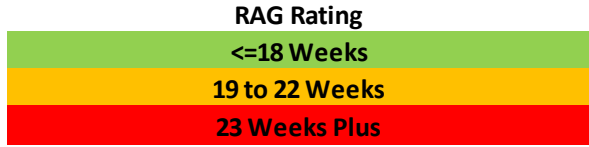
6.3.2 Paediatric Dietetics

The Trust has raised concerns with the CCG regarding the validity of the DNA and cancellation reporting for April, May and June 2020. This is because a significant number of appointments had to be cancelled and rescheduled as the Trust switched from clinical to digital appointments in response to the COVID outbreak, which is not reflected in this data alone. The activity reported in the contract statement illustrates that during April, May and June there were 74, 100 and 88 dietetic outpatient appointments respectively.

As the current dietetics reporting measure is an outlier and inconsistent with reporting for other services, the CCG had been working with the Trust to develop a new reporting model that more accurately reflects service activity and waiting times, and which reports DNA/cancellations by exception. Due to the impact of COVID-19, this development had been put on hold but is progressing again. It is anticipated that the new reporting model will be implemented in the next few months.

Figure 10 - Alder Hey Community Paediatric Dietetic Waiting Times – South Sefton CCG

Paediatric DIETETICS - South Sefton	Apr-20	May-20	Jun-20
Number of Referrals	14	16	32
Incomplete Pathways - 92nd Percentile	13.28	18.96	15.76
Incomplete Pathways RTT Within 18 Weeks	96.42%	95.45%	96.77%
Total Number Waiting	28	22	31
Number Waiting Over 18 Weeks	1	1	1



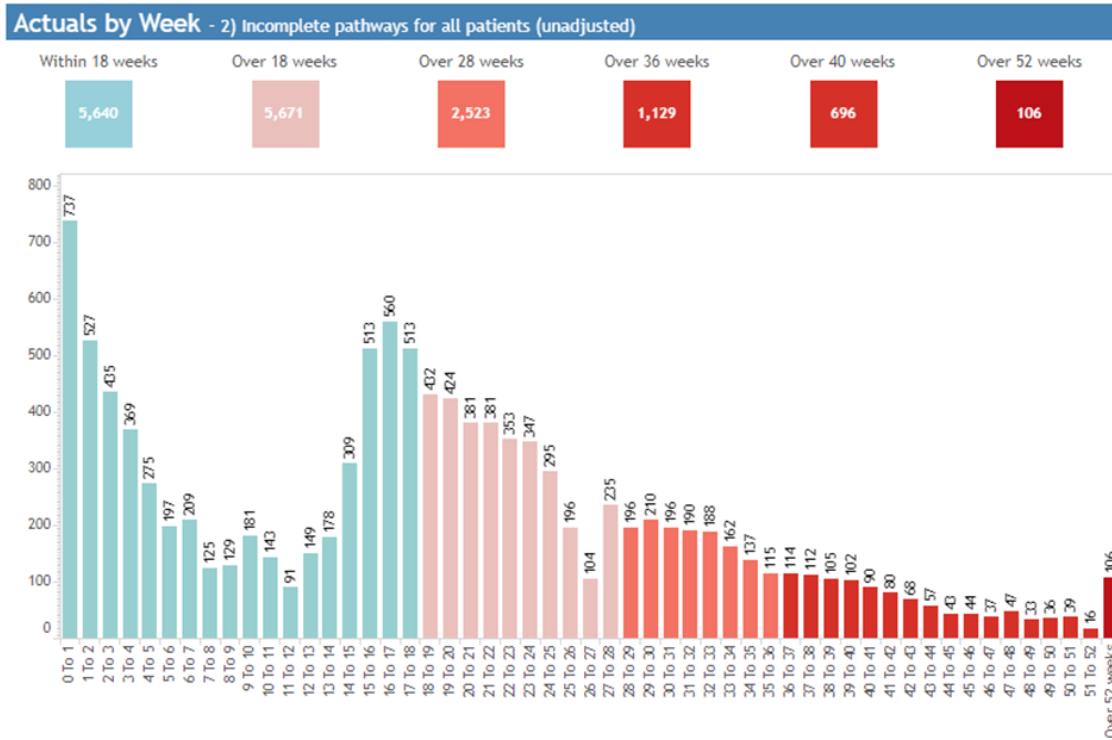
6.4 Alder Hey Activity & Performance Charts



7. Appendices

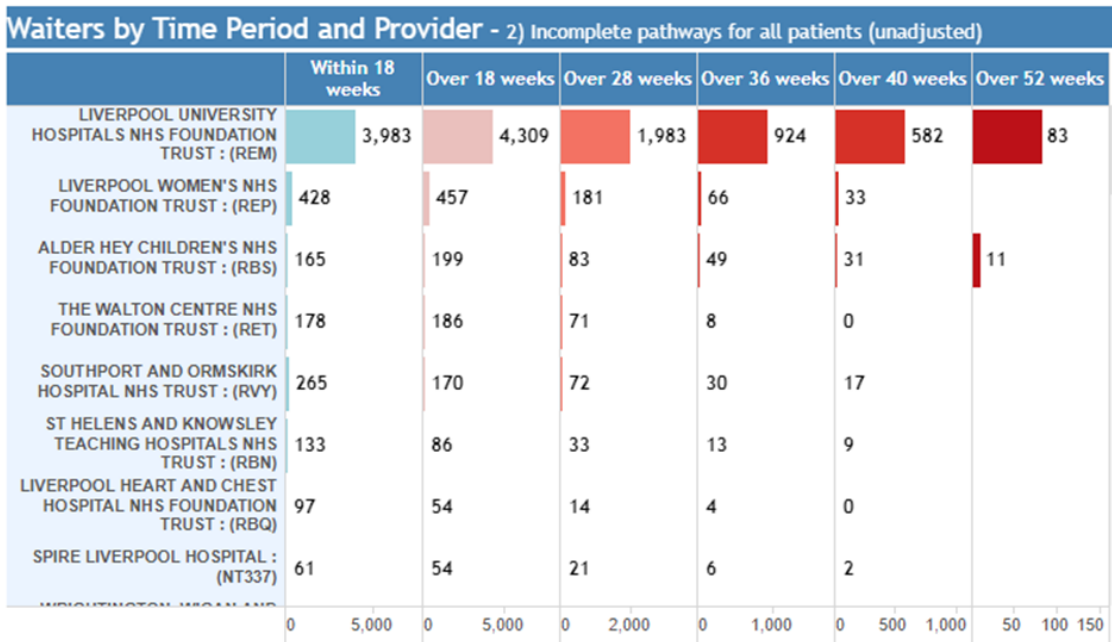
7.1.1 Incomplete Pathway Waiting Times

Figure 11 - South Sefton CCG Patients waiting on an incomplete pathway by weeks waiting



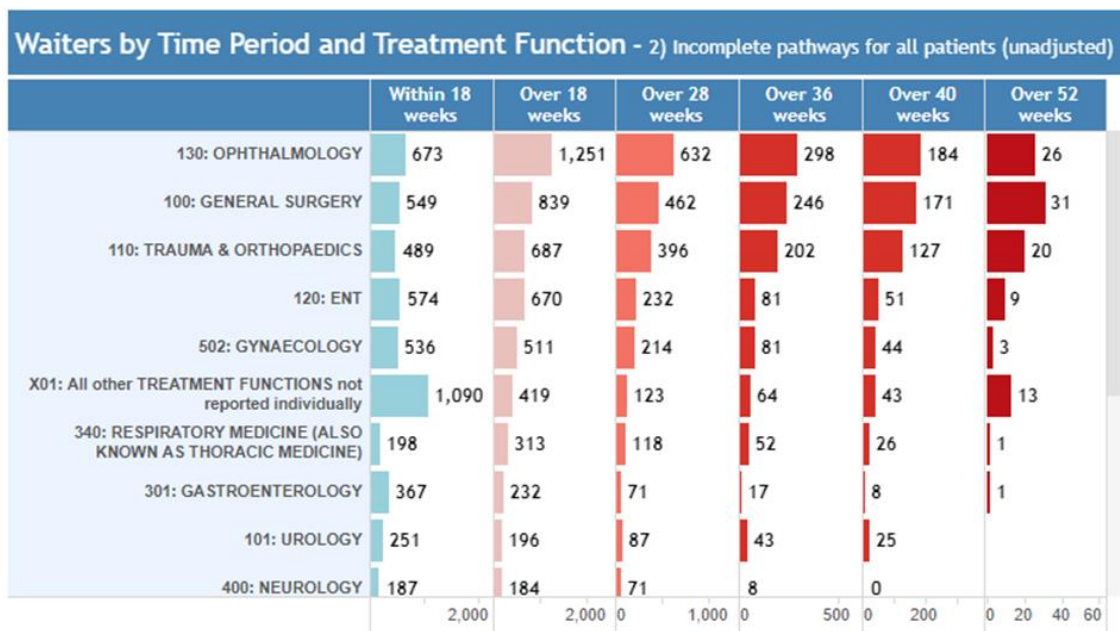
7.1.2 Long Waiters analysis: Top Providers

Figure 12 - Patients waiting (in bands) on incomplete pathway for the top Providers



7.1.3 Long Waiters Analysis: Top Provider split by Specialty

Figure 13 - Patients waiting (in bands) on incomplete pathways by Speciality for Liverpool University Hospitals NHS Foundation Trust



MEETING OF THE GOVERNING BODY September 2020

Agenda Item: 20/114

Author of the Paper:

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Report date: August 2020

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Title: Financial Position of NHS South Sefton Clinical Commissioning Group – Month 4 2020/21

Summary/Key Issues:

This paper presents the Governing Body with an overview of the Month 4 financial position for NHS South Sefton Clinical Commissioning Group as at 30th June 2020.

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, as part of the CCG's long term recovery plan, the control total for 2020/21 was a surplus of £1.800m (0.6%). The CCG draft financial plan identified a QIPP savings requirement of £14.863m to achieve the notified control total.

The risk adjusted (likely case) financial position for 2020/21 was assessed in the draft financial plan at £6.023m deficit. It should be noted that the draft plan was not approved by NHS North West.

The cumulative deficit brought forward from previous years has increased to £10.792m following the completion of the external audit of the 2019/20 annual report and accounts.

In response to the COVID emergency, temporary financial arrangements have been implemented for the period April to July 2020 and the original financial plan has been suspended. CCG allocations have been revised and performance is assessed against the revised allocations.

On 31st July 2020 a letter from the NHS Chief Executive and Chief Operating Officer described the third phase of the response to COVID-19 which updated on the COVID national alert level; set out priorities for the remainder of 2020/21 and outlined the financial arrangements as agreed with Government for Autumn 2020. Existing processes regarding nationally set block contracts and retrospective top up funding will continue through to September 2020.
here

It is intended that a revised financial framework will be implemented for the latter part of 2020/21 once this has been finalised with Government. Activity and performance planning profiles and financial forecasts are being worked on for submission in September 2020 to support this process on an Integrated Care System (ICS)/ Sustainability and Transformation Partnerships (STP) footprint.

The CCG revised control total is breakeven for the year to date and a monthly claims and reconciliation process has been agreed to reimburse costs directly related to COVID and adjust allocations to support actual expenditure incurred by the CCG. As the allocation adjustments are retrospective, the CCG is reporting cost pressures in each month and the expectation is that additional cost pressures will be reimbursed in the following month. The CCG has not included any unconfirmed additional allocations within its year to date position.

It should be noted that NHS England have advised that the year to date position may be subjected to an external audit commissioned by NHS England to confirm that funds have been applied reasonably and according to guidance issued.

The CCG received an additional allocation of £2.066m in Month 4 to support COVID related costs and other CCG cost pressures up to Month 3.

The Month 4 financial position is an overspend of £0.084m. The overspending areas block contract agreements with NHS providers which are partly offset by underspends with non-NHS providers. Other cost pressures are due COVID related costs in Month 4 which are anticipated to be reimbursed in Month 5.

Recommendation

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

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

- The draft financial plan for South Sefton CCG was a surplus of £1.800m for 2020/21.
- Temporary arrangements have been implemented for the financial year to date. The revised control total for the period is breakeven.
- COVID-19 phase 3 guidance was issued on 31st July 2020 which confirmed that existing financial arrangements are to continue through to the end of September 2020 and also described restoration requirements. It is intended that a revised financial framework will be implemented for the latter part of 2020/21 informed by activity and financial forecasts. These are being prepared for submission on an ICS/ STP footprint in September 2020.
- A monthly reconciliation process has been agreed to reimburse costs directly related to COVID and adjust for actual expenditure incurred. It should be noted that NHS England may this process may be subject to audit commissioned by NHS England.
- The CCG received additional allocations in Month 4 of £2.066m to support COVID related costs and other cost pressures up to Month 3.
- The Month 4 financial position is an overspend of £0.084m. The CCG will be reliant upon the receipt of a retrospective allocation (“top-up”) to address the Month 4 overspend and return to a break-even position.
- The QIPP efficiency requirement to deliver the agreed financial plan was £14.863m.

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.
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		

Report to the Governing Body August 2020

1. Executive Summary

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

Table 1 – CCG Financial Position

	Budget (Months 1-4)	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	Forecast
	£000	£000	£000	£000	£000	£000
Acute Care	49,276	49,276	48,611	(665)	48,611	(665)
Mental Health	8,366	8,366	8,639	273	8,639	273
Continuing Care	6,344	6,344	6,673	329	6,673	329
Community Health	11,969	11,969	12,067	98	12,067	98
Prescribing	11,430	11,430	11,472	42	11,472	42
Primary Care	11,030	11,030	11,409	379	11,409	379
Corporate Costs & Services	901	901	948	47	948	47
Other CCG Budgets	3,413	3,413	3,629	216	3,629	216
Total Operating budgets	102,729	102,729	103,447	718	103,448	719
Reserves	635	635	0	(635)	0	(635)
In Year (Surplus)/Deficit	0	0	0	0	0	0
Grand Total (Surplus)/ Deficit	103,364	103,364	103,447	84	103,448	84

Financial Arrangements April to September 2020

The CCG financial plan for 2020/21 is currently in draft form and has been suspended until further notice as a result of the COVID emergency. A temporary finance regime has been implemented for the period 1st April to 31st July 2020 and CCG allocations have been replaced with revised allocations to reflect the temporary finance and contracting arrangements in place. As part of Phase 3 guidance issued on 31st July 2020 existing processes will continue to until the end of September 2020.

There is a monthly claims process to recover any costs directly related to COVID and also a monthly reconciliation process to adjust CCG allocations to support reasonable variances against the CCG revised allocations. The monthly reconciliation will be retrospective, based on the financial position submitted to NHS England for each month end and subject to review before additional allocations are confirmed.

Future Financial Arrangements

On 31st July 2020 a letter from the NHS Chief Executive and Chief Operating Officer described the third phase of the response to COVID-19 which updated on the COVID national alert level; set out priorities for the remainder of 2020/21 and outlined the financial arrangements as agreed with Government for Autumn 2020. Existing processes regarding

nationally set block contracts and retrospective top up funding will continue through to September 2020.

It is intended that a revised financial framework will be implemented for the latter part of 2020/21 once this has been finalised with Government. Activity and performance planning profiles and financial forecasts are being worked on for submission in September 2020 to support this process on an Integrated Care System (ICS)/ Sustainability and Transformation Partnerships (STP) footprint.

CCG Expenditure Plan

The CCG expenditure plan has changed for the period as a result of actions implemented in response to the COVID emergency.

Block contracts have been agreed for NHS providers, the values of which are directed by NHS England and NHS improvement and are based on expected expenditure for the period using 2019/20 performance to Month 9 as a baseline for the calculations. Non-Contract Activity (NCA) invoicing has also been suspended with income normally relating to NCA's being allocated to NHS providers within the Block arrangement.

Some Independent Sector contracts have been procured nationally and as a result, the CCG will not incur costs for these providers although the CCG's revised allocation is expected to be adjusted to take account of the reduced expenditure. Other contracts with Non-NHS providers have been renegotiated for the period based on expected activity.

Income for General Practice has been protected at 2019/20 levels to recognise the need to direct primary care resources to the COVID response rather than the business as usual activities which generate some of the GP contract payments.

Month 4 Financial Position

The Month 4 financial position as at 31st July 2020 is a deficit of £0.084m. This consists of COVID costs which have yet to be reimbursed of £0.814m and an offsetting month 4 underspend against plan of £0.730m. The Month 5 allocation adjustment is expected to enable the CCG to deliver the required break even position.

The CCG has received an additional allocation of £2.066m for the reimbursement of COVID related costs and other cost pressures up to Month 3. Cost pressures in Month 4 are anticipated to be reimbursed in Month 5.

The main variances from the revised allocations can be analysed as follows, the overspending areas have now reduced due to the allocation adjustment received in Month 4.

- Overspends on Acute services relating to NHS provider block contract payments which are higher than the CCG revised allocation due to high costs in the base period in 2019/20 which was used to calculate the block payments for 2020/21.
- The Mental Health budget is overspent relating to increase cost and volume of packages of care.
- The Continuing Care budget is overspent in respect of additional care packages related to hospital discharges to support the COVID response and prior year issues.
- The Funded Nursing Care budget is overspent due to cost pressures relating to an increase in prices effective from the start of 2019/20, which was only notified after the CCG submitted its draft accounts.
- The overspend on Primary care budgets mainly relates to the Prescribing budget due to increased costs for activity during March which continued through April and May although at a reduced rate. The prescribing increase was not included in the revised CCG allocations.
- Other areas of Primary Care are overspent due to COVID related costs which have been partly reimbursed.

- There are cost pressures on the CCG Corporate budget relating to additional staff costs for the COVID response.

COVID-19 and the CCG Financial Recovery Plan

The cumulative deficit brought forward from previous years has increased to £10.792m following the completion of the external audit of the 2019/20 annual report and accounts.

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.

Throughout 2019/20, the CCG 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.

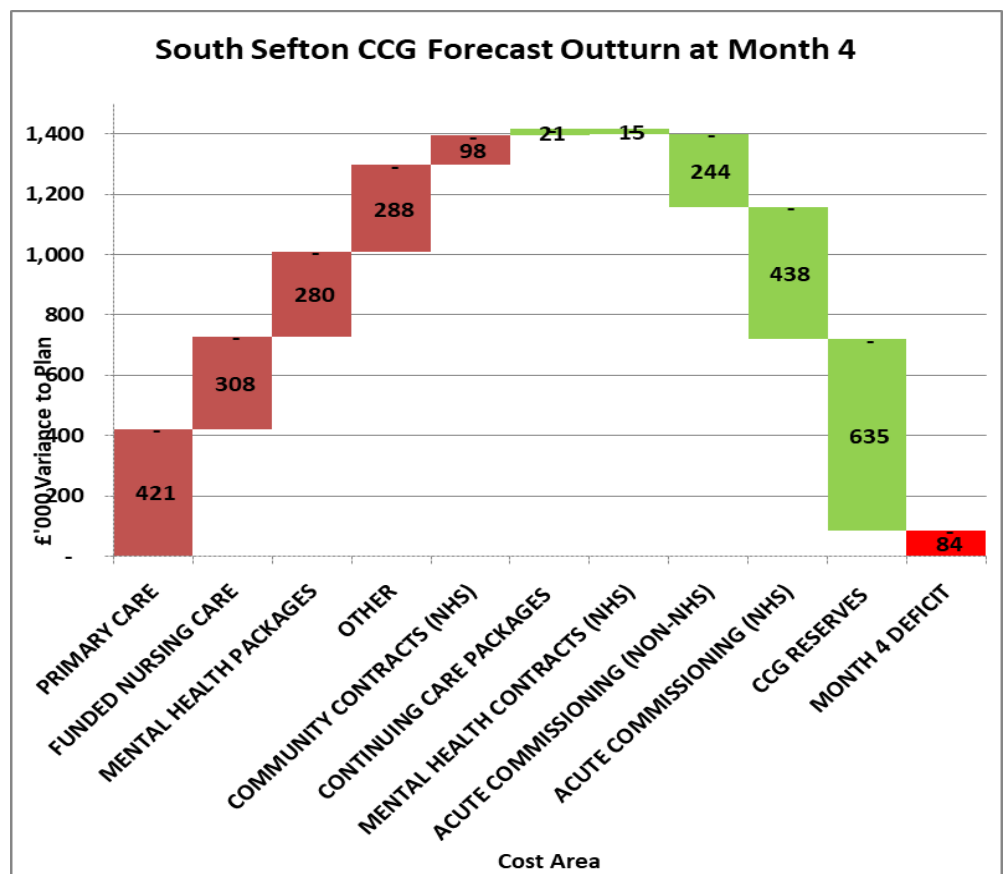
2. Finance Dashboards

1. Finance Key Performance Indicators				
Report				Commentary
Report Section	Key Performance Indicator		This Month	
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 control total for 2020/21 was a surplus of £1.800m. The revised control total for April to July 2020 is breakeven. The breakeven target has not been achieved in Month 4 due to the retrospective allocation adjustment from NHS England not received or confirmed at the Month End. The 0.5% Contingency reserve and the 0.5% Non-Recurrent reserve are not required for April to July 2020. The QIPP target for 2020/21 identified in the draft financial plan was £14.863m. The CCG will be working alongside system partners to develop transformational schemes to support the NHS as it builds services through the "Recovery" phase of the post-COVID response. BPPC targets have been achieved with the exception of Non NHS by value. This will be reviewed to explore reasons for this, also overall performance will continue to be monitored monthly to ensure performance is improved and maintained across all areas.
		0.5% Contingency Reserve	n/a	
		0.5% Non-Recurrent Reserve	n/a	
		2020/21 Control Total (April-July)	tbc	
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 < 2020/21 allocation	✓	
5	BPPC	NHS - Value YTD > 95%	99.77%	
		NHS - Volume YTD > 95%	96.23%	
		Non NHS - Value YTD > 95%	92.06%	
		Non NHS - Volume YTD > 95%	97.15%	

2. CCG Financial Position – Month 4 2020/21

Report

Commentary



- The CCG Month 4 position is an overspend of £0.084m after the application of additional allocations received.
- The main financial pressures have been supported by additional allocations up to Month 3 and relate to:
 - Primary Care in respect of additional staff, overtime costs and costs reimbursed to practices relating to COVID.
 - Funded Nursing Care relating to agreed price increases
 - Mental Health Packages due to increased cost and volume.
 - Prescribing due to increased activity.
 - Continuing Care Packages relating to Hospital Discharges
 - Corporate and Other costs relating to the COVID response.
- The cost pressures are partly offset with savings on Independent Sector contracts which have been procured nationally and NCA costs. Some of the additional allocations are also held on the CCG reserve budget.
- The CCG requires an allocation adjustment (top up) to address the reported deficit for Month 4 and return the CCG to breakeven.

3. CCG Reserves Budget						
Report				Commentary		
Reserves Budget	Opening Budget (Draft) £m	Revised Budget (Apr-Jul) £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m
QIPP Target	(14.863)	(4.954)				(4.954)
QIPP Achieved	0.000	0.000				0.000
Primary Care Allocations	(2.000)	(0.667)				(0.667)
CCG Contingency Budget (0.5%)	1.462	0.487				0.487
Financial Plan Pressures	1.500	0.500				0.500
CEOV	0.150	0.050				0.050
Community Transformation	0.600	0.200				0.200
Other investments	0.222	0.074				0.074
Other reserves	0.180	0.060	0.169			0.229
NHSE control total adjustments	0.000	4.444				4.444
NHSE additional allocations	0.000	0.000	3.060		(2.788)	0.272
Total Reserves	(12.749)	0.194	3.229	0.000	(2.788)	0.635

- The CCG reserve budgets reflect the draft financial plan.
- In the draft financial plan, the QIPP target was held as a negative budget and would be offset with budget transfers from operational budgets into the reserves budget as schemes were achieved during the year.
- Provision was included in the plan for cost pressures identified in 2019/20
- Funding was included in the plan for other investments expected to be agreed during provider contract negotiations.
- The revised CCG allocations for April – July 2020 included an allocation of £4.444m against the CCG reserves budget as a result of the NHS England allocation adjustments.
- An additional allocation of £2.066m was received in Month 4 to reimburse COVID related costs incurred in Month 3 and to support other cost pressures. £2.788m has been deployed to CCG operational budgets with the remaining £0.272m held in reserves.
- The final balance on the CCG reserve budget at Month 4 is £0.635m.

4. Statement of Financial Position			
Report		Commentary	
Summary Working Capital			
Working Capital and Aged Debt	Quarter 1	Quarter 2	Prior Year 2019/20
	M3 £'000	M4 £'000	M12 £'000
Non-Current Assets	76	76	76
Receivables	3,539	1,619	3,069
Cash	41	3,132	16
Payables & Provisions	(1,642)	(3,027)	(15,695)
Value of Debt > 180 days	423	82	71

- The non-current asset balance relates to assets funded by NHS England for capital projects.
- The receivables balance includes invoices raised for services provided accrued income and prepayments.
- Outstanding debt in excess of 6 months old stands at £0.082m. This balance relates predominantly to 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. The remaining balance is made up of a number of outstanding amounts under £7k which will continue to be pursued.
- At month 4, the CCG had drawn down £118.681m (59.9%) of its Annual Cash Drawdown Requirement (ACDR), this is compared to a target cash balance at this point in the year of £98.618m (33.3%). The large difference is as a result of the CCG having to pay providers a block payment one month in advance on instruction from NHS England as part of the Covid-19 response. The remaining ACDR available of £177.471m will be managed through the financial year.

5. Recommendations

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

- The draft financial plan for South Sefton CCG was a surplus of £1.800m for 2020/21.
- Temporary arrangements have been implemented for the financial year to date. The revised control total for the period is breakeven.
- COVID-19 phase 3 guidance was issued on 31st July 2020 which confirmed that existing financial arrangements are to continue through to the end of September 2020 and also described restoration requirements. It is intended that a revised financial framework will be implemented for the latter part of 2020/21 informed by activity and financial forecasts. These are being prepared for submission on an ICS/ STP footprint in September 2020.
- A monthly reconciliation process has been agreed to reimburse costs directly related to COVID and adjust for actual expenditure incurred. It should be noted that NHS England may this process may be subject to audit commissioned by NHS England.
- The CCG received additional allocations in Month 4 of £2.066m to support COVID related costs and other cost pressures up to Month 3.
- The Month 4 financial position is an overspend of £0.084m. The CCG will be reliant upon the receipt of a retrospective allocation (“top-up”) to address the Month 4 overspend and return to a break-even position.
- The QIPP efficiency requirement to deliver the agreed financial plan was £14.863m.

Martin McDowell
Chief Finance Officer
August 2020

MEETING OF THE GOVERNING BODY September 2020

Agenda Item: 20/115	Author of the Paper: Document produced by Grant Thornton.						
Report date: September 2020	To be presented by: Martin McDowell Chief Finance Officer martin.mcdowell@southseftonccg.nhs.uk Tel: 0151 317 8350						
Title: Annual Audit Letter 2019/20							
Summary/Key Issues: The Annual Audit Letter summarises the key findings of the external audit of NHS South Sefton CCG for 2019/20. As this is a public document, the Annual Audit Letter has been displayed on the CCG website.							
Recommendation The Governing Body is asked to receive the Annual Audit Letter 2019/20.	<table style="width: 100%;"> <tr> <td style="text-align: right;">Receive</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: right;">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)*

	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			Audit Committee – 8 th July 2020

The Annual Audit Letter for NHS South Sefton CCG

Year ended 31 March 2020

26 June 2020



Contents



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Appendices

- A Reports issued and fees
- B Audit Adjustments

Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at NHS South Sefton CCG (the CCG) for the year ended 31 March 2020.

This Letter is intended to provide a commentary on the results of our work to the CCG and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the CCG's Audit Committee as those charged with governance in our Audit Findings Report t dated 9th June 2020, and Updates to the Audit Findings Report dated 15th June 2020 and 22nd June 2020.

Our work

Materiality	We determined materiality for the audit of the CCG's financial statements to be £4,425,000, which is 1.96% of the CCG's gross revenue expenditure.
Financial Statements opinion	We gave an unqualified opinion on the CCG's financial statements on 24 June 2020.
NHS Group consolidation template (WGA)	We also reported on the consistency of the financial statements consolidation template provided to the National Audit Office with the audited financial statements. We concluded that these were consistent.
Use of statutory powers	We referred a matter to the Secretary of State, as required by section 30 of the Act, on 27 May 2020 because the CCG reported a deficit of £8.9 million in its draft financial statements for the year ending 31 March 2020. This has resulted in the CCG breaching its breakeven duty and overspending its revenue resource limit by £8.9 million.

Respective responsibilities

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

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

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

Executive Summary

Value for Money arrangements We were satisfied that the CCG put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources except for except for in relation to the under delivery of QIPPs. We therefore qualified our value for money conclusion in our audit report to the Audit Committee of the CCG dated 9th June 2020.

Certificate We certified that we have completed the audit of the financial statements of NHS South Sefton CCG in accordance with the requirements of the Code of Audit Practice on 24 June 2020.

Working with the CCG

The outbreak of the Covid-19 coronavirus pandemic has had a significant impact on the normal operations of the CCG. Given the unprecedented financial challenge for CCGs, the Department of Health and Social Care (DHSC) extended the deadline for preparation of the financial statements up to 27 April 2020 and the date for audited financial statements to 25 June 2020.

Restrictions for non-essential travel has meant both CCG and audit teams have had to work from home and had to use remote access financial systems, video calls, physical verification of completeness and accuracy of information produced by the entity.

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the CCG's staff during these extraordinary times.

Grant Thornton UK LLP
June 2020

Audit of the Financial Statements

Our audit approach

Materiality

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

We determined materiality for the audit of the CCG's financial statements to be £4,425,000, which is 1.99% of the CCG's gross revenue expenditure. We used this benchmark as, in our view, users of the CCG's financial statements are most interested in where the CCG has spent its revenue in the year.

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

We set a lower threshold of £295,000, above which we reported errors to the Audit Committee in our Audit Findings Report.

The scope of our audit

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

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

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

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

Our audit approach was based on a thorough understanding of the CCG's business and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Financial Statements

Significant Audit Risks

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

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Covid – 19</p> <p>The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expect current circumstances will have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to;</p> <p>Remote working arrangements and redeployment of staff to critical front line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation</p> <p>Volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates</p> <p>Financial uncertainty will require management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties for a period of at least 12 months from the anticipated date of approval of the audited financial statements have arisen; and</p> <p>Disclosures within the financial statements will require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1, particularly in relation to material uncertainties.</p> <p>We therefore identified the global outbreak of the Covid-19 virus as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>We have:</p> <ul style="list-style-type: none"> worked with management to understand the implications the response to the Covid-19 pandemic has on the organisation's ability to prepare the financial statements and update financial forecasts and assessed the implications on our audit approach liaised with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arise evaluated the adequacy of the disclosures in the financial statements in light of the Covid-19 pandemic evaluated whether sufficient audit evidence using alternative approaches can be obtained for the purposes of our audit whilst working remotely evaluated whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances evaluated management's assumptions that underpin the revised financial forecasts and the impact on management's going concern assessment discussed with management any potential implications for our audit report if we have been unable to obtain sufficient audit evidence. 	<p>We have no matters to report in respect of this significant risk.</p>

Audit of the Financial Statements

Significant Audit Risks (continued)

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Management override of internal controls</p> <p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The CCG faces external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report performance.</p> <p>We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>We have:</p> <ul style="list-style-type: none"> evaluated the design effectiveness of management controls over journals analysed the journals listing and determined the criteria for selecting high risk unusual journals tested unusual journals made during the year and after the draft accounts stage for appropriateness and corroboration gained an understanding of the accounting estimates and critical judgements applied made by management and considered their reasonableness evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions. 	<p>We identified a change to the estimation process for the prescribing accrual and concluded that the changes made were appropriate.</p> <p>Our audit work has not identified any issues in respect of management override of controls.</p>

Audit of the Financial Statements

Significant Audit Risks (continued)

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Secondary healthcare expenditure – contract variations</p> <p>A significant percentage of the CCG's expenditure is on contracts for healthcare with NHS providers and non-NHS providers, such as operations and hospital care. This expenditure is primarily derived through block contracts that are agreed up front for a predetermined cost or level of activity. Contract variations are agreed with the supplier throughout the year to recognise demand and price adjustments against the agreed contracts. Costs related to contract variations are recognised when the adjustment has been agreed with the provider, with accruals raised at the year-end for completed activity for which an invoice has not been issued.</p> <p>We identified the accuracy and occurrence of secondary healthcare expenditure – contract variations, and the existence of associated payables and accruals, as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>We have:</p> <ul style="list-style-type: none"> gained an understanding of the financial reporting processes used for the purchase of secondary healthcare and evaluated the design of the associated controls agreed all material contract annual expenditure to signed annual contracts agreed, on a sample basis, invoices for variations to secondary healthcare contracts to supporting evidence using the DHSC mismatch report, we have investigated unmatched expenditure and payable balances with NHS bodies over the NAO £0.3m threshold, corroborating the unmatched balances used by the CCG to supporting evidence agreed, on a sample basis, payable and accrual balances relating to secondary healthcare to supporting evidence. 	<p>Our audit work has identified an overstatement of income and expenditure by £1,250,000 related to one provider. This was adjusted for in the final accounts.</p>

Audit of the Financial Statements

Audit opinion

We gave an unqualified opinion on the CCG's financial statements on 24 June 2020.

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

Our review of the CCG's expenditure highlighted the following issues which gave rise to a qualified regularity opinion. The CCG reported expenditure of £295.9 million against income of £287.0 million and a deficit of £8.9 million in its financial statements for the year ending 31 March 2020. The CCG thereby breached two of its statutory duties to ensure that annual expenditure does not exceed income, and revenue resource use does not exceed the amount specified by direction of the NHS Commissioning Board.

Preparation of the financial statements

The CCG presented us with draft financial statements in accordance with the national deadline and pandemic lockdown restrictions that existed at the time, and provided a good set of working papers to support them. The finance team responded promptly and efficiently to our queries remotely during the course of the audit.

Issues arising from the audit of the financial statements

We reported the key issues from our audit to the CCG's Audit Committee on 17 June 2020.

In addition to the key audit risks reported above, we identified the some issues and amendments throughout our audit that we have asked the CCG's management to address the recommendations on the following for the next financial year:

- QIPP delivery
- Qualification in Service Auditor Reports

Amendments identified during the audit are shown in Appendix B.

Annual Report, including the Annual Governance Statement

We are also required to review the CCG's Annual Report, including the Annual Governance Statement. It provided these on a timely basis with the draft financial statements with supporting evidence with only minor amendments required.

Whole of Government Accounts (WGA)

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

Other statutory powers We are also required to refer certain matters to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014. On 27 May 2020 we reported to the Secretary of State that the CCG reported a deficit of £8.9 million in its draft financial statements for the year ending 31 March 2020. This has resulted in the CCG breaching its breakeven duty and overspending its revenue resource limit by £8.9 million.

Certificate of closure of the audit

We certified that we have completed the audit of the financial statements NHS South Sefton CCG in accordance with the requirements of the Code of Audit Practice on 24 June 2020.

Value for Money conclusion

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in April 2020 which specified the criterion for auditors to evaluate:

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

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the risks where we concentrated our work.

The risks we identified and the work we performed are set out overleaf.

As part of our Audit Findings report agreed with the CCG in June 2020, we agreed recommendations to address our findings.

Overall Value for Money conclusion

We are satisfied that, in all significant respects, except for the matter we identified below, the CCG put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2020.

Value for Money conclusion

Value for Money Risks

Significant risk: Financial sustainability

The CCG continues to operate under significant financial pressures with a cumulative brought forward deficit of £1.892m. The CCG has a financial plan in place to deliver the agreed target of £1m surplus. In order to achieve this the CCG needs to deliver QIPP efficiencies of £14m. At the time of writing the most likely year end position is a £10.125m deficit. There have been a number of cost pressures in the year in relation to provider contracts and continuing healthcare.

In response to this risk we will review the CCG's arrangements for updating, agreeing and monitoring its financial plans, and for communicating key findings and actions to be taken as reported to the Governing Body; and maintain a monitoring brief on the outturn for 2019/20 in comparison with budget and forecast performance for the year and assessed the reasonableness of its financial plans for 2020/21.

Findings

2019/20 Control Total and QIPP delivery at year end

The 2019/20 financial plan set out to deliver the £1.0m surplus control total set by NHS England. The plan included unidentified QIPP efficiencies of £6.8m and unmitigated risk of £3.1m. From the start of the year, deliver of your QIPP requirements was identified as one of the key financial risks for the CCG and reported to the Governing Body. The CCGs in your area took on much of the risk in the local health economy in order to support providers in gaining access to the Provider Sustainability Funding (PSF) and Financial Recovery Fund (FRF) funding for the year that would bring in around £18.3m into the local health economy. The CCG has been included in the North Mersey Acting as One Contracting Arrangement in 2019/20. This means that block contracts are in operation with the CCG main providers. The agreement was designed to provide stability to enable partners to work towards long term financial sustainability of the local health economy as a whole. The agreement provides protection against contract over performance but means that the opportunity to release savings from these contracts is limited. Those risks on QIPP delivery crystallised and played a significant part in the CCG delivering a deficit control total.

That the risks were going to crystallise was noticed early in the year. In August 2019, together with NHS Southport & Formby CCG, NHS West Lancashire CCG and Southport & Ormskirk NHS Trust, announced that their local health system was facing a substantial number of risks, and that if left unmitigated, the system's planned deficit could more than double from £25.6m to £52.6m. Together, the CCGs and providers submitted a System Financial Recovery Plan. Following the submission, the CCG wrote to the providers asking for support in delivering the QIPP targets, by highlighting specific asks in relation to the various schemes. The CCG did not receive as much engagement from them as they would have hoped due to personnel changes, and organisational merging which meant sufficient focus could not be made on delivering the QIPP at a local healthcare economy level. Whilst there was some positive impact from the recovery plan on the delivery of QIPP, it was not as significant as hoped.

Your forecast outturn was revised to an £8.9m deficit in month 10 with the agreement of NHS North West. To do this you followed the protocols set by NHS England. The protocols state that 'Changes in the final quarter will be looked on as a sign of very poor financial control...' which would indicate there were weaknesses in financial controls at the CCG. You have ended the year with a £8.9 deficit, this is £9.9m adrift of the original £1.0m surplus for the year and brings the CCG's cumulative deficit to £11.8m. The impact of Covid-19 on the 2019/20 outturn is minimal as it hit so late in the year, but will bring further challenges in 2020/21.

The QIPP target at the start of the year was £14.0m (5% of recurrent allocation). Putting the ask into context, the previous three years' QIPP programmes delivered a combined £11.3m in total. As noted above the QIPP target was so high as the CCG had taken on a lot of the risk in the local health economy in order to support the providers obtaining PSF and FRF. Against this target the CCG delivered £4.9m which is only 35% of the requirement. The under delivery of QIPPs by £9.1m contributed greatly to missing the control total by £9.9m. Other factors included additional in year cost pressures from Continuing Care packages, and the independent sector.

Value for Money conclusion

Value for Money Risks (continued)

Significant risk: Financial sustainability

Scheme	Annual Plan	YTD Plan	YTD Actual	Variance
Prescribing plan	1,666	1,666	1,802	136
Urgent Care plan	2,526	2,526	-	(2,526)
Elective Care plan	5,793	5,793	-	(5,793)
Community Services Plan	603	603	214	(389)
Continuing Healthcare plan	2,729	2,729	-	(2,729)
Value for Money Reviews / Other	167	167	2,064	1,897
High Risk Proposals	3,100	3,100	-	(3,100)
Total	16,584	16,584	4,080	(12,504)

Throughout the year, your plan included around £19.8m of QIPP schemes, but until month 11, £16.9m remained RAG rated red and £1.0m amber. The high level of red and amber rated was due to the schemes not going through the full project assurance process to ensure they were deliverable. This indicates a weakness in the arrangements around identifying, fully forming and delivering QIPP requirement.

No QIPP were delivered against schemes for savings in urgent care, elective care, community services, continuing health care or high risk proposals. Part of the reason for this was the nature of the block contracts which limited the opportunity to release savings in year. What QIPPs that were delivered in 2019/20 related to prescribing through medicine management and value for money reviews which tended to be changes to estimation approach which are more non-recurrent in nature.

2020/21 financial planning

Initial planning for 2020/21, the CCG was set a surplus control total of £1.8m. The draft plan, which was presented to the Governing Body in March 2020, included £14.9m of QIPP. By the middle of March, of this QIPP requirement the CCG had identified mitigations of £5.0m and QIPP schemes of £3.8m. This is a broadly similar position to the start of 2019/20 when only 29% of the QIPP requirement was delivered. The draft plan highlighted a likely outcome for 2020/21 is a deficit of £6.0m.

The global Covid-19 pandemic interrupted financial planning for 2020/21 in the middle of March 2020. In March 2020, NHS England and NHS Improvement suspended the 2020/21 planning and contracting round and a new temporary finance regime implemented for the period April – July 2020. New contracts and financial arrangements have been directed nationally for NHS and non-NHS providers and revised allocations issued to CCGs. CCG Allocations have been revised to reflect expected expenditure for the period which has been estimated using 2019/20 expenditure and taking into account the new financial arrangements for 2020/21. South Sefton CCG programme allocation has increased by £4.8m over these four months. In addition, a monthly claims process has been implemented for NHS organisations to claim excess costs to ensure break even during the period.

With the financial budgeting process beyond the temporary finance regime uncertain, it is difficult to forecast the outturn for the year particularly with the impact of Covid-19.

Conclusion

Auditor view

You have had a challenging year and the 2019/20 financial plan included significant risks to the delivery of your £1.0m surplus financial control total. The level of unmitigated risk and red and amber rated QIPP contained in the plan were too great for you to address during the year and resulted in a year end deficit position much larger than planned.

We will issue a qualified value for money conclusion in relation to the significant risk identified around the sustainable deployment of resources. Particularly, this is focused on the difficulty in identifying and delivering the QIPP during the year. There is uncertainty around the achievement of the 2020/21 control total due to the high QIPP ask and the impact of Covid-19.

Reports issued and fees

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

Reports issued

Report	Date issued
Audit Plan	7 January 2020
Addendum to the Audit Plan	8 April 2020
Audit Findings Report	9 June 2020
Update to Audit Findings Report	15 June 2020
Annual Audit Letter	26 June 2020

Fees

	Planned fees £	Actual fees £	2018/19 fees £
Statutory audit	38,000	40,000	38,000
Total fees	38,000	40,000	38,000

We raised an additional fee of £2,000 for work completed to address the significant risk associated with Covid-19 and submitting section 30 referrals.

Fees for non-audit services

Service	Fees £
Audit related services	Nil
- None	
Non-Audit related services	Nil
- None	

Non-audit services

- For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the CCG. The table above summarises all non-audit services which were identified.
- We have considered whether non-audit services might be perceived as a threat to our independence as the CCG's auditor and have ensured that appropriate safeguards are put in place.

The above non-audit services are consistent with the CCG's policy on the allotment of non-audit work to your auditor.

Audit Adjustments

We are required to report all non trivial misstatements to those charged with governance, whether or not the accounts have been adjusted by management.

Impact of adjusted misstatements

The table below provides details of misclassification and disclosure changes identified during the audit which have been made in the final set of financial statements.

Detail	Statement of Comprehensive Net Expenditure £'000	Statement of Financial Position £' 000	Impact on total net expenditure £'000
Over statement of income and expenditure			
As part of our work on the Agreement of Balances, we identified an overstatement of both income and expenditure. Although there is no overall impact on total net expenditure, the adjustment impacts the following:	Dr Income 1,250	nil	nil
	Cr Expenditure (1,250)		
<ul style="list-style-type: none"> • Statement of Comprehensive Net Expenditure • Note 2 - Other Operating Revenue • Note 3 - Disaggregation of Income - Income from sale of good and services (contracts) • Note 5 - Operating expenses • Note 17 – Operating Segments • Note 22 – Financial Performance Targets • Figures in the 'Financial Performance' section of the Annual Report 			
Overall impact	nil	nil	nil

Misclassification and disclosure changes

The table below provides details of misclassification and disclosure changes identified during the audit which have been made in the final set of financial statements.

Disclosure omission	Auditor recommendations	Adjusted?
Governance Statement	Include the required statement	
In the Introduction and context section, there should be a sentence that says 'As at 1 April 2019, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.' This is missing from the governance statement.		✓

Audit Adjustments

Misclassification and disclosure changes (continued)

Disclosure omission	Auditor recommendations	Adjusted?
<p>Governance Statement</p> <p>In the Governance arrangements and effectiveness section, the list of member practices is inconsistent with the list on the CCG's website.</p>	Review the disclosure of the list of member practices for consistency and update if required.	✓
<p>Financial Performance Targets</p> <p>While the deficit position was reported below the table. Additional narrative putting the deficit position in context of the financial control total would aid users of the financial statements understanding.</p>	Include reference to the financial control total in the narrative disclosure below note 22.	✓
<p>IFRS 16 Leases - issued but not adopted 2019/20</p> <p>In the draft accounts, note 1.21 disclosed the title of the standard and the date of initial application. The nature of the changes in accounting policy for leases was not disclosed.</p>	Include a disclosure of the nature of changes in the accounting policy for leases.	✓
<p>Related Party Transactions</p> <p>In the draft financial statements, the Related Party Transactions note included disclosures relating to entities where a person with significant influence over the CCG by virtue of being on the Governing Body or a member of key management personnel, could not exercise control over the other entity. This led to the disclosure being overly cluttered which could distract a user of the financial statements from the significant transactions.</p>	Review the level of disclosures made in the draft accounts against the requirements for the financial reporting standards.	✓
<p>Critical Judgements and Sources of Estimation uncertainty</p> <p>These notes should only disclose critical judgements made by management in applying an accounting policy and estimates that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.</p>	<p>Note 1.20.1 included critical judgements that involved estimates and so should be amended.</p> <p>Note 1.20.2 included estimates that did not have a significant risk of a material adjustment to assets or liabilities within the next financial year and so should be amended.</p>	✓
<p>Clinical Negligence Costs</p> <p>The draft financial statements included the disclosure of provisions carried in the books of the NHS Resolution in regard to CNST claims as at 31 March 2020 of £9.9m. Management have challenged NHS Resolution over this amount as the CCG have received insufficient evidence, after requesting further information from NHS Resolution, to include the assigned liability within the notes to the accounts, and the CCG had received verbal assurances that no liabilities accrued to the CCG in this matter.</p>	Remove the amount from the disclosure. Include an additional, specific representation in the management letter of representations in relation to this matter.	✓

Audit Adjustments

Impact of unadjusted misstatements

The table below provides details of adjustments identified during the 2019/20 audit which have not been made within the final set of financial statements. The Audit Committee is required to approve management's proposed treatment of all items recorded within the table below.

Detail	Statement of Comprehensive Net Expenditure £'000	Statement of Financial Position £' 000	Impact on total net expenditure £'000	Reason for not adjusting
Payable - Extrapolated error based on over accrual An accrual of £60k was identified that related to an actual invoice received after year end for £30k, so an over accrual of £30k. Extrapolating this error over the sampled population gives an extrapolated over accrual of 886k.	(886)	886	(886)	• Not material and extrapolated
Overall impact	(886)	886	(886)	

Impact of prior year unadjusted misstatements

We have not identified any adjustments identified during the prior year audit which had not been made within the final set of 2018/19 financial statements.



MEETING OF THE GOVERNING BODY September 2020

Agenda Item: 20/116	Author of the Paper: Name: Pippa Joyce and Chloe Howard Position: Business Partner CSU Email: pippa.joyce@nhs.net Chloe.howard7@nhs.net Tel: 01782) 872648
Report date: September 2020	
Title: Information Governance Management Framework / Information Governance Data Security and Protection Policy	
Summary/Key Issues: <ul style="list-style-type: none"> - Information Governance Data Security and Protection Policy has been reviewed. - No changes have been made to the main body of the policy. - Included Appendix A into IG Data Security Policy. - Appendix A includes the Information Governance Management Framework 	
Recommendation	Receive <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Ratify <input type="checkbox"/>
The Governing Body is asked to receive this report.	

Links to Corporate Objectives 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				
Clinical Engagement				
Equality Impact Assessment				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement				
Presented to other Committees	X			Corporate Governance Support Group Joint Quality and Performance Committee

Information Governance & Data Security and Protection Policies

October 2019

Consultation and Ratification Schedule	
Document Name:	Information Governance & Data Security and Protection Policies
Policy Number/Version:	2.3
Name of originator/author:	Midlands & Lancashire CSU Information Governance Team
Ratified by:	South Sefton CCG Audit Committee
Name of responsible committee:	South Sefton CCG Audit Committee
Date issued:	October 2019
Review date:	October 2021
Date of first issue:	November 2017
Target audience:	All staff, including temporary staff and contractors, working for or on behalf of South Sefton CCG Audit Committee.
Purpose:	To set out the policy for Information Governance. To detail all staff responsibilities for Information Governance and the possible consequences of not following the guidance.
Action required:	All staff are required to read and sign the declaration at the back of the Staff Code of Conduct. Signing the declaration does not confirm that you are aware of everything but confirms that you have read it and know where to refer back to in the future if required.
Cross Reference:	Information Governance Handbook/Information Governance Staff Code of Conduct
Contact Details (for further information)	Midlands and Lancashire CSU Information Governance Team mlcsu.ig@nhs.net / 01782 872648

DOCUMENT STATUS

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Version Control

Policy Name: Information Governance & Data Security and Protection Policies			
Version	Valid From	Valid To	Document Path/Name
1.0	18/10/2016	November 2017	New Policy
2.0	November 2017	November 2018	Minor wording changes, addition of GDPR legislation detail, addition of 2017-2018 Improvement Plan
2.1	05/06/2018	25/06/2018	Total redraft
2.2	17/10/2018	25/10/2019	Final Document
2.3	25/10/2019	25/10/2021	Inclusion of Appendix A

Glossary of Terms

Term	Acronym	Definition
Anonymisation		It is the process of either encrypting or removing personally identifiable information from data sets, so that the people whom the data describe remain anonymous.
Business Continuity Plans	BCP	Documented collection of procedures and information that is developed, compiled and maintained in readiness for use in an incident to enable an organisation to continue to deliver its critical activities at an acceptable defined level.
Caldicott Guardian	CG	A senior person responsible for protecting the confidentiality of patient and service user information and enabling appropriate information sharing.
CareCERT		NHS Digital has developed a Care Computer Emergency Response Team (CareCERT). CareCERT will offer advice and guidance to support health and social care organisations to respond effectively and safely to cyber security threats.
Clinical Commissioning Group	CCG	They are responsible for commissioning healthcare services in both community and hospital settings.

Term	Acronym	Definition
Commissioning Support Unit	CSU	A Commissioning Support Unit (CSU) is an Organisation. Commissioning Support Units provide Clinical Commissioning Groups with external support, specialist skills and knowledge to support them in their role as commissioners, for example by providing: Business intelligence services.
Code of Conduct		A set of rules to guide behaviour and decisions in a specified situation
Continuing Healthcare	CHC	CHC is health care provided over an extended period of time for people with long-term needs or disability / people's care needs after hospital treatment has finished
Common Law		The law derived from decisions of the courts, rather than Acts of Parliament or other legislation.
Car Quality Commission	CQC	This is an organisation funded by the Government to check all hospitals in England to make sure they are meeting government standards and to share their findings with the public.
Data Controller		The natural or legal person, public authority, agency or other body which, alone or jointly with others, determines the purposes and means of the processing of personal data.
Data Processor		A natural or legal person, public authority, agency or other body which processes personal data on behalf of the controller.
Data Protection Act 1998	DPA 1998	An Act for the regulation of the processing of information relating to living individuals, including the obtaining, holding, use or disclosure of such information
Data Protection Act 2018	DPA18	Act replaced DPA 1998 above
Data Protection Impact Assessment	DPIA	A method of identifying and addressing privacy risks in compliance with GDPR requirements.
Data Protection Officer	DPO	A role with responsible for enabling compliance with data protection legislation and playing a key role in fostering a data protection culture and helps implement essential elements of data protection legislation.

Term	Acronym	Definition
Data Security and Protection Toolkit	DSP Toolkit	From April 2018, the DSP Toolkit will replace the Information Governance (IG) Toolkit as the standard for cyber and data security for healthcare organisations
Data Sharing Agreement		A legal contract outlining the information that parties agree to share and the terms under which the sharing will take place.
Freedom of Information Act 2000	FOI	The Freedom of Information Act 2000 provides public access to information held by public authorities
General Data Protection Regulation	GDPR	The General Data Protection Regulation (GDPR), agreed upon by the European Parliament and Council in April 2016, will replace the Data Protection Directive 95/46/ec in Spring 2018 as the primary law regulating how companies protect EU citizens' personal data.
Information Asset Owner	IAO	Information Asset Owners are directly accountable to the SIRO and must provide assurance that information risk is being managed effectively in respect of the information assets that they 'own'.
Information Assets		Includes operating systems, infrastructure, business applications, off-the-shelf products, services, and user-developed applications
Information Commissioner's Office	ICO	The Information Commissioner's Office (ICO) upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals.
Individual Funding Requests	IFR	
Key Performance Indicators	KPI's	Targets which performance can be tracked against
Pseudonymisation		The processing of personal data in such a manner that the personal data can no longer be attributed to a specific data subject without the use of additional information, provided that such additional information is kept separately and is subject to technical and organisational measures to ensure that the personal data are not attributed to an identified or identifiable natural person.

Term	Acronym	Definition
Record Lifecycle		Records life-cycle in records management refers to the stages of a records "life span": from its creation to its preservation (in an archives) or disposal.
Senior Information Risk Owner	SIRO	Board member with overall responsibility for: <ul style="list-style-type: none"> • The Information Governance policy • Providing independent senior board-level accountability and assurance that information risks are addressed • Ensuring that information risks are treated as a priority for business outcomes • Playing a vital role in getting the institution to recognise the value of its information, enabling its optimal effective use.
Subject Access Request	SAR	A subject access request (SAR) is simply a written request made by or on behalf of an individual for the information which he or she is entitled to ask for under the Data Protection Act.

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Information Governance Policy

Purpose of Policy

This overarching Data Security and Protection or Information Governance policy provides an overview of the organisation's approach to information governance and includes data protection and other related information governance policies; and details about the roles and management responsible for data security and protection in the organisation.

Introduction

Information is the most important asset available to an organisation and therefore all organisations must have robust arrangements for Information Governance (IG) which are reviewed annually and described in the new Data Security and Protection Toolkit (DS&PT).

It is of paramount importance to ensure that information is effectively managed and that appropriate policies, procedures, management accountability and structures provide a robust governance framework for information management.

The policies will provide assurance to the CCG and to individuals that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.

Through the action of approving the policy and its associated supporting documents, the Governing Body provides an organisational commitment to its staff and the public that information will be handled within the identified framework.

The role of the CCG is to commission healthcare, both directly and indirectly, so that valuable public resources secure the best possible outcomes for patients. In doing so, the CCG will seek to meet the objectives prescribed in the NHS Act 2006 and the Health & Social Care Act 2012 and to uphold the NHS Constitution. The policies objective is to ensure that people who work for the CCG understand how to look after the information they need to do their jobs, and to protect this information on behalf of patients.

General Data Protection Regulations/Data Protection Act 2018

The EU General Data Protection Regulation (GDPR) was approved in 2016 and will become directly applicable as law in the UK from 25th May 2018. and will become the Data Protection Act 2018 (DPA18) and fills in the gaps in of the GDPR, addressing areas in which flexibility and derogations are permitted.

The new GDPR/DPA18 is underpinned by a number of data protection principles which drive compliance. While the data protection principles under the GDPR/DPA18 are similar to those found in in the DPA 1998, certain concepts are more fully developed.

Six Principles of the General Data Protection Regulations/Data Protection Act 2018 (GDPR/DPA18)

- **First. Lawful, fair and transparent processing** – this principle emphasizes transparency for all EU data subjects. When the data is collected, it must be clear as to why that data is being collected and how the data will be used. Organisations also must be willing to provide details surrounding the data processing when requested by the data subject. For example, if a data subject asks who the data protection officer is at that organisation or what data the organisation has about them, that information needs to be available.

- **Second. Purpose limitation** – this principle means that organisations need to have a lawful and legitimate purpose for processing the information in the first place. Consider organisations that require forms with 20 data fields, when all they really need is a name, email, address and maybe a phone number. Simply put, this principle says that organisations shouldn't collect any piece of data that doesn't have a specific purpose, and those who do can be out of compliance.
- **Third. Data minimisation** – this principle instructs organisations to ensure the data they capture is adequate, relevant and not excessive. In this day and age, businesses collect and compile every piece of data possible for various reasons, such as understanding customer buying behaviors and patterns or remarketing based on intelligent analytics. Based on this principle, organisations must be sure that they are only storing the minimum amount of data required for their purpose
- **Fourth. Accurate and up-to-date** – this principle requires data controllers to make sure information remains accurate, valid and fit for purpose. To comply with this principle, the organisation must have a process and policies in place to address how they will maintain the data they are processing and storing. It may seem like a lot of work, but a conscious effort to maintain accurate customer and employee databases will help prove compliance and hopefully also prove useful to the business.
- **Fifth. Kept for no longer than necessary** – this principle discourages unnecessary data redundancy and replication. It limits how the data is stored and moved, how long the data is stored, and requires the understanding of how the data subject would be identified if the data records were to be breached. To ensure compliance, organisations must have control over the storage and movement of data. This includes implementing and enforcing data retention policies and not allowing data to be stored in multiple places. For example, organisations should prevent users from saving a copy of a customer list on a local laptop or moving the data to an external device such as a USB. Having multiple, illegitimate copies of the same data in multiple locations is a compliance nightmare.
- **Sixth. Appropriate security measures** – this principle protects the integrity and privacy of data by making sure it is secure (which extends to IT systems, paper records and physical security). An organisation that is collecting, and processing data is now solely responsible for implementing appropriate security measures that are proportionate to risks and rights of individual data subjects. Negligence is no longer an excuse under GDPR/DPA18, so organisations must spend an adequate amount of resources to protect the data from those who are negligent or malicious. To achieve compliance, organisations should evaluate how well they are enforcing security policies, utilizing dynamic access controls, verifying the identity of those accessing the data and protecting against malware/ransomware.

For information the GDPR also introduced the principle of accountability:

- **Accountability and liability** – this principle ensures that organisations can demonstrate compliance. Organisations must be able to demonstrate to the governing bodies that they have taken the necessary steps comparable to the risk their data subjects face. To ensure compliance, organisations must be sure that every step within the GDPR strategy is auditable and can be compiled as evidence quickly and efficiently. For example, GDPR requires organisations to respond to requests from data subjects regarding what data is available about them. The organisation must be able to promptly remove that data, if desired. Organisations not only need to have a process in place to manage the request, but also need to have a full audit trail to prove that they took the proper actions.

Caldicott Principles

The Caldicott Committee Report on the Review of Patient-Identifiable Information 1997 found that compliance with confidentiality and security arrangements was patchy across the NHS and identified six good practice principles for the health service when handling patient information. A further Caldicott2 review was published in March 2013 which amended the Caldicott Principles, as follows

- **Justify the purpose(s)**

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

- **Don't use personal confidential data unless it is absolutely necessary**

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

- **Use the minimum necessary personal confidential data**

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

- **Access to personal confidential data should be on a strict need-to-know basis**

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

- **Everyone with access to personal confidential data should be aware of their responsibilities**

Action should be taken to ensure that those handling personal confidential data — both clinical and non-clinical staff — are made fully aware of their responsibilities and obligations to respect patient confidentiality.

- **Comply with the law**

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

- **The duty to share information can be as important as the duty to protect patient confidentiality**

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

Appointment of Data Protection Officer

Under GDPR/DPA18, Data Protection Officers (DPO's) will be at the heart of this new legal framework for all Health and Social care organisations facilitating compliance with the provisions of the GDPR.

it is **mandatory** for data controllers and processors to designate a DPO. It is especially important for organisations to nominate a DPO where it is processing personal and sensitive information on a large scale.

It would also be important to ensure that the DPO contact details are available in accordance with the requirements such as in fair processing notices.

For public authorities, DPO's are also required to have knowledge of administrative rules and procedures of the organisation.

The GDPR/DPA18 requires that organisations involve the DPO, “in all issues which relate to the protection of personal data”. It is therefore crucial that the DPO is involved from the earliest stage possible in all issues relating to data protection.

In relation to Data Protection Impact Assessments (DPIA), the GDPR/DPA18 explicitly provides for the early involvement of the DPO and specifies that the controller shall seek the advice of the DPO when carrying out such impact assessments.

Ensuring that the DPO is informed and consulted at the outset will facilitate compliance with the DPA18, promote a privacy by design approach and should therefore be standard procedure within an organisations governance and procurement procedures.

In addition, it is important that the DPO be seen as a discussion partner within the organisation and that they are part of the relevant working groups dealing with data processing activities within the organisation.

Due to the large volume of high risk sensitive data being processed within the NHS the concept of the Data Protection Officer role is well embedded due to the mandated requirement to comply with the existing Data Protection Act through the Information Governance Toolkit. This means that the roles, tasks and responsibilities are already undertaken within the CCG due to the maturity of Information Governance compliance in the CCG and the wider National Health Service.

Within South Sefton CCG the DPO role has been delegated to the Head of Information Governance at Midlands and Lancashire CSU, which includes compliance responsibility for GDPR/DPA18, FOIA and data security.

Organisations should continue to ensure that the Head of Information Governance or the designated representative:

- Is invited to participate regularly in meetings of senior and middle management where data processing activities are discussed, for example the Audit Committee.
- Are consulted where decisions with data protection implications are taken. All relevant information must be passed on to the IG team in a timely manner to allow them to provide adequate advice.
- The opinion of the IG team should always be given due weight. In case of disagreement, the GDPR/DPA18 recommends, as good practice, to document the reasons for not following the DPO or IG team’s advice.
- The DPO/IG team must be promptly consulted once a data breach or another incident has occurred, for example when incidents occur.

Resources

The GDPR/DPA18 requires that the organisation support the DPO function by providing resources necessary to carry out tasks and access to personal data and processing operations to maintain their expert knowledge, this could be through:

- Active support for the DPO function by senior management at Board Level
- Sufficient time to fulfil their duties
- Adequate support in terms of financial resources, infrastructure and premises
- Official communication of the role and support
- Continuous training to stay up to date within the field of Data Protection

It may also be necessary to set up a DPO team.

Scope

This suite of policies applies to all staff employed or who undertake work/volunteer, for the CCG.

Responsibilities:

Organisation (Accountable Officer)

Overall accountability for procedural documents across the organisation lies with the CCG Chief Officer. As the Accountable Officer that has overall responsibility for establishing and maintaining an effective document management system and the governance of information, meeting statutory requirements and adhering to guidance issued in respect of information governance and procedural documents.

SIRO

South Sefton CCG has appointed the Chief Finance Officer as Senior Information Risk Owner (SIRO), who will:

- Take overall ownership of the organisation's Information Risk Policy.
- Act as champion for information risk on the Board and provide written advice to the Accountable Officer on the content of the organisation's annual governance statement in regard to information risk.
- Understand how the strategic business goals of the CCG and how other NHS organisations' business goals may be impacted by information risks, and how those risks may be managed.
- Implement and lead the NHS Information Governance Risk Assessment and Management processes within the CCG;
- Advise the Board on the effectiveness of information risk management across the CCG and
- Receive training as necessary to ensure they remain effective in their role as SIRO.

Caldicott Guardian

South Sefton CCG has appointed the Chief Nurse as Caldicott Guardian, who will:

- Ensure that the CCG satisfies the highest practical standards for handling patient identifiable information.
- Facilitate and enable appropriate information sharing and make decisions on behalf of the CCG following advice on options for lawful and ethical processing of information, in particular in relation to disclosures.
- Represent and champion Information Governance requirements and issues at Board level.
- Ensure that confidentiality issues are appropriately reflected in organisational strategies, policies and working procedures for staff, and
- Oversee all arrangements, protocols and procedures where confidential patient information may be shared with external bodies both within, and outside, the NHS

Data Protection Officer

South Sefton CCG has also appointed the Head of Information Governance at Midlands and Lancashire CSU as the Data Protection Officer (see section above about this new role).

Information Asset Owners

Information Asset Owners are accountable for the application of this policy to the information assets that they 'own':

- Lead and foster a culture that values, protects and uses information for the benefit of patients.
- Know what information comprises or is associated with the asset and understands the nature and justification of information flows to and from the asset.

- Know who has access to the asset, whether system or information, and why, and ensures access is monitored and compliant with policy.
- Understand and address risks to the asset and providing assurance to the SIRO.
- Ensure there is a legal basis for processing and for any disclosures, and
- Refer queries about any of the above to the Head of Information Governance.

Line Managers

Line managers will take responsibility for ensuring that these policies are implemented within their department or area of responsibility.

User

It is the responsibility of each employee to adhere to the policies.

All staff must make sure that they use the organisation's IT systems appropriately and in accordance with the IG Handbook/Code of Conduct.

Audit Committee

South Sefton CCG has established an Audit Committee to monitor and co-ordinate implementation of the policies, the new Data Security and Protection Toolkit requirements and other information related legal obligations.

Information Governance Team

The MLCSU Information Governance Team will provide expert advice and guidance to all staff on all elements of Information Governance. The team is responsible for:

- Providing advice and guidance on Information Governance issues to all staff.
- Developing information governance policies and procedures.
- Developing information governance awareness and training programmes for staff.
- Ensuring compliance with GDPR/DPA18, Information Security and other information related legislation.
- Providing support to the team who handle freedom of information and subject access requests.
- Providing support to Caldicott Guardian and Senior Information Risk Officer for information governance issues

Information Governance Training

All staff are mandated to undertake the Data Security Awareness Level 1 e-learning module within their 1st year of employment. For subsequent information governance training, staff will undertake the MLCSU IG refresher module either as face to face training or via the Learning Management System (LMS).

Data Security and Protection Toolkit

From April 2018 the Data Security and Protection Toolkit (DSP Toolkit) replaces the Information Governance Toolkit (IG Toolkit). It will form part of a new framework for assuring that organisations are implementing the ten data security standards and meeting their statutory obligations on data protection and data security recommended in the government's response to the National Data Guardian for Health and Care's Review of Data Security, Consent and Opt-Outs and the Care Quality Commission's Review 'Safe Data, Safe Care'.

The ten data security standards apply to all health and care organisations. When considering data security as part of the well-led element of their inspections, the Care Quality Commission (CQC) will look at how organisations are assuring themselves that the steps set out in this document are being taken.

CCGs, as discrete NHS organisations responsible for their corporate IT services, must comply with the requirements. As commissioners of GP IT services, CCGs must ensure commissioned GP IT providers are contractually required to comply with these requirements.

Data Security and Protection Requirements – NHS Organisations

Leadership Obligation 1	
People: Ensure staff are equipped to handle information respectfully and safely, according to the Caldicott Principles	
Data Security Standard 1	All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form. Personal confidential data is shared for only lawful and appropriate purposes
Data Security Standard 2	All staff understand their responsibilities under the National Data Guardian’s Data Security Standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.
Data Security Standard 3	All staff complete appropriate annual data security training and pass a mandatory test, provided through the redesigned Data Security and Protection Toolkit (or provide similar via in-house training programmes)

Leadership Obligation 2	
Process: Ensure the organisation proactively prevents data security breaches and responds appropriately to incidents or near misses	
Data Security Standard 4	Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required. All access to personal confidential data on IT systems can be attributed to individuals.
Data Security Standard 5	Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses, or which force staff to use workarounds which compromise data security
Data Security Standard 6	Cyber-attacks against services are identified and resisted and CareCERT security advice is responded to. Action is taken immediately following a data breach or a near miss, with a report made to senior management within 12 hours of detection.
Data Security Standard 7	A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested once a year as a minimum, with a report to senior management

Leadership Obligation 3	
Technology: Ensure technology is secure and up-to-date.	
Data Security Standard 8	No unsupported operating systems, software or internet browsers are used within the IT estate.
Data Security Standard 9	A strategy is in place for protecting IT systems from cyber threats which is based on a proven cyber security framework such as Cyber Essentials. This is reviewed at least annually
Data Security Standard 10	IT suppliers are held accountable via contracts for protecting the personal confidential data they process and meeting the National Data Guardian’s Data Security Standards

Supporting policies and procedures to meet their information governance, data security and protection obligations and enable the CCG to fulfil its information governance responsibilities. These policies provide a framework to bring together all of the requirements, standards and best practice that apply to the handling of confidential, business sensitive and personal information and include:

- Data Protection
- Data Quality
- Records Management
- Access to Information
- Freedom of Information
- IT/Network Security (Links to IT provider Policies)

Policy Review

These policies will be reviewed in 3 years or earlier if required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance.

Data Protection Policy

Introduction

South Sefton CCG needs to collect personal confidential information about people with whom it deals in order to carry out its business and provide its services for healthcare. Such people include patients, employees (present, past and prospective), suppliers and other business contacts. The information includes name, address, email address, data of birth, private and confidential information, and sensitive information.

In addition, the CCG may occasionally be required to collect and use certain types of personal information to comply with the requirements of the law. No matter how it is collected, recorded and used (e.g. on a computer or other digital media, on hardcopy, paper or images, including CCTV) this personal information must be dealt with properly to ensure compliance with GDPR/DPA18.

The lawful and proper treatment of personal information by the CCG is extremely important to the success of our business and in order to maintain the confidence of our service users and employees. We ensure that personal information is held lawfully and correctly and in line with this policy.

Keeping data subjects informed

We are required to let patients and other data subjects know what information we collect about them, how we will use it and who we may share it with.

There are a number of methods for achieving this, for example information is posted on our public facing website.

Data quality and reuse

We will seek to maintain standards of information quality and avoid duplication, inaccuracy and inconsistencies across personal information. We will maintain comprehensive records management policies in order to help avoid excessive retention or premature destruction of personal information.

We will only use personal information where strictly necessary. Wherever it is possible to use anonymised data this will be preferred.

Data subjects' rights

We have a records management policy which ensures that individuals can exercise rights over their own personal data in line with GDPR/DPA18. Access to the records of the deceased is also covered under the remit of this policy, though these fall outside of the GDPR/DPA18 and are dealt with in line with the Access to Health Records Act 1990 and the Freedom of Information Act 2000.

Record of Processing Activities

As part of its compliance with GDPR/DPA18 and to provide assurance to its regulatory bodies we must maintain an internal record of processing activities which includes the following: -

- Purposes of the processing.
- Description of the data processed
- Details of who we send personal data to
- Details of transfers to third countries including documentation of the transfer mechanism safeguards in place.
- Description of technical and organisational security measures.

Security

Personal data should be kept secure at all times. We ensure that there are adequate policies and procedures in place to protect against unauthorised access and against loss, destruction and damage.

Data Quality Policy

Introduction

South Sefton CCG is committed to ensuring the quality of its data, to promote effective decision making and patient safety.

High quality information means better patient care and patient safety, and there could be potentially serious consequences if information is not correct and up to date, both for patients and for the CCG as a whole.

Management information produced from patient data is essential for the efficient running of the CCG and to maximise utilisation of resources for the benefit of patients and staff. It supports making effective decisions about the deployment of resources, and in demonstrating the value of the services provided by the CCG.

The CCG requires accurate, timely and relevant patient information to support:

- The delivery of effective, safe patient care
- The delivery of its core business objectives
- The monitoring of activity and performance for internal and external management purposes
- Clinical governance and clinical audit
- Service agreements and contracts
- Healthcare planning
- Accountability
- Compliance with Data Protection Act 2018
- To be able to evidence compliance with regulatory requirements
- Support effective decision making with regards to the deployment of resources

The key obligations upon staff to maintain accurate records relate to:

- Department of Health, Information Governance requirements
- Legal - GDPR/DPA18
- Care Records Guarantee
- Freedom of Information Act (2000)
- Environmental Information Regulations (2000)
- Access to Health Records Act (1990)
- Contractual (contracts of employment)
- Ethical (Professional codes of practice)
- Policy (Records Management Policy, Information Governance Policy)
- NHS Constitution

South Sefton CCG is committed to ensuring and improving where possible the quality of data it uses for all purposes.

Purpose

The purpose of this policy is to set out what is required by all staff in order to ensure the quality of data used across the CCG.

Responsibility for data quality rests with the Chief Finance Officer

It is the responsibility of all staff to ensure the information they generate is legible, complete, accurate, relevant, accessible and recorded in a timely manner. The quality of information produced can have a significant impact on the quality of services that we provide.

Data Quality is essential for:

- Efficient delivery of patient care e.g. by ensuring that patients are given appointments and admission dates based on clinical priority and length of waiting time.
- Clinical governance and minimising clinical risk e.g. wrong patient, wrong treatment.
- Management information to enable decisions to be made on the basis of sound information, operational and strategic, local and national.
- Performance measurement against national trends and trends over time, so that we can continually plan improvements for our patients.
- As a foundation on which future investment and strategic decisions will be based.
- To support clinical audit and research and development, with a view to improving patient care in the future

All staff need to be able to rely on the accuracy of the information available to them, in order to provide timely and effective services regardless of whether they are patient facing or central support functions.

To achieve this, all staff need to understand their responsibilities with regard to accurate recording of patient data, whether on a computer system or on paper, e.g. case notes.

Data Quality Standards

The CCG data quality standards are:

Accurate and up to date:

All data must be correct and accurately reflect what happened. Therefore, all reference tables including GPs and postcodes must be updated regularly usually within a month of publication. Every opportunity must be taken to check a patient's demographic details with the patient themselves at every in-patient, out-patient and any associated service in accordance with service area specific Standard Operating Procedures (SOPs) as inaccurate demographics may result in important letters being mislaid, or the incorrect identification of patients. However, it is important to note that the accuracy and timeliness of data does not just relate to patients.

Valid:

Data should be within an agreed format which conforms to recognised national or local standards. Codes must map to national values and wherever possible, computer systems should be programmed to only accept valid entries.

Complete:

Data should be captured in full. All mandatory data items within a data set should be completed and default codes will only be used where appropriate, not as a substitute for real data. The use of mandatory data items on the computer systems is to be encouraged but only where this would not cause undue delay. For key data items which are not mandatory on the computer system, it is vital that a list of records with missing items can be produced, to be actioned later.

Timely:

Data should be collected at the earliest opportunity; recording of timely data is beneficial to the treatment of the patient. All data will be recorded to a deadline which will ensure that it meets national reporting and extract deadlines

Defined and consistent:

The data being collected should be understood by the staff collecting it and data items should be internally consistent. Data definitions should be reflected in procedure documents.

Coverage:

Data will reflect the work of the CCG and not go unrecorded. Spot checks and comparison of data between months can highlight potential areas of data loss. Staff should be cognisant that if something is not recorded there is no auditable proof that something occurred, and as such could be challenged.

Free from duplication and fragmentation:

Patients should not have duplicated or confused patient records, and where possible data should be recorded once and staff should know exactly where to access the data. Where a duplicate record is created, for example in the event that a record is misplaced, records should be merged once the original is found.

Security and confidentiality:

Data must be stored securely and processed in line with relevant legislation and local policy in relation to confidentiality. All staff must pay due regard to where they record information, what they record, how they store it and how they share information ensuring they comply with national and local requirements, policies and procedures.

How Data Quality can be improved

South Sefton CCG acknowledges that good quality data can be achieved by careful monitoring and error correction, but it is more effective and efficient for data to be entered correctly first time. In order to achieve this, good procedures must exist so that staff can be trained and supported in their work.

Information Asset Owners are responsible for ensuring that there are specific policies or procedures in place in relation to all information assets under their control, which set out as a minimum, when the information asset should be used, how it should be used and by whom and how the quality of data recorded will be monitored.

Where appropriate Information Asset Owners must ensure that training is available for staff to use the asset, and that information risks associated with each asset are actively identified, and being mitigated, ensuring that they provide assurance to the SIRO.

Procedures need to be reviewed at least every three years or in response to changes in legislation, best practice etc., to take account of any changes in national standards and definitions.



Tight version control is essential so that staff in all parts of the CCG are using the same procedures which reflect current data definitions.

Records Management Policy

Introduction

This policy sets out the principles of records management for the CCG and provides a framework for the consistent and effective management of records that is standards based and fully integrated with other information governance initiatives within the CCG.

Records management is necessary to support the business of the CCG and to meet its obligations in terms of legislation and national guidelines.

The policy is based on guidance from the NHS Digital/Information Governance Alliance Records Management Code of Practice for Health and Social Care 2016 and the Records Management Roadmap issued by NHS Digital. Both documents provide guidelines for good practice in managing all types of NHS records and highlight the responsibilities of all staff for the records they create or use.

South Sefton CCG has a statutory obligation to maintain accurate records of their activities and to make arrangements for their safe keeping and secure disposal. All records created in the course of the business of the CCG are public records under the terms of the Public Records Act 1958.

Effective records management is an essential requirement of the commissioning obligations of the CCG. It also recognises the importance of good records management practices to ensure:

- The right information is available at the right time.
- Authentic and reliable evidence of business transactions.
- Support for decision making and planning processes.
- Better use of physical and server space.
- Better use of staff time.
- Compliance with legislation and standards.
- Reduced costs.

Purpose and Scope

This policy applies to those members of staff that are directly employed by the CCG and for whom the CCG has legal responsibility. The policy also applies to all third parties and others authorised to undertake work on behalf of the CCG.

South Sefton CCG records are part of the organisation's corporate memory, providing the evidence of actions and decisions and representing a vital asset to support daily functions and operations and to:

- provide guidance to staff to carry out their corporate and personal record management responsibilities to support high quality patient care.
- support the organisation and staff in meeting their obligations in terms of legislation and national good practice guidance.
- provide effective governance arrangements for record management, also known as 'information lifecycle management'.

Definitions

Records: Recorded information in any form or medium, created or received and maintained by an organisation or person in the transaction of business or the conduct of affairs.

Health Records: records which consists of information relating to the physical or mental health of an individual and has been made by or on behalf of a health professional in connection with that care.

Corporate Records: records which relate to the corporate business of the CCG such as accounts, minutes and meeting papers and legal and other administrative documents. They may contain personal identifiable information, for example personnel files and should be treated with the same degree of care and security as patient/service user records.

Records Management: is a discipline which utilises administrative systems to direct and control the creation, version control, distribution, filing, retention, storage and disposal of records, in a way that is administratively and legally sound, whilst at the same time serving the operational needs of the CCG and preserving an appropriate historical record.

Records Lifecycle: a period a record exists from its creation/receipt through the period of its 'active' use, then into a period of 'inactive' retention (such as semi-active or closed records which may be referred to occasionally) and finally either confidential destruction or archival preservation.

Records Management

Records Creation

All records created in the CCG must be created in a manner that ensures that they are clearly identifiable, accessible, and can be retrieved when required.

All records created in the CCG must be; authentic, credible, authoritative and adequate for the purposes for which they are kept. They must correctly reflect what was communicated, decided or undertaken.

Adequate records must be created where there is a need to be accountable for decisions, actions, outcomes or processes. For example, the minutes of a meeting, a clinician's examination of a patient, the payment of an account or the appraisal of a member of staff.

Records Use and Maintenance

All staff have a duty for the maintenance and protection of records they use. Only authorised staff should have access to records.

The identification and safeguarding of vital records necessary for business continuity should be included in all business continuity /disaster recovery plans.

Any incidents relating to records, including the unavailability and loss, must be reported as an incident using the CCG incident reporting system.

Accuracy of statements i.e. record keeping standards, should pay particular to stating facts not opinions.

Records Tracking

Accurate recording and knowledge of the whereabouts of all records is essential if the information they contain is to be located quickly and efficiently. One of the main reasons records are misplaced or lost is that the next destination is not formally recorded.

All services/departments should ensure they have appropriate tracking systems and audit trails in place to monitor the use and movement of records.

Records Transportation

When records are being transported, whether they are electronic or paper, care should be taken to ensure the safe transition to the new location, whether this be temporary or permanent.

Records Storage

Records storage areas must provide storage which is safe from unauthorised access but which allows maximum accessibility to the records commensurate to its frequency of use.

The following factors must be taken into account:

- Compliance with Health and Safety and fire prevention regulations.
- Degree of security required.
- User needs.
- Type of records stored.
- Size & quantity of records.
- Usage and frequency of retrievals.
- Ergonomics, space, efficiency and price.

Inactive records sent for storage off-site (Iron Mountain) must be boxed and include a retention date. The Information Asset Owner is responsible for keeping an accurate and up-to-date inventory of all records sent off-site.

Retention

The minimum length of time that a record is retained by the CCG depends on the type of record. The CCG has adopted the minimum retention schedules published in the Records Management Code of Practice for Health and Social Care 2016.

Records, in whatever format they are held, may be retained for longer than the minimum retention periods, but should not normally be kept for more than 30 years.

Requests for extended preservation are subject to approval by the Audit Committee. This may only happen on grounds of historical archival value, relevance to research or other preserved records.

Information Asset Owners are responsible for determining if a record for which they are accountable should be retained for longer than the minimum retention period. This should be listed in a local retention schedule and communicated to all Information Asset Administrators. Local retention schedules must be approved by the Audit Committee before implementation.

Disposal and destruction of records

For records that have reached their minimum retention period and there is no justification for continuing to hold them, they should be disposed of appropriately.

Paper records of a confidential nature should either be shredded using a cross shredder to DIN standard 4 or put in confidential waste that is appropriately destroyed by a company contracted to the organisation. Electronic records must be deleted from the device and not simply moved into the Trash folder, known as double deleting.

Access to Information Policy (Subject Access Requests - SAR)

Introduction

All living individuals have the right under the new Data Protection Regulations (GDPR/DPA18), subject to certain exemptions, to have access to their personal records that are held by the CCG. This is known as a 'subject access request' (SAR).

The GDPR/DPA18 applies only to living persons but there are limited rights of access to personal data of deceased persons under the Access to Health Records Act 1990

Requests may be received from members of staff, service users or any other individual who the CCG has had dealings with and holds data about that individual.

This will include information held both electronically and manually and will therefore include personal information recorded within electronic systems, spreadsheets, databases or word documents and may also be in the form of photographs, x-rays, audio recordings and CCTV images etc.

Anyone making such a requested is entitled to be given a description of the information held, what it is used for, who might use it, who it may be passed on to, where the information was gathered from.

Under GDPR individuals must also be provided with information on the expected retention periods of the information held, the right to request rectification or erasure of processing or raise and objection to the processing altogether.

GDPR/DPA18 changes to SAR

Under GDPR/DPA18 the right to make a SAR will be very similar, with the key changes including:

- Abolition of the £10 administration fee (although "reasonable" fees can be charged for an excessive request or for further copies).
- Information must be provided without delay and at the latest within one month of receipt.
- Higher fines for failing to comply. The maximum fine that can be issued by the Information Commissioner (ICO) is 4% of global turnover or 20 million euros, whichever is higher, and individuals also retain the right to pursue a claim in court.

Scope and Purpose

This policy applies to those members of staff that are directly employed by the CCG and for whom the CCG has legal responsibility. The policy also applies to all third parties and others authorised to undertake work on behalf of the CCG.

The purpose of this policy is to provide a guide to all staff on how to deal with subject access requests received and advise service users and other individuals on how and where to make requests.

What is a SAR

Subject access is most often used by individuals who want to see a copy of the information an organisation holds about them. However, subject access goes further than this and an individual is entitled to be:

- told whether any personal data is being processed;
- given a description of the personal data, the reasons it is being processed, and whether it will be given to any other organisations or people;
- given a copy of the personal data; and
- given details of the source of the data (where this is available)

Personal data is information that relates to an individual who can be identified either directly or indirectly and includes any expression of opinion about the individual and any indication of the intentions of the information holder or any other person in respect of the individual.

Some types of personal data are exempt from the right of subject access and so cannot be obtained by making a SAR, other conditions to consider:

- All clinical data should be reviewed by a clinician and consideration should be given to redacting any information likely to cause serious harm to the mental or physical health of any individual
- Information supplied by third parties e.g. family members should usually be redacted
- Data and information held from other agencies may be disclosable but should be discussed with the originating body first
- Any information subject to Legal Professional Privilege should not be disclosed
- Information should not be disclosed where there is a statutory or court restriction on disclosure e.g. adoption records
- References written for current or former employees are exempt (but not those received from third parties)
- In the case of deceased records, information should not be disclosed where the entry in the records makes it clear that the deceased expected the information to remain confidential
- A personal record may also contain reference to third parties and redaction should be considered by balancing the GDPR/DPA18 rights of all parties

Recognising a SAR

A SAR must be made in writing; however, the requestor does not need to mention Data Protection/GDPR or state that they are making a SAR for their request to be valid. They may even refer to other legislation, for example, the Freedom of Information Act 1998, but their request should still be treated according to this policy.

The following are examples of formal subject access requests:

Please send me a copy of my HR file, or medical records

I am a solicitor acting on behalf of my client and request a copy of their medical record (an appropriate authority is enclosed)

The police state that they are investigating a crime and provide an appropriate form requesting information signed by a senior police officer

Requests should be dealt with within a maximum of one month under GDPR subject to the necessity to seek clarification. It is possible to extend this timescale by a further two months where requests are complex however if this is the case the CCG must inform the individual within one month of the request and explain why the extension is necessary.

NHS best practice recommends disclosure within 21 days where a record has been added to in the last 40 days.²

The Common Law Duty of Confidentiality extends beyond death. Certain individuals have rights of access to deceased records under the Access to Health Records Act 1990:

- The patient's personal representative (Executor or Administrator of the deceased's estate)
- Any person who may have a claim arising out of the patient's death

A Next of Kin has no automatic right of access, but professional codes of practice allow for a clinician to share information where concerns have been raised. Guidance should be sought from the Caldicott Guardian in relation to requests for deceased records.

A SAR can be made via any of, but not exclusively, the following methods:

- Email
- Fax
- Post
- Social media
- CCG website

Where an individual is unable to make a written request, it is the Department of Health view that in serving the interest of patients it can be made verbally, with the details recorded on the individual's file.

Requests made about or on behalf of other individuals

A third party, e.g. solicitor, may also make a valid SAR on behalf of an individual.

Where a request is made by a third party on behalf of another living individual, appropriate and adequate proof of that individuals consent or evidence of a legal right to act on behalf of that individual e.g. power of attorney must be provided by the third party.

Requests on behalf of a child

Even if a child is too young to understand the implications of subject access rights, information about them is still their personal information and does not belong to anyone else, such as a parent or guardian.

So it is the child who has a right of access to the information held about them, even though in the case of young children these rights are likely to be exercised by those with parental responsibility for them.

Before responding to a SAR for information held about a child, you should consider whether the child is mature enough to understand their rights. If the clinician responsible for the child's treatment plan is confident that the child can be considered competent under Gillick/Fraser guidelines, has the capacity to understand their rights and any implications of the disclosure of information, then child's permission should be sought to action the request.

Further clarification guidance is still awaited in relation to the rights of children under GDPR/DPA18.

The Information Commissioner (ICO) has indicated that in most cases it would be reasonable to assume that any child that is aged 12 years or more would have the capacity to make a subject access request and should therefore be consulted in respect of requests made on their behalf.

The Caldicott Guardian should also be consulted on whether there is any additional duty of confidence owed to the child or young person as it does not follow that, just because a child has capacity to make a SAR, that they also have the capacity to consent to sharing their personal information with others as they may still not fully understand the implications of doing so.

Requests for personal information – police/HMRC

Requests for personal information may be made by the above authorities for the following purposes:

- The prevention or detection of crime;
- The capture or prosecution of offenders; and
- The assessment or collection of tax or duty.

A formal documented request signed a senior office from the relevant authority is required before proceeding with the request.

The request must make it clear that one of the above purposes is being investigated and that not receiving the information would prejudice the investigation.

These types of requests must be considered by a senior manager or the SAR team before any decision or action is taken to release information.

Court Orders

All Court Order requesting personal information about an individual must be complied with.

Subject Access Request Process

Requests for information held about an individual must be directed to the SAR team:

mlicsusar@nhs.net

Midlands and Lancashire CSU SAR Team
Liverpool Innovation Park
Second Floor (Building 2)
360 Edge Lane, Liverpool
L7 9NJ

The SAR team will acknowledge the request and log it and notify the requestor of the next steps. The requestor may be asked to complete an application form to better enable the CCG to locate the relevant information.

It is important that a SAR is identified and sent to the SAR team quickly in order for the request to be responded to within one month or receipt.

Responding to requests

A detailed Standing Operating Procedure SoP has been produced which gives full details as to how the CCG responds to individual SAR, access to the SoP is available through the SAR team.

It is essential though that a log of all requests received is maintained and includes:

Date received

Date response due (within one month)

Applicants details

Information requested

Exemptions applied, if applicable

Details of decisions to disclose information without the subject's consent (if applicable)

Details of information to be disclosed and the format in which they were supplied

When and how supplied (for example, hard copy and by post)

Performance monitoring

The CCG will ensure that monitoring and evaluation of the implementation of SAR takes place on a regular basis. The SAR team will report progress reports to the Audit Committee and will include following:

- Number of requests
- Incidents/Breaches in response times (detailed exception reports)
- Complaints

Freedom of Information (FOI) Policy

Introduction

The Freedom of Information Act (2000) came into effect for all public authorities in January 2005. Since then, all requests for information have had to be answered in accordance with the Freedom of Information (FOI) Act 2000 or the Environmental Information Regulations 2004 (EIR).

The Freedom of Information Act gives a general right of access to all types of recorded information held by public authorities. Disclosures are subject to the application of relevant exemptions contained within the Act.

Under the Act, South Sefton CCG must consider all requests for recorded information it receives and must:

- Inform the applicant whether the information is held
- And supply the requested information subject to the application of relevant exemptions contained within the Act

We remain committed to promote a culture of openness and accountability to enable you to have a greater understanding of how we carry out our duties, how we make decisions and how we spend public money.

The FOIA is fully retrospective and covers all information held in a recorded format. The deadline for a public authority to respond to requests made under the Act is 20 working days, although there are some circumstances where this may be extended under the terms of the legislation.

A request for information under the general rights of access must be:

- received in writing
- state the name of the applicant and an address for correspondence
- clearly describe the information requested

A request can also be made electronically via email.

Exemptions

The rights within the Act may be limited by applying certain exemptions. Several sections of the Act confer an absolute exemption on information. There are 23 exemptions from the rights of access under the Act. These exemptions mark out the limits of the right of access to information under the Act. Further details about applying exemptions can be obtained from the FOI team.

Other sections of the FOI Act direct the CCG to weigh up whether the public interest in maintaining the bar on confirmation/denial or in maintaining the exemption is greater than the public interest in disclosing whether the public authority holds the information, or in disclosing the information at all. In some cases, if an exemption applies the CCG may be obliged to disclose the information if the public interest test outweighs the exemption.

Refusal of requests

South Sefton CCG is obliged to disclose information requested under the Act unless an exemption applies to the information requested. If the CCG refuses a request, the applicant should be informed, at the same time as notification of the exemption, of the procedure to follow if the requester is not satisfied. This procedure includes an internal review by the CCG, if the requester is not happy with the findings of the internal review then they should be directed to make a complaint to the ICO. Further details of dealing with FOI refusals should be sought from the FOI Team.

If a request is made for information that is subject to a current piece of work and premature disclosure is not deemed in the public interest, then the Trust can withhold the information temporarily. If withheld, then an indication of when the information will be available should be given.

Release of employee names and details

As a public authority, there is a recognised justification for the disclosure of some employee names and contact details. Board member and other staff members whose name are already published on the CCG's website will be released without seeking additional consent.

Those staff with public facing roles will have work contact details routinely released however, for other staff, consent will normally be sought if release is deemed appropriate. Personal contact details (home address, home telephone number or personal email address) will **never** be released in response to a request under the Act.

Time limits for compliance with requests

The CCG has a statutory obligation to comply with the Freedom of Information Act and has established systems and procedures to ensure that the organisation complies with the Act and to provide the information requested within 20 working days of a request.

Compliance with the 20-day time limit arising from FOI requests is also monitored.

If the CCG chooses to apply an exemption to any information, or it exceeds the appropriate limit for costs of compliance, a notice shall be issued within twenty working days informing the applicant of this decision.

What to do if you receive a request for information

If a member of staff receives a request, it must be passed to the FOI Team immediately. Failure to do this may result in a delay in processing the request and complying with the Law.

All requests should be sent to southseftonccg.foi@nhs.net

Monitoring and Evaluation

The CCG will ensure that monitoring and evaluation of the implementation of FOI takes place on a regular basis. The FOI team will report progress reports to the Audit Committee and will include following:

- Number of requests
- Breaches in response times (detailed exception reports)
- Justification of exemptions
- Complaints
- Any requests escalated to the ICO

Network and IT Security Policies

[Links to IT Provider policies](#)

IT services are provided to the CCG by Informatics Merseyside. Their policies are available on request from the CCG.

[Registration Authority Policy and Procedure](#)

Policies are available on request from the CCG.

Appendix A - Information Governance Management Framework

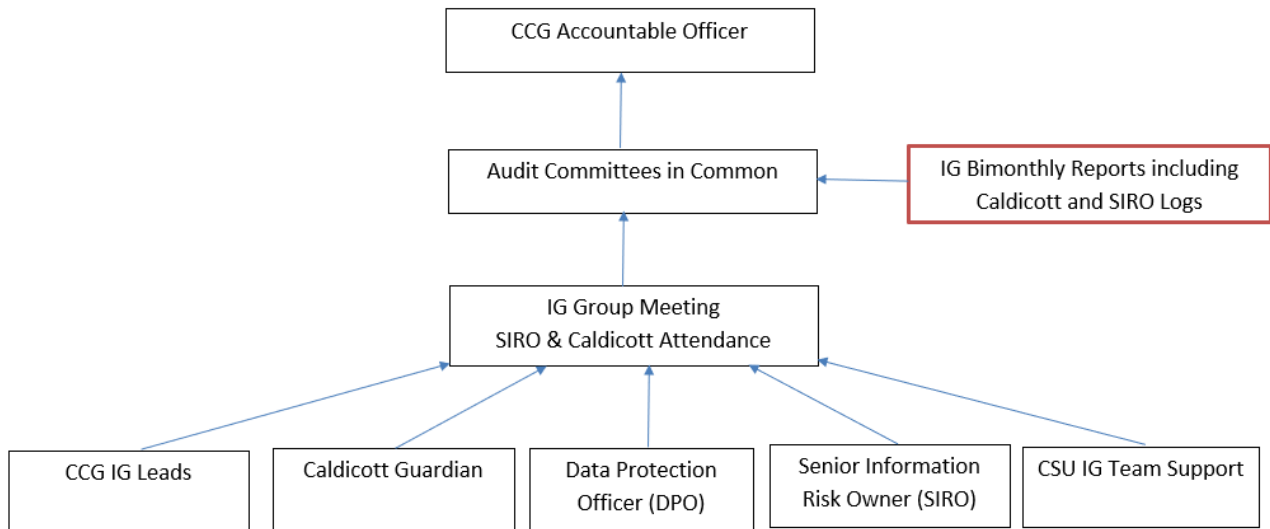
	Requirement	Detail
Senior Roles within the CCG	Accountable Officer: Fiona Taylor Chief Officer	The Chief Officer as Accountable Officer of South Sefton CCG has overall accountability and responsibility for Information Governance in the CCG and is required to provide assurance through the Annual Governance Statement that all risks to the organisation, including those relating to information, are effectively managed and mitigated.
	Senior Information Risk Owner and Executive IG Lead: Martin McDowell Chief Finance Officer	<p>The Senior Information Risk Owner (SIRO) is an Executive Director of South Sefton CCG Board. The SIRO is expected to understand how the strategic business goals of the CCG may be impacted by information risks. The SIRO will act as an advocate for information risk on the Board and in internal discussions and will provide written advice to the Accountable Officer on the content of their Annual Governance Statement in regard to information risk.</p> <p>The SIRO will provide an essential role in ensuring that identified information security threats are followed up and incidents managed. They will also ensure that the Board and the Accountable Officer are kept up to date on all information risk issues.</p> <p>The role will be supported by the Midlands and Lancashire Commissioning Support Unit Information Governance Team and the Caldicott Guardian, although ownership of the Information Risk Agenda will remain with the SIRO.</p> <p>The SIRO will be supported through a network of Information Asset Owners and Administrators who have been identified and trained throughout the organisation.</p> <p>The SIRO is also appointed to act as the overall Information Governance lead for the CCG and co-ordinate the IG work programme.</p> <p>The Executive IG Lead role has been assigned as Department of Health response to the Caldicott 2 Review contains an expectation that organisations across health and social care strengthen their leadership on information governance.</p> <p>The IG lead is accountable for ensuring effective management, accountability, compliance and assurance for all aspects of IG, although the key tasks are likely to be delegated to an Operational IG Lead.</p>
	Caldicott Guardian: Brendan Prescott	The South Sefton CCG Caldicott Guardian has particular responsibility for reflecting patients' interests regarding the use of patient identifiable information and to ensure that the arrangements for the use and sharing of clinical information comply with the Caldicott principles. The Caldicott Guardian will advise on lawful and ethical processing of information and enable information sharing. They will ensure that confidentiality requirements and issues are represented at Board level and within the South Sefton CCG's overall governance framework.
	Data Protection Officer Hayley Gidman Head of Information Governance (Midlands and Lancashire Commissioning Support Unit)	<p>The Data Protection Officer (DPO) reports to the SIRO. This ensures the DPO can act independently, without a conflict of interest and report direct to the highest management level.</p> <p>The DPO is responsible for ensuring that the CCG and its constituent business areas remain compliant at all times with data protection, privacy & electronic communications regulations, freedom of information act and the environment information regulations.</p> <p>The DPO shall lead on the provision of expert advice to the organisation on all matters concerning the information rights law, compliance, best practice and setting and maintaining standards.</p>

	<p>Information Governance Organisational Lead: Hayley Gidman, Head of Information Governance (Midlands and Lancashire Commissioning Support Unit)</p>	<p>The key purpose of the role is to ensure South Sefton CCG successfully achieves the required level of compliance across all requirements of the NHS Digital Information Governance Toolkit.</p> <p>The post holder will support the CCG to ensure the establishment of corporate standards and a consistent CCG wide approach to Information Governance and will be responsible for assuring the implementation of a range of policies, processes, monitoring audits and training and awareness mechanisms to ensure a high level of compliance.</p>		
	<p>Information Governance Organisational Lead: Lisa Gilbert Corporate Governance Manager</p>	<p>The key purpose of the role is to ensure South Sefton CCG successfully implements a range of policies, processes, monitoring audits and training and awareness mechanisms to ensure a high level of compliance with Information Governance & Information Security. The post holder will ensure the implementation of corporate standards and a consistent organisation wide approach to Information Governance & Information Security.</p>		
<p>Key Policies</p> <p>Policies set out the scope and intent of the organisation in relation to the management of Information Governance.</p>	<p>Ratification Schedule:</p>	[IG Group]	[Audit Committee]	Board
	<p>Information Governance Policy</p>	Insert ratification date	Insert ratification date	Insert ratification date
	<p>Information Governance Handbook</p>	Insert ratification date	Insert ratification date	Insert ratification date
<p>Policies are communicated to all staff via the staff website.</p>				
<p>Key Governance Bodies</p> <p>A group, or groups, with appropriate authority should have responsibility for the IG agenda.</p>	<p>Audit Committee</p>	<p>The Audit Committee is responsible for overseeing day to day Information Governance issues, developing and maintaining policies, standards, procedures and guidance, coordinating and raising awareness of Information Governance in the CCG.</p>		
<p>Resources</p> <p>Details of key staff roles</p>	<p>Dedicated Information Governance Staff</p>	<p>Information Governance Business Partners Name: Pippa Joyce Email: pippa.joyce@nhs.net Deputy Head of Information Governance Name: Emma Styles Email: emmastyles@nhs.net Head of Information Governance Name: Hayley Gidman Email: Hayley.gidman@nhs.net</p>		
<p>Governance Framework</p> <p>Details of how responsibility and accountability for IG is cascaded through the organisation.</p>	<p>Information Asset Owners</p>	<p>Information Asset Owners are senior individuals involved in running the relevant business.</p> <p>The IAOs role is to:</p> <ul style="list-style-type: none"> Understand and address risks to the information assets they 'own'; and Provide assurance to the SIRO on the security and use of these assets. <p>Information Asset Owners have been nominated across the whole organisation and have received specialist information risk training to allow them to be effective in their role.</p>		

	<p>Information Asset Administrators</p>	<p>The Information Asset Administrators and will:</p> <ul style="list-style-type: none"> • Ensure that policies and procedures are followed • Recognise potential or actual security incidents • Consult their IAO on incident management • Ensure that information assets registers are accurate and maintained up to date. <p>Information Asset Owners have received specialist information risk training to allow them to be effective in their role.</p>
	<p>Employment Contracts</p>	<p>All staff and those undertaking work on behalf of the CCG need to be aware that they must meet information governance requirements and it is made clear to them that breaching these requirements, e.g. service user confidentiality, is a serious disciplinary offence.</p> <p>This is supported by the inclusion of clauses within staff contracts both for substantive and temporary staff that cover Information Governance standards and responsibilities with regard to data protection, confidentiality, and information security.</p>
	<p>Contracts with Third Parties</p>	<p>The CCG must ensure that work conducted by others on their behalf meet all the required Information Governance standards. Where this work involves access to information about identifiable individuals it is likely that the CCG will be in breach of the law where appropriate requirements have not been specified in contracts and steps taken to ensure compliance with those requirements.</p> <p>Therefore, the CCG endeavours to ensure that formal contractual arrangements that include compliance with information governance requirements are in place with all contractors and support organisations.</p>
<p>Training and Guidance</p> <p>Staff need clear guidelines on expected working practices and on the consequences of failing to follow policies and procedures. The approach to ensuring that all staff receive training appropriate to their roles should be detailed.</p>	<p>Information Governance Handbook</p>	<p>Purpose of the Handbook:</p> <ul style="list-style-type: none"> • To inform staff of the need and reasons for keeping information confidential • To inform staff about what is expected of them • To protect the Organisation as an employer and as a user of confidential information <p>This Handbook has been written to meet the requirements of:</p> <ul style="list-style-type: none"> • The Data Protection Act 2018 • The General Data Protection Regulations 2016 • The Human Rights Act 1998 • The Computer Misuse Act 1990 • The Copyright Designs and Patents Act 1988 • A Guide to Confidentiality in Health and Social Care (NHS Digital) <p>This Handbook has been produced to protect staff by making them aware of the correct procedures so that they do not inadvertently breach any of these requirements.</p> <p>If the Handbook is breached, then this may result in legal action against the individual and/or Organisation as well as investigation in accordance with the Organisation's disciplinary procedures.</p> <p>The Handbook will be disseminated to all staff working for the CCG and they will be required to acknowledge that they have received and understand the document. In future, any new starters to the organisation will receive a copy of this with their contract. Both should be signed and returned to their line manager and kept on file.</p>
	<p>Training for all staff</p>	<p>All staff will receive basic IG Induction training via ESR and delivered online by the IG Team.</p> <p>Refresher training will then be conducted through face to face training sessions facilitated by the Information Governance Business Partners or via ESR online.</p>
	<p>Specialist IG training</p>	<p>As required specialist IG training will be provided across the organisation for those staff that are given additional responsibility for IG within their areas. Current specialist training includes:</p> <ul style="list-style-type: none"> • Information Risk Training • DPIA • FOI

<p>Incident Management</p> <p>Clear guidance on incident management procedures should be documented and staff should be aware of their existence, where to find them, and how to implement them.</p>	<p>Documented Procedures and Staff Awareness</p>	<ul style="list-style-type: none"> • SAR <p>Incident Management in the CCG is covered in the following organisational policies and Procedures:</p> <ul style="list-style-type: none"> • Information Governance Policy • Information Governance Handbook • Incident Risk Reporting Policy <p>Staff awareness is raised through the following ways:</p> <ul style="list-style-type: none"> • Staff Induction • Information Governance Training • Incident Risk Training
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Structure Chart – Information Governance Management Framework



MEETING OF THE GOVERNING BODY September 2020

Agenda Item: 20/117	Author of the Paper: Kerrie France Associate Chief Nurse (SEND) Kerrie.france@southseftonccg.nhs.uk 07799408283						
Report date: 14th August 2020							
Title: Report on SEND Improvement Plan and Dashboard.							
Summary/Key Issues: This report provides the Governing Body with an update on the SEND Improvement plan and performance dashboard.							
Recommendation The Governing Body is asked to receive this report.	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 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.
	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.
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			Sefton Parent Carers have been consulted and involved in recovery planning as members of the Health Performance Improvement Group
Clinical Engagement	x		x	SEND Provider leads have been consulted with and contributed to recovery planning as members of the Health Performance Improvement Group
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x		x	Performance sub group and the SEND Continuous Improvement Board on 7 th July 2020.

Report to the Governing Body September 2020

1. Executive Summary

- 1.1 The purpose of this report is to update the Governing Body on restoration and recovery arrangements, for health related actions in the Sefton SEND Improvement Plan in response to Covid 19 Pandemic and provide an overview of the SEND performance dashboard for June 2020.
- 1.2 Recovery arrangements factor in additional guidance by NHSE Covid19 restoration of community health services for children and young people: second phase of NHS response issued on 3rd June 2020 (see appendix 1).
- 1.3 It is recommended that the report be considered by the Governing Body to;
 - Receive assurance on current position on restoration of health services for 0-25 with SEND.
 - Note progress made to progress actions 1, 2, 3 and 4 of the improvement plan.
 - Note the challenges outlined due to impact of Covid 19 on waiting times for health services as per action 5 of improvement plan.
 - Consider the mitigating actions being put in place to address any areas for improvement.

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.
- 2.2 The CCG's recognise the importance of implementing all of the actions identified for children with SEND, Improvement Notice. However, due to the Covid 19 pandemic, it was necessary to review all actions contained in the improvement plan to focus on re-prioritisation of responses and a Business Continuity plan was presented to April SENDCIB. An initial timescale of 6 months was applied in the first instance for any health related actions that required a deferral in timescale to enable providers of health services to recover from dealing with NHS response to COVID 19 with a caveat that timescales may require flexing, as evidence was developed and impact on health workforce understood.
- 2.3 A restoration and recovery position was provided to July SENDCIB (see appendix 1) with recovery arrangements factoring in additional guidance by NHSE Covid19 restoration of community health services for children and young people: second phase of NHS response issued on 3rd June 2020 (see appendix 2). This guidance now supersedes the prioritisation guidance first published in March and updated on 2nd April 2020.

3. Key Issues

- 3.1 All of the health related actions contained in the Improvement Plan have been reviewed and updated to include the most up to date progress on recovery plans and restoration of services.

- 3.2 Current performance details are included in the 'Performance dashboard for health' relating to June 2020 data (see appendix 3). This provides the Board with a complete status on all reported and validated health related actions to date.
- 3.3 All health related actions under sections 1, 2, 3 and 4 of the improvement plan demonstrate progress against the plan. However, actions 5 specifically relating to waiting times have been impacted as a result of Covid and a series of mitigating actions have been put in place to address any areas for improvement.
- 3.4 It has been necessary to implement alternative methods of delivering services including telephone advice and video-conferencing where face to face appointments cannot be maintained for safety and social distancing reasons. The impact of these technological approaches will be reviewed independently by Health Watch and any learning will be shared across the partnership and inform joint commissioning plans.
- 3.5 Where face to face service delivery is essential, this will be delivered following Infection prevention control guidelines, to maintain safety of staff and patients.
- 3.6 **Key improvements and progress relating to actions 1, 2, 3 and 4 to note are;**

3.6.1 KPI 1/5 - % of Education Health Care Plans are being completed in maximum of 6 weeks by health from the date of request from the local authority

Health has maintained excellent progress in timeliness of health advice and from September 2019, has exceeded the improvement plan trajectories by sustaining 100% completion in maximum of 6 weeks from the date of request from the local authority against a baseline target of 70% in January 2020 and 85% in May 2020.

3.6.2 KPI 1/6 % Improvement in the Quality of Health information contained in EHCPs

Significant progress has been made as part of the second phase of the restoration response and the pilot for health was re-instated from May 2020, earlier than expected. Any new requests for health advices will follow the revised process and health professionals now routinely write health submissions, ahead of expected date of the 1st September 2020.

3.6.3 Actions 2: to address the poor operational oversight of the Designated Clinical Officer across health services in supporting children and young people who have special educational needs and/or disabilities and their families

All actions relating to Action 2 have been completed. There are a series of KPI's to maintain performance measures. The Governing Body are requested to note that the DCO has remained in post for the duration the pandemic and has used alternative methods of communication including emails, communications briefings via provider trusts to continue to promote the role with staff and families.

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

3.6.5 KPI 3/1 Health Practitioners routinely write health submissions for EHC plans for the children and young people

As outlined under KPI 1/6, the pilot of the revised processes has been re-commenced in May 2020 and process whereby health practitioners routinely write health submissions is fully operational ahead of expected date of 1st September, to enable KPI 3/1 to be achieved.

3.6.6 **KPI 3/3 % staff having completed training**

A baseline of workforce training requirements has been produced and 96 staff out of a total of 232 have received training (equating to 41%), from the National Association of Special Educational Needs (NASEN), to enable them to develop skills in writing outcome focused qualitative education, health care plans (EHCPs). NASEN have confirmed training dates during September and October 2020. There are 8 sessions in total for up to 240 multi-agency staff to access and Health Education England funding has been sourced to support training. Training sessions are required to be conducted face to face so a large venue has been secured and training places limited to 30 staff to enable social distancing. A booking system has been set up and monitoring of places will be maintained by the HEE task group.

3.6.7 **KPI 3/ 4 % staff having completed refresher training**

In order to support health providers, funding from Health Education England (HEE) bid will be utilised to support refresher training, as a key objective of HEE is to create sustainability of learning and this has been factored into the implementation plan.

The CCG's have also developed a service development improvement plan, for providers focusing on quality improvements to enable, SEND reforms to be integral to 'Business as Usual' processes for all health services for the 0-25 Population. This includes embedding SEND into training needs analysis and training requirements for the workforce e.g. induction programmes for new starters (See appendix 4).

3.6.8 **KPI 3/5 % staff confirming their increased level of confidence in the process following training**

NASEN have provided course evaluations for any staff that completed training on 2nd and 3rd March 2020, with 100% of staff in attendance reporting an increased knowledge and confidence in writing child specific outcomes. Feedback from staff will be incorporated into planning for future training.

3.6.9 **Action 4: To address the weakness of co-production with parents, and more generally in communications with parents**

Sefton parent carer forum, Sefton Carers centre and Health watch are active members of the SEND Health Performance Group since its establishment in November 2019 and have maintained membership during the pandemic. They have been involved in communications relating to the Business continuity plan and restoration and recovery reporting. They are pro-active members of the group and feedback received by parents has been used to inform service delivery and joint commissioning planning post Covid 19, particularly relating to SENDIAS provision and OT sensory provision.

Sefton parent carers have also been instrumental in the creation of the bid for Health Education England funding to improve Neuro-diversity awareness in the early years. A representative is on the task group established to co-produce a training plan for the workforce and creation of peer support programme for parents by March 2021.

3.7 **Key areas relating to actions 5 in the SEND Improvement plan**

In relation to action 5 of the SEND improvement plan, providers have reported the challenges due to impact of Covid 19 on waiting times for health services. A full update of all SEND related health performance is contained in the dashboard (see appendix 3). Key areas to note in relation to actions 5 of the improvement plan are as follows;

3.7.1 **Action 5: 5.1 to address the weakness of joint commissioning in ensuring that there are adequate services to meet local demand**

In light of the impact of the pandemic and as part of restoration and recovery plans, the CCGs' reviewed and updated the joint commissioning action plan in June 2020, detailing progress against the plan and reported into July SENDCIB (see appendix 5).

In response to recovery planning and SENDIASS feedback from parents highlighting the need for OT sensory support, the planned review has been brought forward and the CCGs, Alder Hey and Sefton Metropolitan Borough Council are currently working together to develop a case for change and options for an improved and integrated service model. This work is being carried out at pace and the full review is scheduled to be complete and the proposed options available for consideration by September 2020.

In respect of speech and language provision, the partnership is also planning a review of its Early Help and community speech and language offer to support early intervention to address the increasing demand for speech and language therapy services; this will involve training the universal workforce to deliver early language and communication interventions, such as health visitors and family centre practitioners, as part of the early years neuro-diversity project with Health Education England. The institute for Health Visiting and Public Health England national leads have been consulted with to ensure training plans fit with new national plans due later this year.

3.7.2 Action 5.2 commissioning of an ASD pathway

An assessment and diagnosis pathway relating to Autism and Attention deficit Hyperactivity Disorder (ASD/ADHD) has been commissioned by the CCGs and was implemented on 1st April 2020 for any new referrals. Reporting commenced and is available in the June dashboard.

Whilst an improvement trajectory was agreed to reduce the waiting times between April 2020 and 31st March 2021, this has been impacted by the pandemic. As part of pandemic recovery and restoration plans, the provider trust Alder Hey has revised the improvement trajectory and related plans and presented these at the July SEND Continuous Improvement Board. The backlog in referrals is expected to be delayed by 3 months and cleared by June 2021.

A proposal to extend the age range of the new ASD pathway to 18 years is being developed in collaboration with Alder Hey. The requirement to close the gap was flagged as a priority when the initial investment for the neurodevelopmental pathway was confirmed and it was agreed that once this was fully embedded that the age range would be extended. Numbers of additional assessments required have been calculated and confirmed by Alder Hey as, circa 50 -75 per annum. As numbers are small it is anticipated that the additional resource requirements will be minimal.

For young people and adults up to 25 years, in collaboration with Mersey Care, plans are underway to redesign the ASD pathway and to reduce waiting times. The ASD service is currently undertaking a capacity and flow exercise to understand referrals, waiting lists and current resource within the service.

A paper outlining options to make the service model NICE compliant and reduce assessment and diagnosis waiting times was due to be considered internally by the Trust in July and will afterwards be shared with Commissioners for consideration.

3.7.3 KPIs 5/1- 5/4 Average waiting times for Paediatric Dietetics, Occupational Therapy, Physiotherapy and Speech and Language Therapy

Prior to the pandemic, significant improvements had been made in this area, particularly for paediatric therapy services, demonstrated in KPIs associated with actions.

As a result of the pandemic waiting times have been impacted and It was necessary to implement alternative methods of delivering services including telephone advice and video-conferencing where face to face appointments cannot be maintained for safety and social distancing reasons. Revised trajectories for improvement have been developed and recovery positions evidenced in June 2020 (see appendix 3).

3.7.4 KPI 5/5-5/6 CAMHS

Referral to choice waiting times has seen a reduction in compliance with the agreed 6 week standard due to the pandemic (see appendix 3). The service is now offering choice appointments and additional capacity is being offered by the team to support the required reduction in waiting times. Referral to partnership waiting times has also deteriorated and the service has had a reduction in capacity due to the impact of the delivery of 24/7 crisis care service and associated redeployment of staff. From 1st August these staff will return to their substantive positions. In the interim, Alder Hey has agreed to invest in some further additional short term posts to support improvements in waiting times.

Alder Hey Specialist Mental Health Services is also undertaking a collective recovery and restoration plan as part of the Cheshire & Merseyside out of Hospital Cell (Mental Health sub-cell). Data is currently being modelled to include specific increases in referrals and complexity of those referrals. This work will also take into account the national mandate for the establishment of a 24/7 Crisis Care Service. An update on the impact of Covid 19 and recovery actions was presented to Alder Hey's Trust Board in July and shared with the CCGs for consideration. The CCG's Leadership Team are reviewing the plans and any associated risks.

3.8 Progress on establishment of additional Key Performance Indicators

The pandemic has enabled commissioners to work on the establishment of key performance metrics with providers for looked after children with SEND and physical health services for 18-25 cohort of young people, delivered by Mersey Care. They are now reported in the performance dashboard (appendix 3).

The pandemic has impacted on performance and work is ongoing with the providers to establish and address improvements. A service review will be undertaken for looked after children supported by the Designated Nurse for Children in Care.

4. Conclusions

- 4.1 This report provides an update on current status relating to restoration and recovery planning arrangements across health. Actions 1-4 of the improvement plan have demonstrated restoration and progress. Actions 5 relating to waiting times have been impacted.
- 4.2 It has been necessary to implement alternative methods of delivering services including telephone advice and video-conferencing where face to face appointments cannot be maintained for safety and social distancing reasons.
- 4.3 The impact of these technological approaches will be reviewed independently by Health Watch and any learning will be shared across the partnership and inform joint commissioning plans.
- 4.4 Where face to face service delivery is essential, this will be delivered following Infection prevention control guidelines, to maintain safety of staff and patients.
- 4.5 The Board is requested to acknowledge the impact of the pandemic on ability to maintain pre-Covid 19 waiting time initiatives and the plans in place and in development for full restoration and recovery.

5. Recommendations

5.1 The Governing Body are asked to note;

- Assurance on current position on restoration of health services for 0-25 with SEND.
- Note progress made relating to actions 1, 2, 3 and 4 of the improvement plan.
- Note the challenges outlined due to impact of Covid 19 on waiting times for health services as per action 5 of improvement plan.
- Consider the mitigating actions being put in place to address any areas for improvement.

6. Appendices

Appendix 1 - SEND Restoration and Recovery Report



Item 10b SEND
Recovery plan update

Appendix 2 - NHSE COVID-19 restoration of community health services for children and young people: second phase of NHS response issued on 3rd June 2020



C0552 - Restoration
of Community Health

Appendix 3 - SEND Health Performance Dashboard



SEND June 2020
performance dashbo

Appendix 4 – Service Development Improvement Plan June Dashboard



SDIP SEND draft
narrative.DOCX

Appendix 5 – SEND Joint Commissioning Action Plan



Item 8 Update SEND
Joint Commissioning S

Kerrie France
Associate Chief Nurse (SEND)
14th August 2020

Report to:	SEND Continuous Improvement Board (SENDCIB)
Item Escalated from:	Performance Management and Assessment & Provision Sub Group
Date of Meeting:	7 th July 2020
Report of:	Kerrie France – Associate Chief Nurse SEND
Title:	Progress Report on Restoration and Recovery planning following Business Continuity arrangements for all health related actions in the Sefton SEND Improvement plan in response to Covid 19 Pandemic.

1. Purpose of the Report

- 1.2 The purpose of this report is to update the Board on restoration and recovery arrangements, for health related actions in the Sefton SEND Improvement Plan in response to Covid 19 Pandemic.
- 1.3 The Business Continuity plan was presented to April SENDCIB and it was agreed to provide an update to the June Board.
- 1.4 Recovery arrangements factor in additional guidance by NHSE Covid19 restoration of community health services for children and young people: second phase of NHS response issued on 3rd June 2020 (see appendix 1). This guidance now supersedes the prioritisation guidance first published in March and updated on 2nd April 2020.

2. Recommendations

- 2.1 It is recommended that the report be considered by SENDCIB to;
 - Receive assurance on current position on restoration of health services.
 - Note progress made to progress actions 1, 2, 3 and 4 of the improvement plan.
 - Note the challenges outlined due to impact of Covid 19 on waiting times for health services as per action 5 of improvement plan.
 - Consider the mitigating actions being put in place to address any areas for improvement.

3. Actions Causing Concern

- 3.1 The pandemic has impacted on health service delivery for children and young people with SEND and new arrangements have been necessary for restoration of service delivery, factoring in Personal protective equipment (PPE) and implementing social distancing requirements where clinical intervention is necessary and digital solutions such as video consultation, for any children and young people that do not require a face to face clinical intervention.

4. Remedial Actions

- 4.1 All of the health related actions contained in the Improvement Plan have been reviewed and updated to include the most up to date progress on recovery plans and restoration of services.
- 4.2 Current performance details are included in the 'Performance dashboard for health' relating to May 2020 data (see appendix 2). This provides the Board with a complete status on all reported and validated health related actions to date.
- 4.3 As part of recovery arrangements, the improvement plan will continuously be reviewed to ensure progress is made at the earliest opportunity and there are timescales for revised trajectories, outlining plans for recovery. Monitoring and oversight will be maintained by the SEND health performance improvement group reporting into the joint performance sub group.

5. Business Continuity Planning

- 5.1 An update on second phase restoration and recovery arrangements of all health related actions are as follows;
- 5.2 ***KPI 1/ 5 - % of Education Health Care Plans are being completed in maximum of 6 weeks by health from the date of request from the local authority***
- 5.2.1 Health has maintained excellent progress in timeliness of health advice and from September 2019, has exceeded the improvement plan trajectories by sustaining 100% completion in maximum of 6 weeks from the date of request from the local authority against a baseline target of 70% in January 2020 and 85% in May 2020. Health providers understand their responsibilities in maintaining focus on timeliness of health advice returns and the co-ordination process is well established between the SEN team and health.
- 5.3 ***KPI 1/6 % Improvement in the Quality of Health information contained in EHCPs***
- 5.3.1 Significant progress has been made as part of the second phase of the restoration response and the pilot for health was re-instated from May 2020

with plans in place to move to revised process for health professionals routinely writing health submissions being fully operational from 1st September 2020.

5.3.2 In order to review overall quality of plans, the multi-agency audit team including the DCO have conducted a bespoke audit of the health advices for the initial cases taking part in the pilot on 12th June 2020, enabling any learning from the audit to focus on quality in equal measures to the timeliness of health information and factor any adjustments during the pilot phase.

5.3.3 There has been some evidence of progress made in the quality of health advices demonstrated and this was reported into the sub group for communication, co-production and engagement on 24th June 2020.

5.3.4 In order to strengthen and embed long term assurance processes relating to the quality of health information, the CCG's have implemented a service development improvement plan (see appendix 3) for health providers that encompasses;

- Implementation of internal audit processes factoring in robust oversight and quality assurance processes for any health advice contained in Education health care plans completed, so they meet quality standards.
- The SDIP also requires health providers to act on feedback from multi-agency audit, led by Designated Clinical Officer, where quality issues have been reported from findings of multi-agency audit.

5.3.5 In order to support health providers, A DFE led workshop was developed on quality assurance of health advice aimed at team leaders and delivered on 29th June 2020 and 2nd July 2020. The purpose of the sessions was to upskill leaders in understanding quality outcomes so they can factor this into their internal assurance processes, prior to health advices being submitted. This approach is based on learning from colleagues in Education who have introduced a process of 'peer review' prior to multi-agency audits.

5.3.6 In addition, there are plans in place for the DCO to offer coaching and support sessions to clinicians to help them, develop their skills further in this area and the DCO has recently delivered a support session to the medical workforce. This will also support KPI 2/3.

5.4 **Actions 2 to address the poor operational oversight of the Designated Clinical Officer across health services in supporting children and young people who have special educational needs and/or disabilities and their families**

5.4.1 All actions relating to Action 2 have been completed. There are a series of KPI's to maintain performance measures, as follows;

5.5 ***KPI 2/1 Submission of quarterly DCO report***

5.5.1 The current status is on track and the Designated Clinical Officer produced a report in April 2020. This was shared with members of the Health Performance improvement Group and joint performance sub group in May 2020.

5.6 ***KPI 2/2 Annual DCO Report***

5.6.1 The Designated Clinical Officer will now be able to produce an annual report by July 2020 and does not require an extension until October 2020 as originally proposed in the business continuity report.

5.7 ***KPI 2/3/ Provider survey of understanding of DCO role and responsibilities (5 staff able to confirm and articulate what the DCO role is)***

5.7.1 The survey was due to be repeated in June and October 2020 and agreement was reached for the date to be extended until October 2020.

5.7.2 The Board are requested to note that the DCO has remained in post for the duration of the pandemic and has used alternative methods of communication including emails, communications briefings via provider trusts to continue to promote the role with staff and families. The DCO is planning to reconvene the SEND conference at the earliest possible opportunity to support Sefton's SEND improvement journey and is therefore exploring options for hosting a webinar for autumn 2020.

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

5.8.1 ***KPI 3/1 Health Practitioners routinely write health submissions for EHC plans for the children and young people***

5.8.1.1 As outlined under KPI 1/6, the pilot of the revised processes has been recommenced in May 2020 and date agreed to move to process whereby health practitioners routinely write health submissions will be fully operational from 1st September, to enable KPI 3/1 to be achieved.

5.8.1.2 As part of the pilot phase, any health advices due will now follow the revised process leading up to 1st September to enable health providers to maintain focus on timeliness and quality, by mirroring in reality the demand of responding in 'real time'.

5.9 ***KPI 3/3 % staff having completed training***

5.9.1 A baseline of workforce training requirements has been produced and 96 staff out of a total of 232 have received training (equating to 41%), from the National Association of Special Educational needs (NASEN), to enable them to develop skills in writing outcome focused qualitative education, health care plans (EHCPs). NASEN have confirmed training dates during September and October 2020. There are 8 sessions in total for up to 240 multi-agency staff to access and Health Education England funding has been sourced to support training.

5.9.2 Training sessions are required to be conducted face to face so a large venue has been secured and training places limited to 30 staff to enable social distancing. A booking system has been set up and monitoring of places will be maintained by the HEE task group.

5.10 ***KPI 3/4 % staff having completed refresher training***

5.10.1 In order to support health providers, funding from Health Education England (HEE) bid will be utilised to support refresher training, as a key objective of HEE is to create sustainability of learning and this has been factored into the implementation plan. A separate report outlining HEE pilot update is tabled for July SENDCIB.

5.10.2 The CCG's have developed a service development improvement plan, for providers focusing on quality improvements to enable , SEND reforms to be integral to 'Business as Usual' processes for all health services for the 0-25 Population. This includes embedding SEND into training needs analysis and training requirements for the workforce e.g. induction programmes for new starters (see appendix 3).

5.11 ***KPI 3/5 % staff confirming their increased level of confidence in the process following training***

5.11.1 NASEN have provided course evaluations for any staff that completed training on 2nd and 3rd March 2020, with 100% of staff in attendance reporting an increased knowledge and confidence in writing child specific outcomes. Feedback from staff will be incorporated into planning for future training.

5.12 **Action 4: To address the weakness of co-production with parents, and more generally in communications with parents**

5.12.1 Sefton parent carer forum, Sefton Carers centre and Health watch are active members of the SEND Health Performance Group since its establishment in November 2019 and have maintained membership during the pandemic. They have been involved in communications relating to the business continuity plan and this report. They are pro-active members of the group and feedback received by parents has been used to inform service delivery

and joint commissioning planning post Covid 19, particularly relating to SENDIAS provision and OT sensory provision.

5.12.2 Sefton parent carers have also been instrumental in the creation of the bid for Health Education England funding to improve Neuro-diversity awareness in the early years. A representative is on the task group established to co-produce a training plan for the workforce and creation of peer support programme for parents.

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

5.13.1 In light of the impact of the pandemic and as part of restoration and recovery plans, the CCGs' reviewed and updated the joint commissioning action plan in June 2020, detailing progress against the plan, taking into consideration the impact on provider services and their capacity to deliver under the new Covid 19 secure operating framework, as outlined in NHSE's phase 2 recovery guidance.

5.13.2 Much of the development work required to underpin the priority areas and actions was initiated prior to the pandemic outbreak and is continuing, and although the pace of this has been impacted in the short term, recovery and restoration plans have and are being developed to bring these back on track as soon as possible. With the exception of priority 3 which involved the successful implementation of a NICE compliant neurodevelopmental diagnostic pathway in Q1 2020 and the decision to bring forward the review of OT sensory provision; 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.

5.13.3 In response to recovery planning and SENDIASS feedback from parents highlighting the need for OT sensory support, the planned review has been brought forward and the CCGs, Alder Hey and Sefton Metropolitan Borough Council are currently working together to develop a case for change and options for an improved and integrated service model. This work is being carried out at pace and the full review is scheduled to be complete and the proposed options available for consideration by September 2020.

5.13.4 Notably, the increase in OT waiting times have been in large part due to those families waiting to attend sensory workshops which Alder Hey has been unable to deliver due to the impact of Covid 19. The longest waits for OT therapies have also been experienced by these families awaiting OT sensory support. Planning is underway within the service to deliver these workshops virtually from July, but this does not address the issue of adequate provision which will be the focus of the review.

5.13.5 In respect of speech and language provision, the partnership is also planning a review of its Early Help and community speech and language offer to support early intervention to address the increasing demand for

speech and language therapy services; this will involve training the universal workforce to deliver early language and communication interventions, such as health visitors and family centre practitioners, as part of the early years neuro-diversity project with Health Education England. The institute for Health Visiting and Public Health England national leads have been consulted with to ensure training plans fit with new national plans due later this year.

- 5.13.6 Pre-Covid 19, Alder Hey had informed of increasing numbers of referrals, reporting a 9.5% increase between the periods April 2019 – February 2020. Although referral numbers have fallen during the pandemic, it is anticipated that these will return to pre-Covid 19 levels as recovery progresses and children and young people return to school.
- 5.13.7 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 CCGs and was implemented on 1st April 2020 for any new referrals.
- 5.13.8 Whilst an improvement trajectory was agreed to reduce the waiting times between April 2020 and 31st March 2021, this has been impacted by the pandemic. and as part of pandemic recovery and restoration plans, the provider trust Alder Hey has revised the improvement trajectory and related plans and will present these at the July SEND Continuous Improvement Board.
- 5.13.9 A proposal to extend the age range of the new ASD pathway to 18 years is being developed in collaboration with Alder Hey. The requirement to close the gap was flagged as a priority when the initial investment for the neurodevelopmental pathway was confirmed and it was agreed that once this was fully embedded that the age range would be extended. Numbers of additional assessments required have been calculated and confirmed by Alder Hey as, circa 50 -75 per annum. As numbers are small it is anticipated that the additional resource requirements will be minimal.
- 5.13.10 For young people and adults up to 25 years, in collaboration with Mersey Care, plans are underway to redesign the ASD pathway and to reduce waiting times. The ASD service is currently undertaking a capacity and flow exercise to understand referrals, waiting lists and current resource within the service. A paper outlining options to make the service model NICE compliant and reduce assessment and diagnosis waiting times will be considered internally by the Trust on 01/07/2020 and will afterwards be shared with Commissioners for consideration. Capacity/demand modelling will be used to inform redesign and plans for waiting time reductions .
- 5.14 **KPIs 5/1- 5/4 Average waiting times for Pediatric Dietetics, Occupational Therapy, Physiotherapy and Speech and Language Therapy**

- 5.14.1 A key objective of the SEND Improvement Plan is to reduce waiting times for Paediatric commissioned services. Prior to the pandemic, significant improvements had been made in this area, particularly for paediatric therapy services, demonstrated in KPIs associated with actions 5//1 - 5/4.
- 5.14.2 Current performance for May 2020 demonstrates that all therapy services have been impacted as a result of Covid 19. With the exception of dietetics, which remains within target, all other KPIs show that the average waiting times for Sefton paediatric occupational therapy, physiotherapy and speech and language therapy have all increased and are above the established improvement trajectories. The table highlights Pre Covid waiting times in comparison to current levels (February 2020- May 2020).

KPI	Service	Measure - Average waiting time for February 2020	Impact of Covid 19 May 2020	Target December 2019	Target June 2020
5/1	Dietetics	4	6.5	8	8
5/2	Occupational Therapy	14	16	14	13
5/3	Physiotherapy	7	10.2	6	6
5/4	Speech Therapy	18	22.2	22	18

- 5.14.3 Following a move to phase 2 of the pandemic response (April – May), Alder Hey increased its community therapy service provision where possible whilst working within IPC guidelines. Throughout this period, services continued to carry out local risk assessments and prioritise therapy caseloads and new referrals in accordance with risk and needs of the child/young person. Services continue to accept referrals and offer home visits for any high clinical priority patients. All other face to face interventions are offered virtually, by telephone or Attend Anywhere.
- 5.14.4 In response to speech and language therapy, Alder Hey has provided the CCGs with a detailed recovery plan outlining details for bringing the average wait down to 18 weeks by the end of September 2020 and longer term plan for maximum waiting times by December 2020. A detailed trajectory plan is due for completion by 15th July 2020.
- 5.14.5 The trust has highlighted the issues of recruitment to Speech and language therapy vacancies and the increasing demand for Speech therapy services as additional and ongoing compounding factors and this data intelligence will be used to support joint commissioning plan priorities.

5.14.6 In response to Physiotherapy waiting times increase, Alder Hey is implementing a number of measures to increase capacity and return to its pre-Covid 19 position by 31 July 2020. As well as an increase in the number of virtual assessments, it is also increasing levels of face to face activity in clinic, (following IPC guidance) as digital delivery of this service is not always clinically appropriate. In addition staff who was redeployed as part of the Covid 19 response has been returning to the service from June 2020.

5.14.7 Alder Hey has developed a recovery plan for occupational therapy which will return waits to the pre-Covid 19 position by 31 August 2020. The increase in waits is in part due to families waiting to attend an OT sensory workshop which have not taken place since March due to the impact of Covid 19. However, plans are now in place to deliver these workshops virtually which will bring the wait times down to pre-Covid 19 levels. In addition, the Trust has been developing its digital capacity to deliver more motor OT assessments and packages of support and is planning to recommence face to face activity by following risk assessment, and where clinical face to face intervention is required.

5.15 KPIs 5/5- 5/5 Specialist CAMHS

5.15.1 Additional KPIs were agreed with specialist CAMHS and reporting commenced from January 2020. Referral to choice waiting times has seen a sharp reduction in compliance with the agreed 6 week standard due to the pandemic. The service is now offering choice appointments and additional capacity is being offered by the team to support the required reduction in waiting times.

5.15.2 Referral to partnership waiting times has also deteriorated slightly (by 8%). The service has had a reduction in capacity due to the impact of the delivery of 24/7 crisis care service and associated redeployment of staff. From 1st August these staff will return to their substantive positions. In the interim, Alder Hey has agreed to invest in some further additional short term posts to support improvements in waiting times.

KPI	Measure	February 2020	May 2020	Staged target 31 December 2019	Staged target 31 March 2020	Final target June 2020
	% referral to choice within 6 weeks	86%	35.4%	50%	92%	92%
5/6	% overall pathway wait within 18 weeks (referral to partnership)	70%	61.4%	50%	75%	92%

- 5.15.3 Alder Hey Specialist Mental Health Services is also undertaking a collective recovery and restoration plan as part of the Cheshire & Merseyside out of Hospital Cell (Mental Health sub-cell). Data is currently being modelled to include specific increases in referrals and complexity of those referrals. This work will also take into account the national mandate for the establishment of a 24/7 Crisis Care Service. An update on the impact of Covid 19 and recovery actions is being presented to Alder Hey's Trust Board in July and this report will then be shared with CCGs for information.
- 5.15.4 In relation to all waiting times, it is recognised that children with SEND will be prioritised and services will continue to support any planned activities, using technological solutions where possible, and face to face when digital delivery is not feasible and IPC guidelines allow.
- 5.15.5 The Board is requested to acknowledge the impact of the pandemic on ability to maintain pre-Covid 19 waiting time initiatives and the plans in place and in development for full restoration and recovery.

6. Progress on establishment of additional Key Performance Indicators

6.1 *Therapy waiting times – adult services*

- 6.1.1 *Reporting* for adult therapy services in south Sefton by Mersey Care has commenced in May (see dashboard in appendix 2 - coded as KPIs 5-7 to 5.10). The data currently reflects entirety of adult services and is not specific to 18-25 with SEND and Mersey Care business intelligence team are exploring functionality within EMIS to report on 18-25 years but this is currently not available. A decision has been made, that rather than await the outcome of EMIS capability, it is important to evidence and obtain assurance on parity of esteem between physical and mental health provision to ensure access to services for young people with SEND is equitable to adult population.
- 6.1.2 For North Sefton, Work has been ongoing with Lancashire Care to agree report format for waiting times in line with paediatrics and Mersey Care. Their performance will be reported from next month.
- 6.1.3 **ASD/ADHD**
- 6.1.4 *For children*, future reporting arrangements for ASD and ADHD assessments have been agreed and reporting will commence from July 2020 (see update report by Alder Hey)
- 6.1.5 Metrics for young people with SEND aged 18-25 were developed by Commissioners in February 2020 and were shared with Mersey Care prior to the COVID-19 pandemic and whilst the suspension of contracting

arrangements has impeded progress the Trust is working with informatics to identify a process for identifying and coding people with SEND across all services and it is anticipated that SEND metrics reporting will be in place by the end of Quarter 2.

- 6.1.6 Mersey Care has been working with Sefton MBC and has identified the numbers of people aged 18-25 with SEND who have an education health care plans and are in receipt of physical, specialist mental health and learning disability services. Work is ongoing within the Trust to establish a process in RiO and EMIS for identifying and coding people age 0-25 years with SEND across all of our services In the interim, it has been agreed that Sefton MBC SEND team will continue to share the data extract for 18-25 year olds on a monthly basis for cross referencing by the Trust whilst work is done with informatics to enable coding and data capture for SEND.
- 6.1.7 The board are requested to acknowledge the progress made to establish additional key performance indicators. It is expected KPI's can be performance monitored as part of commissioning contracting processes and report into the SEND Health performance group.

7. Summary and Next Steps

- 7.1 This report provides an update on current status relating to restoration and recovery planning arrangements across health. It has been necessary to implement alternative methods of delivering services including telephone advice and video-conferencing where face to face appointments cannot be maintained for safety and social distancing reasons.
- 7.2 In order to support families, the CCG is working with health providers to ensure communication is timely, the local offer updated regularly.
- 7.3 The pandemic has resulted in revising traditional methods of service delivery and using alternative approaches as part of phase 2 restoration and recovery plans. The impact of these technological approaches will be reviewed independently by Health Watch and any learning will be shared across the partnership and inform joint commissioning plans. Where face to face service delivery is essential, this will be delivered following Infection prevention control guidelines, to maintain safety of staff and patients.

8. Recommendations the SENDCIB is asked to note

- 8.1 It is recommended the Board;
- Receive assurance on current position on restoration of health services.
 - Note progress made to progress actions 1, 2, 3 and 4 of the improvement plan.
 - Note the challenges outlined due to impact of Covid 19 on waiting times for health services as per action 5 of improvement plan.
 - Consider the mitigating actions being put in place to address any areas for improvement.

Appendix 1

NHSE COVID-19 restoration of community health services for children and young people: second phase of NHS response issued on 3rd June 2020



C0552 - Restoration
of Community Health

Appendix 2

Health Performance dashboard – May report 2020



Copy of May 2020
performance dashbo:

Appendix 3

Service Development Improvement Plan (SDIP) for SEND



SDIP SEND draft
narrative.DOCX

Publications approval reference: 001559

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

To:

CEOs of NHS and Foundation Trusts
CEOs of Clinical Commissioning Groups
CEOs of Community Health Providers
CEOs of private and not-for-profit community providers
CEOs for community interest companies

Cc:

NHS England and NHS Improvement Regional Directors
Chief Executives of Councils
Directors of Public Health

3 June 2020

Dear colleague

COVID-19 restoration of community health services for children and young people: second phase of NHS response

This letter and annex contains guidance on the restoration of community health services for children and young people. It follows [Sir Simon Stevens' and Amanda Pritchard's letter of 29 April 2020](#) setting out the second phase of NHS response to COVID-19. This document supersedes the prioritisation guidance for community health services first published on 20 March and subsequently updated on 2 April.

It is important that children, young people and families receive the care and support they need as we move into this next phase. The annex has been updated to support this.

Thank you for your support and the important work you and your teams are undertaking.

Yours sincerely



Matthew Winn

Director of Community Health
NHS England & NHS Improvement



Ray James, CBE

National Director for Learning Disability
& Autism
NHS England and NHS Improvement



Professor Simon Kenny

National Clinical Director - Children and
Young People
NHS England & NHS Improvement



Claire Murdoch, CBE

National Director for Mental Health
NHS England & NHS Improvement

Annex: Restoration framework for community health services – children and young people

Service	Commissioner	Location	Plan during pandemic	Details	
Maintain or Stop					
1.	National Child Measurement Programme (NCMP)	Local authorities	Home and school	Stop	<ul style="list-style-type: none"> Changes to services commissioned by local authorities should be agreed with directors of public health.
2.	Friends and Family Test	NHS England and NHS Improvement	Provider based	Stop	<ul style="list-style-type: none"> Patients should remain able to give feedback about their experience or raise concerns. If appropriate, consider directing to PALS, NHS.uk, Care Opinion (where feedback can be posted online), CQC or Healthwatch.
Partial restoration - phase back in other parts of the non-essential services, while retaining the ability to surge capacity if required					
3.	Audiology	Clinical commissioning groups	Clinic based (in community or acute settings)	Continue essential services <ul style="list-style-type: none"> Repair, replacement and supply of spare parts and specialist batteries, and any other services if: <ul style="list-style-type: none"> considered essential based on clinical judgement, and subject to appropriate precautions the patient is at risk of future urgent care needs hearing aid wearer is dependent on their instruments for social contact, personal safety and/or avoiding distress. Children/younger adults with suspected foreign body in ear(s) or sudden, rapid unexplained hearing 	<ul style="list-style-type: none"> Continue essential services and phase back in other services, while retaining the ability to surge capacity if required. Consider arrangements to review/restart delayed routine assessments. Ensure provision for essential/urgent care, including diagnostic tests following newborn screening – eg ABR and follow-up as clinically necessary. Aftercare for existing hearing aid users may be provided remotely. Consider hearing aids in place of surgery for persistent otitis media with effusion in the short term – clinical decision to be made with ENT. Delay routine assessment but make provision for essential/urgent care, including diagnostic tests following newborn hearing screening (in

Service	Commissioner	Location	Plan during pandemic	Details	
			<p>loss should be directed to NHS 111/urgent treatment centres.</p> <ul style="list-style-type: none"> Paediatric audiology should continue to be able to manage newborn hearing screen-positive referrals and subsequent audiology management. 	<p>acute and community settings) ABR and follow up as clinically necessary.</p> <ul style="list-style-type: none"> Refer to audiology and otology guidance during Covid-19. Note the British Society of Otolaryngology (ENT UK) otology guidelines for a graduated return to the provision of elective services during the COVID-19 pandemic. 	
4.	Vision screening	Local Authority	Home; clinic based	<p>Continue essential services</p> <ul style="list-style-type: none"> Newborn visual checks (within 72 hours of birth) cannot be stopped as neonatal cataracts need to be spotted early. 6-week check can safely be conducted at 8 weeks. 	<ul style="list-style-type: none"> Continue essential services and phase back in other services while retaining the ability to surge capacity if required. Pre-school checks can continue to be delayed if capacity constraints exist.
5.	Child Health Information Service (Child Protection Activity)	NHS England and NHS Improvement	Office based	<p>Prioritise based on clinical judgement, including:</p> <ul style="list-style-type: none"> Child protection information system transfers. 	<ul style="list-style-type: none"> Continue essential services (call and recall for immunisations) and phase back in other services while retaining the ability to surge capacity if required. Providers to work with their designated professionals for safeguarding. Consider skeleton service, where appropriate, sustaining call/recall programmes.
6.	Immunisations (school-aged services) For other community-based immunisation programmes, see row 16 in 'Continue service'	NHS England and NHS Improvement	Schools and clinic based	<p>Continue essential services</p> <ul style="list-style-type: none"> Restoration and recovery of school-aged programmes commenced in line with local commissioning arrangements, ensuring the delivery of COVID-19 safe services. 	

Service	Commissioner	Location	Plan during pandemic	Details
<p>7. Children's allied health professional (AHP) services (including wheelchairs)</p>	<p>Clinical commissioning groups</p>	<p>Home; telephone</p>	<p>Continue essential services</p> <ul style="list-style-type: none"> Continue to carry out a local risk assessment and prioritisation of AHP caseloads and new referrals. Continue to carry out a local risk assessment and prioritisation for wheelchair referrals for new or review assessments. Ensure essential repairs for wheelchairs currently in use continue where CYP's safety and ability to be cared for at home would be impacted. Continue home visit for CYP with high clinical priority. Offer support virtually and send advice packs to families. 	<ul style="list-style-type: none"> Continue essential services and phase back in other services while retaining the ability to surge capacity if required. Continue liaising with other CYP community, acute and hospital teams if needed for discharge reasons. For CYP with Education Health and Care Plan who have provision from core AHP (speech and language therapy/occupational therapy/physio) see SEND row in 'Continue service'.
<p>Fully restore service, with some prioritisation where indicated and as capacity dictates</p>				
<p>8. Pre-birth and 0–5 service (health visiting)</p>	<p>Local authorities</p>	<p>Home visits; clinic based</p>	<p>Continue essential services</p> <ul style="list-style-type: none"> Antenatal contact. New baby visits. Where newborn visits are undertaken, the newborn hearing screening should still take place for those services offering newborn hearing screening programme community model. 6–8 week review. Other contacts to be assessed and stratified for vulnerable or clinical need (eg maternal mental health) and is likely to include: <ul style="list-style-type: none"> interventions for identified vulnerable families, eg FNP MESH 	<ul style="list-style-type: none"> Providers to work with their designated professionals for safeguarding. Changes to services commissioned by local authorities should be agreed with directors of public health. Continue to make referrals in line with local child safeguarding arrangements. Also consider guidance on vulnerable children and young people. Face-to-face contacts should be prioritised for families who are not known to services to mitigate known limitations of virtual contacts and support effective assessment of needs/risks.

Classification: Official

Service		Commissioner	Location	Plan during pandemic	Details
				<ul style="list-style-type: none"> ○ safeguarding work (MASH; statutory child protection meetings and home visits) ○ phone and text advice – digital signposting. 	
9.	School nursing	Local authorities; CCG for specialist school nurses	Home visits, school and clinic based	<p>Continue essential services</p> <p>Contacts/interventions to include:</p> <ul style="list-style-type: none"> • Virtual contacts: phone, text, email, etc. • Emotional health and wellbeing support including mental health. • Safeguarding. • Specialist school nursing. 	<ul style="list-style-type: none"> • Where appropriate consider COVID-19 guidance on vulnerable children and young people. • See row 21 below: 'Children and young people 0–25 years with special educational needs and disabilities (SEND)'. • Changes to services commissioned by local authorities should be agreed with directors of public health.
10.	Safeguarding	Clinical commissioning groups; local authorities	Home and clinic	<p>Continue essential services</p> <ul style="list-style-type: none"> • Prioritise home visits where there is a child safeguarding concern. 	<ul style="list-style-type: none"> • Isolation may increase safeguarding risks for some families/households including children who need a social worker who may be vulnerable during this time. • Where community health practitioners identify risk of harm they should continue to make referrals in line with local child safeguarding arrangements, where relevant. Providers to work with their designated professionals for safeguarding. • Changes to services commissioned by local authorities should be agreed with directors of public health. • Consider time spend on SCRs.
11.	Continuing care packages,	Clinical commissioning groups	Home and telephone	<p>Continue essential services</p> <ul style="list-style-type: none"> • CCG to agree any prioritisation of packages following individual family 	<ul style="list-style-type: none"> • For CYP with a PHB – consider how the PHB can be used flexibly to meet the outcomes set

Service	Commissioner	Location	Plan during pandemic	Details
including under 18 years and CYP with Personal Health Budget			<p>risk assessments in conjunction with service providers. Consider the following processes:</p> <ul style="list-style-type: none"> ○ risk assess existing packages with families and providers of care ○ review new requests to support discharge from hospital. Discuss on an individual family basis and consider need for increased training and new workforce ○ continue with joint funding panels (where in place) virtually with local authority education and social care teams ○ continue fast track for end of life ○ locally assess cases that are coming up for annual review and consider delaying non-urgent reviews ○ delay over 14 years of age transition reviews. 	out in their Personalised Care Support Plan and reduce urgent care needs.
12. Children's end-of-life and palliative care services	Clinical commissioning groups; local authorities	Home, Hospice	<p>Continue essential services in line with the SOP:</p> <ul style="list-style-type: none"> • For children and young people with palliative and end-of-life care needs who are cared for in a community setting (home and hospice) during COVID-19 pandemic (to be published in due course). 	<ul style="list-style-type: none"> • Expect local teams to work together across community children's nursing teams, special school nursing, hospital teams and children's hospices to ensure there is capacity in the community for palliative and end-of-life care for CYP where needed. • Delivery of care in the family's preferred place may not be possible. • Refer to clinical guidelines for CYP with palliative care needs in all settings. • Changes to services commissioned by local authorities should be agreed with directors of public health.

Classification: Official

Service		Commissioner	Location	Plan during pandemic	Details
13.	Rapid response service	Clinical commissioning groups; local authorities	Home, clinic	Continue essential services	<ul style="list-style-type: none"> Changes to services commissioned by local authorities should be agreed with directors of public health.
14.	Sexual assault services	NHS England and NHS Improvement and police and crime commissioners	Clinic, police stations	Continue essential services <ul style="list-style-type: none"> May need to organise a provider pan-regional approach with fewer bases operating. 	<ul style="list-style-type: none"> Changes to services commissioned by local authorities should be agreed with directors of public health.
15.	Antenatal, newborn and children screening (and maternity-based immunisation services)	NHS England and NHS Improvement	Maternity units; clinic; general practice; home	Continue essential services Including: <ul style="list-style-type: none"> Newborn bloodspot screening. Newborn hearing screening (maternity and community models). Sickle cell and thalassaemia. Fetal anomaly screening (for Down's, syndrome, Edwards' syndrome and Patau's syndromes (Trisomy 21, 18 and 13). Fetal anomaly screening (18+0 to 20+6 weeks fetal anomaly scan). Newborn and infant physical examination. Infectious diseases in pregnancy (see also rows on Immunisation services). Pregnant women with diabetes should continue to be invited for retinal screening where possible, with individuals with the highest risk of sight loss being invited first. Consideration of screening alongside maternity appointments should be considered where possible to reduce 	

Service	Commissioner	Location	Plan during pandemic	Details	
			<p>the number of clinical appointments required in different venues.</p> <ul style="list-style-type: none"> Where possible, consideration should be given to vaccinating babies for neonatal BCG before discharge from the maternity department after birth rather than inviting them later for an additional appointment. 		
16.	Immunisation programmes – antenatal and newborn (for school-aged programmes see 'Immunisations – school aged services')	NHS England	Antenatal clinics; maternity units	<p>Continue essential services</p> <ul style="list-style-type: none"> Maternity and paediatric services should continue to deliver pertussis and seasonal influenza vaccines for pregnant women and selective neonatal BCG and hepatitis B vaccine (\pmHBIG) to eligible babies. 	<ul style="list-style-type: none"> Immunisation services will be more comprehensively covered by separate guidance from NHS England and Public Health England. Primary care: routine and selective immunisation programmes should be maintained. This includes the seasonal flu programme.
17.	Child Health Information Service (screening and immunisation activity)	NHS England	Office based	<p>Continue</p> <p>Support failsafe for the newborn blood spot screening tests. Support the call and recall function for routine childhood immunisation working in liaison with local GP practices, maintain active lists of those missed both in primary care and school-aged children and hepatitis B failsafes where commissioned.</p>	<ul style="list-style-type: none"> Consider skeleton service, where appropriate, sustaining call/recall programmes.
18.	Emotional health and wellbeing/ mental health support including community CYPMH service provision	Clinical commissioning groups; local authorities; NHS England and NHS Improvement Specialised Commissioning	Home visits, school; clinic based	<p>Continue essential services</p> <ul style="list-style-type: none"> Provide community services including: <ul style="list-style-type: none"> community children and young people's mental health services (CYPMH), sometimes known as CAMHS CYP eating disorder services (including day services) 	<ul style="list-style-type: none"> Isolation may increase requirement for services for some individuals. Particularly need to consider vulnerable CYP including children with a social worker – refer to COVID-19 guidance on vulnerable CYP Consider virtual support.

Service	Commissioner	Location	Plan during pandemic	Details
			<ul style="list-style-type: none"> ○ outreach mental health services including school teams/mental health support teams ○ other dedicated services delivered in the community such as deaf mental health services. 	<ul style="list-style-type: none"> ● Changes to services commissioned by local authorities should be agreed with directors of public health, ideally on an STP footprint basis. ● Refer to Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages.
19.	Community paediatric service	Clinical commissioning groups	<p>Home visits; school; clinic based</p> <p>Continue essential services</p> <ul style="list-style-type: none"> ● Services/interventions deemed clinical priority. ● Child protection medicals. ● Risk stratify initial health assessments (urgent referrals need to continue; however, some routine referrals may be delayed with appropriate support, eg initial basic advice to parents/carers). Health assessments for Looked After Children and children being considered for adoption should continue and are not subject to risk stratification. ● Learning disabilities annual health checks. 	<ul style="list-style-type: none"> ● Consider virtual support. ● Where appropriate consider COVID-19 guidance on vulnerable CYP: See line 21 below: 'Children and young people 0–25 years with special educational needs and disabilities (SEND)'. ● Further specialist guidance has been published to sustain onward referral for urgent and emergency MSK conditions in children (under 16s).
20.	Community children's nursing teams	Clinical commissioning groups	<p>Home; telephone; school</p> <p>Continue essential services</p> <ul style="list-style-type: none"> ● Risk stratification process must be in place to clinically prioritise caseloads across the following NHS at Home categories: <ul style="list-style-type: none"> ○ acute and short-term conditions ○ long term conditions ○ disabilities and complex conditions including those requiring continuing care and long-term ventilation 	<ul style="list-style-type: none"> ● Be aware that local service offer and provision may differ locally. ● Continue to support early discharge from hospital by working with DGH and specialist hospital teams. ● Continue to work with acute hospital, and primary care teams to support avoidance of admissions. ● Continue to liaise with other teams such as schools, CYP community teams, district nurses, primary care teams, hospices and universal HV/SN where needed

Service	Commissioner	Location	Plan during pandemic	Details
			<ul style="list-style-type: none"> ○ life-limiting and life-threatening illness, including those requiring palliative and end-of-life care. ● Continue to monitor rising risk of any deferred lower risk nursing interventions. ● Continue to assess the need for training either virtually or face to face. ● Continue to support advance care planning and be ready to respond rapidly where needed. ● Facilitate self/parent to manage clinical care as soon as possible, eg administration of IM/SC medication, dressing changes, enteral tube changes. ● Use digital technology to provide support. ● Risk assess medical equipment where planned preventive maintenance is delayed. 	<p>Special School Nursing (where delivered as part of Children’s Community Nursing):</p> <ul style="list-style-type: none"> ● Risk assess individual child’s safety attending school versus staying at home where there are complex health vulnerabilities. ● Liaise with special schools regarding appropriate social distancing and prevention of infection. ● Work in partnership with special schools to ensure there are adequate, appropriately trained staff to manage clinical care needs during the school day. Where this is not possible, children may not be able to attend school until this can be achieved.
21.	Children and young people 0–25 years with special educational needs and disabilities (SEND) with an Education Health and Care plan (EHCP)	Clinical commissioning groups; local authorities	<p>Home; school where needed; MDT clinic; telephone; other virtual support</p> <p>Continue essential services</p> <ul style="list-style-type: none"> ● SEND community services must be prioritised for CYP 0–25 with an EHCP in place or going through an assessment for one. ● CCG, providers and local authorities work together to risk assess CYP. ● The Coronavirus Act requires reasonable endeavours to be made to ensure the provision in an EHC plan. Key SEND services are <ul style="list-style-type: none"> ○ therapies speech and language therapy/OT/physio 	<ul style="list-style-type: none"> ● This framework must be applied in conjunction with Department of Education COVID-19 guidance: Guidance on Vulnerable CYP and SEND Risk Assessments. ● For legislative changes for SEND refer to: www.legislation.gov.uk/ukxi/2020/471/contents/made ● Continue with tribunals and single route of redress as per national guidance. ● Providers must work with their designated clinical and or designated medical officers who support statutory duties for their CCG.

Service	Commissioner	Location	Plan during pandemic	Details	
			<ul style="list-style-type: none"> ○ community paediatrics ○ community children's nursing ○ special school nursing. 	<ul style="list-style-type: none"> ● Children's teams to work alongside adult commissioners and community teams to support young people with SEND 18–25 to risk assess need for delaying transition. ● Consider working together across health teams if families must move residence to ensure safe care and originating team keep on caseload where possible. 	
22.	Looked After Children teams	Clinical commissioning groups; local authorities	Home visits; school and clinic based	<p>Continue essential services</p> <ul style="list-style-type: none"> ● Segmentation to prioritise needs (eg increased risk of harm from social isolation). ● Safeguarding work – case review, not routine checks. ● Telephone advice – could be undertaken regionally. ● Initial review and assessments and health assessments for children considered for adoption. 	<ul style="list-style-type: none"> ● Providers to work with their designated professionals for safeguarding. ● Consider using virtual platforms to facilitate attendance by key staff.
23.	Children's community learning disability teams/crisis services	Clinical commissioning groups; local authorities	Home and clinic	<p>Continue essential services</p>	<ul style="list-style-type: none"> ● Consider virtual support. ● Write to parents for support to develop contingency. ● Consider daily huddles to prioritise cases for support in line with risk stratification processes. ● Crisis services are critical to prevent further pressure on inpatient services. ● Changes to services commissioned by local authorities should be agreed with directors of public health.
24.	Community forensic CAMHS	NHS England and NHS Improvement	Various health and other settings	<p>Continue essential services</p>	

Actions 2.1: A documented and approved management and accountability framework to be in place for the DCO																											
KPI	Action	Source	Lead	Frequency	Baseline	Performance													Direction of Travel	Achieving Target?	Spark Line	Performance Target				Commentary	
					Jul-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Dec-19	Jun-20	Dec-20	Jun-21		
KPI 2/1	Submission of quarterly DCO report	DCO	Emma Powell - DCO	Quarterly	0	2019/20													1.0	↑			6 Months	12 Months	18 Months	24 Months	Completed, December 2019. Evidence submitted to DFE for 6 month review in January 2020. The quarterly report for April is now complete.
						2020/21	1.0																1	3	5	7	
KPI 2/2	Annual DCO report	DCO	Emma Powell - DCO	Annually	0	2019/20																	0	Deferred until Oct 20	N/A	2nd	Originally deferred until October 2020 as per COVID-19 Business Continuity Plan, but will now be completed by end July, as part of recovery planning.
						2020/21																					
KPI 2/3	Provider survey of understanding of DCO role and responsibilities (% of staff able to confirm and articulate what the DCO role is)	DCO	Emma Powell - DCO	Bi-Annually	0	2019/20													95.0%	↑			50%	75% (deferred until Oct 20)	95%	95%	Completed. The report has been shared with the SEND Health Performance Improvement Group in January 2020 and SENDCIB in February 2020. A total of 41 staff participated in the survey during December 2019. Six questions in total with 95% of respondents demonstrating an understanding of the primary function of the role against a baseline target set for 50%. Analysis from this survey has been used to inform DCO work plan, including awareness raising with all health providers. The survey will be repeated in October 2020 as per COVID-19 Business Continuity Plan; and providers have committed to promoting a better response rate.
						2020/21																					
Actions 3.1: All relevant health professionals are aware of their responsibilities and contribution of EHCPs.																											
KPI	Action	Source	Lead	Frequency	Baseline	Performance													Direction of Travel	Achieving Target?	Spark Line	Performance Target				Commentary	
					Jul-19	Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar				Dec-19	Jun-20	Dec-20	Jun-21		
KPI 3/1	Health practitioners routinely write health submissions for EHC plans for the children and young people (via Audit)	Local Authority (DCO via QA system)	Emma Powell - DCO	Quarterly	Baseline to be established	2019/20													0.0%	↔			Establish Baseline by 21.12.2019	Audit will sample 10% of EHCPs	Audit will sample 10% of EHCPs	Audit will sample 10% of EHCPs	Pilot recommended with Alder Hey. Increasing number of requests for Health advices have been forwarded over to Sefton clinical staff with 1st September being the agreed date for total exchange of responsibility (MCFT to retain administrative co-ordination function). Health specific multi-agency QA session has taken place with the advices from AH being reviewed and feedback given to staff, in general a marked improvement in quality was observed.
						2020/21																					
KPI 3/2	% of positive "parental satisfaction survey" results received following completion of EHC process			Bi-annually	Baseline to be established	2019/20																					Baseline data has been adopted using the parental satisfaction survey completed in December 2019 and will be updated in performance dashboard next month. The survey was co-produced with Sefton Parent Carer Forum. The feedback from the survey was reported to January 2020 SENDCIB.
						2020/21																					
KPI 3/3	% of staff having completed training	Health Performance Group	Lindsey Mariton / Helen Pruden		Baseline established 232 staff February 2020	2019/20													20.0%	↔			50%	75%	95%	95%	96 staff trained out of total of 232 to date. As part of restoration and recovery plans the HEE group have revised training dates and they are now planned for September and October enabling a total of 240 multi-agency staff to participate. Large venue booked to enable social distancing and capacity for 30 staff per session factored into planning. HEE report to be brought to July SENDCIB. Plans are in progress with DFE advisor for team leaders in health to receive training during June and July 2020 to focus on quality assurance process of health advices, as per SDIP requirements for health.
						2020/21																					
KPI 3/4	% of staff having completed refresher training	Health Performance Group	Lindsey Mariton / Helen Pruden		N/A	2019/20																					
						2020/21																					
KPI 3/5	% of staff confirming their increased level of confidence in the process following training		Lindsey Mariton / Helen Pruden	Quarterly	Baseline to be established following training	2019/20																					NASEN have provided course evaluations for any staff that completed training on 2nd and 3rd March 2020, demonstrating increased levels of confidence post training with 100% of staff in attendance reporting an increased knowledge and confidence in writing child specific outcomes.
						2020/21																					

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

Actions 5.1: Commission neurodevelopmental diagnostic pathway and resulting reduction in waiting times for commissioned paediatric services																													
KPI	Action	Source	Lead	Frequency	Baseline (in weeks)	Performance												Direction of Travel	Achieving Target?	Spark Line	Performance Target					Commentary			
					Jun-19	2019/20	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				Mar	Oct-19	Dec-19	Jun-20	Dec-20		Jun-21		
KPI 5/1	Average waiting time for Paediatric Dietetics (Weeks) (PD)	Alder Hey	BI	Monthly	9	2019/20	6.8	3.4	5.7	5.9	4.8	8.5	6.2	4.9	7.4	8.3	4.2	4.6	↓	Yes		3 Months	6 Months	12 Months	18 Months	24 Months	All therapy services have been impacted on as a result of the COVID-19 pandemic. In line with NHS guidance for community services, all but clinically urgent services were cancelled to support the acute response. Following a move to phase 2 of the pandemic response, there has been an increase in community therapy service provision across Sefton although therapy teams have continued to support the acute response including participation in the paediatric Covid Testing service provided at Alder Hey. Throughout the period (April-June), services continue to carry out local risk assessments and prioritise AHP caseloads and new referrals in accordance with risk and needs of the child/young person. Services continued to accept referrals and offer home visits for any high clinical priority patients. All other appointments and interventions are being offered virtually, by telephone or Attend Anywhere.		
						2020/21	5.5	6.5	3.4																				8
KPI 5/2	Average waiting time for Occupational - Therapy (OT) (Weeks)	Alder Hey	BI	Monthly	15	2019/20	15.0	14.6	12.6	11.7	13.0	11.1	16.8	14.3	12.9	11.4	14.4	8.1	↓	No		3 Months	6 Months	12 Months	18 Months	24 Months	KPI 5.2 & 5.3 Physiotherapy and OT waiting times are below the commissioned position of 18 weeks, and average waiting times have reduced between May and June. The team are offering digital assessments but this is not always clinically appropriate and we are working to support increases in face to face activity in clinic, following IPC guidance. KPI 5.4 Average waiting times for SALT have continued to reduce. The average waiting time for completed pathways is significantly lower in June compared to previous months due to the clinical prioritisation (urgency) of children and young people who have been referred more recently. The service is working to deliver an overall improvement plan which will also see a reduction in waiting times for those who have waited the longest.		
						2020/21	11.5	16.0	13.7																				15
KPI 5/3	Average waiting times for Paediatric - Physiotherapy (PT) (Weeks)	Alder Hey	BI	Monthly	6	2019/20	4.9	5.9	6.1	6.0	4.8	4.5	5.7	5.1	5.1	9.1	7.0	7.9	↓	No		3 Months	6 Months	12 Months	18 Months	24 Months			
						2020/21	5.7	10.2	7.7																				6
KPI 5/4	Average waiting times for Speech and Language Therapy (SALT) (Weeks)	Alder Hey	BI	Monthly	30	2019/20	35.5	36.3	30.9	29.7	31.9	23.6	24.7	24.7	25.6	21.6	18.4	19.0	↓	Yes		3 Months	6 Months	12 Months	18 Months	24 Months			
						2020/21	23.5	22.2	12.1																				25
KPI 5/5	CAMHS - % Referral to choice within 6 weeks	Alder Hey	BI	Monthly	Staged Target March 20: 92%	2019/20											58.1%	89.9%	86.0%	68.9%	↑	No		3 Months	6 Months	12 Months	18 Months	24 Months	KPI 5.5 Referral to choice waiting time has seen an increase in compliance with the agreed 6 week standard. The service has resumed routine choice appointments and is offering additional capacity to support the required reduction in waiting times. The service will continue to monitor this standard alongside referral rates, ensuring choice capacity meets any potential change in demand. KPI 5.6 Referral to partnership waiting times has deteriorated in June. The service has had a reduction in capacity due to the impact of the delivery of 24/7 crisis care service, through redeployment of staff. There is a phased return plan for staff to return to the Sefton CAMHS team and additional short term investment to reduce waiting times has also been agreed by Alder Hey, which will be provided by an agency staff member and additional capacity from the existing workforce. A capacity and demand exercise has been completed and a revised trajectory to achieve the 92% referral to first partnership target has been set.
						2020/21	36.8%	35.4%	58.9%																			50.0%	
KPI 5/6	CAMHS - % referral to partnership within 18 weeks	Alder Hey	BI	Monthly	Staged Target March 20: 75%	2019/20											62.9%	72.4%	70.0%	68.9%	↓	No		3 Months	6 Months	12 Months	18 Months	24 Months	
						2020/21	64.2%	61.4%	56.3%																			50.0%	
KPI 5/7	Initial Health Assessments for Children in Care returned to Sefton Local Authority within statutory timescale (% returned within 20 working days of the child entering care)	Sefton CCGs	BI	Monthly	100% within 20 working days	2019/20															↑	No		3 Months	6 Months	12 Months	18 Months	24 Months	In light of impact on performance for looked after children, KPIs 5.7 and 5.8 have been included in the dashboard. It is planned for reporting to be provided to Sefton Corporate parenting Board, as per April SENDCIB agreement. Exception details are provided for June, May and April to contextualise performance matters. June: x14 Sefton children entered care who required an IHA; of these x9 had their IHA returned to the LA in timescale; of the x5 that did not have their IHA returned in timescale x2 are missing children and are believed to have left the UK whereabouts unknown - health information has been shared with the LA for these children to help inform care planning but this does not constitute a statutory IHA; x1 related to 'relaxing' of IHA timescales due to the coronavirus pandemic and a subsequent delay in the IHA being returned from Alder Hey; x2 IHAs were completed within the 20 day timescale (completed day 18) and were returned to the LA on day 21 so missed timescale by 1 day. May: x16 Sefton children entered care who required an IHA; of these x7 had their IHA returned within timescale. National guidance in response to covid19 pandemic indicated that IHA timescales could be 'relaxed' due to recognition that doctors who undertook IHAs may need to be redeployed to undertake covid19 duties. April: x21 Sefton children entered care in April and who required an IHA; of these 8 had their IHA returned to the LA in timescale; national guidance in response to covid19 pandemic indicated that IHA timescales could be 'relaxed' due to recognition that doctors who undertook IHAs may need to be redeployed to undertake covid19 duties.
						2020/21	38.1%	43.8%	64.3%																			100%	
KPI 5/8	Initial Health Assessments returned to Sefton Local Authority for Children in Care with identified SEND requirements (% returned within 20 working days of the child entering care)	Sefton CCGs	BI	Monthly	100% within 20 working days	2019/20															↓	No		3 Months	6 Months	12 Months	18 Months	24 Months	June: 2 children who entered care in June had identified SEND requirements; x1 IHA was returned to the LA in timescale; x1 IHA has not been completed as the child is missing and believed to have left the UK whereabouts unknown - health information has been shared with the LA for this child to help inform care planning however this does not constitute a statutory IHA. May: x1 Sefton child with identified SEND requirements entered care in May; this IHA was returned to the LA within timescale resulting in 100% compliance. April: There were no Sefton children with identified SEND requirements entering care in April.
						2020/21	N/A	100%	50.0%																			100%	
KPI 5/9	Percentage of ASD assessments started within 12 Weeks	Alder Hey	BI	Monthly	90% within 12 weeks	2019/20															↓	Yes		3 Months	6 Months	12 Months	18 Months	24 Months	Improvements to the diagnostic pathways for ASD and ADHD have continued to be delivered despite the impact of COVID-19 on services. An acceleration of some aspects of the improvement projects have been necessary due to the required working arrangements which include greater adoption of digital assessments and use of external partner provision. In the ASD pathway, following engagement with the parent carer forum, all families have been written to with an update on the improvement planned in the pathway and a significant data validation process was completed to ensure that all children awaiting a diagnosis are monitored as part of a single waiting list and not held within different teams systems. In ADHD there have been changes in the way referrals are triaged, the introduction of a single neurodevelopmental history and the commencement of virtual workshops to support families of newly diagnosed children and young people.
						2020/21	100%	100%	96.5%																			90%	
KPI 5/10	Percentage of ASD assessments completed within 30 Weeks	Alder Hey	BI	Monthly	90% within 30 weeks	2019/20															↔	Yes		3 Months	6 Months	12 Months	18 Months	24 Months	Performance against the agreed improvement plan demonstrates that the Trust has achieved the Quarter 1 milestones. There were 2 patients who did not start their process of ASD assessment within 12 weeks due to choice of appointment times.
						2020/21	100%	100%	100%																			90%	

KPI	Description	Source	Lead	Frequency	Target	2019/20	2020/21	Notes	638 (Jun 20)	473 (Sep 20)	323 (Dec 20)
KPI 5/11	ASD open referral backlog reduction	Alder Hey	BI	Monthly	Staged reduction from the starting point of 758		631	June saw a backlog of 631 open ASD Referrals.			
KPI 5/12	Percentage of ADHD assessments started within 12 Weeks	Alder Hey	BI	Monthly	90% within 12 weeks	100%	100%	100%			
KPI 5/13	Percentage of ADHD assessments completed within 30 Weeks	Alder Hey	BI	Monthly	90% within 30 weeks	100%	100%	100%			
KPI 5/14	ADHD open referral backlog reduction	Alder Hey	BI	Monthly	Staged reduction from the starting point of 519		428	June saw a backlog of 631 open ASD Referrals.	430 (Jun 20)	339 (Sep 20)	239 (Dec 20)

Actions 5.15: Commission neurodevelopmental diagnostic pathway and resulting reduction in waiting times for commissioned adult services (NB: data relates to access times to general physical health services)																	Performance Target					Commentary					
KPI	Action	Source	Lead	Frequency	Baseline (in weeks)	Performance												Direction of Travel	Achieving Target?	Spark Line	Oct-19		Dec-19	Jun-20	Dec-20	Jun-21	
						Fin Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				Mar		3 Months	6 Months	12 Months	18 Months	24 Months
KPI 5/15	Average waiting time for Dietetics (PD) (Weeks)	Mersey Care	BI	Monthly	10	2019/20	14.0	19.0	18.0	13.0	9.0	10.0	8.0	8.0	8.0	11.0	7.0	10.0	↑	Yes		18	18	18	18	18	Weekly reviews by the Trust 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 review of the waiting list / times are now business as usual. There have been increases in the average number of referrals for all therapy disciplines in June as general practice resume to business as usual. Waiting times have been significantly impacted for all with the number of visits declined by housebound patients. KPI 5.15 Dietetics remains with 18 week target but has increased on last month.
KPI 5/16	Average waiting time for Occupational Therapy (OT) (Weeks)	Mersey Care	BI	Monthly	14	2019/20	18.0	16.0	16.0	14.0	16.0	12.0	11.0	9.0	9.0	12.0	12.0	14.0	↑	No		18	18	18	18	18	KPI 5.16 and 5.17 OT and physio have both breached the 18 week target this month moving to 21 weeks. Performance improvement plans will be developed for next month detailing issues and action being taken. There has been pressure on OT and Physio resources in managing demands from urgent care for admission avoidance and to support timely discharge competing against planned care priorities. KPI 5.18 Recruitment continues to be a challenge for SALT with position considerably worsened in month with a further 1WTE on extended absence due to adoption leave. It is going to be challenging to recover back to 18 weeks within reasonable time frame with staffing being critical element. In absence of available workforce Trust have provided assurances on how patients are being triaged to determine priority and reviewed at regular intervals with telephone calls where deemed routine / low priority to check that clinical needs haven't changed and case requires escalation. Trust has also briefed CCG Leads on value of virtual consultations in managing within COVID restrictions. Trust have submitted briefing update to be considered by CCG to provide assurance as to how clinical care is being managed.
KPI 5/17	Average waiting times for Physiotherapy (PT) (Weeks)	Mersey Care	BI	Monthly	16	2019/20	20.0	20.0	18.0	17.0	18.0	20.0	17.0	16.0	16.0	17.0	15.0	16.0	↑	No		18	18	18	18	18	
KPI 5/18	Average waiting times for Speech and Language Therapy (SALT) (Weeks)	Mersey Care	BI	Monthly	25	2019/20	12.0	14.0	13.0	10.0	12.0	13.0	16.0	15.0	19.0	22.0	21.0	25.0	↑	No		18	18	18	18	18	

2020/21 Service Development and Improvement plan (SDIP) for SEND in Sefton

CCG SDIP Lead	<p>Kerrie France</p> <p>Associate Chief Nurse SEND</p>
SDIP Title	<p>Local SDIP for Health providers delivering services for children and young people with SEND aged 0-25 years</p>
Description of indicator	<p>The Service Development and Improvement Plan (SDIP) for SEND have been revised to strengthen oversight of performance improvement trajectories and assurance statements by Providers regarding maintenance of meeting the needs of children and young people's health needs relating to SEND and improve specific levels of performance, on a Bi- annual basis during 2020/2021.</p> <p>It has been updated to reflect requirements following the Improvement notice issued in June 2019 to address areas of concern identified, resulting in an over-arching improvement plan for all services in Sefton.</p> <p>Sefton is the only area nationally to receive an improvement notice in relation to services for children and young people with SEND.</p> <p>There are a series of actions the partnership are required to address:</p> <ul style="list-style-type: none"> • Action 1 - the poor progress made from starting points by pupils with a statement of special educational needs or an EHCP at key stages 2 and 4. • Action 2 - the poor operational oversight of the Designated Clinical Officer (DCO) across health services in supporting children and young people who have special educational needs and/or disabilities and their families. • Action 3 - the lack of awareness and understanding of health professionals in terms of their responsibilities and contribution to Education Health Care Plans (EHCP's). • Action 4 - the weakness of co-production with parents, and more generally in communications with parents. • Action 5 - the weakness of joint commissioning in ensuring that there are adequate services to meet local demand. <p>Whilst there is evidence of improvement required in relation to all 5 of these areas, specifically, actions 2, 3 and 5 solely relate to Health.</p> <p>A suite of Key performance indicators (KPI's) will be developed and will be aligned to contracting processes for relevant providers. In addition there is a requirement to embed some qualitative improvements so as once the improvement notice has ended and evidence of impact achieved, against the improvement notice,</p>

SEND reforms will become integral to 'Business as Usual' processes for all health services for 0-25 Population. This SDIP has the following aims for all Health provider Trusts delivering services to 0-25 years in Sefton :

- To evidence strengthening of system Leadership and accountability for SEND by Health Providers.
- To ensure increased staff awareness of SEND legislation and strengthen knowledge and skills of staff to ensure they deliver quality care to children and young people 0-25 years.
- To demonstrate adherence to SEND legislation and reforms ensuring they are factored into trust policies evidencing for example; Equality Impact Assessments and workforce planning.
- To embed SEND requirements into training needs analysis and training requirements for relevant workforce working with children and young people 0-25 years.
- To ensure the timeliness of Education, Health Care Plans are completed in 6 weeks, as per statutory requirements.
- To evidence improvement in the quality of Education health care plans completed by nominated professionals, by implementing internal audit processes and factoring in robust oversight and quality assurance processes for Education health care plans completed, inclusive of co-production and inclusion of parental and child views, so they meet quality standards.
- To act on feedback from multi-agency audit, led by Designated Clinical Officer, where quality issues have been reported from findings of multi-agency audit.
- To provide assurance on all health related actions identified in the improvement plan for Sefton.

This one year SDIP will be moved into business as usual processes following completion.

End of Q2: Provider to produce a report to evidence all of the aims identified above have been progressed.

The report must contain quantitative data relating to:

- % workforce trained against improvement plan
- % staff assessed as competent against the trajectory set
- The report must evidence that leaders are discharging

	<p>responsibilities for SEND through implementing governance mechanisms for monitoring progress against any internal actions and that they are offering assurance to the SEND Health performance improvement Group and relevant sub groups and Boards for SEND.</p> <ul style="list-style-type: none"> • In addition, qualitative evidence inclusive of children and families experiences and staff experiences must be included. This may be in the form of survey results, trust communication briefings and case study evidence. <p>End of Q4: Provider to submit a report detailing:</p> <ul style="list-style-type: none"> • A final position statement on progress against all of the actions identified in the SDIP. • The report must evidence that the trust can fully implement SEND into business as usual reporting processes and that there are internal mechanisms in place to maintain training and quality and timeliness of education health care planning processes for children. • The report must make reference to any Transforming Care investment this year obtained and access to source further opportunity for funding in 2020/21. • A final position on % staff trained against the trajectory set • A final position on % staff assessed as competent against the trajectory set • A final position on % timeliness of Education Health Care plans • Details of the model planned to ensure this has become business as usual to include ongoing audit, peer review, the maintenance of timely reviews and how the Trust gathers patient experience feedback and patients/carers evaluations of the service provided.
<p>Rationale for inclusion</p>	<p>To strengthen system leadership for SEND. To improve staff awareness of SEND. To improve the quality of education health care plans completed. To meet timescale adherence of 6 weeks for completion of health plans from the date of request by the local authority. To reduce waiting times for commissioned services. To improve children and families experiences of health services.</p>
<p>Data source and frequency of collection</p>	<p>Bi-annually reports to be submitted by Providers. End of quarter 2 and quarter 4 (2020-2021)</p>
<p>Organisation responsible for data collection</p>	<p>All Health Provider Trusts for 0-25 children and young people in Sefton.</p>

Frequency of reporting to commissioner	Bi annual reports as above.
Final indicator reporting date	31.3.2020



SEND – Joint Commissioning Strategy Action Plan

Progress Report – July 2020



Background

This action plan was developed to address the needs and priorities identified in the Joint Commissioning Strategy for SEND 2020 – 2023. This is a partnership plan that will be reviewed on an annual basis. The delivery of the Joint Commissioning Strategy for SEND and progress against delivery of this Action Plan will be overseen by the Children's and Young Peoples Partnership Board.

Our Strategic Priorities

Our analysis of this information on need, demand and experience, coupled with legislative obligations and the need to deliver within a defined budget envelope have led us to identify the following priorities for our system:

- A comprehensive offer of support which is accessible in our local community
- High aspirations for all our children and young people
- The opportunity to provide support at the earliest opportunity
- To work with families and young people to maximise choice and control.

Note this Action Plan should be considered in conjunction with the SEND Joint Commissioning Strategy, Joint Commissioning Strategy and Market Position Statement for Children & Young People and the Looked After Children & Care Leavers Sufficiency Statement.

Our Plan

Priority 1 - A comprehensive offer of support accessible in our local community.

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
An accessible Local Offer that meets local need	Review of Local Offer using SEND Needs Assessment, feedback from engagement activities and feedback from reviews.	Families and schools have told us that the current Local Offer is difficult to navigate. Improve our understanding of need and have a more responsive and inclusive offer.	Improved accessibility and navigation of Local Offer. Good quality information is more readily accessible to all on what is available. People are more aware of and access opportunities available to them.	Head of Communities	<p>Progress</p> <p>The Council has added Recite Me software to the Sefton Directory which hosts the Local Offer in order to improve accessibility. This enables the person using the website in a way that works best for them, this includes screen colour, language, font size, read aloud.</p> <p>The SEND Local Offer Officer has commenced engagement with parents and young people to understand usability issues and discuss options on future designs.</p> <p>The SEND Local Offer Officer is working with the Council Communications team to consider how best to raise awareness of the Local Offer.</p> <p>Throughout the COVID 19 pandemic the SEND Local Offer Officer has actively maintained the Local Offer so that families can access up to date information and advice.</p> <p>Funding has been approved to commence a refresh of the Local Offer with a view to</p>	April 2021

Priority 1 - A comprehensive offer of support accessible in our local community.						
The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
					<p>improving accessibility and navigation. The Council has identified resources to support the SEND Local Offer Officer in the data management activity required to deliver the change required.</p> <p>Next Steps</p> <p>Consult with families on the refresh of the Local Offer website.</p> <p>The SEND Local Offer Officer will continue to work with the Communications team and others to promote the Local Offer.</p> <p>Review the content of the Local offer using SEND Needs Assessment.</p>	

Priority 1 - A comprehensive offer of support accessible in our local community.

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
	Encourage universal services to be more inclusive of children and young people with SEND	Encourage a wide range of activities that help address the identified growing need to address social isolation.	Children and Young People with SEND and their families feel included. People will be able to signpost individuals and families to opportunities.	Head of Education Excellence Children and Young People Commissioning Lead	<p>Progress Inclusion team are now working in clusters, providing support and training to schools.</p> <p>SENCO training is being delivered every month.</p> <p>Autism friendly training pilot schools has commenced.</p> <p>Triad training has been delivered for schools focusing on inclusion</p> <p>Next Steps</p> <p>Roll out autism friendly training in schools</p> <p>Undertake Triad reviews</p>	April 2022

Priority 2 - High aspirations for all our children and young people						
The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
Good Education, Employment and Training Opportunities are available for 16-25-year olds	<p>Develop an effective Post 16 pathway for young people with SEND.</p> <p>Review best practice nationally.</p> <p>Identify barriers to a more diverse post 16 offer and support to remove those barriers.</p> <p>Develop relationships with employers to promote inclusivity in</p>	<p>To make young people and their families more aware of the opportunities available to them.</p> <p>To strengthen our communities by creating opportunities for our young people.</p>	<p>People are more aware of Education, Employment and Training opportunities available to them.</p> <p>The professionals working with our young people will feel confident, empowered and connected to signpost young people to opportunities.</p> <p>More young people will benefit from education, employment and training offer.</p>	Head of Education Excellence	<p>Progress</p> <p>Links have been developed with two new college principals</p> <p>Represented at the Schools' and Children's Cell</p> <p>The Council is recruiting 11-19 school adviser</p> <p>Expansion of Supported Internship programme in partnership with Hugh Baird and Southport College.</p> <p>The NEET Reduction Service delivered by Career Connect has changed its remit to include 14-16 year cohort rather than post 16 as per previous commission.</p> <p>Next Steps</p> <ul style="list-style-type: none"> • Further develop partnership working with colleges • Involvement with Career Connect • Complete the development of and publish a Transition Guide, in consultation with parents/carers and young people, outlining key Education, Training and Employment progression routes 	April 2022

Priority 2 - High aspirations for all our children and young people						
The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
	the workplace.				<ul style="list-style-type: none"> • Ensure parents/carers, young people, schools, Career Connect and the SEN team are clear about roles and responsibilities in annual Education, Health and Care Plan Reviews • Embed Preparation for Adulthood themes (Community, Health, Independent Living and Employment) in all EHCP Reviews, particularly from Year 9 onwards 	

Priority 3 - Providing support at the earliest opportunity - Pathway review and establishment in key areas to ensure maximised efficiency and effectiveness of service offer						
The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
Support is accessible at the earliest opportunity	To implement neurodevelopmental diagnostic pathway across Sefton which includes NICE compliant diagnostic pathway for ASD	To improve outcomes for children & young people by ensuring they have access to seamless pathways to correctly identify needs.	Improved outcomes for children & young people.	Chief Nurse	<p>Progress</p> <p>A NICE compliant neurodevelopmental assessment and diagnostic pathway has been commissioned by Sefton CCG's up to 16 years and implemented from April 2020 as planned, by AHCH.</p> <p>A business recovery plan has been submitted to April SENDCIB relating to all health services as Covid 19 pandemic has impacted on ability to deliver services as planned.</p> <p>Due to impact of Covid-19 on requirements to change methods of service delivery, face to face assessments have been replaced with digital assessments, and AHCH are utilising additional providers Axia and Healios to address waiting times for ASD.</p> <p>A proposal to extend the age range of the new ASD pathway to 18 years is being developed in collaboration with AHCH.</p> <p>Numbers of additional assessments required have been calculated and confirmed by AHCH, circa 50 pa. As numbers are small it is anticipated that the additional resource requirements will be minimal.</p>	April 2020
			Case studies and audits will evidence that practitioners are maximising support to our young people.		<p>For young people and adults up to 25 years, In collaboration with Mersey Care, plans are underway to</p>	April 2021

Priority 3 - Providing support at the earliest opportunity - Pathway review and establishment in key areas to ensure maximised efficiency and effectiveness of service offer						
The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
					redesign ASD pathway and to reduce waiting times. Capacity/demand modelling will be used to inform redesign and plans for waiting time reductions Next Steps AHCH to provide updated ASD report to SENDCIB July 2020. CCG's commissioners to work on post 16 pathway redesign and implementation date. Agreement on waiting time trajectories and timescales to be determined with Mersey Care on completion of capacity/ demand modelling. Aiming for full Implementation of revised pathway by April 2021. Develop case studies	
	Review and renew jointly the specifications and performance management frameworks of specialist and targeted support services,	To maximise the opportunities associated with these specialist and targeted support services. To ensure that provider	Improved outcomes for children & young people. Future commissioning will be informed timely quality data.	Head of Education Excellence Director of Strategy and Outcomes	Progress 4 task and finish groups – transition; inclusion; ASD and maths/English established Sefton has been successful in securing bid through HHE - training delivered from NASEN impacted by Covid-19 New SENCO support training Early identification of SALT need training delivered Positive behaviour management training	April 2022

Priority 3 - Providing support at the earliest opportunity - Pathway review and establishment in key areas to ensure maximised efficiency and effectiveness of service offer

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
	<p>priorities are SALT, Paediatric OT and Sensory services.</p>	<p>contracts are aligned to ensure a timely flow of high quality performance data, including impact measures.</p>			<p>Supporting inclusive practice for children in the Early Years (a NASEN programme) – a 5 session training package Making sense of autism training (an Autism Education Trust programme) In conjunction with the Social Communication Team we've also delivered the START programme (Specialist Training, Assessment and Review for Transition) for children with social communication needs starting in mainstream Reception. This includes training for staff and parents and regular assessment and review visits during the child's Reception Year.</p> <p>Pre Covid-19, therapy waiting times were on target to deliver as per KPIs and agreed timescales and subject to monthly monitoring.</p> <p>As a result of Covid-19, SALT reported a 7 week increase in waiting times in April 2020.</p>	
					<p>Next Steps Restart in task and finish autumn</p> <p>Explore the opportunity to commission an accredited PVI SENCO training programme</p> <p>The AET training will be developed further once we have attended training for trainers (postponed due to the</p>	

Priority 3 - Providing support at the earliest opportunity - Pathway review and establishment in key areas to ensure maximised efficiency and effectiveness of service offer

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
					<p>pandemic)</p> <p>START will continue although the exact format will need to be adapted due to the pandemic</p> <p>AHCH is developing recovery plans and revised waiting time trajectories for SALT for consideration by the SEND Health Performance Group and joint performance sub group.</p> <p>A report on restoration and recovery planning for health services following business continuity arrangements will be presented to July SENDCIB.</p> <p><u>OT sensory Progress</u></p> <p>In response to recovery planning for Covid and SENDIAS feedback, the planned service review will now take place and a meeting has been scheduled between CCG and local authority to progress service review.</p> <p><u>Next Steps</u></p> <p>CCGs and LA colleagues to scope/map current provision and plan approach and timescales for review.</p> <p>Develop case for change, proposed service model and outline resource requirements.</p>	<p>July 2020</p> <p>By 30 June 2020</p> <p>By 30 June 2020</p>

Priority 3 - Providing support at the earliest opportunity - Pathway review and establishment in key areas to ensure maximised efficiency and effectiveness of service offer						
The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
					Agree service model and date for implementation by April 2021.	April 2021

Priority 3 - Providing support at the earliest opportunity - Pathway review and establishment in key areas to ensure maximised efficiency and effectiveness of service offer

The Outcomes we are aiming for	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
	Explore opportunities for early help/ brief interventions from universal practitioners and voluntary, community and faith sector to reduce the need/ pressure on specialist services e.g. Health	To secure improved access to services to enable early diagnosis and to implement relevant care plans.	Children and young people accessing services in a timely manner to enable them to reach their outcome goals. The workforce will be trained and designed to meet the needs of children and	Head of Education Excellence Children and Young People Commissioning Lead	Progress Training for SENCOs ongoing Next Steps Graduated response report to be presented at SEND Forum	April 2021

Priority 4 - Working with Families and Young People to maximise Choice and Control.						
The Outcomes we are	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
To increase the use of Personal Health Budgets (PHB) as part of EHCPs	To develop a campaign to promote the use of PHBs as part of delivery of EHCPs	To provide an opportunity for young people, their families and/or carers to have more control of the commissioning of SEND support bespoke to their health needs.	<p>Increased satisfaction from parents, carers and young people as a personal health budget will increase their control and choice.</p> <p>Improved outcomes for young people.</p>	<p>Head of Education Excellence</p> <p>Chief Nurse</p>	<p>Progress CCGs have a designated Personal Health budgets Communications and Engagement Officer advising and supporting with promotional campaign and working with Sefton Parent Carer Forum and Sefton Carer's Centre.</p> <p>Service level agreement in place with Sefton Carer's Centre inclusive of Personal Health Budgets support for SEND Children and young people/carers.</p> <p>Sefton Carers Centre submits quarterly reports including the number of Personal health budget applications.</p> <p>Next Steps Personal health budget promotional plan to be shared with the SEND Health Performance Group for information.</p> <p>Sefton Carer's Centre to share Children and young people case study to support promotion and encourage uptake amongst health providers.</p>	<p>In line with SEND Improvement Plan</p> <p>26th June 2020</p>

Priority 4 - Working with Families and Young People to maximise Choice and Control.						
The Outcomes we are	The actions we are taking	Why we are doing this	Impact we will have	Responsible lead	Progress & Next Steps	Date to be achieved by
Children and young people with SEND are supported at home	Develop and implement of an All Age Assistive Technology strategy. Expand use and resource of assistive technology to support and promote greater independent living.	To provide an opportunity for children and young people with SEND, their families and/or carers to have effective support in the home.	Increased use of adaptations and equipment in the home to improve mobility/safety in the home and support independence.	Head of Education Excellence Director of Strategy and Outcomes	Progress A digital task and finish group has been established as a sub group of the Integrated Commissioning Group, this includes representation from the SEND Team and has the objective of delivering a wider range of Assistive technology, and establishing integrated pathways to enable greater prescribing of technology and community equipment by practitioners. Time lines are to be aligned to the milestones of this plan. Next Steps Develop the strategy	April 2022
An age appropriate short break offer including Aiming High	Implement a review of the current offer involving young people and their parents/carers	To coproduce an age appropriate offer within Aiming High.	Increased satisfaction from parents, carers and young people.	Head of Communities	Progress A review has commenced. Next Steps Complete review of respite care	April 2021



MEETING OF THE GOVERNING BODY SEPTEMBER 2020

Agenda Item: 20/118	Author of the Paper: Jan Leonard Director of Place - North Jan.leonard@southportandformbyccg.nhs.uk 07826903286						
Report date: September 2020							
Title: GP Patient Survey 2020							
<p>Summary/Key Issues:</p> <p>The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.</p> <p>The 2020 overall performance for South Sefton CCG score is 82.6% and means they are the 4th highest performing CCG compared to our regional neighbours.</p> <p>The paper highlights the key indicators and describes plans to act on the results.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table border="0"> <tr> <td>Receive</td> <td style="border: 1px solid black; text-align: center;">X</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>	Receive	X	Approve		Ratify	
Receive	X						
Approve							
Ratify							

Links to Corporate Objectives 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.
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.
	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				
Legal Advice Sought				
Quality Impact Assessment				
Resource Implications Considered				
Locality Engagement	x			
Presented to other Committees				

Report to the Governing Body September 2020

1. Introduction and Background

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England.

In the CCG, 11,530 questionnaires were sent out, and 3,252 were returned completed. This represents a response rate of 28%. The survey was undertaken between January – March 20 therefore will not have been significantly impacted by the COVID pandemic, nor will the significant changes to the way in which patients access General Practice be captured in this survey.

The GP Patient Survey measures patients' experiences across a range of topics, including:

- Your local GP services
- Making an appointment
- Your last appointment
- Overall experience
- Your health
- When your GP practice is closed
- NHS Dentistry
- Some questions about you
-

The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations. However it does have limitations as the sample sizes at practice level are relatively small and the survey does not include qualitative data, which limits the detail provided by the results.

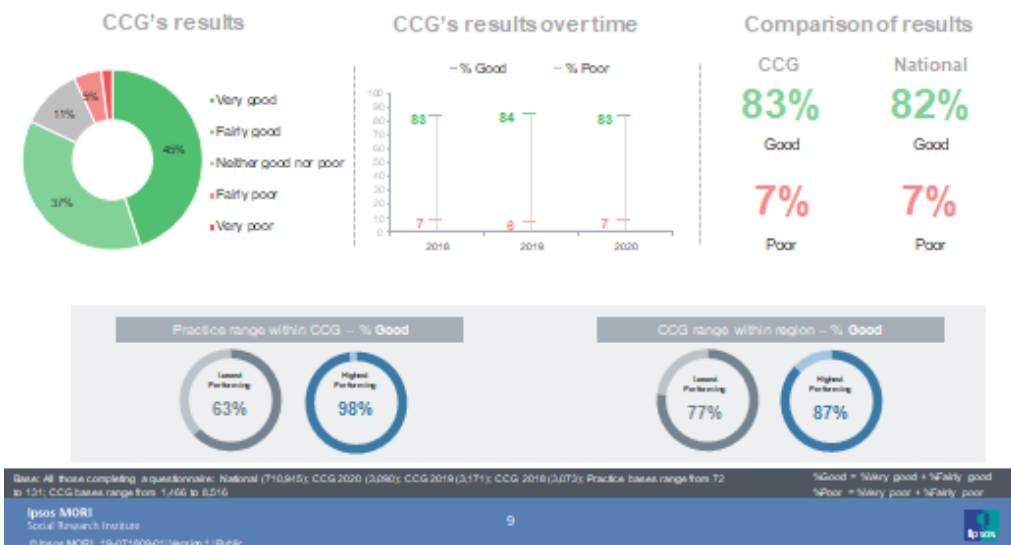
The data provide a snapshot of patient experience at a given time, and are updated annually. Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.

The full slide pack is included with this report.

2. Key Results

Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?



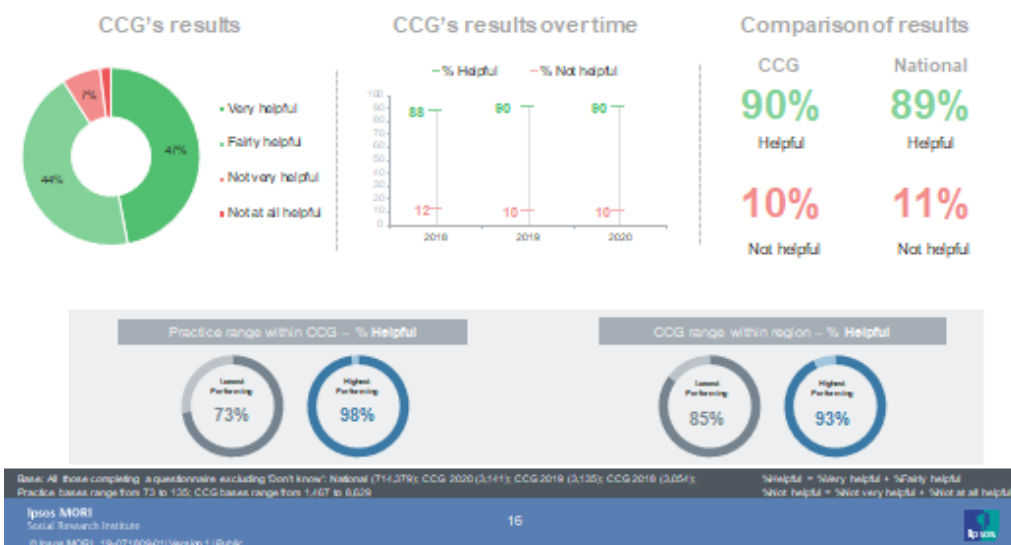
The 2020 overall performance for South Sefton CCG score is 82.6% and means they are the 4th highest performing CCG compared to our regional neighbours.

This year's overall performance shows a slight reduction of 1.1% points on the 2019 score of 83.7%. This reduction is typical of the CCGs in our area, with only West Lancashire CCG achieving a higher score compared to 2019. The England average is 81.8% and shows a reduction of 1.2% to the previous year's score. At a national level SSCCG sit just above the England average and are ranked 56th out of the 135 CCGs that completed the GP Patient Survey (GPPS).

The overall CCG achievement helps to provide context when we dig deeper and review individual practice performance.

Helpfulness of receptionists at GP practice

Q2. How helpful do you find the receptionists at your GP practice?



The CCG performs well and has maintained its position from previous years.

Access and Choice

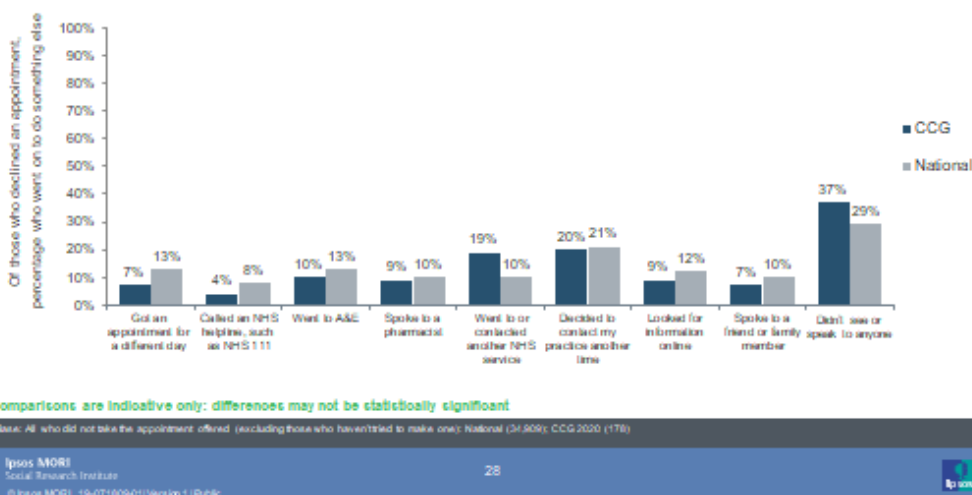
In relation to access, for the question 'Ease of Getting Through on the Phone' the CCG score was below the national average, with 60% of patients describing it as easy, this is a reduction from previous years. Since the COVID pandemic access to GPs has changed significantly with many other digital options being available. Other indicators relating to this include: awareness of on-line services, on-line use and ease of use all of which have increased since this survey was undertaken.

Choice of appointment

The CCG scores below the national average for the choice of appointment offered (53% compared with 60% satisfaction nationally) yet of those who took the appointment offered, 73% were satisfied with this (this is the same as national average). This is another indicator that will have been affected by changes introduced to access as a result of COVID.

What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



When asked about alternatives if patients chose not to take the appointment offered, the majority of patients contacted the practice on another occasion or accessed other NHS services. 10% chose to visit A&E which, whilst less than the national average, is not always the best option and further work can be done to offer alternatives such as 'NHS 111 first' scheme.

Quality of care.

When asked about how patients perceived the care they received the CCG scores well for 'Giving you enough time,' 'Being listened to,' and 'Treated with care and concern'. The CCG also scores above the national average for recognising mental health needs.

Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

CCG's results



3. Conclusions

The CCG has performed well in the GP Patient Survey for 2020. Whilst some indicators have shown a slight drop in performance, this is in line with other CCGs performance. The CCG continues to strive to reduce the variation between practices, as part of the Local Quality Contract for 20/21 practices have been asked to review their individual performance in order to share good practice amongst locality peers.

The COVID pandemic has changed the way in which patients access GP practices and we will continue to work to review what 'business as usual' looks like as a result of this. We will work with partners to understand how patients have responded to these changes to help inform how we shape access in the future.

4. Recommendations

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

Jan Leonard
Director of Place
August 2020

GP PATIENT SURVEY

NHS SOUTH SEFTON CCG

Latest survey results

2020 survey publication

Version 1 | Public

Ipsos MORI
Social Research Institute

© Ipsos MORI 19-071809-01 | Version 1 | Public



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Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit <https://gp-patient.co.uk/>.
- This slide pack presents some of the key results for **NHS SOUTH SEFTON CCG**.
- The data in this slide pack are based on the 2020 GPPS publication.
- In NHS SOUTH SEFTON CCG, **11,530** questionnaires were sent out, and **3,252** were returned completed. This represents a response rate of **28%**.
- In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the [GP Forward View](#), and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The questionnaire (and past versions) can be found here: <https://gp-patient.co.uk/surveysandreports>.

Introduction

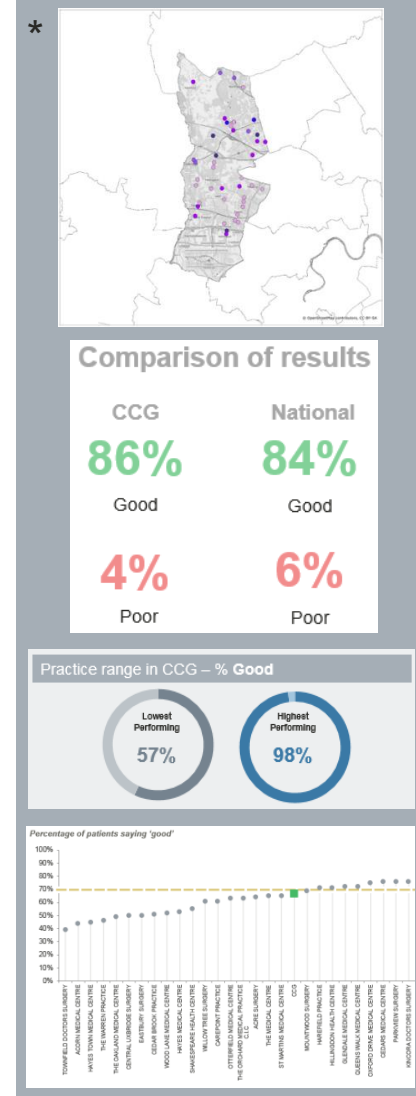
- The GP Patient Survey measures patients' experiences across a range of topics, including:
 - Your local GP services
 - Making an appointment
 - Your last appointment
 - Overall experience
 - Your health
 - When your GP practice is closed
 - NHS Dentistry
 - Some questions about you
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
 - Sample sizes at practice level are relatively small.
 - The survey does not include qualitative data, which limits the detail provided by the results.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this year.

Guidance on how to use the data

The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

- **Comparison of a CCG's results against the national average:** this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.
- **Comparison of practices' results within a CCG:** this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.
- **Comparison of CCGs' results within a region:** region as described in this report is based on NHS England regions, further information about these regions can be found here: <https://www.england.nhs.uk/about/regional-area-teams/>

*Images used in this slide are for example purposes only



Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or ‘quintiles’) in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- Trends:
 - Latest: refers to the 2020 publication (fieldwork January to March 2020)
 - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
 - 2018: refers to the August 2018 publication (fieldwork January to March 2018)
- For further information on using the data please refer to the end of this slide pack.



More than 0% but less than 0.5%

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

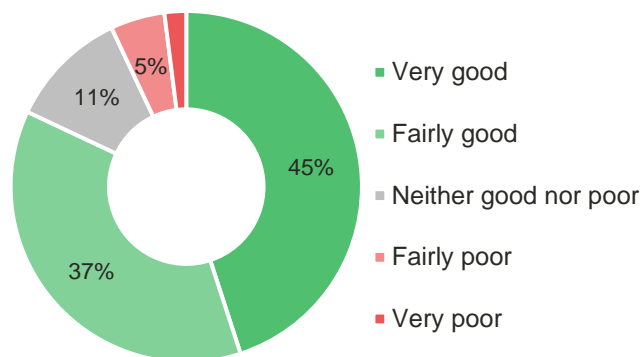
Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed.**

Overall experience of GP practice

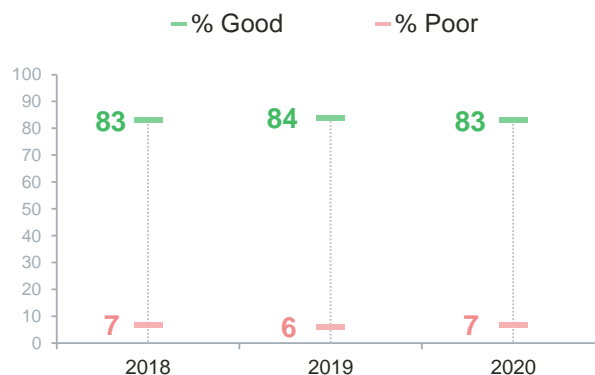
Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

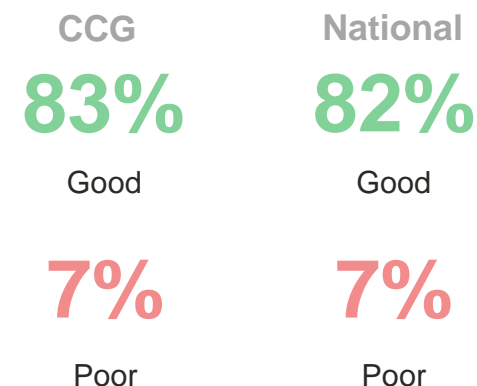
CCG's results



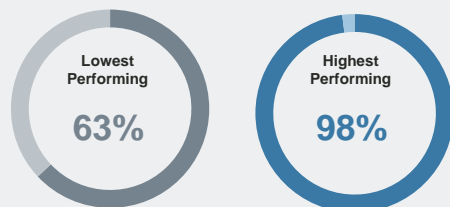
CCG's results over time



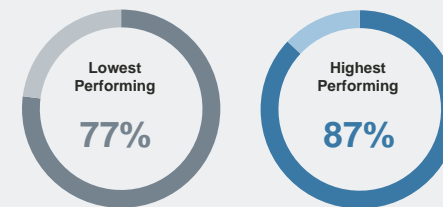
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



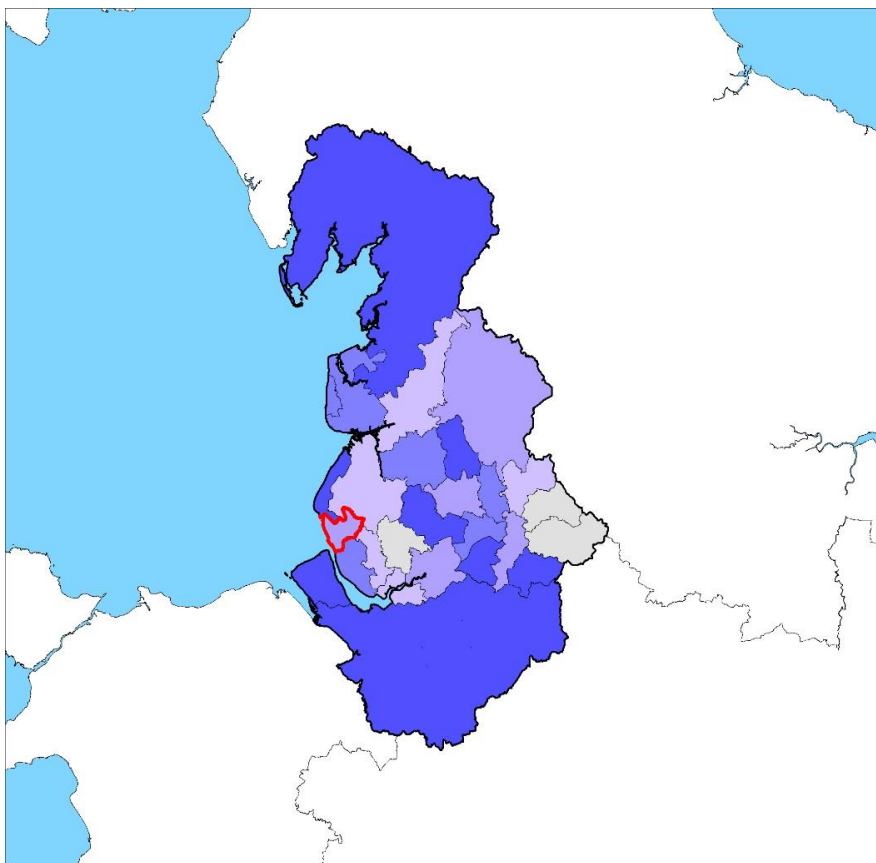
Base: All those completing a questionnaire: National (710,945); CCG 2020 (3,090); CCG 2019 (3,171); CCG 2018 (3,073); Practice bases range from 72 to 131; CCG bases range from 1,466 to 8,516

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience: how the CCG's results compare to other CCGs within the region

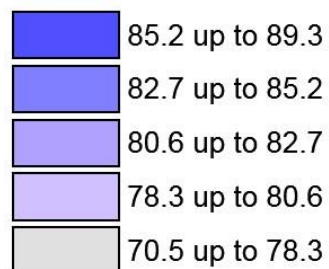
Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice

% Good



Results range from

77%
to
87%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

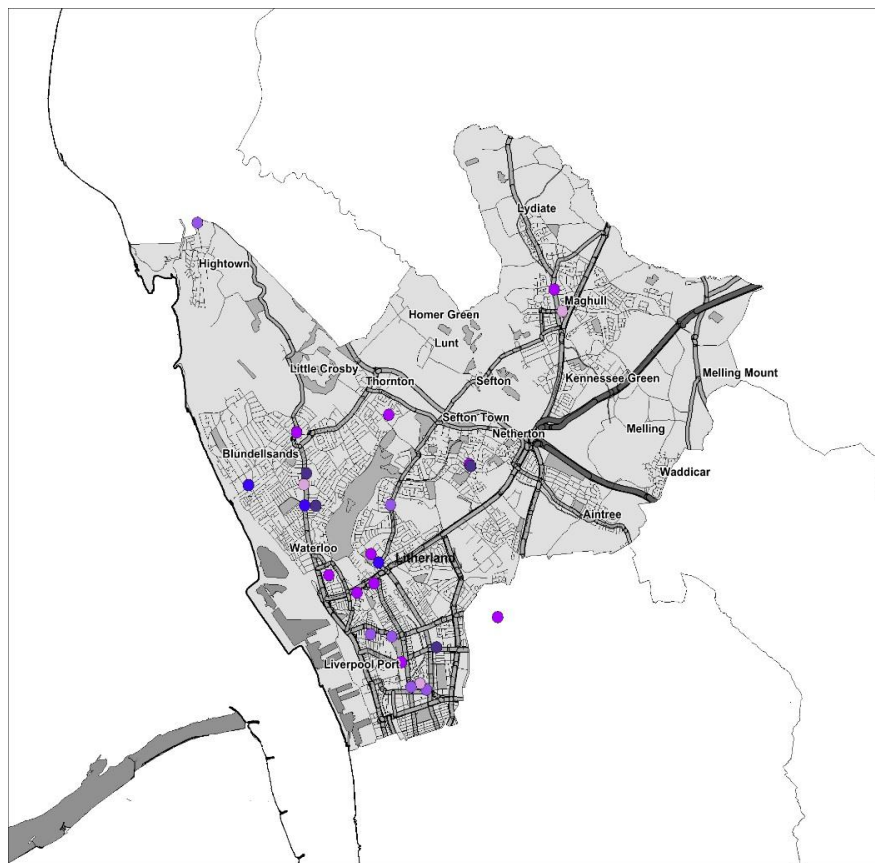
Base: All those completing a questionnaire: CCG bases range from 1,466 to 8,516

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Overall Experience of GP Practice
% Good

- 91.5 up to 100.0
- 86.6 up to 91.5
- 81.3 up to 86.6
- 74.2 up to 81.3
- 37.0 up to 74.2

Results range from

63%
to
98%

Comparisons are indicative only: differences may not be statistically significant

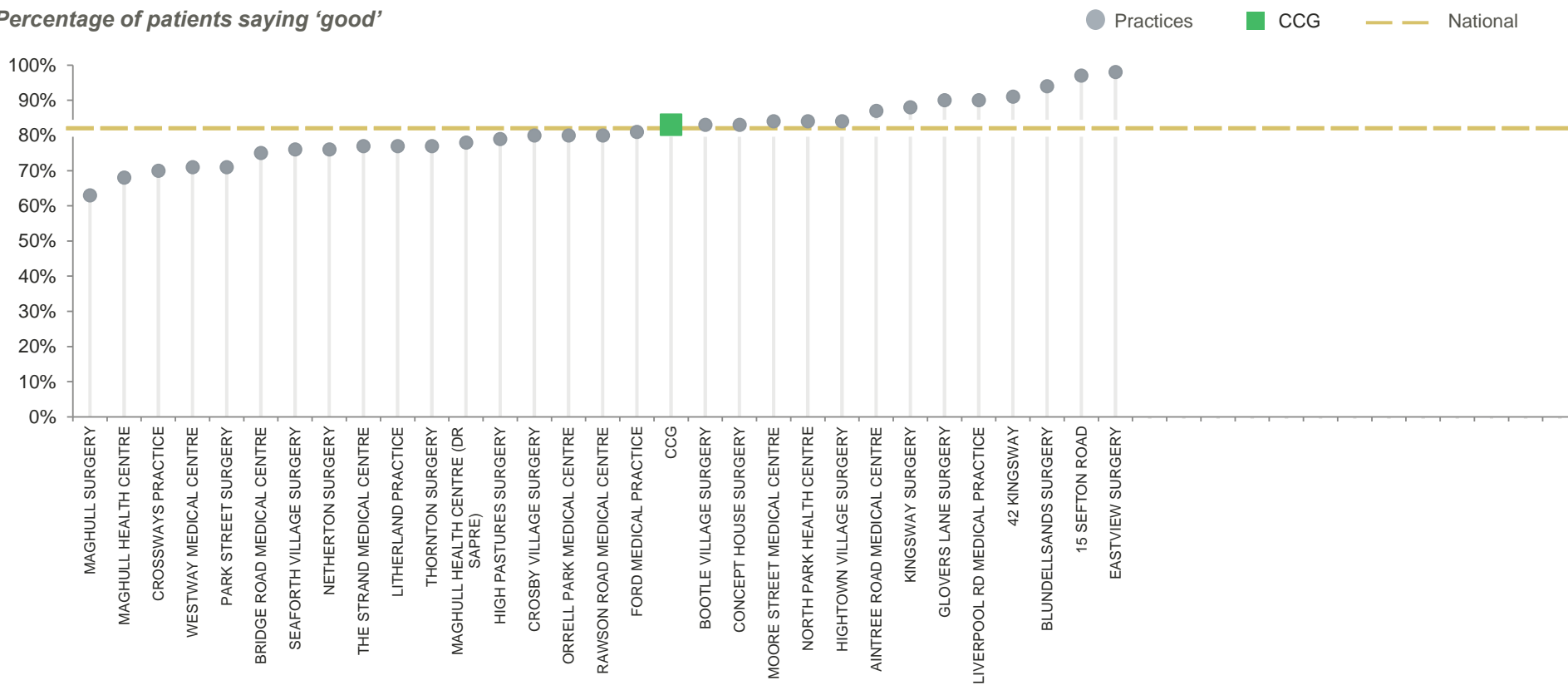
Base: All those completing a questionnaire: Practice bases range from 72 to 131

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying 'good'



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (710,945); CCG 2020 (3,090); Practice bases range from 72 to 131

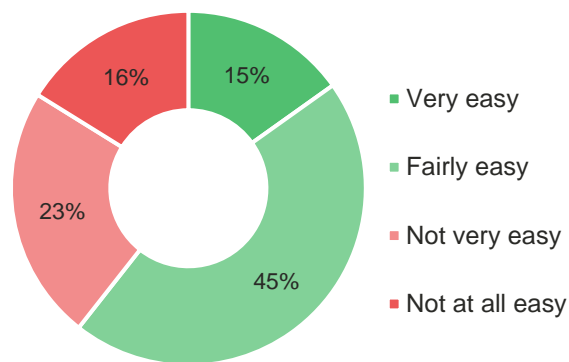
%Good = %Very good + %Fairly good

Local GP services

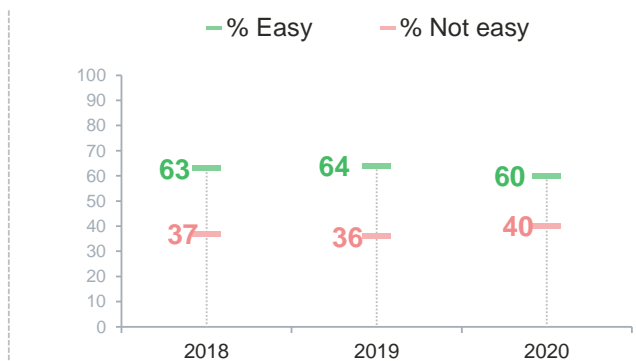
Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

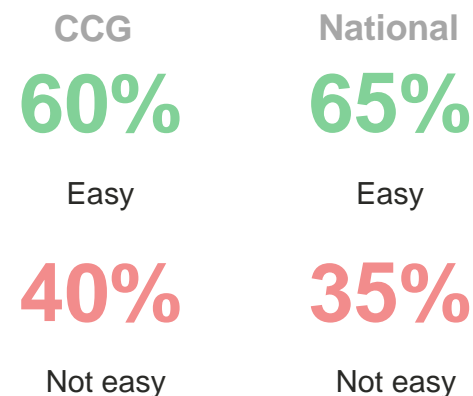
CCG's results



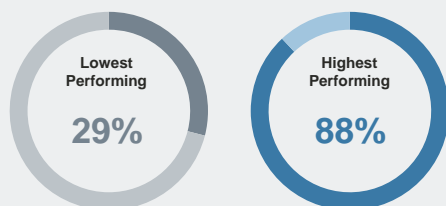
CCG's results over time



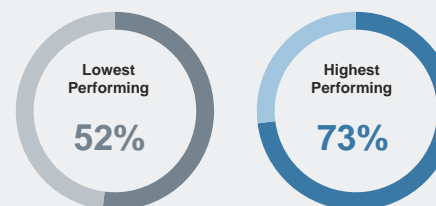
Comparison of results



Practice range within CCG – % Easy



CCG range within region – % Easy

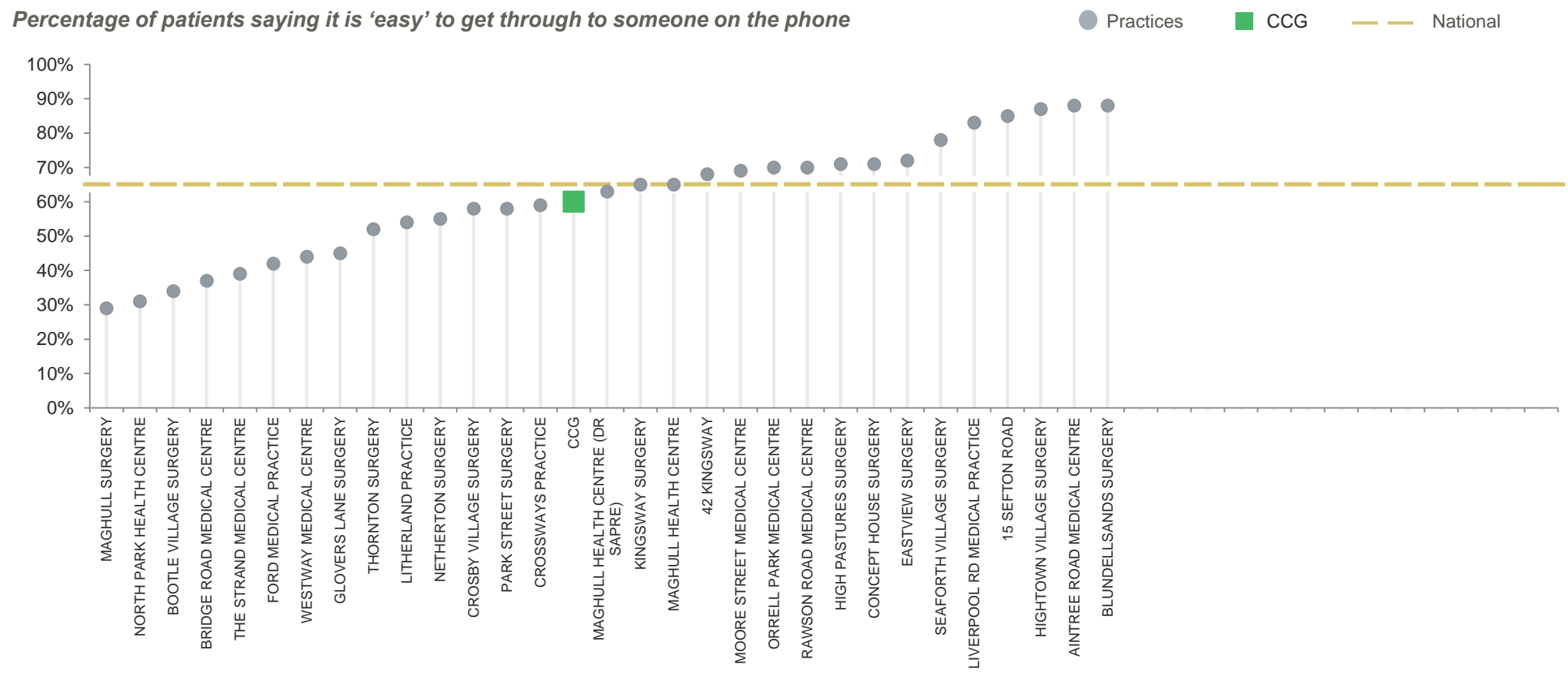


Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (3,092); CCG 2019 (3,103); CCG 2018 (3,029); Practice bases range from 67 to 130; CCG bases range from 1,443 to 8,498

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?



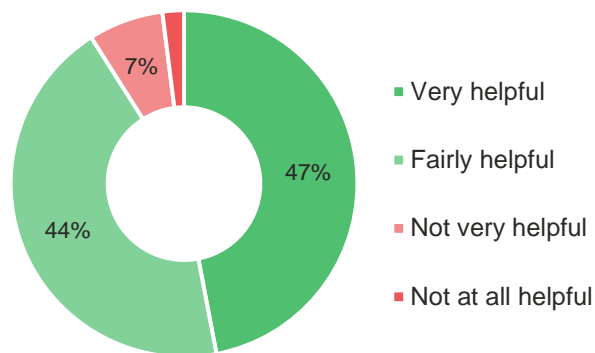
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (3,092); Practice bases range from 67 to 130
%Easy = %Very easy + %Fairly easy

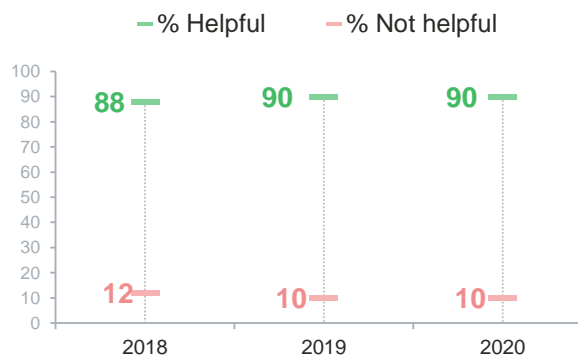
Helpfulness of receptionists at GP practice

Q2. How helpful do you find the receptionists at your GP practice?

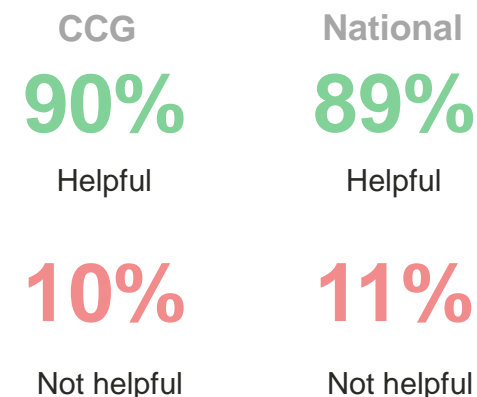
CCG's results



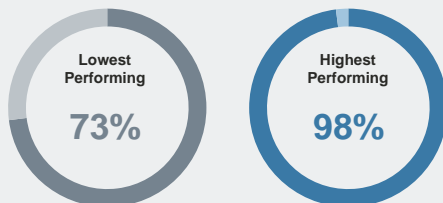
CCG's results over time



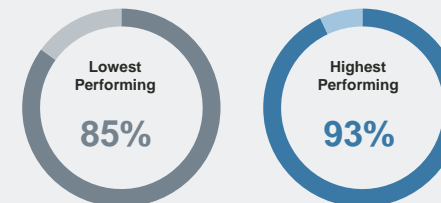
Comparison of results



Practice range within CCG – % Helpful



CCG range within region – % Helpful

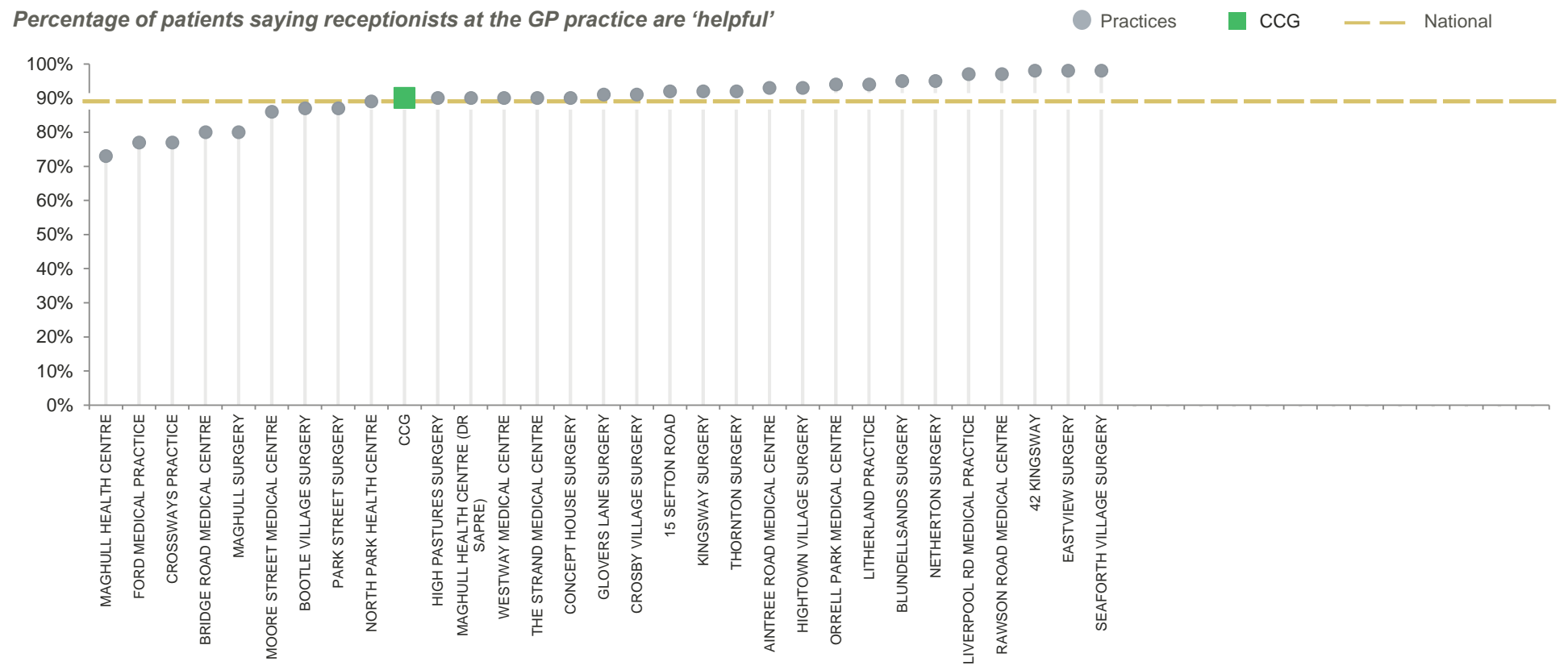


Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (3,141); CCG 2019 (3,135); CCG 2018 (3,054); Practice bases range from 73 to 135; CCG bases range from 1,467 to 8,629

%Helpful = %Very helpful + %Fairly helpful
%Not helpful = %Not very helpful + %Not at all helpful

Helpfulness of receptionists at GP practice: how the CCG's practices compare

Q2. How helpful do you find the receptionists at your GP practice?



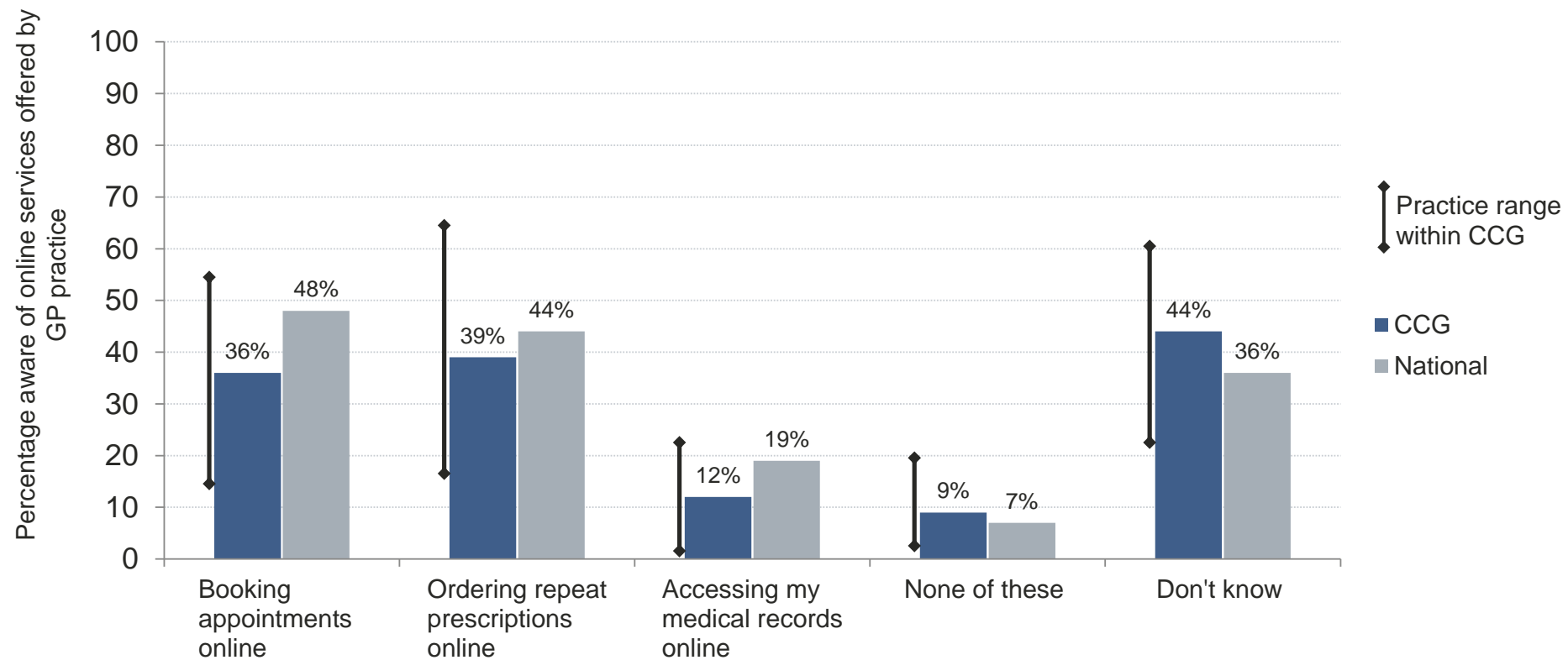
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (3,141); Practice bases range from 73 to 135
 %Helpful = %Very helpful + %Fairly helpful

Access to online services

Awareness of online services

Q4. As far as you know, which of the following online services does your GP practice offer?

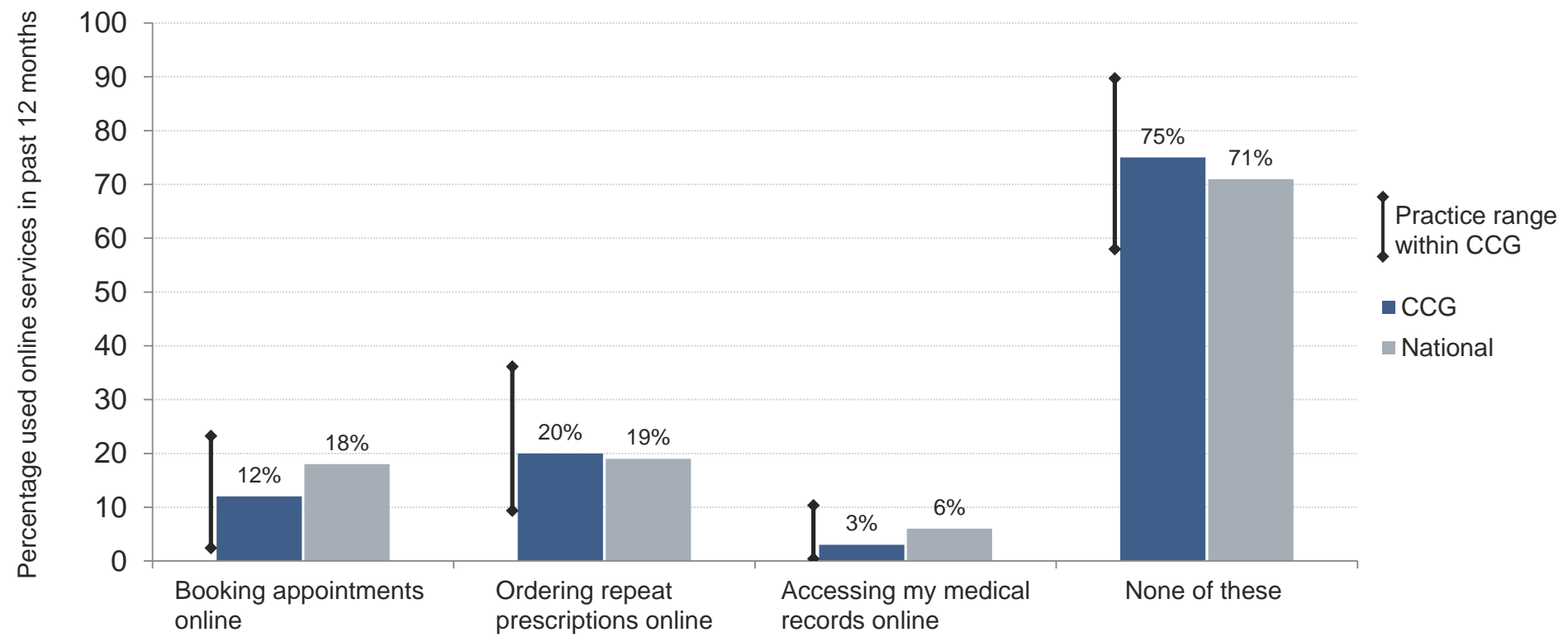


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (716,915); CCG 2020 (3,143); Practice bases range from 69 to 132

Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?



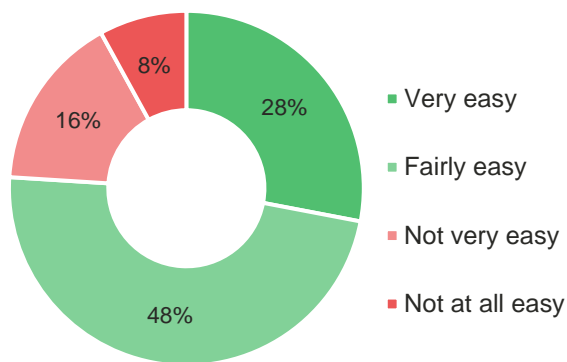
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (723,567); CCG 2020 (3,162); Practice bases range from 71 to 132

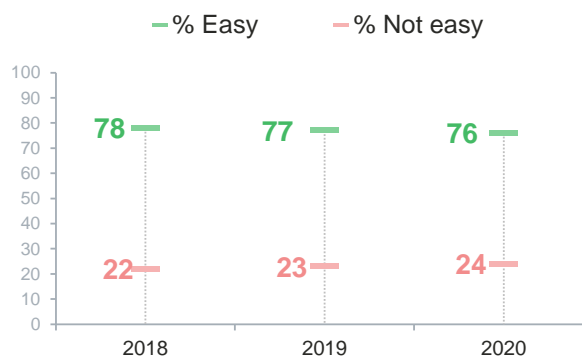
Ease of use of online services

Q6. How easy is it to use your GP practice's website to look for information or access services?*

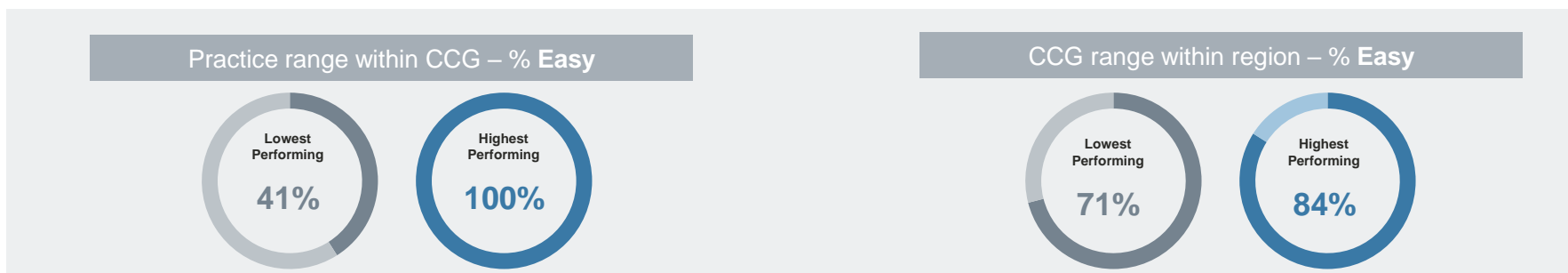
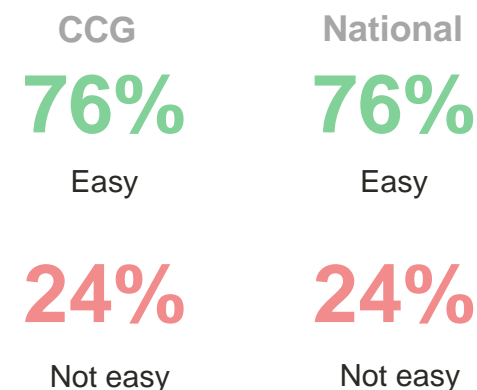
CCG's results



CCG's results over time



Comparison of results



*Those who say 'Haven't tried' (69%) have been excluded from these results.

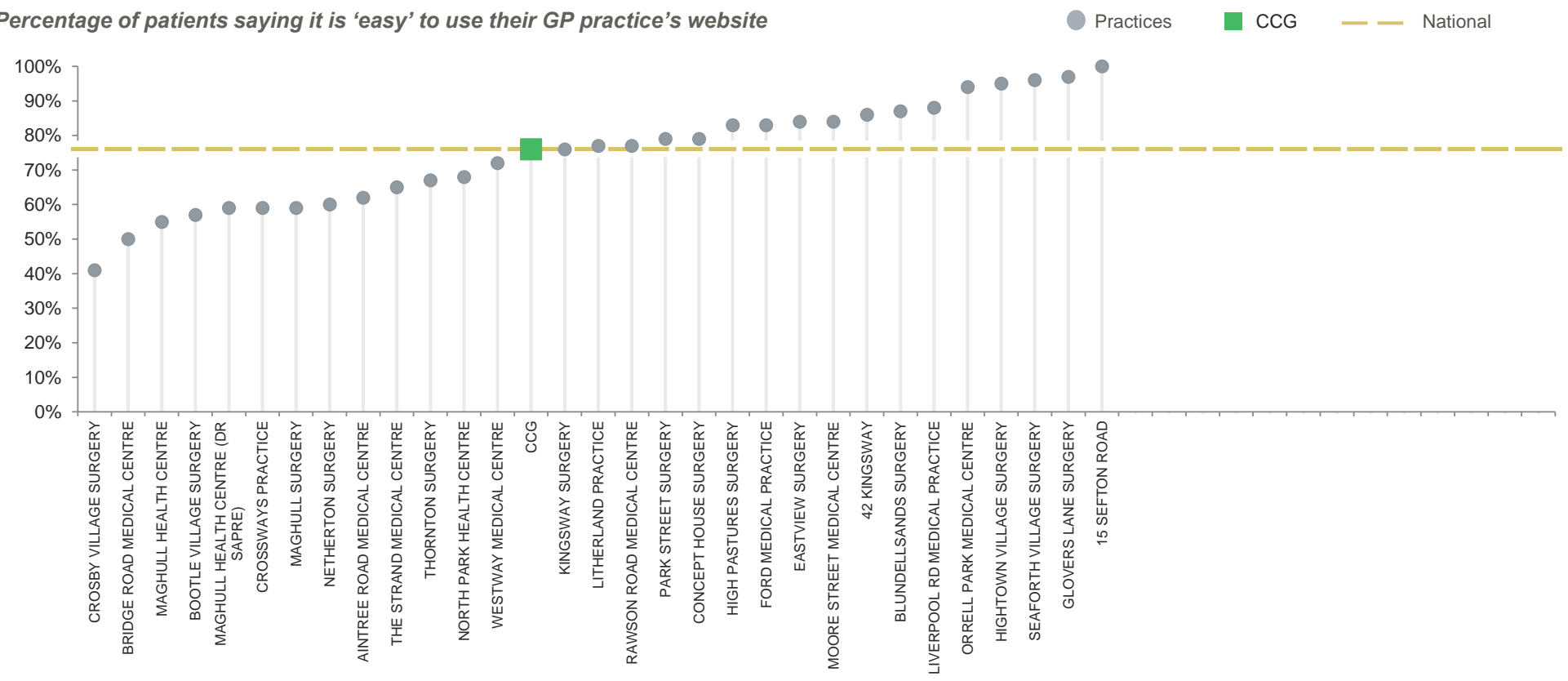
Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (892); CCG 2019 (779); CCG 2018 (763); Practice bases range from 17 to 47; CCG bases range from 565 to 3,419

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

Ease of use of online services: how the CCG's practices compare

Q6. How easy is it to use your GP practice's website to look for information or access services?

Percentage of patients saying it is 'easy' to use their GP practice's website



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (892); Practice bases range from 17 to 47

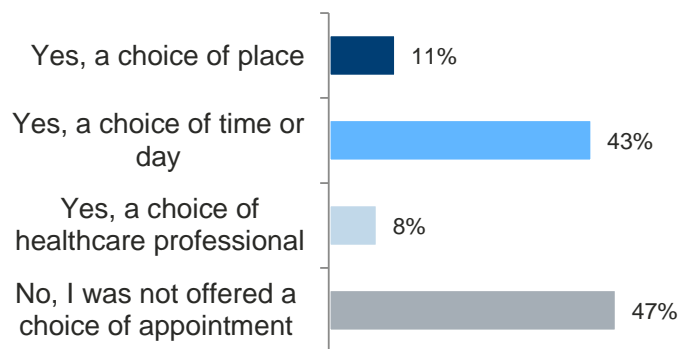
%Easy = %Very easy + %Fairly easy

Making an appointment

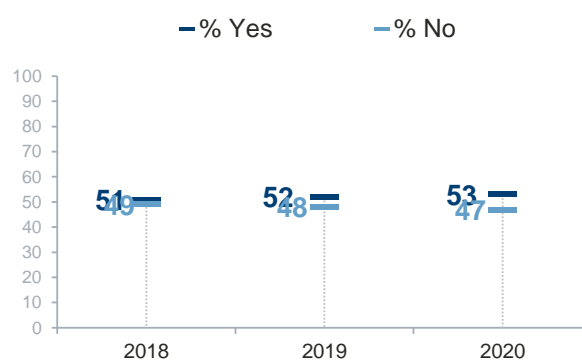
Choice of appointment

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

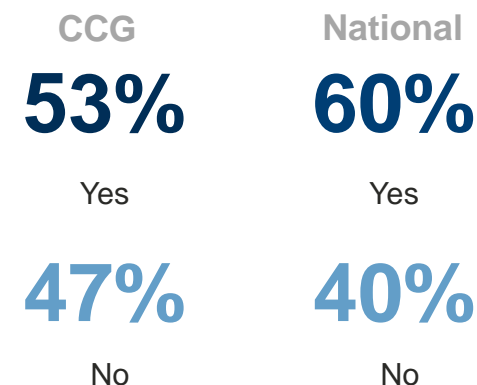
CCG's results



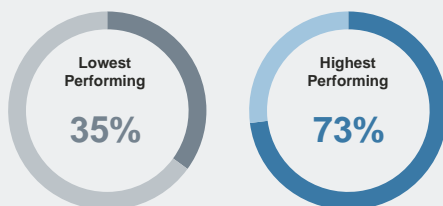
CCG's results over time



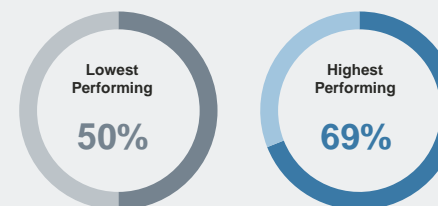
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes

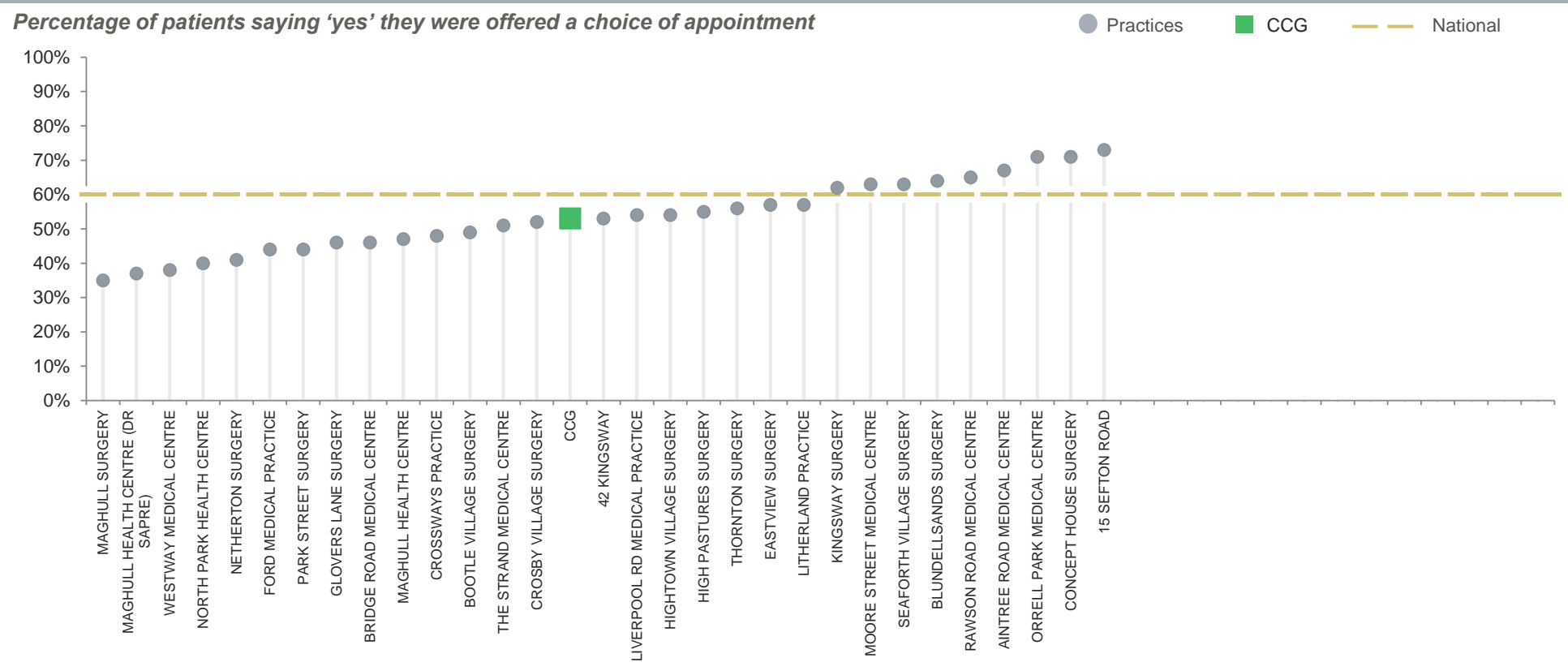


Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (2,466); CCG 2019 (2,449); CCG 2018 (2,351); Practice bases range from 54 to 110; CCG bases range from 1,181 to 6,807

%Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'

Choice of appointment: how the CCG's practices compare

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?



Comparisons are indicative only: differences may not be statistically significant

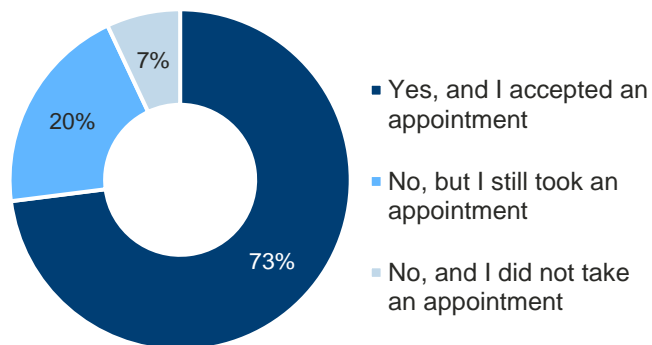
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (2,466); Practice bases range from 54 to 110

%Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'

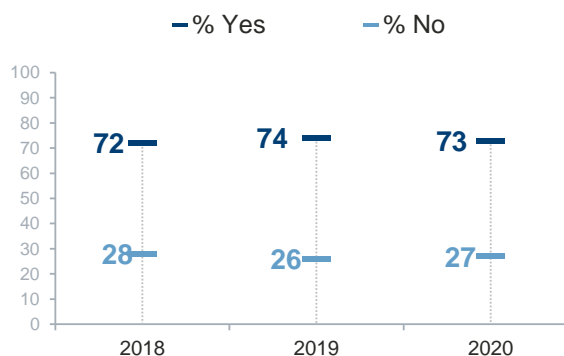
Satisfaction with appointment offered

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

CCG's results

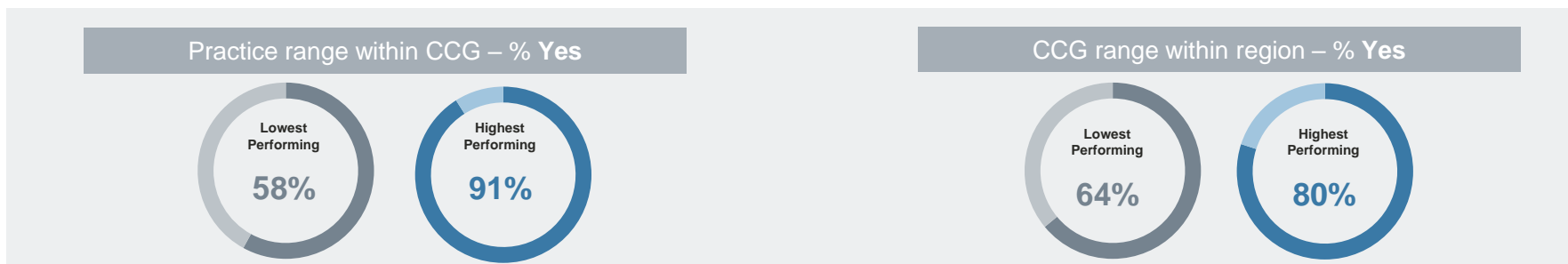


CCG's results over time



Comparison of results

CCG	National
73% Yes, took appt	73% Yes, took appt
20% No, took appt	21% No, took appt
7% No, didn't take appt	7% No, didn't take appt



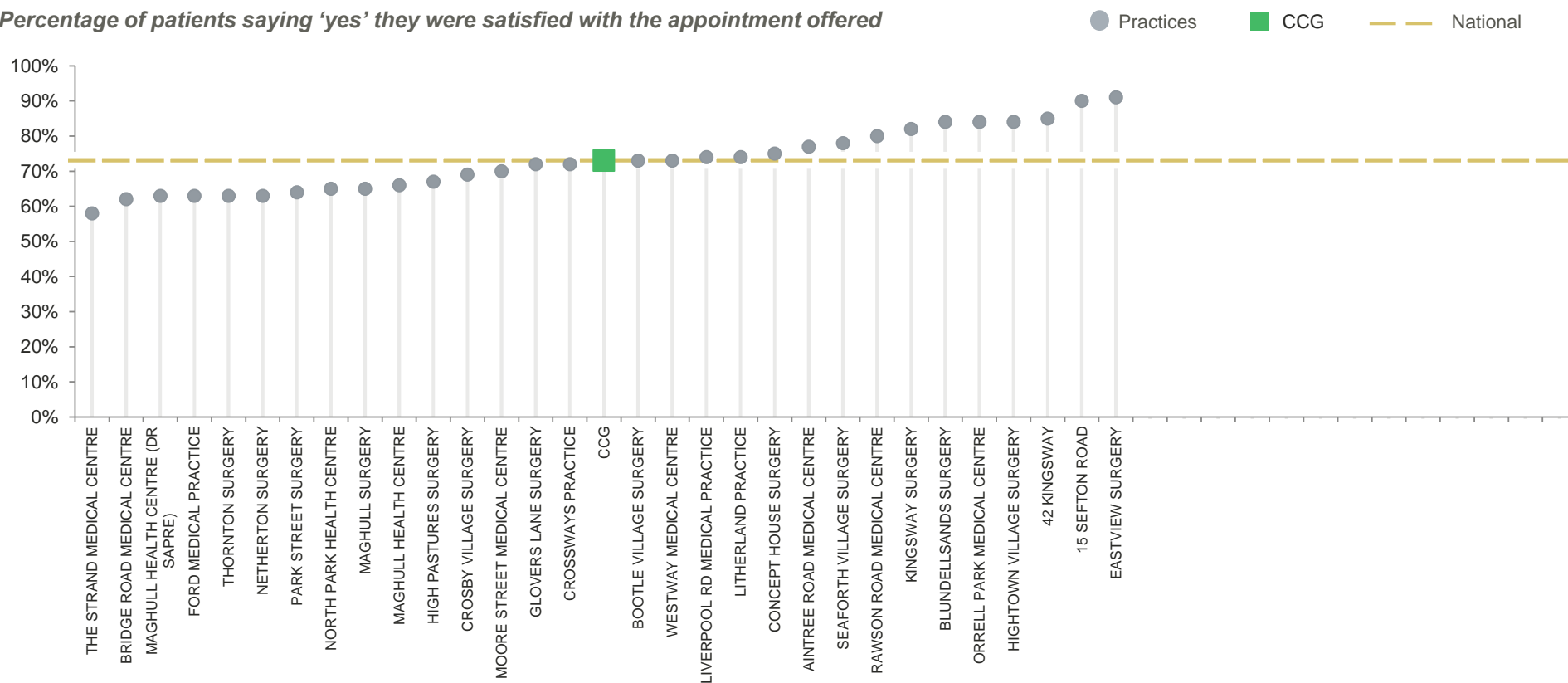
Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (2,978); CCG 2019 (2,942); CCG 2018 (2,866); Practice bases range from 66 to 128; CCG bases range from 1,404 to 8,159

%No = %No, but I still took an appointment + %No, and I did not take an appointment

Satisfaction with appointment offered: how the CCG's practices compare

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

Percentage of patients saying 'yes' they were satisfied with the appointment offered

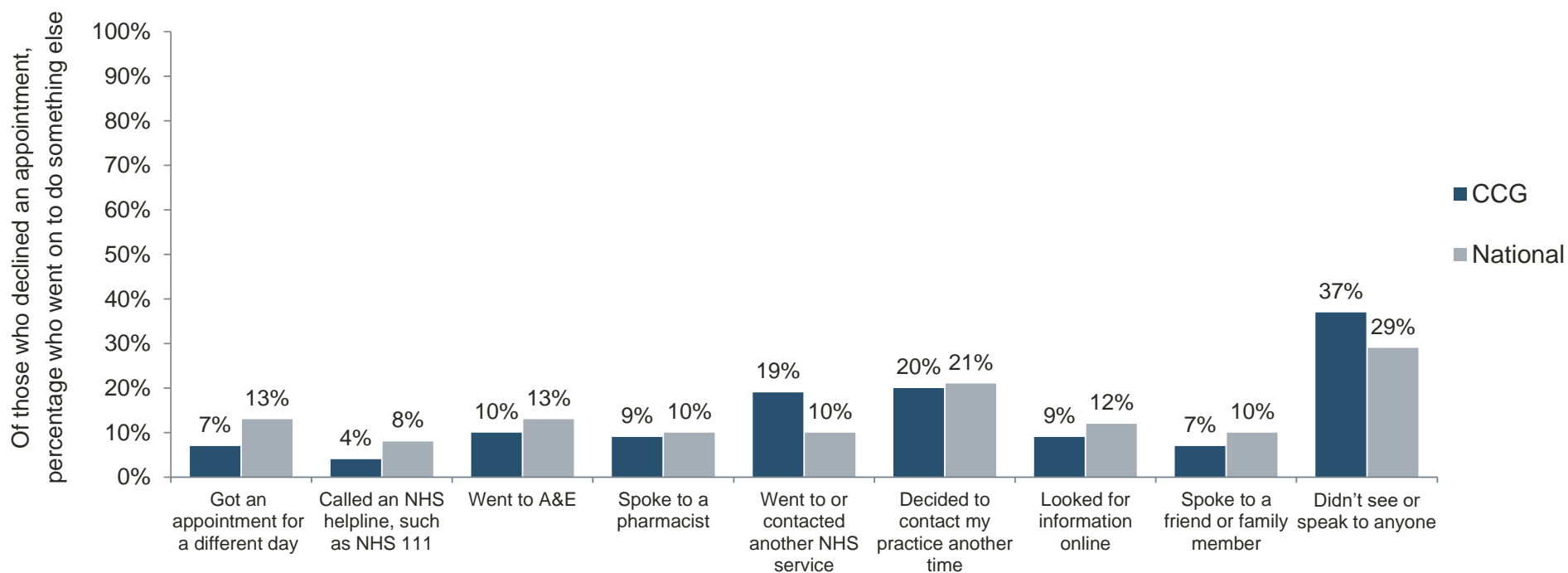


Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (2,978); Practice bases range from 66 to 128

What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



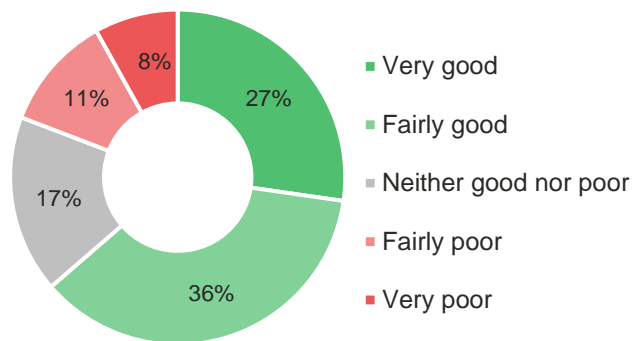
Comparisons are indicative only: differences may not be statistically significant

Base: All who did not take the appointment offered (excluding those who haven't tried to make one): National (34,909); CCG 2020 (178)

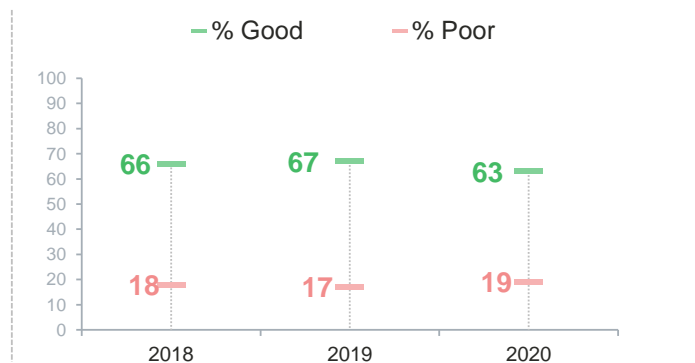
Overall experience of making an appointment

Q22. Overall, how would you describe your experience of making an appointment?

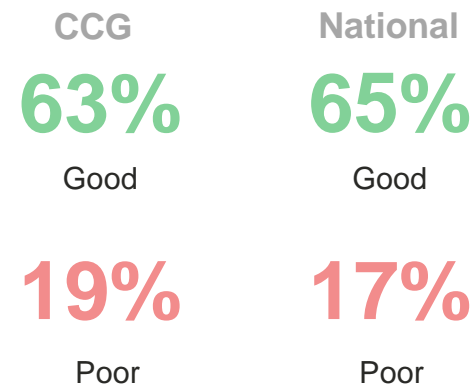
CCG's results



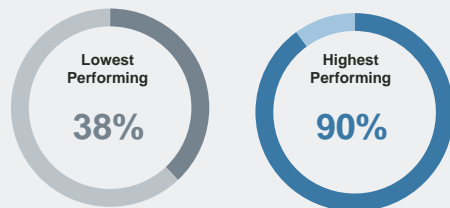
CCG's results over time



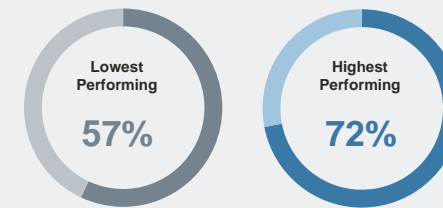
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



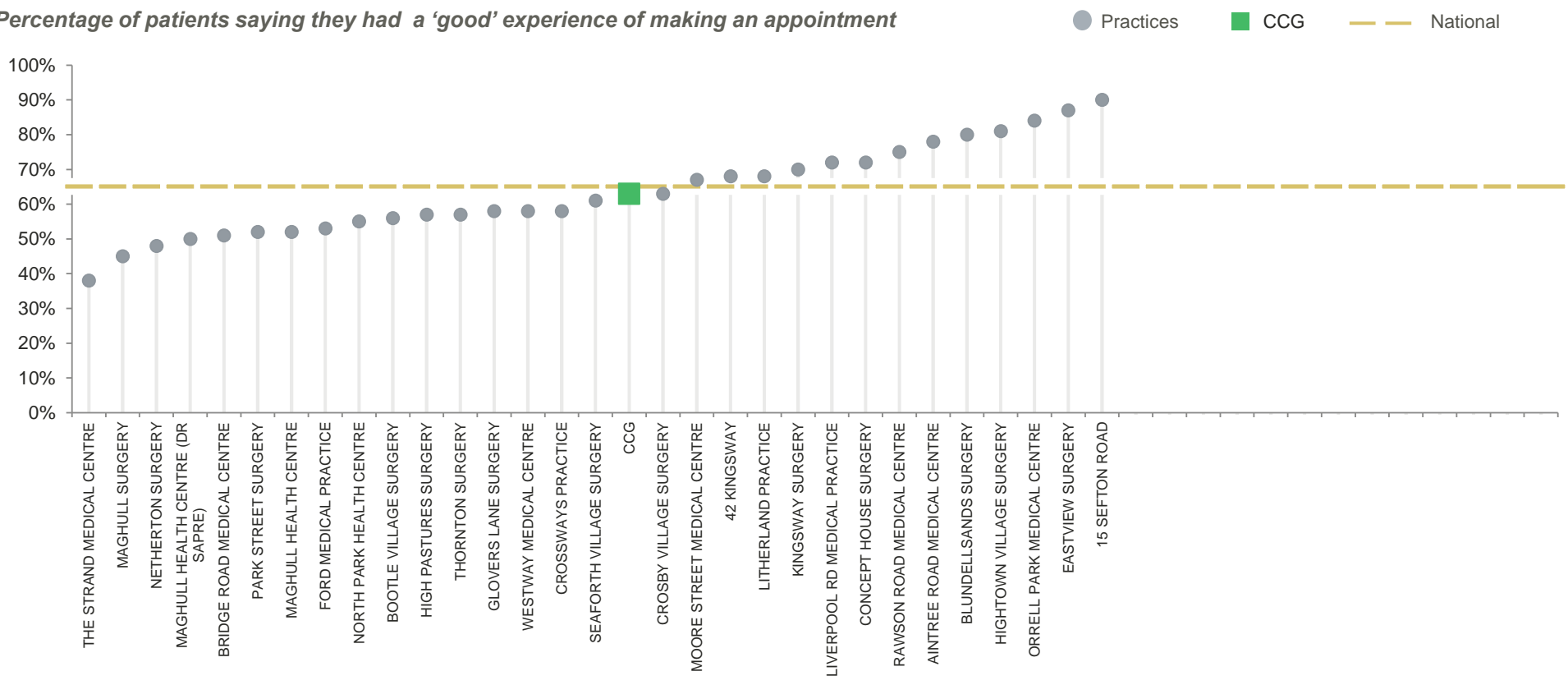
Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (2,935); CCG 2019 (2,916); CCG 2018 (2,822); Practice bases range from 68 to 124; CCG bases range from 1,390 to 8,057

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

Overall experience of making an appointment: how the CCG's practices compare

Q22. Overall, how would you describe your experience of making an appointment?

Percentage of patients saying they had a 'good' experience of making an appointment



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (2,935); Practice bases range from 68 to 124

%Good = %Very good + %Fairly good

Perceptions of care at patients' last appointment

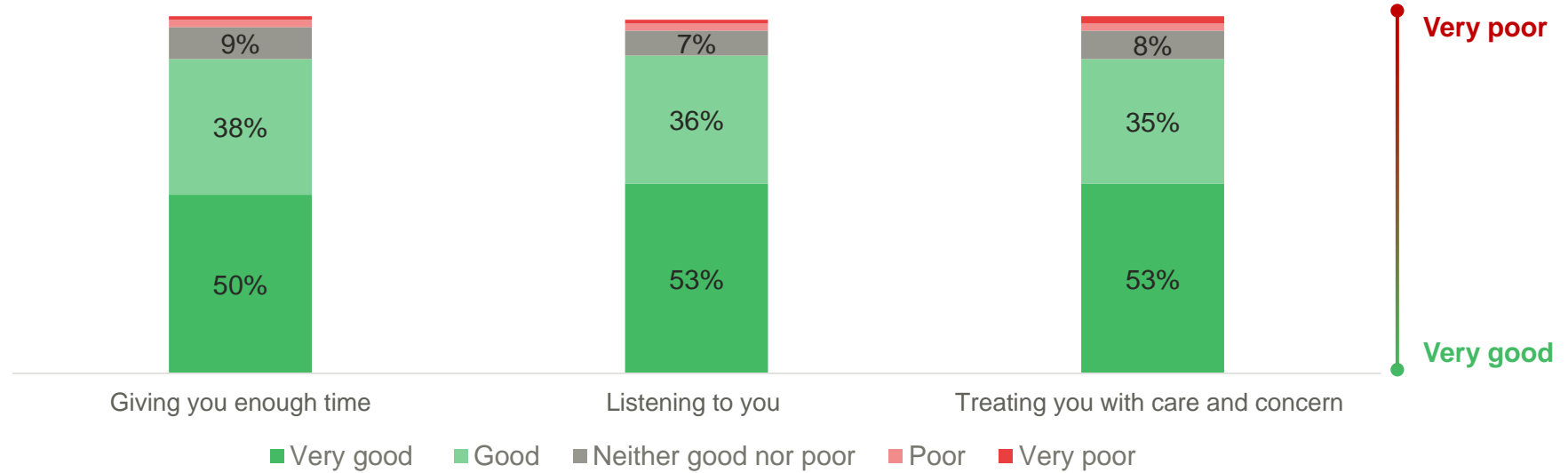
Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

CCG's results

National results	4%	4%	4%
% 'Poor' (total)	4%	4%	4%
CCG results	3%	3%	3%
% 'Poor' (total)	3%	3%	3%

Giving you enough time Listening to you Treating you with care and concern



Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (678,664; 676,845; 676,130); CCG 2020 (2,978; 2,970; 2,975) %Poor (total) = %Very poor + %Poor

Perceptions of care at patients' last appointment with a healthcare professional

Q28-30. During your last general practice appointment...

CCG's results

National results	7%	5%	6%
% 'No, not at all'			
CCG results	7%	4%	5%
% 'No, not at all'			

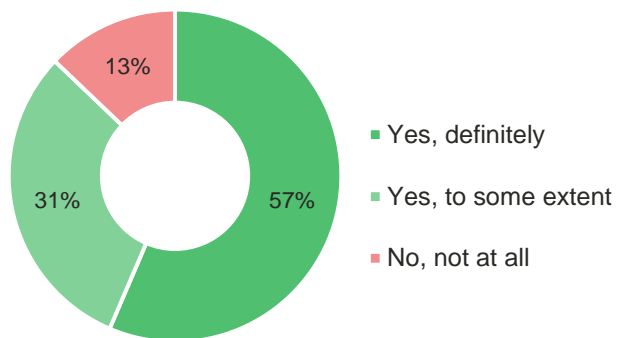


Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say': National (603,943; 667,229; 663,675); CCG 2020 (2,656; 2,932; 2,902)

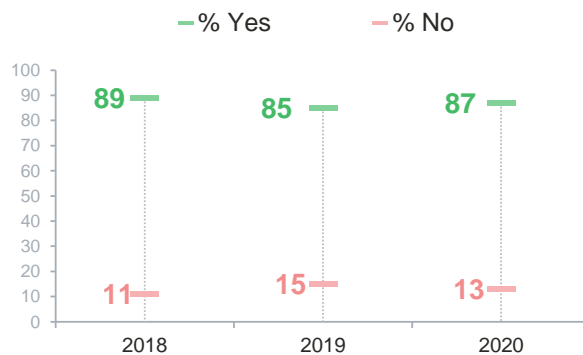
Mental health needs recognised and understood

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

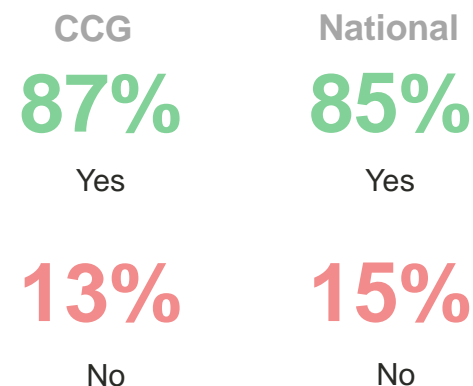
CCG's results



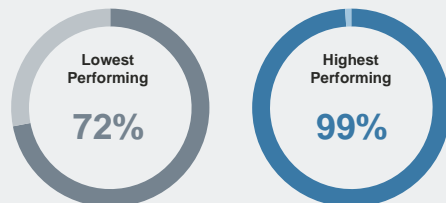
CCG's results over time



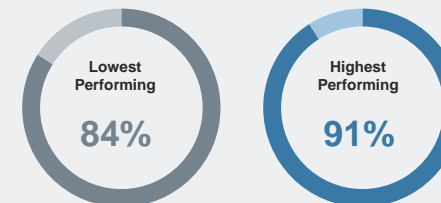
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (277,005); CCG 2020 (1,270); CCG 2019 (1,193); CCG 2018 (1,175); Practice bases range from 27 to 62; CCG bases range from 554 to 3,765

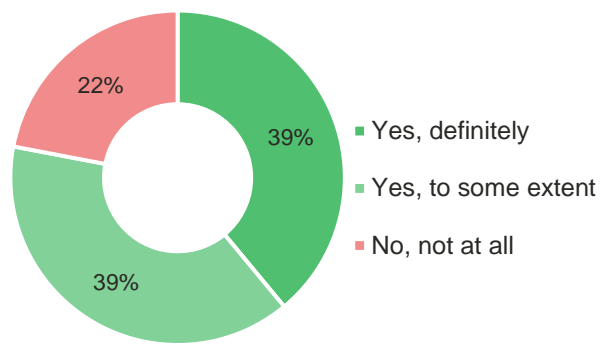
%Yes = %Yes, definitely + %Yes, to some extent

Managing health conditions

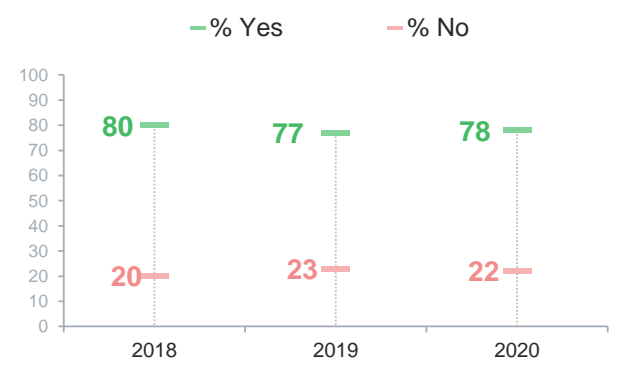
Support with managing long-term conditions, disabilities, or illnesses

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

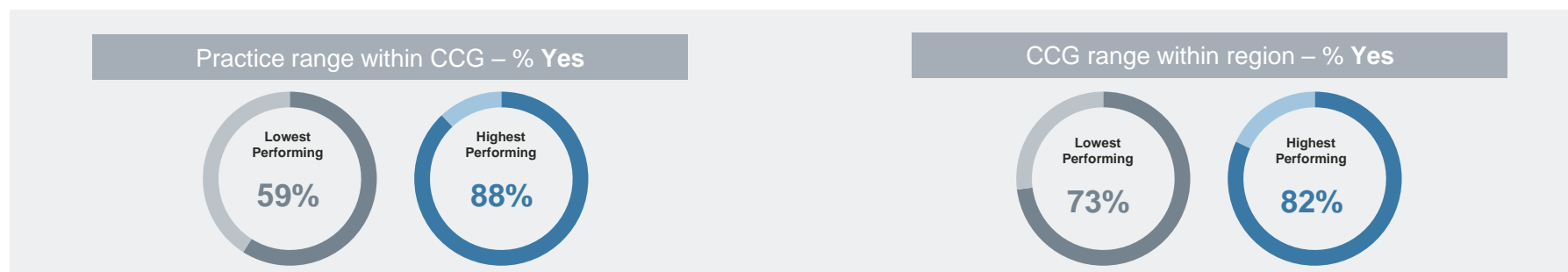
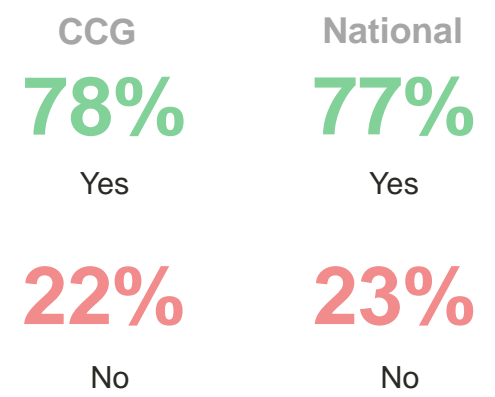
CCG's results



CCG's results over time



Comparison of results

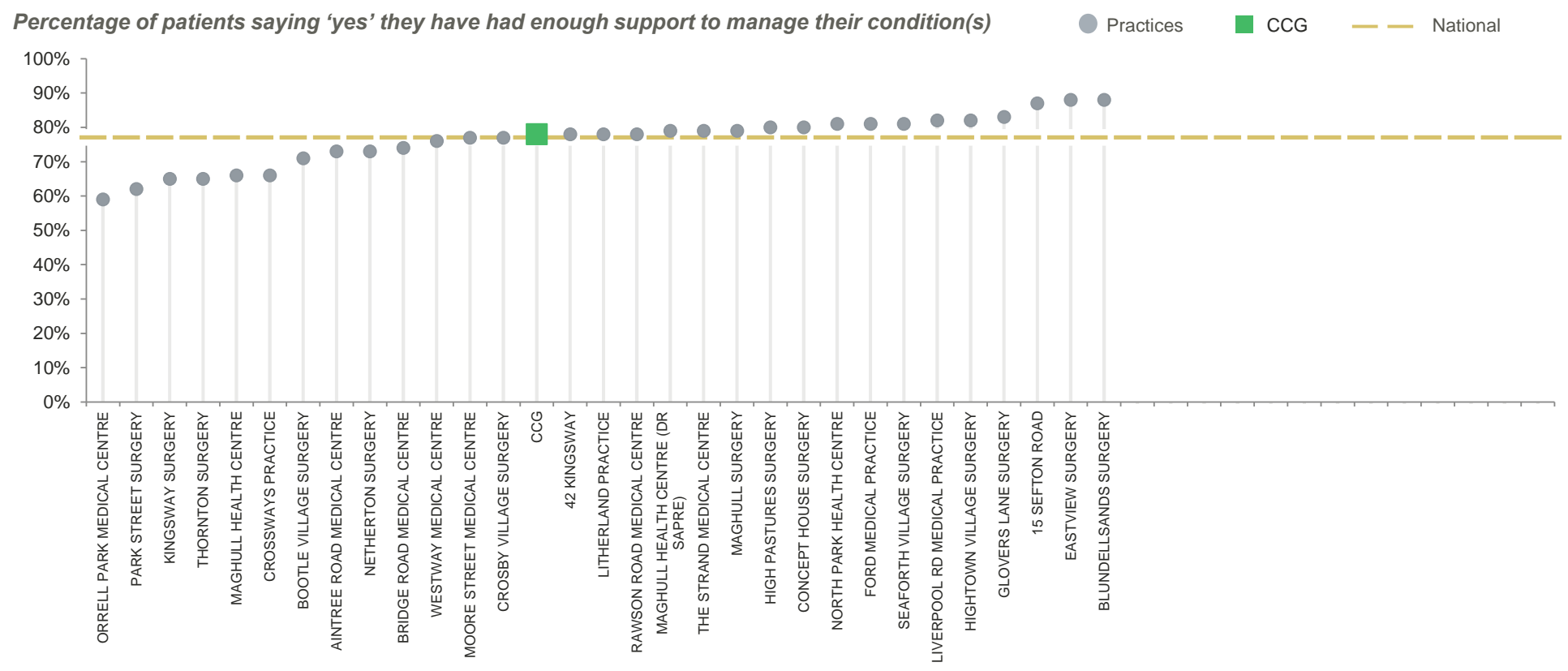


Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (1,392); CCG 2019 (1,374); CCG 2018 (1,312); Practice bases range from 26 to 63; CCG bases range from 644 to 3,830

%Yes = %Yes, definitely + %Yes, to some extent

Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?



Comparisons are indicative only: differences may not be statistically significant

Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (1,392); Practice bases range from 26 to 63

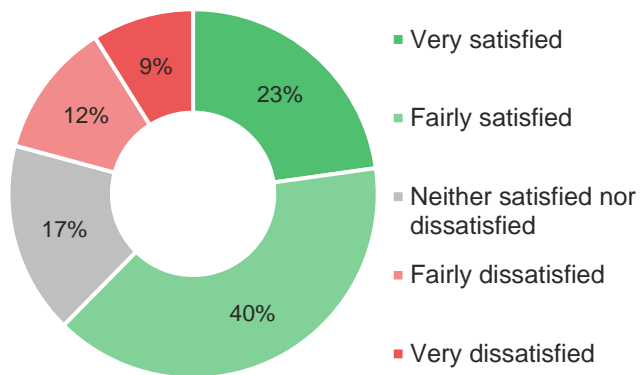
%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with general practice appointment times

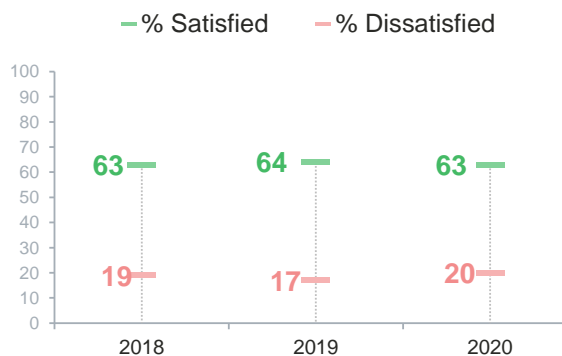
Satisfaction with appointment times

Q8. How satisfied are you with the general practice appointment times that are available to you?*

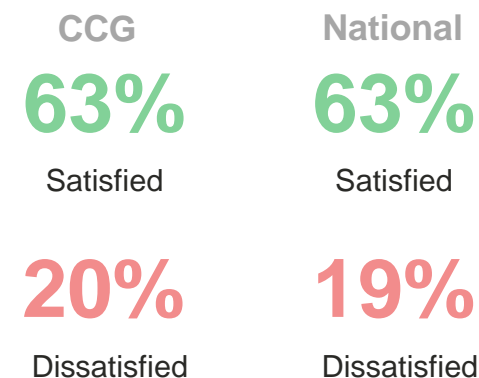
CCG's results



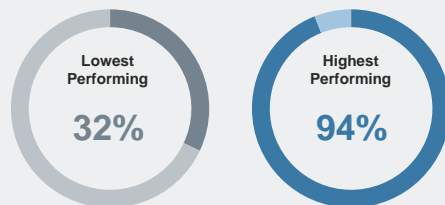
CCG's results over time



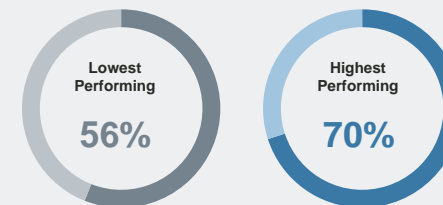
Comparison of results



Practice range within CCG – % Satisfied



CCG range within region – % Satisfied



*Those who say 'I'm not sure when I can get an appointment' (2%) have been excluded from these results.

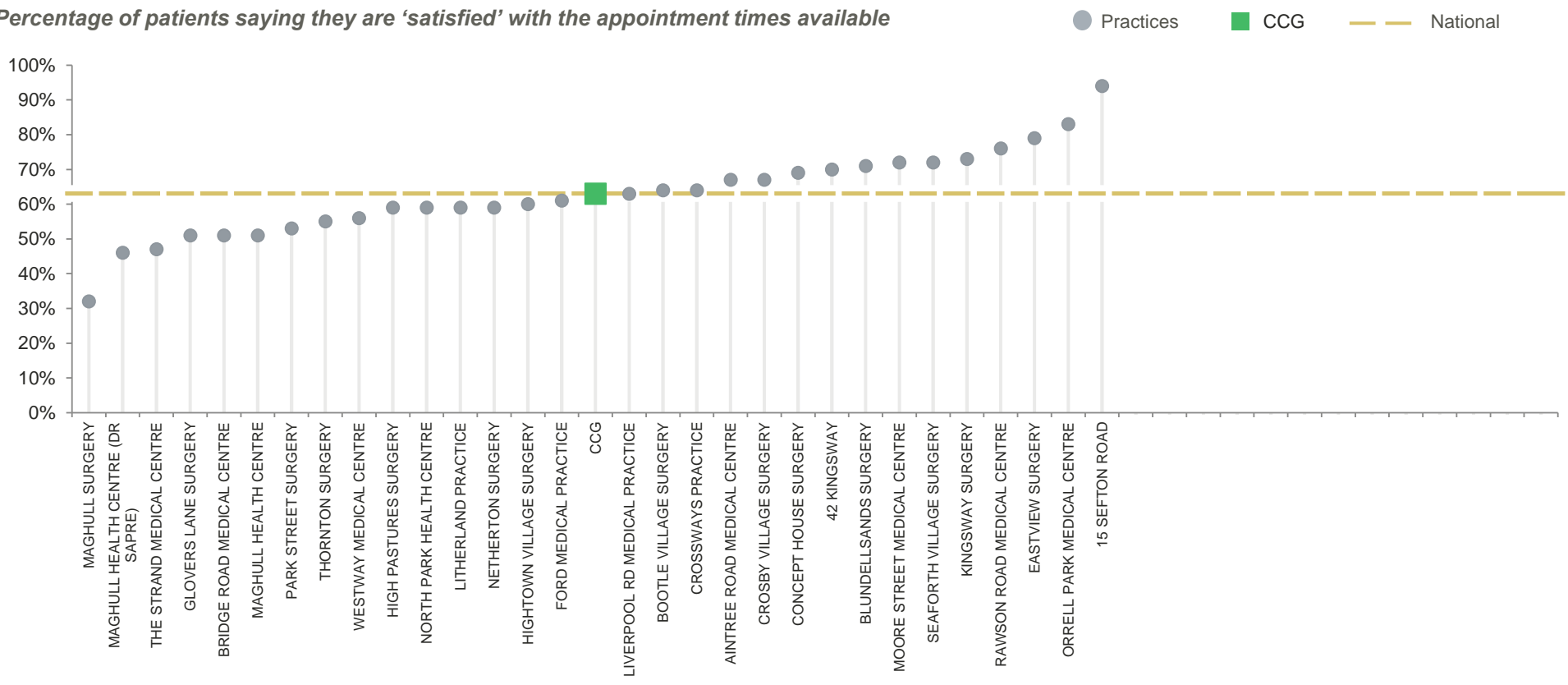
Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (2,882); CCG 2019 (2,839); CCG 2018 (2,800); Practice bases range from 64 to 126; CCG bases range from 1,355 to 8,078

%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

Satisfaction with appointment times: how the CCG's practices compare

Q8. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (2,882); Practice bases range from 64 to 126

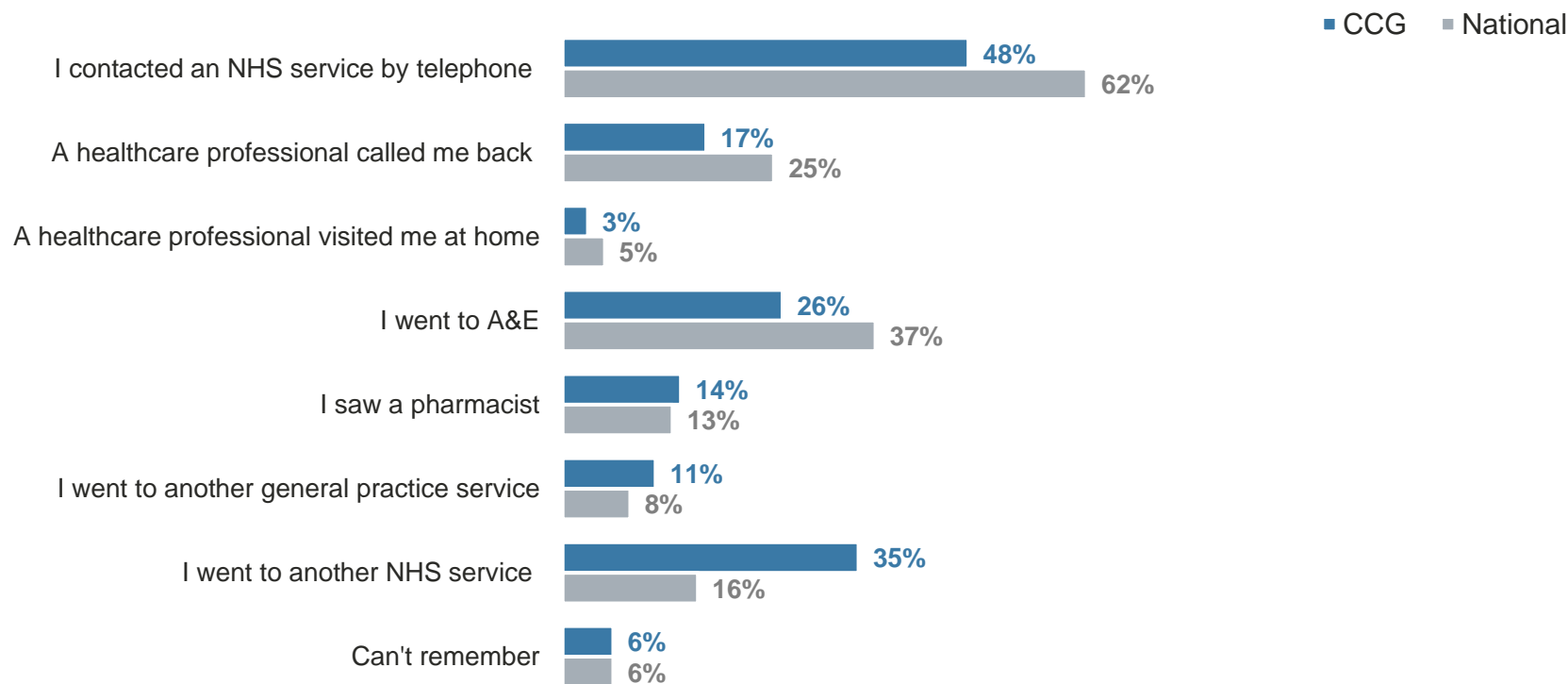
%Satisfied = %Very satisfied + %Fairly satisfied

Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*
- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*

Use of services when GP practice is closed

Q45. Considering all of the services you contacted, which of the following happened on that occasion?

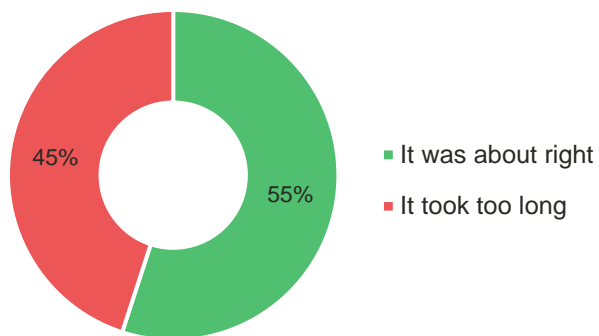


Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (133,689); CCG 2020 (602)

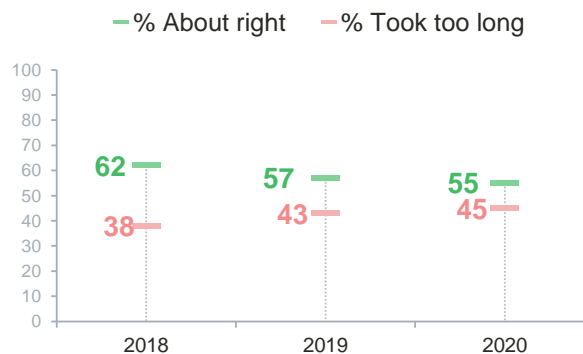
Time taken to receive care or advice when GP practice is closed

Q46. How do you feel about how quickly you received care or advice on that occasion?

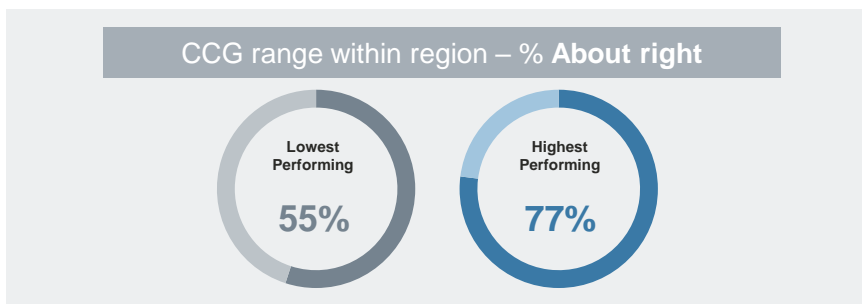
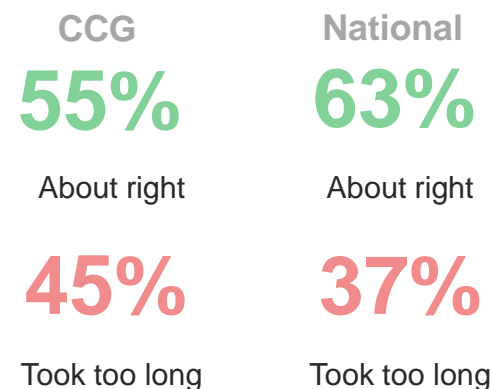
CCG's results



CCG's results over time



Comparison of results

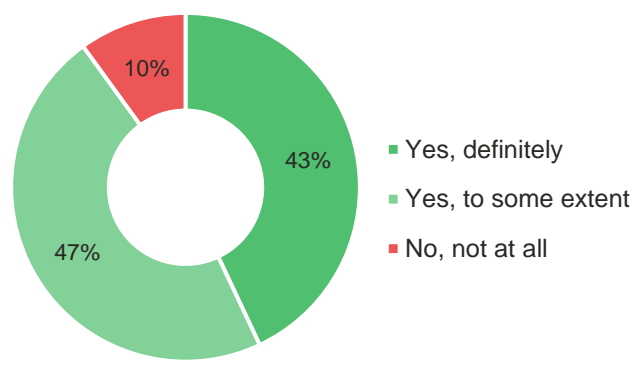


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (124,765); CCG 2020 (558); CCG 2019 (527); CCG 2018 (517); CCG bases range from 263 to 1,450

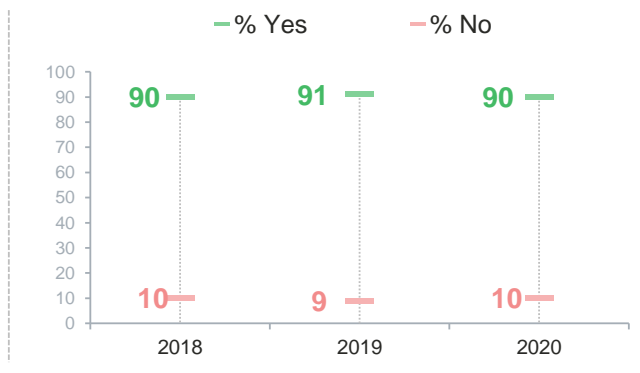
Confidence and trust in staff providing services when GP practice is closed

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

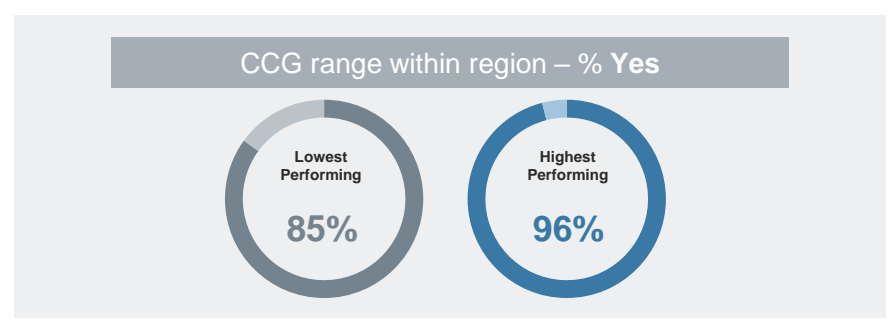
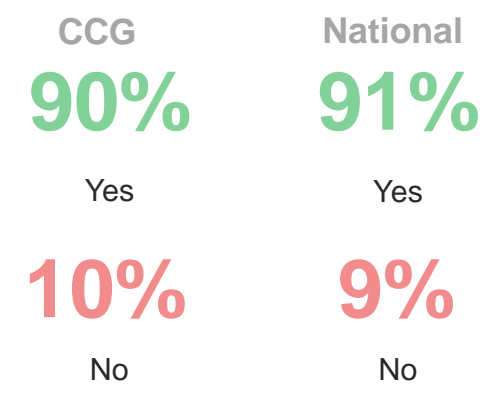
CCG's results



CCG's results over time



Comparison of results



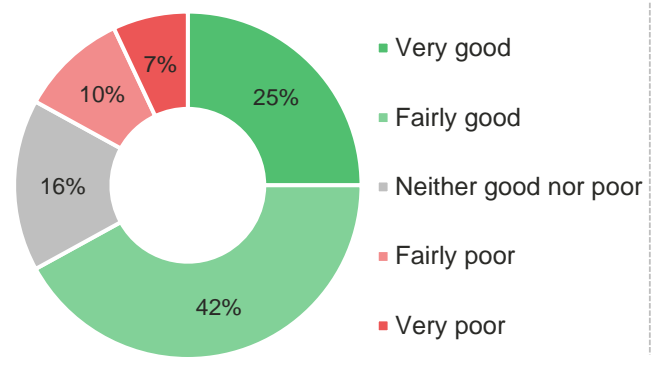
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (125,059); CCG 2020 (558); CCG 2019 (558); CCG 2018 (527); CCG bases range from 273 to 1,472

%Yes = %Yes, definitely + % Yes, to some extent

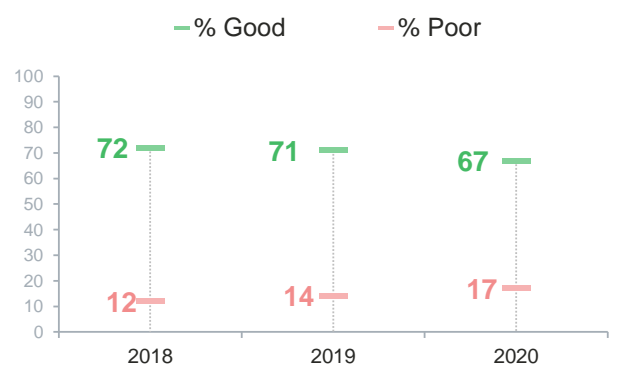
Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

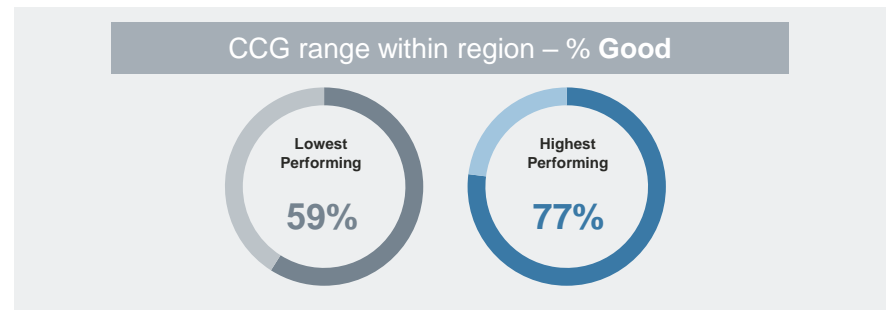
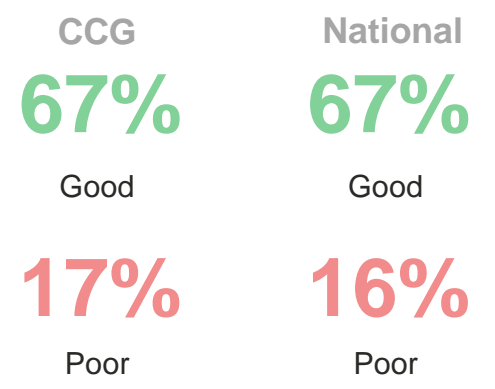
CCG's results



CCG's results over time



Comparison of results



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (128,756); CCG 2020 (578); CCG 2019 (557); CCG 2018 (534); CCG bases range from 281 to 1,529

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

Statistical reliability

Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

The table below gives examples of what the confidence intervals look like for an ‘average’ practice and CCG, as well as the confidence intervals at the national level.

An example of confidence intervals (at national, CCG and practice level) based on the average number of responses to the question “Overall, how would you describe your experience of your GP practice?”

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	739,637	0.10	0.15	0.17
CCG	5,479	1.13	1.73	1.88
Practice	108	6.93	10.20	11.08

For example, taking a CCG where 5,479 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.73 percentage points from that question’s result (i.e. between 28.27% and 31.73%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when the results for a group are based on smaller numbers i.e. practices where 100 patients or fewer responded to a question. These findings should be regarded as indicative rather than robust.

Want to know more?

Further background information about the survey

- The survey was sent to **c.2.3 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The survey has been running since 2007 and presents results for all practices in England (where surveys have been completed and returned). From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit <https://gp-patient.co.uk/>.
- The overall response rate to the survey is **31.7%**, based on **739,637** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/surveysandreports>.

c.2.3m

Surveys to adults registered with an English GP practice

739,637

Completed surveys in the 2020 publication

31.7%

National response rate

Where to go to do further analysis ...

- For reports which show the National results broken down by CCG and Practice, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.
- To look at this year's survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to <https://gp-patient.co.uk/analysistool/2020>.
- To look at results over time, and filter on a specific participant group, go to <https://gp-patient.co.uk/analysistool/trends>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 28th May 2020

Chair:
Alan Sharples

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG month 12 (2019/20) position is a £8.9m deficit subject to external audit verification. The CCG risk adjusted deficit (2020/21) at budget agreement (March 2020) was predicted at £6.0m (£7.8m away from Control Total of £1.8m surplus). 	<ul style="list-style-type: none"> CCG has missed its Control Total / Statutory Financial Duty for 2019/20 which will lead to a section 30 letter being sent to the Secretary of State. The CCG has met its revised forecast out-turn position as agreed through NHSE/I protocol. The CCG is not on target to deliver either its 2020/21 Control Total (£1.8m) or Statutory Duty (breakeven). 	<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. 20/21 Financial Framework.

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

- The committee reviewed the HR Performance Dashboard – staff to be reminded at the next Operational Team meeting to complete any outstanding statutory and mandatory training.
- The committee reviewed the F&R Risk Register.
 - 2019/20 finance risks will be proposed for closure once the financial position for 2019/20 has been finalised with the conclusion of the 2019/20 external audit.
 - Opening 2020/21 overall finance risk has been identified at score 16 – the committee agreed this was an accurate assessment given the uncertainty in the latter half of the financial year.
- The reporting of COVID-19 risks is to be reviewed by the Senior Management Team.
- The committee received a CHC update report.
 - Re. Adam DPS – reviewing options for provision of support / analytics with possibility of working alongside another CCG. Leadership Team to review options and develop a timetable to enable the CCG to make a decision.
- The committee received an update on IT work carried out to date to enable agile and home working as part of the COVID-19 response. The bandwidth for GP practices is planned to increase from 30mb to 50mb for the duration of the COVID-19 response.
- The committee discussed the reasons for increase in prescribing costs for March 2020, linked into the COVID-19 response.
- The committee approved the Pan Mersey APC recommendation to commission the following medicine: Patiromer powder for oral suspension (Veltassa®▼) for hyperkalaemia.

Key Issues Report to Governing Body

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

Chair:
Alan Sharples

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG anticipates breaking even for the first four months of the financial year under the temporary arrangements in place. The CCG is awaiting further guidance regarding the arrangements for the rest of the financial year and has indicated that a return to original financial arrangements would mean that the CCG is likely to generate a deficit position. 	<ul style="list-style-type: none"> The CCG anticipates delivery of its revised Control Total (breakeven) for each month from April to July 2020. Given the uncertainty relating to financial arrangements in the remainder of the financial year, the CCG cannot be certain that it will deliver either its 2020/21 Control Total (£1.8m) or Statutory Duty (breakeven). 	<ul style="list-style-type: none"> All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services. The CCG must ensure that QIPP plans are in place to address the underlying deficit from a CCG and system level. These plans must be ready for implementation if the original financial regime is re-introduced.

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

- The committee approved the updated Registration Authority (RA) policy.
- The committee approved the updated Flexible Working and Special Leave Policy subject to inclusion of two additional updates reported at the meeting - regarding child bereavement leave and payroll considerations for unpaid leave.
- The committee approved the updated Capability Policy subject to a minor amendment.
- The committee approved the updated Equality and Diversity Policy and the updated Secondment Policy.
- The committee received a completed checklist regarding governance in the context of COVID-19, which was specifically focused on Human Resources governance.

- The committee received a CHC report with analysis of High Cost Cases. The report also included a proposal for creating an enhanced level of governance and scrutiny through the establishment of a formal High Cost & Complex Care Panel for the South Sefton area with clear Terms of Reference.
- The committee received the month 3 finance report, noting that current financial arrangements will continue into August 2020 and that guidance for the rest of the financial year is awaited.
- The committee agreed the proposed updates to the F&R Committee Terms of Reference to reflect the committee's revised responsibilities and duties in relation to QIPP.
- The committee received a QIPP update report, noting progress and the need to develop a joint action plan with provider organisations through the QIPP Delivery Group.
- The committee received a briefing on the impact of COVID-19 on urgent and emergency care services within South Sefton.
- The committee approved the F&R Committee Risk Register, noting that further work will be undertaken on the COVID risks. The scores for the 2020/21 overall finance risk and sub-risks remain unchanged on the basis that the guidance for the remainder of the financial year is yet to be confirmed.
- The committee received a prescribing update, noting that a report relating to March, April and May 2020 (with analysis of the COVID impact) will be produced for the next F&R Committee meeting.
- The committee approved the Pan Mersey APC recommendation to commission the following medicine:
 - Cannabis extract oromucosal spray (Sativex®) as recommended by NICE, for the symptomatic treatment of moderate to severe spasticity in adult patients with multiple sclerosis when other pharmacological treatments for spasticity are ineffective.
- An update was provided regarding an F&R Committee self-assessment workshop to be facilitated by MIAA.
- The committee received an update regarding the planned implementation of Microsoft Office 365.
- The committee agreed to cancel the provisional F&R Committee meeting on 20th August 2020, given that current financial arrangements will continue into August 2020 and that guidance for the rest of the financial year is awaited. The next meeting is scheduled for 17th September 2020.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Thursday 25 th June 2020	Chair: Alan Sharples
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG anticipates breaking even for the first four months of the financial year under the temporary arrangements in place. The CCG is awaiting further guidance regarding the arrangements for the rest of the financial year and has indicated that a return to original financial arrangements would mean that the CCG is likely to generate a deficit position. 	<ul style="list-style-type: none"> The CCG anticipates delivery of its revised Control Total (breakeven) for each month from April to July 2020. Given the uncertainty relating to financial arrangements in the remainder of the financial year, the CCG cannot be certain that it will deliver either its 2020/21 Control Total (£1.8m) or Statutory Duty (breakeven). 	<ul style="list-style-type: none"> All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services. The CCG must ensure that QIPP plans are in place to address the underlying deficit from a CCG and system level. These plans must be ready for implementation if the original financial regime is re-introduced.

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

<ul style="list-style-type: none"> The committee received a QIPP plan update. It was noted that QIPP plans are delayed due to the COVID pandemic – the CCG will need to ensure that plans are ready for implementation as soon as possible. The committee approved the F&R Risk Register. <ul style="list-style-type: none"> The closure of the 2019/20 finance risks was approved. The scores for the 2020/21 finance risk and sub-risks were approved on the basis that the guidance for the remainder of the financial year is yet to be confirmed. The committee received a CCG procurement schedule, outlining clinical contracts or services that may require re-procurement during 2020/21 - 2021/2022. It was agreed that this procurement schedule is to be presented to the committee on an annual basis.

- The committee reviewed a proposal regarding contracting arrangements between the CCG and NHS Informatics Merseyside. The committee supported in principle the contract term extension between the CCG and Mersey Care NHS Foundation Trust (on behalf of NHS Informatics Merseyside) - from an annual to a three-year term (with an option to extend for a further two years). The committee made a recommendation to the Governing Body to approve this proposal.
- The committee received an update on the usage of faxes and fax technology by GP practices in South Sefton, and the plan for usage to be phased-out.
- The committee approved the renewal of the Edoxaban (Lixiana) rebate scheme.
- The committee approved the Pan Mersey APC recommendations to commission the following medicines:
 - Rivaroxaban 2.5mg tablets (Xarelto®▼) for prevention of atherothrombotic events in PAD/CAD
 - Doxylamine/Pyridoxine gastro-resistant tablets (Xonvea®) for nausea and vomiting in pregnancy
 - Biological agents for Psoriasis (without prior treatment with Psoralen and Ultraviolet A [PUVA])
- The committee reviewed the F&R Committee Terms of Reference in light of recent changes to governance arrangements in relation to QIPP. Sections within the Terms of Reference are to be expanded to take into account the newly established QIPP Delivery Group, which will be reporting to the F&R Committee.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

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

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> ▪ Concern raised in section 2.4 that risks that sit with another organisation to manage could be removed and sit with the relevant CCG team to oversee. 		<ul style="list-style-type: none"> ▪ Meeting with Debbie Fairclough, Billie Dodd, Mel Spelman and Brendan Prescott.

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

- None.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held virtually on 28th May 2020 Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> ▪ Review of Quality Risks and removal. 	<ul style="list-style-type: none"> ▪ Removal of risks will reduce visibility to CCG Governing bodies of system risks. The CCG has no direct control over the management of the risk or the risk may be a national risk. 	<ul style="list-style-type: none"> ▪ Meeting arranged with CCG COO and Deputy Director of Finance to agree on the CCG position for risk management.

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

- None.

Key Issues Report to Governing Body



South Sefton
Clinical Commissioning Group

Joint Quality and Performance Committee held on 25th June 2020 Chair:
Dr Rob Caudwell

Key Issue	Risk Identified	Mitigating Actions
<ol style="list-style-type: none"> COVID 19 has impacted on the progress of the JTAI Health Plan. Identification of IT literacy of patients which may impact on non-face to face consultations. 	<p>There is a risk actions will not be completed on time which may lead to a negative experience and outcomes of children and young people.</p> <p>There is a risk of patients not having an equitable service for primary care consultation which could lead to a negative experience of care and health outcome.</p>	<p>CCG continues to work with health providers to plan recovery trajectories for services relating to the JTAI plan.</p> <p>JQPC chair to scope out appropriate IT applications for consultations and GP Quality lead to review potential of patient IT champions.</p>

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

- None

Key Issues Report to Governing Body

Audit Committee: Thursday 18th June 2020
NHS South Sefton CCG

Chair:
Alan Sharples

Key Issue	Risk Identified	Mitigating Actions
The CCG is on target to submit the final Annual Report and Accounts 2019/20 within the deadline (25 th June 2020).	Final items still to be audited.	Ongoing work / discussions between the CCG team and external audit team ahead of deadline for submission.

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

- The committee received the Audit Findings Report (ISA 260 Report) – minor change required.
- The committee approved the Annual Report 2019/20 subject to an amendment noted at the meeting and subject to any final amendments that may be required upon proofreading.
- The committee approved the Annual Accounts 2019/20 subject to minor amendments noted at the meeting and any final amendments that may be required further to the conclusion of the external audit. An adjustment is required to the accounts, relating to over statement of both income and expenditure by £1.25m – there is no impact on the reported financial position.
- The Chief Officer expressed thanks to the external auditors and the CCG team involved in the production of the Annual Report and Accounts 2019/20, which was endorsed by the Audit Committee Chair.
- The final version of the Annual Report and Accounts 2019/20 will be circulated to the committee ahead of submission.
- The committee approved the Letter of Representation subject to minor changes. The committee provided delegated authority to the Audit

Committee Chair and the Chief Officer to approve any further changes that may be required to the letter as the external auditors complete the outstanding audit work.

- The committee received an update on Service Audit Reports.

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 8th July 2020 NHS South Sefton CCG	Chair: Alan Sharples (CiC meeting chaired by Helen Nichols)
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Key Issue	Risk Identified	Mitigating Actions

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

- The meeting was not quorate for South Sefton CCG, as at least one other member was not present in addition to the Audit Committee Chair. The decisions / recommendations made at this meeting, which concern South Sefton CCG, are to be ratified by the South Sefton Audit Committee at the next quorate meeting.
- The committee received the following two completed checklists, which have been developed by the CCG’s internal auditors to assist CCGs in reviewing their governance arrangements during the COVID-19 emergency response period:
 - Governance in the context of COVID-19
 - COVID-19 – Governance - People
- The committee received the Losses, Special Payments and Aged Debt report as at 30th June 2020.
 - An update was provided regarding aged debt with NHS England in relation to GP IT funding, which has now been cleared.
 - Further action is required to resolve the outstanding aged debt with Southport & Ormskirk NHS Trust.
- The committee received an update on the CCG’s published registers, including the Register of Interests and Gifts & Hospitality Register. The committee noted the processes in place for each register, the work carried out to date and the next steps.
 - A review is to be undertaken of the Gifts & Hospitality Register against the Managing Conflicts of Interest and Gifts and Hospitality Policy to ensure compliancy.

- The committee received the policy tracker.
 - A report is to be presented to the next Audit CiC meeting (October 2020) with an update on the review status of the Infertility Policy and Commissioning Policy and the factors causing the continued delay.
- The committee received the Audit Committee Recommendations Tracker and agreed the removal of completed items relating to 2018/19 and 2019/20. One exception was noted, which will be updated to an ongoing action and retained on the tracker.
- The committee received the Annual Audit Letter 2019/20, which will be published on the CCG's website.
- The committee received an update on progress against the Internal Audit Plan for 2020/21.
- The committee received the Internal Audit Charter, which is mandated through the Public Sector Internal Audit Standards (2016) and is a formal document that defines the internal audit activity's purpose, authority and responsibility.
- The committee recommended approval of the updates to the Governing Body Assurance Framework, Corporate Risk Register and Heat Map subject to actions noted at the meeting. The committee agreed the proposed closure of a number of risks, having noted and received the rationale for closure.
- The committee received an update regarding the service auditor report 2019/20 in relation to services provided to the CCG by Capita for Primary Care Support England.

Key Issues Report to Governing Body



South Sefton Primary Care Commissioning Committee Part 1, Thursday 21st May 2020	Chair: Graham Bayliss
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Key Issue	Risk Identified	Mitigating Actions
Out of Hours Procurement. This contract was due to end in September 20 yet the new provider will be unable to mobilise the contract due to COVID.	Risk to continuation of service if contract allowed to end.	Discussions with Go to Doc (existing provider) to extend the current contract to enable cover whilst the new provider mobilises the contract.

Information Points for South Sefton CCG Governing Body (for noting)
<p>MIAA report. MIAA has audited the CCGs role as a delegated commissioner for Primary Medical Care services and given a rating of ‘substantial assurance’.</p> <p>Capacity in the COVID red site is being reduced in line with demand.</p> <p>The committee acknowledged the deadline of 31/5/20 for PCN Network Contract DES sign up and asked the CCG Leadership Team to review applications.</p> <p>The committee discussed the requirements of the Enhanced Health in Care Home specification and the impact on workload in General Practice.</p> <p>Estates. Work to identify gaps in estates for PCNs will be commenced.</p>

Finance and Resource Committee Minutes

Thursday 28th May 2020, 1pm to 3pm
Skype Meeting

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 (Items FR20/53-63)	Chief Finance Officer, SS CCG	MMcD
Dr Pete Chamberlain	GP Governing Body Member, SS CCG	PC
Susanne Lynch (Items FR20/58-part onwards)	Head of Medicines Management, SS CCG	SL
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr Sunil Sapre	GP Governing Body Member, SS CCG	SS
Dr John Wray (Items FR20/53- FR20/61-part)	GP Governing Body Member, SS CCG	JW
In attendance		
Jane Keenan (Items FR20/53-61)	Interim CHC Programme Lead, SS CCG	JK
Apologies		
Jan Leonard	Director of Place, SS CCG	JL
Karl McCluskey	Director of Strategy & Outcomes, SS CCG	KMcC
Cameron Ward	Interim Director of Strategy & Outcomes, SS CCG	CW
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, SS CCG	TK

Attendance Tracker

✓ = Present A = Apologies N = Non-attendance

Name	Membership	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20	Feb 20	Mar 20	May 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	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	A	✓	A	✓	✓	✓	✓	A	✓	✓
Debbie Fagan	Chief Nurse	✓										
Jan Leonard	Director of Place	✓	✓	✓	✓	✓	✓	✓	A	A	✓	A
Susanne Lynch	Head of Medicines Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes		✓	✓	A	A	A	A	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	✓	*	*	*	✓	*	*	*	✓	*

No	Item	Action
General business		
FR20/53	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource Committee meeting today was taking place via Skype.</p> <p>Apologies for absence were received from Jan Leonard, Karl McCluskey and Cameron Ward.</p> <p>The following was noted:</p> <ul style="list-style-type: none"> • Martin McDowell would need to leave the meeting early in order to join a System Management Board meeting. • Dr John Wray would need to leave the meeting early to join another meeting. • Susanne Lynch would be late in joining the meeting due to being on a call regarding a clinical issue. 	
FR20/54	<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. 	
FR20/55	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 19th March 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>	
FR20/56	<p>Action points from the previous meeting</p> <p>FR19/118 Continuing Healthcare Update Report</p> <p>In reference to High Cost packages, AOR reported that Midlands & Lancashire CSU is yet to undertake a reconciliation of information that is required to complete an analysis of packages with a total annual cost greater than £100k. Action to remain open on the tracker. It was noted that the action had originated from a request from AS, who had asked that the analysis show the numbers of packages with a total annual cost greater than £100k over time and an indication of the timeliness of reviews for these packages. AS requested that AOR contact him outside the meeting to ensure clarity regarding the objectives of this analysis.</p>	AOR

No	Item	Action
	<p>FR20/25 Action points from the previous meeting FR19/155 CHC Benchmarking – Q1 2019/20 MMcD reported that urgent care is being reviewed as part of CCG business as usual activity and that there is a need to maintain focus on comparatively high levels of Ambulatory Care Sensitive Conditions within the South Sefton population. Action to remain open on the tracker and for a further update to be provided at the next committee meeting.</p> <p>FR20/43 Continuing Healthcare Update In reference to the CHC update report presented to the F&R Committee on 19th March 2020, MMcD confirmed that the figure for the percentage of patients continuing to receive Fast Track Care 90 or more days after initial referral (across both Sefton CCGs) was correct. Action closed.</p> <p>FR20/43 Continuing Healthcare Update PC confirmed he has sent JK further information regarding usage of performance scores / predictive values in the process of assessing CHC applications. Action closed.</p> <p>FR20/50 Any Other Business PC reported that a number of the IT solutions he referred to at the last F&R Committee meeting, which could potentially help practices and patients in the context of the COVID-19 situation, have now been implemented. Action closed.</p> <p><i>It was noted that all other actions on the action tracker following the March 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>HR</i>		
FR20/57	<p>HR Performance Dashboard MMcD presented the HR Performance Dashboard, which included information up to March 2020. He referred to the statutory and mandatory training rates, which are under the target of 85%, and noted that the issue would be raised at the next Operational Team meeting to encourage staff to complete any outstanding training. A discussion followed regarding access to the ESR system through personal devices to complete training.</p> <p>Members noted an increase in the sickness absence rate in March 2020; the sickness absence rate will continue to be monitored by the CCG.</p> <p><i>The committee received the HR Performance Dashboard.</i></p>	MMcD
<i>Finance</i>		
FR20/58	<p>Finance Report - Month 12 2019/20 AOR provided an overview of the month 12 2019/20 financial position for NHS South Sefton CCG as at 31st March 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG's month 12 position is an £8.9m deficit subject to external audit 	

No	Item	Action
	<p>verification. The CCG has met its revised forecast out-turn position as agreed through NHS England / Improvement (NHSE/I) protocol.</p> <ul style="list-style-type: none"> • The CCG has missed both its Control Total and its Statutory Financial Duty for 2019/20. • In reference to the COVID-19 pandemic, the CCG has made an assessment of significant factors relating to the 2019/20 financial year and no material items have been identified. • The main financial pressures relate to areas including continuing care packages, QIPP delivery being under plan, cost pressures on the learning difficulties budget and cost pressures in relation to the independent sector. There are also prescribing cost pressures relating to increased prices of Category M drugs. • The CCG identified potential QIPP schemes of £19.8m although the majority were rated high risk, with further work required and 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 £4.9m. • Better Payment Practice Code (BPPC) targets have been achieved. This will continue to be monitored monthly to ensure performance is maintained. <p><i>SL joined the meeting.</i></p> <ul style="list-style-type: none"> • The year to date financial performance for the Acting as One providers shows an under performance against plan; this would represent an underspend of £1.165m under PbR contract arrangements. <p>The committee had an extensive discussion regarding the CCG's financial position. Areas of discussion included QIPP delivery and communication with the regulators, the impact of COVID-19 on CCG finances, and continuing with measures that have worked well as part of the COVID-19 response.</p> <p>AS reported that the Joint QIPP and Financial Recovery Committee has reviewed the roles and function of the committee and has recommended revised governance arrangements to the respective Governing Bodies of the Sefton CCGs. It is proposed that the committee is formally disestablished as a substantive governing body sub-committee and that the roles and responsibilities transfer to a QIPP delivery group that reports to the respective Finance and Resource Committees of the Sefton CCGs. The proposal and supporting rationale will be presented at the South Sefton Governing Body meeting on 4th June 2020 and the Southport & Formby Governing Body meeting on 3rd June 2020.</p> <p><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></p>	
FR20/59	<p>Financial Reporting Requirements in response to COVID-19</p> <p>MMcD presented a report summarising the main changes to date to financial reporting requirements in response to COVID-19, as well as the anticipated next steps. The report also included information on COVID-19 expenditure in March and April 2020.</p> <p>It was noted that as part of the COVID-19 emergency response, a temporary financial regime has been put in place to cover the period 1st April to 31st July 2020. Changes have been made to contracting and financial planning processes, CCG allocations, and reporting arrangements both for in-year expenditure and COVID-19 associated expenditure. MMcD provided a comprehensive update on each area, summarised in the report received by the</p>	

No	Item	Action
	<p>committee, and noted that a report on revised budgetary arrangements would be presented at the CCG's Governing Body Part II meeting scheduled for 4th June 2020.</p> <p>It was noted that the 2020/21 contracting and planning process has been suspended and replaced with the following:</p> <ul style="list-style-type: none"> • Block contract agreements for NHS providers. • National procurement of acute services from the independent sector. • Funding support for hospices. • Discharge planning process including additional funding for COVID related costs for CCGs and local authorities. • Suspension of Continuing Healthcare framework and eligibility assessments. • Primary Care income guarantee. • Monthly claims process for NHS providers and CCGs to reclaim excess costs relating to COVID-19. • Pause of financial recovery processes. • Continuation of QIPP delivery where appropriate. <p>Members had a detailed discussion regarding this report, including the reclaiming of excess costs relating to COVID-19. MMcD and AOR answered a number of queries regarding Appendix 1 of the report, which shows the COVID-19 expenditure in March and April 2020. It was noted that Appendix 1 was compiled with information available at a point in time; a reconciliation exercise is being progressed to ensure that all COVID-19 associated costs, including primary care costs currently not included in Appendix 1, are fully identified and captured. It is expected that there will be an element of retrospective recovery as this process is completed.</p> <p>MMcD reported that information regarding financial reporting requirements was discussed at a CFO COVID call with NHSE/I, which took place earlier today; it was noted that the committee would continue to be updated at upcoming meetings with the latest information relating to financial reporting requirements in response to COVID-19.</p> <p><i>The committee received this report and noted the position regarding COVID-19 costs.</i></p>	
FR20/60	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk Register and noted the following:</p> <ul style="list-style-type: none"> • The finance risks and sub-risks for 2019/20 (FR009, FR009a, FR009b and FR0010) are in the process of being closed subject to the conclusion of the external audit for 2019/20. These risks will be formally proposed for closure to the committee once the financial position for 2019/20 has been finalised following the report from the CCG's external auditors. • MMcD recommended that the total post mitigation score for the 2019/20 finance risks and sub-risks (each with a total score of 25) remain unchanged; this was agreed by the committee. • MMcD confirmed that the CCG's final 2019/20 financial position would be added to the <i>Update on Mitigating Actions</i> section of the risk register for the overall finance risks FR009 and FR0010. • The following new finance risk and sub-risks for 2020/21 have been added to the risk register: FR0011, FR0011a and FR0011b. Mitigating factors have 	MMcD / AOR

No	Item	Action
	<p>taken into account the impact of COVID-19 and the revised financial guidance for the period April-July 2020.</p> <ul style="list-style-type: none"> The opening and post mitigation total score for the overall finance risk FR0011 in relation to delivery of the CCG's Control Total (£1.8m surplus) / statutory duty (breakeven) has been assessed at 16. The committee agreed that this was an accurate assessment given the uncertainty in relation to COVID-19 and the lack of information available for the latter part of the financial year. It was noted that the level of uncertainty presented a challenge to mitigate the 2020/21 finance risk and sub-risks against the opening scores (score 16 for FR0011 and FR0011a, and score 9 for FR0011b). MMcD therefore recommended that the post mitigation scores remain the same as the opening scores at this stage; this was agreed by the committee. The CCG risk adjusted deficit at the budget agreed by the Governing Body in March 2020 was predicted at £6.0m; this is £7.8m away from the CCG's 2020/21 Control Total of £1.8m surplus. <p>AOR reported that the CCG's COVID-19 Incident Management Team have produced a COVID-19 risk register. A discussion followed regarding the most appropriate way in which to report the COVID risks and whether they should be incorporated into the CCG's Corporate Risk Register and individual committee risk registers or maintained as a separate risk register. AS provided feedback from discussion in relation to the reporting of COVID risks, at an Audit Chairs meeting he had joined on 27th May 2020. It was agreed for the reporting of COVID risks to be reviewed by the Senior Management Team and an update to be provided at the next committee meeting; MMcD to action.</p> <p><i>The committee approved the F&R Committee Risk Register and the scores presented. A review is to be undertaken by the Senior Management Team regarding the reporting of COVID-19 risks.</i></p>	MMcD
FR20/61	<p>Continuing Healthcare Update</p> <p>JK and AOR presented a comprehensive report with an update on work progressed around the following areas in relation to Continuing Healthcare (CHC):</p> <ul style="list-style-type: none"> COVID-19 response and future CHC / intermediate care strategy The impact of the COVID-19 crisis on CHC Future commissioning of CHC - End to End service Retrospective reviews – previously unassessed periods of care Funded Nursing Care Benchmarking Adam Dynamic Purchasing System (DPS) management information for April 2020 High Cost Cases <p>Key points included the following:</p> <ul style="list-style-type: none"> The national implementation of temporary arrangements for CHC to operate for the duration of the COVID-19 emergency period cover the assessment of eligibility for NHS CHC funding; three and twelve month reviews of CHC packages of care; and individual requests for a review of eligibility decisions. An update was provided on the CHC End to End pathway development as well as engagement to date with Mersey Care NHS Foundation Trust in relation to its assessment provision. In reference to a post-implementation review of the Adam DPS to be carried out by Mersey Internal Audit Agency - it was noted that a local CCG has indicated interest in undertaking a comparative review of its bed brokerage 	

No	Item	Action
	<p>function and the Adam DPS as a joint piece of work with the Sefton CCGs. This consideration has been superseded by the COVID-19 emergency response but it was noted that the review remains a critical piece of work with exploration of cost effective alternatives to the brokerage of packages of care that are available within the market. It was noted that the current extension of the Adam DPS expires at the end of September 2020 with a three month notice period required.</p> <ul style="list-style-type: none"> • There will be three types of patients to consider when exiting the COVID-19 emergency response period: those still in hospital; those discharged from hospital during the crisis; and those patients waiting to enter the CHC pathway. The challenges in relation to this were detailed in the report and noted by the committee. It was also noted that an opportunity could be presented to the CCG to reassess CHC locally with the local authority. • Meetings are taking place between the CCG and local authority regarding FNC and COVID-19 related issues. As a result of the pandemic, current arrangements for FNC payments will continue instead of the planned transfer to direct CCG payments. • Management information included in the Adam monthly monitoring report (Appendix 1) and CHC benchmarking information from the NHS CHC tableau report (Appendix 2) were noted. <p><i>JW left the meeting.</i></p> <p>The committee discussed the CHC update provided. In reference to a potential joint review of the Adam DPS with another local CCG's bed brokerage function, concerns were raised about timescales given the current extension of the Adam DPS expires at the end of September 2020 with a three month notice period required. JK reported that the Southport and Formby F&R Committee (which met on 27th May 2020) had noted that a brief joint review could be considered and had agreed for the Leadership Team to consider review options and develop a timetable to enable the CCG to make a decision. The South Sefton F&R Committee agreed with this approach; MMcD to action.</p> <p><i>The committee received the CHC update report and noted the following:</i></p> <ul style="list-style-type: none"> • <i>The progress of the End to End pathway development.</i> • <i>The situation in regard to a comparative review of the Adam DPS with another local CCG's bed brokerage function.</i> • <i>The challenges arising from the COVID-19 crisis as they relate to CHC.</i> • <i>The management information included in the Adam monthly monitoring report and the CHC benchmarking information from the NHS CHC tableau report.</i> <p><i>JK left the meeting</i></p>	MMcD
<i>IT</i>		
FR20/62	<p>Update - IT Bids</p> <p>MMcD reported that there was no update to provide regarding IT bids due to the iMerseyside team being engaged in the COVID-19 response. He outlined the IT work carried out to date to enable agile and home working as part of the COVID-19 response. He also reported that the bandwidth for GP practices is planned to increase from 30mb to 50mb for the duration of the COVID-19 response period.</p> <p>PC raised comments regarding video conferencing and the use of personal devices, which were noted by the committee.</p>	

No	Item	Action
	<i>The committee received this verbal update.</i>	
<i>Estates</i>		
FR20/63	<p>Estates Update</p> <p>MMcD provided an estates update and reported on a planned redesign of floor space in the CCG's offices at Merton House to comply with social distancing arrangements; this was under the consideration of the CCG's Leadership Team. Concerns were raised regarding the ability to provide public access to Governing Body Part I meetings in light of social distancing requirements; it was noted that further work is to be progressed to review this area.</p> <p>MMcD reported that the CCG had sent comments / proposed alterations regarding an exclusivity agreement in relation to the Crosby Medical Village proposed development.</p> <p><i>The committee received this verbal update.</i></p> <p><i>MMcD left the meeting.</i></p>	
<i>Prescribing</i>		
FR20/64	<p>Prescribing Report – Month 11 2019/20</p> <p>SL provided an overview of the prescribing report for month 11 2019/20, noting that South Sefton CCG is currently forecast to be overspent against the 2019/20 prescribing budget.</p> <p>SL reported that there has been an increase in spend in month 12, which is assessed as being a direct impact of COVID-19. The Medicines Management Team is focussing on understanding this increase; further detail will be provided in the month 12 prescribing report to be presented at the next F&R Committee meeting in June 2020.</p> <p>A discussion followed regarding the increase in prescribing spend in March 2020, linked to the COVID-19 response. Feedback was provided on increased demand for particular items including inhalers and over the counter drugs such as paracetamol since the outbreak of the pandemic.</p> <p>Members discussed cost pressures in relation to direct oral anticoagulants, Category M drugs and FreeStyle Libre. PC raised a comment regarding Diabetes and the use of Semaglutide, which SL confirmed she would review.</p> <p>AOR informed the committee that MMcD requested clarification on reclaiming prescribing costs associated with COVID-19 at a North West CFO COVID call with NHSE / I, which took place earlier today.</p> <p><i>The committee received the prescribing report.</i></p>	
FR20/65	<p>Pan Mersey APC Recommendations</p> <p>SL asked the committee to consider approving the Pan Mersey APC</p>	

No	Item	Action
	<p>recommendation to commission the following medicine: Patiomer powder for oral suspension (Veltassa®▼) for hyperkalaemia.</p> <p>It was noted that this is a licenced drug, which has been recommended for use in the NHS by NICE Technology Appraisal. Patiomer powder for oral suspension (Veltassa®▼) is currently a red drug for emergency treatment of hyperkalaemia and amber initiated for persistent hyperkalaemia.</p> <p>AS enquired about the classification of 'red' and 'amber' rated drugs. SL explained that red rated drugs can only be initiated by a specialist in secondary or tertiary care. Amber initiated drugs require initiation by a specialist but with the potential to transfer to primary care.</p> <p><i>The committee approved the Pan Mersey APC recommendation to commission the following medicine: Patiomer powder for oral suspension (Veltassa®▼) for hyperkalaemia.</i></p>	
Minutes of Steering Groups to be formally received		
FR20/66	<ul style="list-style-type: none"> Information Management & Technology (IM&T) Steering Group – March 2020 <p>The committee received the minutes of the IM&T Steering Group meeting, which took place on 10th March 2020.</p>	
Closing business		
FR20/67	<p>Any Other Business</p> <p>SL raised an AOB item regarding Andexanet, a licenced antidote and reversal agent for factor Xa inhibitor anticoagulants. In January 2020, following a proposal from Liverpool University Hospitals NHS Foundation Trust in relation to this drug, and discussion regarding the importance of not delaying access to a life-saving drug for patients and / or clinicians, the F&R Committee had recommended the approval of the commissioning of Andexanet on the following conditions:</p> <ul style="list-style-type: none"> - This is an interim decision until a full review has been undertaken and decision made by NICE regarding use of the drug. - If the drug is used, a retrospective report is to be provided to the CCG so that individual use can be monitored. <p>This recommendation was ratified by the committee on 20th February 2020, as the committee meeting on 23rd January 2020 was inquorate. At the time of this interim decision, Andexanet was on the NICE work plan, with the Technical Appraisal Guidance scheduled for publication in June 2020. SL informed the committee that NICE has now commenced the review of this drug and she provided an update on initial findings. SL has had discussions with the CCG's Chief Finance Officer about this issue and recommended that the committee maintain the interim decision until NICE has concluded the review and made a final decision regarding the drug. The committee supported this recommendation.</p>	
FR20/68	<p>Key Issues Review</p> <p>AOR highlighted the key issues from the meeting and these will be presented as</p>	

No	Item	Action
	a Key Issues Report to Governing Body.	
FR20/69	<p>Review of Meeting</p> <p>AS asked members to provide feedback on the meeting today, particularly on the use of the video conferencing tool, and the meeting process, content and behaviours.</p> <p>Members discussed and provided feedback on the different options of video conferencing tools, commenting on issues including ease of access and security.</p> <p>An observation was made that there were relatively few items to be approved on the meeting agenda today but it was noted that this varies across meetings.</p>	
	<p>Date of next meeting: Thursday 25th June 2020 1pm-3pm TBC</p>	

Approved

Finance and Resource Committee Minutes

Thursday 25th June 2020, 1pm to 3pm
Skype Meeting

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
Susanne Lynch	Head of Medicines Management, SS CCG	SL
Alison Ormrod	Deputy Chief Finance Officer, SS CCG	AOR
Dr Sunil Sapre (Item FR20/73-part onwards)	GP Governing Body Member, SS CCG	SS
Dr John Wray (Items FR20/70- FR20/75)	GP Governing Body Member, SS CCG	JW
In attendance		
Cameron Ward	Interim Director of Strategy & Outcomes, SS CCG	CW
Bernadine Lynam (item FR20/82)	Associate Director of Informatics, Informatics Merseyside	BL
Paul Shillcock (item FR20/82)	Primary Care Informatics Manager, Informatics Merseyside	PS
Apologies		
Jan Leonard	Director of Place, SS CCG	JL
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	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Jan 20	Feb 20	Mar 20	May 20	June 20
Alan Sharples	Lay Member (Chair) - Joined CCG in August 2019			✓	✓	✓	✓	A	✓	✓	✓	✓
Graham Bayliss	Lay Member (Vice Chair)	✓	✓	✓	A	✓	A	A	✓	✓	✓	✓
Dr Pete Chamberlain	GP Governing Body Member	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	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	A	✓	A	✓	✓	✓	✓	A	✓	✓	✓
Jan Leonard	Director of Place	✓	✓	✓	✓	✓	✓	A	A	✓	A	A
Susanne Lynch	Head of Medicines Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes	✓	✓	A	A	A	A	A	A	A	A	A
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	✓	*	*	*	✓	*	*	*	✓	*	*

No	Item	Action
General business		
FR20/70	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource Committee meeting today was taking place via Skype.</p> <p>Apologies for absence were received from Jan Leonard and Karl McCluskey.</p> <p>Cameron Ward joined the meeting in his capacity as interim cover for the CCG Director of Strategy and Outcomes role.</p> <p>It was noted that Dr John Wray would need to leave the meeting early to join another meeting.</p> <p>The following changes were to take place to the order of the agenda during the meeting:</p> <ul style="list-style-type: none"> • The Chair noted that item <i>FR20/87: F&R Terms of Reference – Revised QIPP Duties</i> was related to item <i>FR20/76: QIPP Plan 2020/21 – Update at June 2020</i>. The Chair therefore decided to bring forward item <i>FR20/87</i> and cover it directly before item <i>FR20/76</i>. • Bernadine Lynam and Paul Shillcock from Informatics Merseyside would be joining the meeting later to present item <i>FR20/82: NHS Informatics Merseyside Contracting Arrangements</i>. Due to the time of their arrival, the Chair decided to cover item <i>FR20/82</i> directly after item <i>FR20/76</i>. <p>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>	
FR20/71	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group.</p> <p>Declarations made by members of the South Sefton Finance & Resource Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southseftonccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <p>Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda.</p>	
FR20/72	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 28th May 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
FR20/73	<p>Action points from the previous meeting</p> <p>FR19/118 Continuing Healthcare Update Report A meeting has taken place between AS, AOR and members of the CHC team from the CCG and Midlands & Lancashire CSU to discuss the action in relation to analysis of high cost packages with a total annual cost that is greater than £100k. An update regarding this analysis will be provided at the next committee meeting in July 2020. Action to remain open on the tracker.</p> <p>FR20/25 Action points from the previous meeting FR19/155 CHC Benchmarking – Q1 2019/20 MMcD noted that a review of urgent care is ongoing at the CCG and part of the COVID recovery work to understand A&E attendance data and whether patients are using alternative services. CW confirmed a report would be produced for the next F&R Committee meeting in July 2020, which will provide a position statement on recent urgent care activity and future plans. This action is to supersede the current action on the tracker.</p> <p>SS joined the meeting.</p> <p>FR20/60 Finance & Resource Committee Risk Register The reporting of COVID risks has been discussed by the Senior Management Team and an update was on the agenda under item <i>FR20/78: COVID Finance Risks</i>. Action closed.</p> <p>FR20/61 Continuing Healthcare Update MMcD reported that the CCG Leadership Team has discussed a review of the Adam Dynamic Purchasing System (DPS) as well as the current contract which expires at the end of September 2020 with a three month notice period required. The Leadership Team has made the decision to further extend the Adam DPS contract to March 2021 in order to allow time to facilitate a review of the Adam DPS and for the CCG to consider the future options available. Action closed.</p> <p><i>It was noted that all other actions on the action tracker following the May 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>	CW
Governance: COVID-19		
FR20/74	<p>CCG Governance in the Context of COVID-19 AOR presented a completed checklist document, which has been developed by MIAA (the CCG's internal auditors) to assist CCGs in reviewing their governance arrangements during the COVID-19 emergency response period. The checklist has been completed with information on arrangements implemented by the CCG during the response period. The checklist has been reviewed by MIAA and will be updated regularly as part of the emergency response. A further checklist focussed specifically on HR governance in the context of COVID-19 is in the process of being completed by the CCG and will be presented at the next F&R Committee meeting scheduled for 22nd July 2020. Both checklists will be presented at the Audit Committees in Common (CiC) meeting scheduled for 8th July 2020.</p>	

No	Item	Action
	<p>AS provided positive feedback on the assurance provided by the completed checklist.</p> <p>AOR reported that the following changes to the checklist responses were agreed at the Southport and Formby F&R Committee meeting on 24th June 2020.</p> <ul style="list-style-type: none"> Under <i>Strategic Governance</i> – the answer provided for question 5a (<i>Are arrangements in place to keep revised structures under review as the situation changes?</i>) is to be expanded to note that there has been oversight from the CCG Governing Body and Senior Leadership Team in addition to review by the Leadership Team and Senior Management Team. Under <i>Financial Governance</i> – the response to the questions regarding QIPP in section 6 is to take account of the recent changes to governance arrangements in relation to QIPP. <p>The South Sefton F&R Committee agreed that the above changes were applicable to both of the Sefton CCGs; it was noted that the checklist would be updated prior to presentation to the Audit CiC.</p> <p><i>The committee received this report and noted the contents of the checklist regarding CCG governance in the context of COVID-19.</i></p>	AOR
<i>Finance</i>		
FR20/75	<p>Finance Report - Month 2 2020/21</p> <p>AOR provided an overview of the month 2 2020/21 financial position for NHS South Sefton CCG as at 31st May 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> In response to the COVID-19 emergency, temporary financial arrangements have been implemented for the period April – July 2020 and the original financial plan has been suspended. CCG allocations have been revised and performance is assessed against the revised allocations. The revised CCG Control Total is breakeven for each month from April to July 2020; a monthly claims and reconciliation process has been agreed to reimburse costs directly related to COVID-19 and to adjust allocations to support actual expenditure incurred by the CCG. The original Control Total for 2020/21 was a surplus of £1.8m. Further guidance relating to the remainder of the financial year is expected to be published in late June / early July 2020. The CCG's Likely Case Deficit remains an issue to be confirmed, as further guidance is awaited in relation to the remainder of the financial year. The cumulative deficit brought forward from previous years is now £10.8m. The month 2 reported financial position was an overspend of £3m. Further information has become available since the month end position was finalised, however, which has meant that this position was overstated and is expected to reduce when the month 3 finance report is finalised. The forecast outturn to 31st July 2020 is a deficit of £4m. <p>The committee had a detailed discussion regarding the finance report, including the position at month 2, the forecast outturn to 31st July 2020 and COVID-related costs. AOR confirmed the chart detailing the CCG outturn at month 2 would be updated to provide clarity regarding the treatment of the NHS control total adjustments and QIPP target for the year to date.</p>	AOR

No	Item	Action
	<p><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></p> <p><i>JW left the meeting.</i></p>	
FR20/76	<p>QIPP Plan 2020/21 – Update at June 2020 <i>Item FR20/87: F&R Terms of Reference – Revised QIPP Duties was covered prior to this item.</i></p> <p>AOR presented a report which provided an update on the 2020/21 QIPP plan and processes, the impact of the COVID-19 emergency response and the work that will be progressed during the COVID-19 recovery period. The following points were brought to the committee’s attention:</p> <ul style="list-style-type: none"> • There have been recent changes to governance arrangements in respect of the Joint QIPP and Financial Recovery Committee. The Governing Body has approved that the committee is formally dis-established as a substantive governing body sub-committee and that the roles and responsibilities transfer to a QIPP delivery group that reports to the respective Finance and Resource Committees of the Sefton CCGs. • The opening QIPP plan being presented to the committee was developed prior to the COVID-19 emergency response and requires review. • The opening QIPP plan includes £7.1m of QIPP projects with delivery currently assessed at £1.1m (RAG assessed as Green). The QIPP target in the opening plan is £14.9m and therefore further work is required to progress at pace with schemes that are currently in the pipeline phase. • The COVID-19 response has suspended usual contracting mechanisms and further guidance is expected regarding the remainder of 2020/21. This will impact on the CCG financial plan and future QIPP requirement. Progress with QIPP plans has been delayed due to the COVID response; the CCG will need to ensure that plans are ready for implementation as soon as possible. • The CCG will need to engage with system partners to implement the post COVID financial regime, progress transformation through QIPP schemes and continue with work towards long term financial sustainability. <p>The committee had an extensive discussion regarding the QIPP plan update and the next steps. AS stressed the importance of developing a robust timetable for the CCG’s QIPP programme, with review and input from clinicians. He commented that it would be the F&R Committee’s duty to oversee this timetable. MMcD confirmed that a review will be undertaken of Clinical Lead portfolios at the Governing Body Development Session scheduled for 2nd July 2020 and that the next steps regarding the CCG’s QIPP plan will be incorporated into that discussion.</p> <p><i>The committee received the QIPP plan update report and noted the summary points as detailed within the recommendations section of the report.</i></p> <p><i>BL and PS joined the meeting to present item FR20/82: NHS Informatics Merseyside Contracting Arrangements. This item was therefore covered next.</i></p>	

No	Item	Action
FR20/77	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk Register and noted the following:</p> <ul style="list-style-type: none"> The CCG's 2019/20 financial position has now been reported following the production and audit of the 2019/20 Annual Report & Accounts as well as receipt of the Audit Findings Report from the CCG's external auditors. It is therefore proposed that risks FR009 and FR0010 and sub-risks FR009a and FR009b are closed. The opening and post mitigation total score for the overall finance risk (FR0011) for 2020/21 in relation to delivery of the CCG's Control Total (£1.8m surplus) / statutory duty (breakeven) remains at 16. The committee agreed that this was an accurate assessment given the uncertainty in relation to COVID-19 and that guidance for the remainder of the financial year still needs to be confirmed. <p><i>The committee approved the F&R Committee Risk Register, including the closure of the 2019/20 finance risks FR009 and FR0010 and sub-risks FR009a and FR009b.</i></p>	
FR20/78	<p>COVID Finance Risks</p> <p>AOR provided an update on the reporting of COVID-19 risks, which she has discussed with Debbie Fairclough (who is leading the CCG's COVID-19 response) and Brendan Prescott (the CCG's Deputy Chief Nurse). COVID related finance risks currently on the COVID-19 risk register are in relation to delays in delivery of the Financial Recovery Plan; risks associated with operational finance procedures; risks against delivery of transformation and achieving QIPP savings as a result; risks in relation to consequences of internal controls being suspended during the COVID emergency response period; and the longer term impact on the financial position as a result of long term changes to health needs emanating from the COVID pandemic.</p> <p>AOR confirmed that she would review the incorporation of the Covid finance risks into the F&R Risk Register as appropriate; a further update will be provided at the next F&R Committee meeting in July 2020.</p> <p><i>The committee received this verbal update.</i></p>	AOR
FR20/79	<p>Individual Funding Request Service Annual Report 2019/20</p> <p>MMcD presented the Individual Funding Request (IFR) Service Annual Report 2019/20. This report provides a summary of IFR activity for the CCG in 2019/20 and is inclusive of Quarter 4 activity data.</p> <p>MMcD reported an increase in IFR applications in 2019/20 in comparison to the previous year, the majority of which were from primary care. It had been expected that referrals and approvals would be managed by the introduction of the Value Based Checker software but implementation has been delayed.</p> <p>The committee discussed the report and in particular, the section which notes that IFR Service is currently reviewing the way in which applications for funding are progressed where an IFR Panel has previously determined that the patient is clinically exceptional and approved funding for the same treatment.</p>	

No	Item	Action
	<p>AS referred to the section in the report which notes that Midlands and Lancashire CSU circulated a new IFR application form in 2018/2019 but that most applications received for South Sefton CCG patients continued to be made on the old proforma. MMcD confirmed that he would ask JL to arrange communication / promotion of the new proforma to ensure clinicians use this for IFR applications.</p> <p><i>The committee received this report.</i></p>	MMcD (JL)
<i>Service Contracts / Contract Portfolio</i>		
FR20/80	<p>Midlands and Lancashire CSU: Summary Service Report</p> <p>MMcD presented the Midlands and Lancashire CSU Summary Service Report, which provides a high level summary and commentary on CSU service delivery for the CCG during the period 1st September 2019 to 31st May 2020.</p> <p>PC raised an operational issue in relation to Midlands and Lancashire CSU and the Aristotle service. PC to provide further details to MMcD, who will raise this issue with the CSU.</p> <p><i>The committee received this report.</i></p>	PC
FR20/81	<p>CCG Procurement Schedule 2020/21- 2021/22</p> <p>MMcD presented a procurement schedule for the CCG, which outlines clinical contracts or services that may require re-procurement during 2020/21 - 2021/2022.</p> <p>The committee had a detailed discussion regarding the procurement schedule and contract end dates. MMcD provided an update on the current status of those contracts that had come to an end on 31st March 2020. Members agreed that the procurement schedule is to be presented to the committee on an annual basis; TK to add to the committee work plan.</p> <p><i>The committee received this report.</i></p>	TK
<i>IT</i>		
FR20/82	<p>NHS Informatics Merseyside Contracting Arrangements</p> <p>BL presented a proposal document, which asks the committee to support an extension to the contract term between South Sefton CCG and Mersey Care NHS Foundation Trust on behalf of Informatics Merseyside - from an annual to a three-year term (with an option to extend for a further two years). A service performance and value report, which outlines how Informatics Merseyside has supported the work of the CCG and added value for money, was also presented to the committee.</p> <p>Informatics Merseyside has been operating on a standard NHS contract with South Sefton CCG, which has been negotiated and renewed on a 12-month basis. BL explained that the annual short term contract has resulted in a reliance on fixed term/agency staff to support service delivery, due to the uncertainty regarding longer term commitment. This has resulted in increased staff costs and has placed pressures on time resource.</p>	

No	Item	Action
	<p>BL reported that the amendment to the contract term was discussed by the IM Partnership Board in 2019 and was agreed in principle by all five partner organisations.</p> <p>The committee discussed the proposed amendment to the contract term and the proposed improved value for money that would be associated with a longer term contract and staff retention. BL confirmed that as an NHS organisation, Informatics Merseyside is a non-profit organisation. She also noted the cost savings derived from having an IT service that is shared amongst the IM partner organisations.</p> <p>AS raised a query about the impact on the contract of the proposed merger between South Sefton CCG, Southport and Formby CCG, Liverpool CCG and Knowsley CCG – noting that Knowsley CCG is not a member of the IM Partnership. BL confirmed that should the merger take place, Informatics Merseyside will liaise directly with Knowsley CCG and St Helens and Knowsley Health Informatics Service regarding the shared IT service.</p> <p><i>BL and PS left the meeting.</i></p> <p>It was noted that due to the value of the proposed contract extension, the committee was being asked to support the proposal in principle and make a recommendation to the Governing Body for approval.</p> <p><i>The committee supported in principle the contract term extension between South Sefton CCG and Mersey Care NHS Foundation Trust (on behalf of NHS Informatics Merseyside) - from an annual to a three-year term (with an option to extend for a further two years). The committee made a recommendation to the CCG Governing Body to approve this proposal.</i></p>	
FR20/83	<p>Update - Phase-out of Faxes / Fax Technology</p> <p>MMcD provided an update regarding the usage of faxes and fax technology by GP practices in South Sefton. The report included within the meeting pack contained information regarding the numbers still in usage as at 9th June 2020, as well as the plan for usage to be phased out. It was noted that the rollout of removal of physical fax machines in primary care was expected to be completed by April 2020; this has been delayed, however, due to the COVID-19 pandemic.</p> <p>The phase-out of faxes and fax technology in primary care in South Sefton will be reviewed and monitored further by the CCG's Leadership Team to ensure compliance is achieved.</p> <p><i>The committee received this report.</i></p>	
FR20/84	<p>Update - IT Bids</p> <p>MMcD provided an update on IT bids and noted that guidance is still awaited from NHS England / Improvement and the Government regarding availability of funding for IT schemes.</p> <p><i>The committee received this verbal update.</i></p>	

No	Item	Action
<i>Prescribing</i>		
FR20/85	<p>Prescribing Report – Month 12 2019/20</p> <p>SL provided an overview of the prescribing report for month 12 2019/20. She noted that there has been a significant increase in reported expenditure in month 12, which is assessed as being a direct impact of COVID-19. At month 12, the CCG is overspent by £991k.</p> <p>A discussion followed regarding the increase in prescribing expenditure in March 2020, with feedback and commentary provided on increased demand for particular items since the outbreak of the COVID-19 pandemic. MMcD confirmed that COVID related prescribing costs have been included in the COVID expenditure returns to NHS England / Improvement.</p> <p><i>The committee received this report.</i></p>	
FR20/86	<p>Prescribing Rebate Scheme – Edoxaban (Lixiana) Daiichi Sankyo UK Ltd</p> <p>SL presented a paper with the recommendation to approve the renewal of the Edoxaban (Lixiana) rebate scheme. She confirmed that Edoxaban (Lixiana) is an APC Pan Mersey recommended direct oral anticoagulant</p> <p><i>The committee approved the renewal of the Edoxaban (Lixiana) rebate scheme.</i></p>	
<i>Committee Governance</i>		
FR20/87	<p>F&R Terms of Reference – Revised QIPP Duties</p> <p>AS introduced this item. At its meeting on 4th June 2020, the CCG Governing Body approved a proposal regarding revised governance arrangements in respect of the Joint QIPP and Financial Recovery Committee. The Governing Body approved that the committee is formally dis-established as a substantive governing body sub-committee and that the roles and responsibilities transfer to a QIPP delivery group that reports to the respective Finance and Resource Committees of the Sefton CCGs.</p> <p>The current Finance & Resource Committee Terms of Reference were enclosed for the committee to review and agree on whether any changes were required to reflect the revised QIPP responsibility.</p> <p>The committee had an extensive discussion regarding the roles and responsibilities of the F&R Committee in relation to QIPP. Discussion included the CCG's deficit financial position, the deliverability of QIPP schemes, the commissioning of services and the role of clinicians in relation to QIPP. The importance of having a robust timetable for the CCG's QIPP programme and F&R Committee oversight of this was noted.</p> <p>The committee agreed that the F&R Committee responsibilities and duties discussed in relation to QIPP were already covered within the existing F&R Committee Terms of Reference. TK reported that the following had been agreed by the Southport & Formby F&R Committee for its Terms of Reference on 24th June 2020.</p> <ul style="list-style-type: none"> Section 3.3 (under the section entitled <i>Responsibilities of the Committee</i>) and section 4.8 (under the section entitled <i>Duties of the Committee</i>) need to be expanded to take into account the QIPP Delivery Group which will now be 	

No	Item	Action
	<p>reporting to the F&R Committees. MMcD to review with Debbie Fairclough (the CCG's Interim Lead for Corporate Services) and propose amendments to the wording for the committee to consider at the next meeting in July 2020.</p> <p>The South Sefton F&R Committee agreed to consider the same proposed amendments as the Southport & Formby F&R Committee, at its next meeting scheduled for 23rd July 2020. TK to add this item to the meeting agenda for July.</p> <p><i>The committee reviewed the F&R Committee Terms of Reference and agreed the sections to be reviewed for amendment, to take account of the QIPP Delivery Group. An updated Terms of Reference with proposed amendments is to be presented to the committee at its next meeting in July 2020.</i></p>	TK
Closing business		
FR20/88	<p>Any Other Business</p> <p><u>Pan Mersey APC Recommendations</u></p> <p>SL asked the committee to consider approving the Pan Mersey APC recommendations to commission the following medicines:</p> <ul style="list-style-type: none"> • Rivaroxaban 2.5mg tablets (Xarelto®▼) for prevention of atherothrombotic events in PAD/CAD • Doxylamine/Pyridoxine gastro-resistant tablets (Xonvea®) for nausea and vomiting in pregnancy • Biological agents for Psoriasis (without prior treatment with Psoralen and Ultraviolet A [PUVA]) <p>Rivaroxaban 2.5mg tablets (Xarelto®▼) and Doxylamine/Pyridoxine gastro-resistant tablets (Xonvea®) have been recommended for use in the NHS by NICE. All three drugs have been recommended for commissioning by the Sefton CCGs' Joint Medicines Operational Group. SL commented that the approval of commissioning biological agents for Psoriasis would allow this drug to be prescribed without prior treatment with PUVA if PUVA treatment is difficult for logistical reasons; she noted this was particularly relevant during the COVID-19 pandemic and social distancing limitations.</p> <p><i>The committee approved the Pan Mersey APC recommendations to commission the above three medicines.</i></p>	
FR20/89	<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>	
FR20/90	<p>Review of Meeting</p> <p>AS asked members to provide feedback on the meeting today, particularly on the meeting process, content and behaviours.</p> <p>Members provided positive feedback on the level of discussion at the meeting. SL commented that it is useful to be present for items that are not directly related to prescribing to enable a wider understanding of the CCG's financial position.</p>	

No	Item	Action
	MMcD provided feedback on the length of the meeting today, noting that timing may need to be reviewed in the future particularly if there are a large number of items on the agenda.	
	<p>Date of next meeting: Thursday 23rd July 2020 1pm-3pm Skype meeting</p>	

Approved

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

Date: 30th April 2020

Meeting held virtually via email communication

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
Minutes		
Michelle Diable	Personal Assistant to Chief and Deputy 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	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	Apr 20
Dr Rob Caudwell	GP Governing Body Member	✓	N	✓	A	✓	✓	✓	A	A	N	✓	✓	✓	V
Graham Bayliss	Lay Member for Patient & Public Involvement	A	N	✓	✓	✓	A	✓	✓	A	N	✓	A	✓	V
Gill Brown	Lay Member for Patient & Public Involvement	A	N	✓	✓	✓	✓	✓							
Dil Daly	Lay Member for Patient & Public Involvement										N	✓	✓	✓	V
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	N	✓	✓	A	✓	✓	✓	A	N	A	A	✓	V
Billie Dodd	Deputy Director of Commissioning and Delivery	A	N	✓	✓										
Karl McCluskey	Director of Strategy and Outcomes		N	✓	✓	A	A	✓	A	D	N	D	A	D	V
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	✓	✓	✓	V
Martin McDowell	Chief Finance Officer	✓	N	✓	D	✓	A	A	A	A	N	✓	A	✓	V
Dr Jeffrey Simmonds	Secondary Care Doctor	A	N	A	✓	A	A	✓	A	A	N	A	A	A	V
Jane Lunt	Chief Nurse (on Secondment from LCCG)								✓	✓	N	✓	A	✓	V

- ✓ = Present
- A = Apologies
- L = Late or left early
- N = No meeting held
- D = Deputy attended
- V = Received Virtual Meeting Pack

No	Item	Actions
	<p>It was agreed to step the CCGs' Joint Quality and Performance Committee down due to the current COVID situation and demands on time. In order to maintain governance processes for both Southport and Formby and South Sefton CCG Governing Bodies, the Joint Quality and Performance Committee received a virtual meeting pack in April 2020 and was asked to confirm receipt/approval of each agenda item and provide feedback.</p> <p>Feedback was received from the following members and is noted below:- Brendan Prescott, Mel Spelman, Graham Bayliss, Dr Jeff Simmonds, Dr Gina Halstead, Dr Caudwell and Lynne Savage.</p>	
20/54	<p>Declarations of Interest</p> <p>No declarations of interest were noted.</p>	
20/55	<p>Minutes & Key Issues Log of the previous meeting</p> <p>The minutes and the key issues log from the previous meeting held on 26th March 2020 were approved as an accurate reflection of the meeting.</p>	
20/56	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker. There were no updates noted as all actions within the action tracker had been deferred to June 2020. However Dr Gina Halstead wished to note in relation to agenda item 20/42 SEND Health Performance Improvement Group (Sefton) Minutes on page 10 of the previous minutes, that "the ASD ADHD pathway is one of the few in the country that is NICE compliant".</p>	
20/57	<p>Deputy Chief Nurse Report</p> <p>The Committee received the Deputy Chief Nurse Report. No comments were made.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
20/58	<p>Joint Quality and Performance Committee Work Plan 2020/2021</p> <p>The Committee received the Joint Quality and Performance Committee Work Plan 2020/2021. No comments were made.</p> <p>Outcome: The Committee approved the Joint Quality and Performance Committee Work Plan 2020/2021.</p>	
20/59	<p>Complaints Overview Annual Report</p> <p>The Committee received the Complaints Overview Annual Report. No comments were made.</p> <p>Outcome: The Committee noted the Complaints Overview Annual Report.</p>	
20/60	<p>CQUIN and Quality Schedule Standard Operating Procedure</p> <p>The Committee received the CQUIN and Quality Schedule Standard Operating Procedure. Dr Gina Halstead wished to ask if the CCG is tracking the quality metrics despite Covid 19 as The CQUIN indicators for 20/21 were not included in the meeting pack.</p>	

	<p>Jennie Piet provided the following response via email communication to Dr Gina Halstead enclosing the CQUINs for 20/21:-</p> <p>The Q4 19/20 guidance was released that advised that the providers did not need to submit the information via the National Portal and to the CCG “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. It should be noted that this approach applies to both the CCG and PSS CQUIN schemes, inclusive of all nationally mandated, and locally agreed indicators.”</p> <p>A number of the providers had the information and submitted it anyway which has been collated. As part of the guidance, CCGs were advised to take a pragmatic approach to payments and Liverpool took the decision to give full payments to all the providers, within South Sefton and Southport and Formby and the same information was presented to either the Senior Management Team or the Leadership Team and the CCG also paid all the Trusts in full, under the acting as one agreement.</p> <p>Outcome: The Committee noted the CQUIN and Quality Schedule Standard Operating Procedure.</p>	
<p>20/61</p>	<p>Quality Risk Register Report</p> <p>The Committee received the Quality Risk Register. Dil Daly wished to note the following:-</p> <p>“There is a suggestion on page 83 in section 2.4 that “risks that sit with another organisation to manage could be removed and sit with the relevant CCG team to oversee”.</p> <p>Dil advised that he had commented at Audit Committee to the Chief Finance Officer, Martin McDowell that whilst he does not have an issue with the governing body delegating oversight to operational staff of these risks, despite the fact that they apply to another organisation they usually pertain to services or functions commissioned by the CCG(s). Even if oversight is managed by a CCG team on a day-to-day basis, Dil advised that he would advocate that there needs to be some form of reporting back and scrutiny from the governing body. This approach can be seen with reference to the serious incident reports that are handled by the CCG staff but are reported back to the Joint Quality and Performance Committee to permit appropriate governance scrutiny.</p> <p>Dil noted that there is also a recommendation that certain risks are removed from the register because they cannot be mitigated against (particularly if they stem from national issues). Dil wished to note that he has reservations about that approach. The fact that some risks are beyond the CCGs’ control does not make them less of a risk and there are (almost) always some actions which can be taken to reduce the risk even if they contribute to only a minor reduction. The governing body still needs to be aware of these risks and the impact they are having on performance and quality. This applies to QUA 022, 051a, 051b, 054 and 058.</p> <p>Mel Spelman thanked Dil for his comments and proposed a call with Billie Dodd, Debbie Fairclough and Brendan Prescott to discuss this and the risk register as a whole. It is likely the risk registers will undergo a review in the coming weeks in light of new risks presenting as a result of Covid-19.</p> <p>Action: Mel Spelman to arrange a call with Billie Dodd, Debbie Fairclough and Brendan Prescott to discuss the comments raised by Dil Daly and to discuss the risk register as a whole.</p>	<p>MS</p>

	Outcome: The Committee noted the Quality Risk Register Report.	
20/62	<p>Aintree to Home Ward Quality Site Visit Report</p> <p>The Committee received the Aintree to Home Ward Quality Site Visit Report. No comments were made.</p> <p>Outcome: The Committee noted the Aintree to Home Ward Quality Site Visit Report.</p>	
20/63	<p>Integrated Performance Report</p> <p>The Committee received the Integrated Performance Report. No comments were made.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	
20/64	<p>Cheshire and Mersey COVID 19 Interim Measurements Documents For Children in Care</p> <p>The Committee received the Cheshire and Mersey COVID 19 Interim Measurements Documents for Children in Care. Dr Gina Halstead wished to note her disappointment in the assumption targets would be failed and questioned if there was an opportunity to use video technology which was touched on but not emphasised to deliver these things at pace and capture the voice of the child. She expressed her concern about just using telephony for assessment.</p> <p>Helen Case provided the following response via email communication:- North West Boroughs Healthcare NHS Foundation Trust has already done their process documents and submitted them with the Q4 Children in Care KPIs (see section six of the Children in Care KPI feedback document). Helen explained that she understands that Alder Hey NHS Foundation Trust may have done something similar and submitted it to Liverpool CCG as the coordinating commissioner, she advised that she would confirm if that is the case. Helen informed that she is hopeful that the CCG's will be moving towards 'business as usual' in the near future so the interim documents will be amended again to reflect this. She advised that she will bear in mind the 'local appendix' when she amends.</p> <p>Outcome: The Committee noted the Cheshire and Mersey COVID 19 Interim Measurements Documents For Children in Care Report.</p>	
20/65	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee received the Key Issues from the JMOG meeting held on 6th March 2020. No comments were made.</p> <p>Outcome: The Committee noted the Joint Medicines Operation Group (JMOG) Key Issues.</p>	
20/66	<p>SEND Health Performance Improvement Group (Sefton) Minutes</p> <p>The Committee received the following SEND Health Performance Improvement Group minutes and Key Issues. No comments were made:-</p> <ul style="list-style-type: none"> NHS South Sefton CCG and NHS Southport and Formby CCG – 24th January 2020 and 28th February 2020. <p>Outcome: The Committee noted the SEND Health Performance Improvement Group (Sefton) Minutes.</p>	

20/67	<p>Serious Incident Review Group (SIRG) Minutes</p> <p>The Committee received the following SIRG minutes and Key Issues. No comments were made:-</p> <ul style="list-style-type: none"> • NHS South Sefton CCG – 13th February 2020 and 12th March 2020. • NHS Southport and Formby CCG – 5th February 2020 and 4th March 2020. <p>Outcome: The Committee noted the Serious Incident Review Group (SIRG) Minutes.</p>	
20/68	<p>Performance and Quality Investigation Review Panel (PQIRP) Minutes</p> <p>The Committee received the following PQIRP minutes. No comments were made:-</p> <ul style="list-style-type: none"> • NHS South Sefton CCG and NHS Southport and Formby CCG – 25th March 2020. <p>Outcome: The Committee noted the Performance and Quality Investigation Review Panel (PQIRP) Minutes.</p>	
20/69	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>The Committee received the Key Issues from the EPEG meeting held on 12th February 2020 and 4th March 2020. No comments were made.</p> <p>Outcome: The Committee noted the Engagement and Patient Experience Group Key Issues.</p>	
20/70	<p>Primary Care Committees in Common Minutes (Part 1) and Key Issues</p> <p>The Committee received the Primary Care Committees in Common Minutes (Part 1) from the meeting held on 13th January 2020. No comments were made.</p> <p>Outcome: The Committee noted the Primary Care Committees in Common Minutes.</p>	
20/71	<p>Any Other Business</p> <p>No items to note.</p>	

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

Date: Thursday 28th May 2020, 9am – 12noon
Meeting held virtually via email communication

Membership

Dr Doug Callow	GP Quality Lead / GB Member (SFCCG)	DC
Dr Rob Caudwell	GP Governing Body Member - Chair (SFCCG)	RC
Karl McCluskey	Director of Strategy and Outcomes (SFCCG / SSCCG)	KMc
Cameron Ward (deputising for Karl McCluskey)	Programme Director (SFCCG/SSCCG)	CW
Dr Gina Halstead	GP Clinical Quality Lead / GB Member - Deputy Chair (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
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Minutes

Michelle Diable	Personal Assistant to Chief and Deputy Chief Nurse (SSCCG/SFCCG)	MD
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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	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	A	✓	✓	✓	A	A	N	✓	✓	✓	V	V
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	✓	✓	A	✓	✓	A	N	✓	A	✓	V	V
Gill Brown	Lay Member for Patient & Public Involvement	✓	✓	✓	✓	✓								
Dil Daly	Lay Member for Patient & Public Involvement								N	✓	✓	✓	V	V
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	✓	A	✓	✓	✓	A	N	A	A	✓	V	V
Billie Dodd	Deputy Director of Commissioning and Delivery	✓	✓											
Karl McCluskey	Director of Strategy and Outcomes			A	A	✓	A	D		D	A	✓	D	D
Debbie Fagan	Chief Nurse & Quality Officer	-	D	D	D	D								
Dr Gina Halstead	Clinical Lead for Quality (Deputy Chair)	✓	-	✓	A	A	✓	✓	N	✓	✓	✓	V	V
Martin McDowell	Chief Finance Officer	✓	D	✓	A	A	A	A	N	✓	A	✓	V	V
Dr Jeffrey Simmonds	Secondary Care Doctor	A	✓	A	A	✓	A	A	N	A	A	A	V	V
Jane Lunt	Chief Nurse (on Secondment from LCCG)						✓	✓	N	✓	A	✓	V	V
Fiona Taylor	Chief Officer, Ex Officio Member	A	A	A	A	A	A	A	A	A	A	A	A	A

- ✓ = Present
- A = Apologies
- L = Late or left early
- N = No meeting held
- D = Deputy attended
- V = Received Virtual Meeting Pack

No	Item	Actions
	<p>It was agreed to step the CCGs' Joint Quality and Performance Committee down due to the current COVID situation and demands on time. In order to maintain governance processes for both Southport and Formby and South Sefton CCG Governing Bodies, the Joint Quality and Performance Committee received a virtual meeting pack in May 2020 and was asked to confirm receipt/approval of each agenda item and provide feedback.</p> <p>Feedback was received from the following members and is noted below:- Graham Bayliss, Dr Gina Halstead, Dr Doug Callow, Dr Jeff Simmonds, Lynne Savage, Jennie Piet and Dil Daly.</p>	
20/73	<p>Declarations of Interest</p> <p>No declarations of interest were noted.</p>	
20/74	<p>Minutes & Key Issues Log of the previous meeting</p> <p>The minutes and the key issues log from the previous meeting held virtually in April 2020 were approved as an accurate reflection of the meeting.</p>	
20/75	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker. No updates made.</p>	
20/76	<p>Deputy Chief Nurse Report</p> <p>The Committee received the Deputy Chief Nurse Report. No comments were made.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
20/77	<p>Serious Incident Report</p> <p>The Committee received the Serious Incident Report. Dr Gina Halstead expressed concern that the South Sefton CCG and Liverpool University Hospitals NHS Foundation Trust Clinical Commissioners had not been informed sooner about the surgical Never Events. It was noted that the surgical Never Events will be presented that the next Commissioning Forum.</p> <p>Outcome: The Committee noted the Serious Incident Report.</p>	
20/78	<p>Patient Safety Covid 19 Update</p> <p>The Committee received the Patient Safety Covid 19 Update. No comments made.</p> <p>Outcome: The Committee noted the Patient Safety Covid 19 Update.</p>	
20/79	<p>Health SEND Performance Improvement Group (Sefton) Terms of Reference</p> <p>The Committee received the Health SEND Performance Improvement Group (Sefton) Terms of Reference. No comments were made.</p>	

	Outcome: The Committee noted the Health SEND Performance Improvement Group (Sefton) Terms of Reference.	
20/80	Integrated Performance Report The Committee received the Integrated Performance Report. No comments made. Outcome: The Committee noted the Integrated Performance Report.	
20/81	Quarter 4 Safeguarding Update The Committee received the Quarter 4 Safeguarding Update. Dr Gina Halstead wished to note the improvements made in relation to timeliness of Initial Health Assessments and Review Health Assessments for Children in Care. It was also noted that having a glossary of terms as being essential and requested that the Safeguarding documents introduce one too. Outcome: The Committee noted the Quarter 4 Safeguarding Update.	
20/82	SEND Health Performance Improvement Group (Sefton) Minutes and Key Issues The Committee received the following SEND Health Performance Improvement Group (Sefton) Minutes and Key Issues. No comments made:- <ul style="list-style-type: none"> • 27th March 2020 • 24th April 2020 Outcome: The Committee noted the SEND Health Performance Improvement Group (Sefton) Minutes and Key Issues.	
20/83	Serious Incident Review Group (SIRG) Minutes The Committee received the following SIRG minutes and Key Issues. No comments made:- <ul style="list-style-type: none"> • NHS Southport and Formby CCG – 8th April 2020 Outcome: The Committee noted the Serious Incident Review Group (SIRG) Minutes.	
20/84	Any Other Business No items to note.	

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

Thursday 25th June 2020, 9am to 12noon
Skype Meeting

Attendees (Membership)		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell (attended up to agenda item 20/90)	Chief Finance Officer, SSCCG/SFCCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSCCG	GH
Karl McCluskey		KMcC
Dr Jeffrey Simmonds	Director of Strategy and Outcomes, SFCCG / SSCCG	JS
Brendan Prescott	Secondary Care Doctor, SFCCG Deputy Chief Nurse and 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 (attended from agenda item 20/94)	Chief Officer, SSCCG/SFCCG	FLT
In attendance		
Jennie Piet	Programme Manager Quality and Performance, SSCCG/SFCCG	JP
Tracey Forshaw		TF
Mel Spelman	Assistant Chief Nurse, SSCCG/SFCCG Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Apologies		
Karl McCluskey	Director of Strategy & Outcomes, SSCCG/SFCCG	KMcC
Cameron Ward (Deputising for Karl McCluskey)	Interim Director of Strategy & Outcomes, SSCCG/SFCCG	CW
Lynne Savage	Deputy Head of Clinical Quality and Safety, SSCCG/SFCCG	LS
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Minutes		
Michelle Diable	PA to Chief and Deputy Chief Nurse, SSCCG/SFCCG	MD

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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

✓ = Present A = Apologies N = No meeting D = Deputy V= received a virtual JQPC meeting pack

Name	Membership	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20
Dr Rob Caudwell	GP Governing Body Member (Chair)	A	✓	✓	✓	A	A	N	✓	✓	✓	V	V	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	✓	A	✓	✓	A	N	✓	A	✓	V	V	✓
Dil Daly	Lay Member for Patient & Public Involvement							N	✓	✓	✓	V	V	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	✓	A	✓	✓	✓	A	N	A	A	✓	V	V	A
Karl McCluskey	Director of Strategy and Outcomes		A	A	✓	A	D	N	D	A	✓	D	A	A
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)	D	D	D	D			N						
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	A	✓	A	A	✓	✓	N	✓	✓	✓	V	V	✓
Martin McDowell	Chief Finance Officer	D	✓	A	A	A	A	N	✓	A	✓	V	V	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	✓	A	A	✓	A	A	N	A	A	A	V	V	A
Jane Lunt	Chief Nurse (on Secondment from LCCG)					✓	✓	N	✓	A	✓	V	V	✓
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety	✓	✓	✓	✓	A	A	N	✓	✓	✓	V	V	✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	A	A	A	A	A	N	A	A	A	V	V	✓

No	Item	Action
General		
20/85	<p>Welcome and Apologies for Absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Joint Quality and Performance Committee meeting took place via Skype.</p> <p>The Chair welcomed all to the meeting. Apologies for absence were noted from Lynne Savage, Dr Doug Callow, Susanne Lynch and Cameron Ward.</p>	
20/86	<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.</p> <p>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>	

No	Item	Action
	<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. Under agenda item 20/97 - Engagement and Patient Experience Group (EPEG) Key Issues, Dr Rob Caudwell declared that he works with a company giving medical advice/consultancy called Medloop. 	
20/87	<p>Minutes of the previous meeting and key issues</p> <p>With the following amendments, the minutes of the previous meeting held on 28th May 2020 were approved as an accurate reflection of the meeting:-</p> <ul style="list-style-type: none"> Amend minutes to state that Dr Rob Caudwell is Chair and Dr Gina Halstead is Deputy Chair. Add Fiona Taylor to the membership attendance tracker (Ex Officio). <p>The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
20/88	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> Agenda Item 19/36, GP Quality Lead Update <p>Tracey Forshaw to raise the issue in relation to what contingency arrangements are in place regarding Health Visitor's sickness absence.</p> <p>It was noted that the forum where Tracey Forshaw was to raise the issue of contingency arrangements during health visitor sickness absences had been placed on hold due to Covid 19.</p> <p>Dr Gina Halstead informed that her practice was having to send 0-5 year's correspondence to the Health Visiting Team because Alder Hey NHS Foundation Trust were not copying in the Health Visiting Team. Jane Lunt provided assurance that Alder Hey NHS Foundation Trust has oversight of this and has improvement plans in place in relation to communication.</p> <p>Action completed and to be removed from the tracker.</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.</p> <p>Brendan Prescott advised that he has spoken with Billie Dodd and Sharon Forrester to raise through primary care and contract meetings. No issues were highlighted. Action to be closed and removed from the tracker.</p>	

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 19/108, Safeguarding Quarterly Report <p>Looked After Children Action Plan to be presented to the Committee in April 2020.</p> <p>Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/182, Deputy Chief Nurse Report <p>It had been suggested that the issue of patients not receiving discharge letters should be raised at CQPG.</p> <p>It was noted that some GP practices are not receiving copies of outpatient letters. Concerns were highlighted that GPs are not being made aware who is overseeing patients care.</p> <p>Jane Lunt suggested requesting from Mersey Care NHS Foundation Trust and North West Boroughs Healthcare NHS Foundation Trust a single point of contact to enable the letters to be distributed to the right people. In addition it was suggested liaising with Anne Tattersall at North West Boroughs Healthcare NHS Foundation Trust.</p> <p>A new action was noted for Jane Lunt to request a single point of contact from Mersey Care NHS Foundation Trust and North West Boroughs Healthcare NHS Foundation Trust in relation outpatient letter distribution.</p> <ul style="list-style-type: none"> • Agenda Item 19/183, Clinical Director Update <p>Brendan Prescott to request that 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>It was suggested investigating what is in the Walton Centre’s recovery plan in relation to GP outpatient referrals.</p> <p>A new action was noted for Brendan Prescott to contact Cameron Ward to ascertain what is in the Walton Centre’s recovery plan in relation to GP outpatient referrals.</p> <ul style="list-style-type: none"> • Agenda Item 19/201, Clinical Director Quality Update <ul style="list-style-type: none"> (i) Jane Lunt to escalate concerns in relation to midwives not being trained to use EMIS to Caron Lapping, Director of Nursing and Midwifery at Liverpool Women’s Hospital NHS Foundation Trust. <p>Jane Lunt advised that she will raise this issue again.</p> <ul style="list-style-type: none"> (ii) Jane Lunt to escalate the issue of midwives not being commissioned to administer flu vaccinations to Public Health England. <p>It was noted that a standard operating procedure (SOP) is in place for primary care. Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 19/203, Corporate Risk Register – Quality Update 	<p>JL</p> <p>BP</p> <p>JL</p>

No	Item	Action
	<p>Mel Spelman to present a Risk Register update at the next Committee meeting.</p> <p>It was noted that this was on the agenda. 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) The Committee queried if the primary care records digitalisation process had been placed on hold. Dr Rob Caudwell to contact IMerseyside to clarify.</p> <p>It was noted that the primary care records digitalisation process had been stalled due to Covid 19. It was noted that no records will be destroyed without confirmation from the practice. Software to enable editing is to be used as a default in EMIS web so that information is not shared with the patient unless the practice confirms it is correct. Action completed and to be removed from the tracker.</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>It was noted that the CQPG meetings had been suspended but will recommence shortly. Debbie Fagan is to be the Chair of the meeting regarding interface issues. Each part of the system should be held to account, the Quality Team will act as a conduit to ensure issues are understood and addressed. A rise in unsatisfactory discharges was noted. The group will actively seek themes and address issues in order for the Trust to consider themes as opposed to individual cases. Action completed and to be removed from the tracker.</p> <p>(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.</p> <p>It was noted that Aintree to Home was discussed at the LUFT CQPG. Action completed and to be removed from the tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/10, Commissioning for Quality and Innovation (CQUIN) Framework Quarter 2 Report <p>Jane Lunt to raise the prevention of falls at the next CQPG meeting which was one of the indicators not achieved at both Aintree Hospital and Southport and Ormskirk Hospitals NHS Trust.</p> <p>It was noted that an increase of falls had been reported and discussed at the June 2020 CQPG with plans being coordinated in relation to falls prevention. Action completed and to be removed from the action tracker.</p> <ul style="list-style-type: none"> • Agenda Item 20/61, Quality Risk Register Report <p>Following Dil Daly's comments in relation to the Quality Risk Register in April 2020. Mel Spelman to arrange a call with Billie Dodd, Debbie Fairclough and Brendan Prescott to discuss the comments raised by Dil Daly and to discuss the risk register as a whole.</p> <p>Action completed and to be removed from the tracker.</p>	

No	Item	Action
20/89	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott presented the Deputy Chief Nurse Report which seeks to provide an update regarding the key issues that have occurred since the last report presented to the Committee in May 2020.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust (LUFT)</u></p> <p>It was noted that the LUFT CQPG reconvened on 10th June 2020 with an agenda focussing on the reflection on the current challenges faced by the Trust on operational delivery. Their recovery phased plan was presented at the CQPG meeting.</p> <p>The Trust reported the greatest risk to the resumption of the theatre programme is related to the availability of appropriate personal protective equipment (PPE).</p> <p>There are no formal contractual reporting requirements in place, however risk management post-merger and how the Trust needing to report from a quality perspective is still required. The Contract Performance Notices issued by NHS South Sefton CCG and Aintree University Hospital will be an area of focus.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>It was noted that Southport and Ormskirk Hospital CCQRM reconvened on 17th June 2020. The Trust has developed a recovery oversight document which outlines the different phases required to bring them back on line starting with the more vulnerable services. Further assurance is required from the Trust in relation to infection prevention control and maintenance of the serious incident process post Covid 19.</p> <p><u>Mersey Care NHS Foundation Trust</u></p> <p>It was noted that the Mersey Care Community CCQRM reconvened on 11th June 2020 where the assurance template and recovery plan were discussed. Plans to merge both Sefton and Liverpool CCG's contract and quality meetings were discussed at the June 2020 CCQRM and the revised agenda for the community merger has been agreed.</p> <p><u>Lancashire and South Cumbria NHS Foundation Trust</u></p> <p>It was noted that the Lancashire and South Cumbria CCQRM reconvened on 18th June 2020. Assurance was requested from the Trust on a number of similar areas as the other providers. Further detail has been requested from the Head of Commission and Delivery in relation to the phased recovery plan.</p> <p><u>Joint Targeted Area Inspection (JTAI) – Children's Mental Health</u></p> <p>It was noted that the JTAI sub group reconvened in May 2020 to review the health action plan. An update on the JTAI plan progress is on the agenda.</p> <p><u>Care Home Training Offer</u></p> <p>It was noted that the CCG's and Local Authority undertook training with Sefton care home staff with offers made to 128 out of 130 care homes. This will form part of a longer term offer to care homes in response to Covid 19 and will be developed with the public health team at Sefton Local Authority. Brendan Prescott wished to thank Jennie Piet, Tracey Forshaw and Rob Foden for their hard work in ensuring successful training delivery which was undertaken in a short space of time.</p>	

No	Item	Action
	<p><u>Covid 19 Activity</u></p> <p>It was noted that a significant piece of work was undertaken in April 2020 on fit testing in the community and care homes to ensure appropriate PPE measures were observed.</p> <p>The Named GPs in both Liverpool and Sefton have worked closely with NHS Knowsley CCG counterparts to provide a consistent north mersey response for safeguarding in primary care. The CCG's Safeguarding team has been available to Trusts and other commissioned services for safeguarding support and advice.</p> <p>It was queried if there was a Named GP in place for Adult Safeguarding. It was noted that there is not a Named GP in place for Adult Safeguarding, however this is being followed up. The gap has been recognised and GP practices are not unsupported.</p> <p>Cameron Ward was not in attendance but wished to note that he is a member of the LUFT recovery review oversight group with other Directors, Commissioners and Providers across the Liverpool system. He is also a Southport and Ormskirk member of the recovery group with Southport and Ormskirk Hospital Trust and West Lancashire and South Cumbria CCG overseeing the resumption of services across Southport and Ormskirk system.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
20/90	<p>Corporate Risk Register – Quality Update</p> <p>Mel Spelman presented the Corporate Risk Register Quality Update report which seeks to provide the Committee with an update on the Joint Quality Risk Register for both NHS South Sefton and NHS Southport and Formby CCGs.</p> <p>It was noted that that corporate risk register has 60 risks, 33 of which sit with the Joint Quality and Performance Committee and 9 sit with the Quality Team. In April 2020 it was proposed that the register should be ratified and risks that sit with another organisation to manage, could be removed and sit with the relevant CCG team to oversee. It is suggested that constitutional measures feature in the corporate risk register as a priority. The Audit Committee convened and agreed to close 7 risks.</p> <p>Mel Spelman advised that she is meeting with Billie Dodd to revise the Commissioning Team risks.</p> <p>The Committee reviewed Risk QUA058 - there is a risk to deliver appropriate patient care caused by the high number of nursing vacancies at Southport and Ormskirk Trust resulting in compromised quality of care. The Committee agreed this risk could be removed from the Corporate Risk Register given this national risk is sighted at the Trust CCQRM, mitigation for assurance is reviewed and it is highlighted at Governing Body for reporting when appropriate.</p> <p>It was highlighted that the risk in relation to personal health budgets may be part of SEND CIB risk register.</p> <p>Action: Tracey Forshaw to confirm if the personal health budget risk is on the SEND CIB risk register.</p> <p>Outcome: The Committee noted the Corporate Risk Register – Quality Update.</p>	TF

No	Item	Action
20/91	<p>Vigilance and reporting concerns about unsafe use or management of controlled drugs (CDs)</p> <p>Helen Roberts presented the vigilance and reporting concerns about unsafe use or management of controlled drugs report which outlines the letter circulated in May 2020 from the Lead Controlled Drugs Accountable Officer for NHSEI, sent to designated bodies to remind colleagues of the importance of reviewing and implementing systems to identify and report concerns related to unsafe use and management of controlled drugs.</p> <p>Following a review of controlled drugs prescribing data at CCG level. It was noted that year to date up to March 2020 does not highlight any concerns and monitoring of controlled drugs at a GP practice level is expected to be reinstated in quarter 2 2020 – 2021.</p> <p>Outcome: The Committee noted the Vigilance and reporting concerns about unsafe use or management of controlled drugs (CDs)</p>	
20/92	<p>Patient Safety Covid 19 Update</p> <p>Brendan Prescott presented an update received from the NHS National Patient Safety Team dated 12th June 2020. The update outlines key messages and information for safety leaders.</p> <p>Outcome: The Committee noted the Patient Safety Covid 19 Update.</p>	
20/93	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead advised that she will be attending a Primary Care Network (PCN) Leads meeting taking place on 25th June 2020. The meeting focus will be on primary care standing operating procedure (SOP) development, sharing good practice and joint working. Mersey Care NHS Foundation Trust (Community) has been invited to attend.</p> <p>It was noted that a larger primary care network has been proposed between Bootle, Crosby and Maghull. Constitutional and governance arrangements are being worked on.</p> <p>Dr Rob Caudwell advised that there had been some provider issues relating specifically to Covid 19 which have been resolved.</p> <p>Two primary care networks have not signed up to the Direct Enhanced Service (DES).</p> <p>Outcome: The Committee noted the verbal Clinical Director Quality Updates.</p>	
Quality and Performance		
20/94	<p>Integrated Performance Report</p> <p>Jennie Piet presented the Integrated Performance report which seeks to provide the Committee with an update on the performance data for NHS South Sefton CCG and NHS Southport and Formby CCG as at April 2020.</p>	

No	Item	Action
	<p>Jennie Piet apologised for the late receipt of the report. This was due to the late receipt of the performance data. Jennie advised that the report was in draft as it is subject to change due to Covid 19. The Integrated Performance Committee (IPC) data is based on last year's national trajectories as this year's trajectories have not yet been released.</p> <p>Disappointment was expressed in relation to A&E not being on target given the fall in the numbers of those presenting.</p> <p>It was highlighted that telephone conference calls are no longer a quick communication method, they are much longer. With patients not presenting at the practice the soft intelligence received via the reception staff is no longer there.</p> <p>It was noted that this way of working i.e. video conferencing has been in response to an extraordinary event, therefore there is a requirement to adapt and utilise the elements that work well going forward.</p> <p>It was noted that EPEG will be discussing patient's experience of how services are going for them. With many patients shielding, ensuring those with diabetes requiring diabetic foot checks for example, still need to be seen. The process of how this is to be undertaken during social distancing restrictions is to be decided. There is a risk around patients been excluded from care, a full range of appointments needs to be made available to patients that is convenient for their individual requirements.</p> <p>Cameron Ward was not in attendance but wished to note the following concern over waiting times which has been raised previously, for cancer treatments and patients waiting longer than 52 weeks. Work is being undertaken with the Quality Team to seek assurance from providers.</p> <p>It was highlighted that nationally 52 week waiters are increasing. The CCG needs to ensure that Trusts have right systems in place to manage waiting lists. Planning guidance is due in July 2020 which will provide more information.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	
20/95	<p>Care Home Group Update</p> <p>Due to sickness absence it was noted that this agenda item has been deferred to the next meeting.</p> <p>Outcome: The Committee noted that the Care Home Group Update has been deferred to the next meeting.</p>	
20/96	<p>Joint Targeted Area Inspection (JTAI) Action Plan</p> <p>Brendan Prescott presented the JTAI Action Plan report to provide the Committee with an update on the progress on the JTAI action plan. The action plan was developed following the recommendations of the inspectors outlined in their letter in December 2019.</p> <p>It was noted that the JTAI health group meets on a monthly basis. Due to Covid 19 the group did not meet in March or April but convened virtually in May 2020.</p> <p>It was noted that there are 45 actions within the JTAI action plan. The majority of the action plan is either completed or is on track for completion as per the planned timeframe.</p>	

No	Item	Action
	<p>Cameron Ward was not in attendance but wished to note the following:-</p> <p>The CCGs are working more closely with Sefton Local Authority on an integrated commissioning approach which will increase collaboration on such issues as JTAI and SEND and other all age subjects. Exploring more integrated ways of combining performance management and quality oversight for these common areas of business to be undertaken.</p> <p>It was noted that Lisa Cooper from Alder Hey NHS Foundation Trust will be presenting a child health overview to Governing Body, outlining how the Trust has adapted in response to Covid 19 for example, with the introduction of digital consultations.</p> <p>It was highlighted that the number of children recorded with eating disorders has risen.</p> <p>A concern regarding a safeguarding referral not being made by a Gastroenterologist was highlighted. Dr Gina Halstead informed that she would provide Jane Lunt with the necessary details for escalation.</p> <p>Action: Dr Gina Halstead to provide details in relation to a concern raised regarding a safeguarding referral that had not being made by a gastroenterologist to Jane Lunt for escalation.</p> <p>Fiona Taylor wished to thank Brendan Prescott for all his hard work and leadership in relation to the JTAI action plan.</p> <p>Outcome: The Committee noted the JTAI Action Plan Update.</p>	<p>GH/JL</p>
For Information		
20/97	<p>Engagement and Patient Experience Group (EPEG) Key Issues</p> <p>It was noted that EPEG had been suspended due to Covid 19 and therefore there are no key issues to note. However Dil Daly wished to share a suggestion received from a former CCG board member for discussion by EPEG when the group resumes.</p> <p>The suggestion received relates to what has changed during lockdown and what is worth preserving after the pandemic. One item to be discussed is around virtual consultations. It is noted that many patients are not IT literate and some require some basic computer training. Having IT champions in place to which patients could be referred was suggested. It was noted that there is a variety of applications available, however guidance is required in relation to ensuring only established applications are being used. Linking in with EPEG to explore patient's preferences was suggested. Dr Rob Caudwell declared an interest. He informed the Committee that he works with Medloop, a company giving medical advice/consultancy that has an application.</p> <p>Action: Dr Rob Caudwell to contact IMerseyside to request a list of approved applications.</p> <p>Action: Dr Gina Halstead to take the suggestion of having IT champions at practices for patients who require basic computer literacy support to the next Primary Care Network meeting.</p> <p>Cameron Ward was not in attendance but wished to note the following:-</p>	<p>RC</p> <p>GH</p>

No	Item	Action
	<p>A workshop has been suggested as a way of the CCG's updating EPEG members on how services have responded to Covid 19; how they are recovering and to engage with EPEG as the paper suggests about new ways of delivering services. The aims of the session will be to update members and to consider what service changes need to continue and adapt in future to be Covid 19 compliant.</p> <p>The Committee considered a workshop as being beneficial.</p> <p>Outcome: The Committee noted the EPEG meeting item suggestion.</p>	
Closing Business		
20/98	<p>Any Other Business</p> <p>Fiona Taylor requested that she be added to the Membership attendance list.</p> <p>Action: Michelle Diable to add Fiona Taylor to the Membership Attendance Tracker within the Joint Quality and Performance Committee minutes.</p>	MD
20/99	<p>Date of Next Meeting</p> <p>Thursday 30th July 2020, 9am – 12noon, via skype.</p>	

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committees in Common
Agreed (16.7.20) Minutes 21.5.2020 – Part I V2

Date: Thursday 21st May 2020 Time 10.00-11.00am
Venue: Skype meeting due to Covid-19 Pandemic

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

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

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20
Members:						
Graham Bayliss	SS CCG Lay Member (Chair)	A	C	✓	C	✓
Dil Daly	S&F CCG Lay Member (Co Chair)	✓	C	✓	C	✓
Alan Sharples	SS CCG Lay Member	✓	C	✓	C	✓
Helen Nichols	S&F CCG Lay Member	✓	C	✓	C	✓
Fiona Taylor	S&F SS CCG Chief Officer	A	C	✓	C	✓
Martin McDowell	S&F SS CCG Chief Finance Officer	A	C	✓	C	✓
Jan Leonard	S&F CCG Director of Place (North)	✓	C	✓	C	✓
Brendan Prescott	S&F CCG Chief Nurse and Quality Lead	N	C	N	C	N
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	C	✓	C	✓
Alan Cummings	NHSE Senior Commissioning Manager	A	C	✓	C	N
Non- Voting Attendees:						
LMC Representative		N	C	✓	C	✓
Health Watch Representative		N	C	✓	C	✓

Name	Membership	Jan 20	Feb 20	Mar20	April 20	May 20	
Dr Craig Gillespie	GP Clinical Representative	✓	C	✓	C	✓	
Dr Kati Scholtz	GP Clinical Representative	✓	C	✓	C	✓	
Tracy Forshaw	SS SF CCG Primary Care Quality Manager	A	C	✓	C	N	
Eshan Haqqani	SS SF CCG Interim Care Quality Manager	N	C	✓	C	✓	
Jane Elliott	SSECCG Localities Manager	N	C	N	C	✓	
Richard Hampson	SSECCG Primary Care Contracts Manager	✓	C	✓	C	✓	
No	Item						Action
PCCiC20/30	<p>Apologies for absence</p> <p>Welcome and Introductions The members of the committee introduced themselves.</p>						
PCCiC20/31	<p>Declarations of interest regarding agenda items There were no declarations of interest declared that had a direct impact on the meeting's proceedings.</p>						
PCCiC20/32	<p>Minutes of the previous meeting Date 19th March 2020 was agreed as an accurate record.</p>						
PCCiC20/33	<p>Action points from the previous meeting Members reviewed the action tracker and the tracker was updated.</p>						

	<p>Report from Operational Group and Decisions made</p> <p><u>April 2020 Key Issues:</u></p> <ul style="list-style-type: none"> • 42 Kingsway submitted an application to close their list for 12 months. The committee agreed that they would support the practice to close for 6 months. An action plan will be put into place to help support the practice to open fully. It was noted that the practice have applied for resilience funding from NHSE. • Blundellsands Surgery has requested that their list closure is extended for a further 6 months. This was supported by the group. • It was proposed that the Primary Care Committee in Common should continue to meet via skype bi-monthly during the Covid 19 pandemic. <p><u>May 2020 Key Issues:</u></p> <ul style="list-style-type: none"> • Out of Hours Medical Services procurement, the delay to mobilisation (due to COVID) was discussed. • COVID sites reducing service provision due to reducing demand in both South Sefton, Southport and Formby CCGs. • PCN sign up deadline 31.5.2020 • Enhanced care home DES and the implications for practices was discussed. • Asylum seekers being housed in the Scarisbrick Hotel in Southport. Approximately 109 patient's (small number of families with children). Registration at a local practice being arranged for the patients. 		
PCCiC20/34	<p>Healthwatch Feedback</p> <p>The Enter and View report carried out by Healthwatch has been presented to St Marks Medical Centre for review, it is a positive report. The report will be shared with the CCG when available.</p> <p>Healthwatch are currently carrying out a survey on patients experiences of Covid 19, they are working in conjunction with Cheshire Healthwatch to produce a report which will be shared with the CCG to support services going forward post Covid 19.</p> <p>Healthwatch has received a complaint regarding B12 injections and are looking into the detail of the complaint.</p> <p>Healthwatch reported a positive use of technology; however, patients with no access to technology have required increased support from the Healthwatch team.</p>		

<p>PCCiC20/35</p>	<p>PCN Update</p> <p>Feedback from practices in South Sefton is that the vast majority of practices will be signing up to the PCN DES, however with some are undecided and some will not be signing up.</p> <p>Feedback from practices in Southport & Formby is that Central practices will not be signing up to the DES, North will not be signing up with the exception of Roe Lane Surgery, Ainsdale & Birkdale are undecided currently, Formby very likely to sign up to the DES.</p> <p>The CCG has overall responsibility to ensure that patients receive the service specifications outlined within the PCN DES contract. For practices not participating within a PCN footprint the CCG will ask the PCN to provide coverage. For the practices in SF CCG, in North and Central Southport the CCG will look to another provider to deliver the service specifications, this could be the GP Federation and clarity is being sought from NHSE regarding this. The committee was asked to delegate sign off of PCN applications to the CCG Leadership team setting out the provision to cover practices not in a PCN. The PCN specification will become fully active from October 2020.</p> <p>The Committee asked what was happening nationally, it was reported that national collaborations are taking place with certain caveats being put in place in order to achieve the DES. Overall there remains a mixed picture on the DES nationally.</p> <p>Concerns have been raised regarding the core GMS contract as the documentation suggests changes could be made, CCG are seeking further clarity from NHSE on the wording and interpretation of the document.</p>		
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PCCiC20/36	<p>Estates</p> <p>Plans are in place to take forward different ways of working with PCNs and to identify what is required. It was acknowledged that practices will have differing ideas on what is required. CCG leads are keen to develop Out of Hospital Sefton model working on a PCN level in order to engage in estates work and transformational change, a meeting will be arranged to engage with the estates team at Liverpool CCG in order to identify Community First Model and gaps in estates within Sefton.</p>	
PCCiC20/37	<p>Out of Hours (OOH) Mobilisation</p> <p>A successful OOH procurement was completed in March 2020. The procurement was for one single contract across 7 CCG's to start in October 2020.</p> <p>There has been agreement across all 7 CCG's that mobilisation of the contract should be delayed as a consequence of the impact of the COVID 19 pandemic.</p> <p>There have been discussions with the current OOH provider for South Sefton and Southport and Formby to extend the current contract for an initial 6 month period, which will be kept under review.</p> <p>The CCG gave assurances that the commissioners recognise the impact of COVID 19 locally and nationally, and during mobilisation will work closely with the new provider to monitor the implementation of the new service model.</p>	
PCCiC20/38	<p>Collaboration of Providers for Hot Sites</p> <p>Tremendous work was acknowledged by the CCG on the mobilisation work setting up the hot sites in the current Covid 19 pandemic, the CCG worked alongside North West Boroughs, and Merseycare in order to set the sites up in a very short space of time. The CCG Chair (SS CCG) has written to Merseycare and North West Boroughs to express congratulations and thanks on the collaborative work, CCG chief officer wished to reinforce the exceptional work that has taken place during control and command. Thanks were also extended to LMC who have all played an important role.</p>	
PCCiC20/39	<p>MIAA Primary Care Audit reports</p> <p>MIAA audits took place for the primary care team during March 2020. The reports gave Southport and Formby full assurance and South Sefton substantial assure in the first year of delegation. Two areas highlighted below are being addressed:</p> <p>The process for informal list closures is going through LMC.</p> <p>E-declaration identified one practice opening times is 8.30am rather than 8.00am, this was due to the practice being in a health centre.</p> <p>The Committee feedback that it was pleasing to have such positive feedback.</p>	

PCCiC20/40	<p>Key Issues Log</p> <ul style="list-style-type: none"> • PCN sign up • Estates • Healthwatch feedback • Out of Hours mobilisation • MIAA Report 	
PCCiC20/41	<p>Any Other Business</p> <p>The Committee thanked the CCG for the partnership working which has been very positive during the Covid 19 pandemic.</p> <p>FLT gave an update on the COVID situation locally and reported that additional beds in the community have been purchased in preparation of a second surge of Covid19. The CCG medicines management team have provided outstanding support to the care homes in Sefton.</p> <p>The CCG is now looking at a recovery process.</p>	
PCCiC20/42	<p>Date of Next Meeting: Date of Next Meeting: 16th July 2020 10.00-11.00am Venue: TBC</p>	
<p>Meeting Concluded.</p> <p>Motion to Exclude the Public: Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)</p>		